Public Document Pack

ISLINGTON

**Resources Department**
**Town Hall, Upper Street, London, N1 2UD**

# AGENDA FOR THE CHILDREN'S SERVICES SCRUTINY COMMITTEE

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 **30 October 2017 at 7.00 pm.**

**Yinka Owa**
**Director of Law and Governance**

| | | |
|---|---|---|
| Enquiries to | : | Jonathan Moore |
| Tel | : | 0207 527 3308 |
| E-mail | : | democracy@islington.gov.uk |
| Despatched | : | 20 October 2017 |

Membership

**Councillors:**
Councillor Theresa Debono (Chair)
Councillor Nick Wayne (Vice-Chair)
Councillor Troy Gallagher
Councillor Rakhia Ismail
Councillor Michelline Safi Ngongo
Councillor Marian Spall
Councillor Nick Ward

Substitute Members

**Substitutes:**
Councillor Alex Diner
Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Clare Jeapes
Councillor Angela Picknell
Councillor Dave Poyser
Councillor Nurullah Turan

**Co-opted Member:**

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

**Quorum: is 4 Councillors**

| A. | **Formal Matters** | **Page** |
|---|---|---|
| 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 | 1 - 6 |
| 5. | Chair's Report | |
| 6. | Items for Call In (if any) | |
| 7. | Public Questions | |

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

| | | |
|---|---|---|
| **B.** | **Items for Decision/Discussion** | **Page** |
| 1. | Vulnerable Adolescents Scrutiny Review: Witness Evidence | 7 - 162 |
| | a) Overview of services for vulnerable adolescents | (11 – 18) |
| | b) Evidence from a young person: Simone Headley, Chair of the In Care Council | |
| | c) Insp. K. Newman – Police representative for Safer Schools & Youth Engagement | |
| | d) Freddie Hudson – Community Manager, Arsenal in the Community | |
| | e) Abi Billinghurst - Founder and Director of ABIANDA | |
| | f) Sheron Hosking – CAMHS, Head of Children's Joint Health Commissioning | |
| | g) Documentary evidence *(<u>for information only</u>):* | |
| | • Early Intervention and Help Strategy 2015-2025 | (19 – 42) |
| | • Youth Crime Plan 2017-20 | (43 – 62) |
| | • Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 | (63 – 124) |
| | • Policy and Performance Scrutiny Committee Review of Knife Crime and Mobile Phone Theft 2015/16 – Report and Update on Recommendations | (125 – 162) |
| 2. | Quarterly Review of Children's Services Performance (Q1 2017/18) | 163 - 180 |
| 3. | Executive Member Questions | 181 - 182 |
| 4. | Review of Work Programme | 183 - 184 |

**C. Urgent non-exempt items (if any)**

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 items 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. Confidential/exempt items**

**G. 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 28 November 2017

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

This page is intentionally left blank

London Borough of Islington

**Children's Services Scrutiny Committee - Tuesday, 19 September 2017**

Minutes of the meeting of the Children's Services Scrutiny Committee held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Tuesday, 19 September 2017 at 7.00 pm.

| | | |
|---|---|---|
| **Present:** | **Councillors:** | Debono (Chair), Gallagher, Ismail and Ngongo |
| | **Co-opted Members:** | Erol Baduna, Primary Parent Governor<br>Mary Clement, Roman Catholic Diocese<br>James Stephenson, Secondary Parent Governor |
| **Also Present:** | **Councillor:** | Caluori |

**Councillor Theresa Debono in the Chair**

***The Committee was not quorate at the commencement of the meeting.***

## 238 APOLOGIES FOR ABSENCE (ITEM NO. A1)

Apologies for absence were received from Councillors Spall and Wayne.

## 239 DECLARATIONS OF INTEREST (ITEM NO. A2)

None.

## 240 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. A3)

None.

## 241 CHAIR'S REPORT (ITEM NO. A5)

The Chair welcomed that Ofsted's inspection of Children's Services had resulted in a 'good' rating. It was highlighted that the Islington had been rated 'outstanding' for Leadership, management and governance.

## 242 ITEMS FOR CALL IN (IF ANY) (ITEM NO. A6)

None.

## 243 PUBLIC QUESTIONS (ITEM NO. A7)

A member of the public asked if Islington Council had made any bids for the Strategic School Improvement Fund. In response, the Executive Member advised that an application had not been submitted as no Islington schools met the funding criteria, however the council would continue to keep this under review, as it was thought that some schools may meet the funding criteria in future.

A member of the public asked how many children attending Islington schools had been deported since June 2015. In response, the Executive Member advised that

data was not held on the number of deportations, however schools did notify Children's Services when children moved abroad. This allowed the council to investigate if young people had been successfully enrolled at a school in another country. Children's Services was aware of 40 instances of children moving abroad since June 2015.

A group of local parents provided an update on the proposed closure of Paradise Park Children's Centre Café. The parents were very grateful that local ward councillors had awarded £20,000 to the Café through Community Infrastructure Levy funding, and reported that the café was to re-open. The parents asked if it was possible for a condition to be attached to the funding, so that the café would be required to have a paid worker. In response, the Corporate Director of Children's Services advised that she had recently reviewed the funding specification and confirmed that this would include provision for a paid worker.

A member of the public asked why the council could not fund transport to school for a child with autism. Officers advised that they would look into this individual case after the meeting.

**244** **VULNERABLE ADOLESCENTS SCRUTINY REVIEW: SCRUTINY INITIATION DOCUMENT AND INTRODUCTORY BRIEFING (ITEM NO. B1)**

***Councillor Gallagher entered the meeting and it was noted that the committee was quorate.***

a) Scrutiny Initiation Document and Witness Evidence Plan

Lisa Arthey, Director – Youth and Communities, introduced the scrutiny initiation document and witness evidence plan.

The review was welcomed by officers, as joining up services for vulnerable adolescents was a priority area for Children's Services.

The Committee expressed concerns about young people missing from home, care, or education, as this could be an indicator of other complex vulnerabilities.

The Committee noted the attainment gap of young people from certain BME and White Working Class demographic groups, and commented that these young people may also have specific vulnerabilities. It was requested that witness evidence included demographic statistics where relevant and appropriate.

It was suggested that the Committee should be mindful of the Policy and Performance Scrutiny Committee's 2015/16 review of Knife Crime and Mobile Phone Theft, which reviewed some services for vulnerable young people. It was commented that the Children's Services Scrutiny Committee should be careful not to duplicate this work, and the previous review may have identified services or issues which would merit further investigation.

As the review potentially covered a very broad area of work, the Committee was asked to specify which areas they wished the review to focus on. It was agreed that the review should have a particular focus on:

- vulnerable adolescents who are missing from home, care, or education;
- young people aged 10 to 13 years (but not exclusively);

- the issues faced by vulnerable young adults and what services or actions would have helped them as younger adolescents;
- the 'child's voice' and how the council ensures that services for vulnerable adolescents are tailored to their specific needs;
- the specific local causes of vulnerability.

**RESOLVED:**

i) That the Scrutiny Initiation Document be agreed, subject to the scope of the review being amended to read as follows:

- vulnerable adolescents who are missing from home, care, or education;
- young people aged 10 to 13 years (but not exclusively);
- the issues faced by vulnerable young adults and what services or actions would have helped them as younger adolescents;
- the 'child's voice' and how the council ensures that services for vulnerable adolescents are tailored to their specific needs;
- the specific local causes of vulnerability.

ii) That the Witness Evidence Plan be revised to reflect the above amendment.

b) Introductory briefing

Laura Eden, Head of Safeguarding and Quality Assurance, delivered an introductory presentation which set out the issues surrounding services for vulnerable adolescents.

The following main points were noted in the discussion:

- The Committee considered how adolescence can be defined. It was advised that there were a range of views on this matter, however it was generally accepted that adolescence commenced at the onset of puberty, which was usually around age 10 to 12.
- It was reported that the number of adolescents on child protection plans had increased in recent years. Previously the majority of child protection plans related to babies, however around the same number of adolescents as babies were now subject to child protection plans.
- Vulnerable adolescents were particularly vulnerable to gang activity.
- The council's early intervention approach sought to intervene before issues became entrenched.
- The council's services for vulnerable adolescents were complemented by the rich voluntary and community sector offer in Islington. Whilst the council commissioned some VCS services, others had their own sources of funding.
- The council's Youth Crime Plan had sought to strengthen joined up working by championing a 'one worker, one plan' model. It was commented that most young people responded positively to this model of service delivery.
- A number of legislative frameworks applied to services for vulnerable young people. As a result, different eligibility criteria and consent thresholds applied to different services.
- It was advised that front line officers working with young people needed different skills as opposed to officers ten or fifteen years ago. It was important that services for young people reflected changes in society and the demography of the borough.

- The Committee considered the difficulties related to safeguarding young people who were being groomed and had an emotional attachment to their abuser. Officers commented that teachers and others working with young people needed to be sensitive to this and recognise indicators of abuse.
- Peer to peer child sexual abuse was the most common form of sexual abuse in Islington. A smaller number of young people were abused online or in a family setting.
- A discussion was had on the challenges posed by Islington's administrative boundaries. It was known that a number of young people from Islington regularly gathered in Wood Green, Kings Cross, and the West End. As the council was not able to provide services outside of the borough, a London-wide response was required.
- It was explained that the Islington Safeguarding Children Board recognised three categories of gang involvement; Category 3 (those entrenched in gangs), Category 2 (low level offenders), and Category 1 (those who were vulnerable to gang involvement, for example if their sibling was in a gang). The Committee requested demographic information on the young people associated with gangs.
- The Committee considered the prevalence of drug and substance abuse among young people. It was commented that almost all teenagers had witnessed substance abuse to some degree.
- The Committee considered the reasons why young people congregate in public spaces, and queried if this was because there were not sufficient safe spaces for young people.

The Committee thanked the officers for their attendance.

## 245 OFSTED INSPECTION OF CHILDREN'S SERVICES AND REVIEW OF ISLINGTON SAFEGUARDING CHILDREN BOARD (ITEM NO. B2)

Carmel Littleton, Corporate Director of Children's Services, introduced the report which summarised the recent Ofsted inspection of Children's Services.

The Committee welcomed that Islington's overall judgement was 'good'. Ofsted had made six recommendations which officers were seeking to implement.

The Committee queried how Islington's services compared to other London local authorities. In response, it was advised that many local authorities were graded as 'requires improvement', and some local authorities were 'inadequate'.

Whilst the positive inspection was welcomed, it was emphasised that the council could not be complacent, and robust scrutiny of the council's children's services was important to ensure continued effectiveness.

**RESOLVED:**

That the Ofsted inspection report be noted.

## 246 EXECUTIVE MEMBER ANNUAL PRESENTATION (ITEM NO. B3)

Councillor Joe Caluori, Executive Member for Children, Schools and Families, made a presentation to the Committee on Children's Services work in 2016/17 and priorities for 2017/18.

The following main points were noted in the discussion:

- The Executive Member welcomed the positive Ofsted inspection. It was commented that officers were aware of what was required to receive an 'outstanding' grade, and would be working towards that aim.
- The Executive Member commented on the progress made by the Pause Project, which worked with 50 vulnerable women who had 200 children taken into care. The women were required to take long-term reversible contraception while accessing the service which offered a range of support. It was advised that project worked on a two-year cycle and the first cohort had recently completed the project. The Executive Member commented that the progress made by the women had been astonishing.
- The Executive Member hoped that the Pause Project would continue to be supported, however there were sustainability issues which needed consideration. It was advised that Pause workers would be engaging with care leavers in a pilot project, and it was hoped to develop a parallel project for fathers.
- The Executive Member thanked officers for the relatively smooth implementation of the Bright Start programme, which had fundamentally changed the borough's early years provision. It was commented that the programme had been implemented with minimal disruption to parents.
- Youth crime remained a concern. The Executive Member emphasised the importance of investing in services which achieved the best outcomes for young people.
- The number of new entrants to the youth offending system was below target for the first time since the Executive Member had been in post.
- The Executive Member commented on the challenges facing education. Although the government was not pursuing forced academisation, the catholic diocese was seeking to transfer its primary schools to an academy trust. The Executive Member commented that a balanced discussion was needed with the diocese, that took into account the views of parents.
- Work was underway to re-found the Community of Schools. It was intended for schools to have a more significant role in setting the strategic direction of education in the borough.
- The Executive Member was lobbying the Home Office for further action on county lines drug dealing. Islington's response to county lines took into account the safeguarding needs of young people, however a cross-borough coordinated approach was needed.
- It was commented that Islington officers had been involved in developing a new special educational needs and disability (SEND) services inspection framework. Although there were areas for improvement in Islington's service, it was thought that SEND services were generally good. It was noted that SEND services were commissioned and provided by both the council and the NHS.
- The Executive Member provided an update on the progress of the Fair Futures Commission. A place summit had been held recently and useful feedback had been received from the young people in attendance. A call for evidence had recently been issued and the initial findings of the Commission were expected later in the autumn.
- The Executive Member outlined his principles and emphasised the importance of early intervention approaches, as they led to better outcomes and reduced the expenditure on more entrenched issues in the longer term.
- It was important for services to make the best use of data, as this identified which practices worked for young people and which did not.
- It was noted that a new youth council would be appointed in the autumn and the Executive Member looked forward to working with them.

- The Executive Member commented on the importance of building coalitions with partner organisations, other local authorities and charities. It was commented that coordinated pressure could result in changes to government policy on key issues affecting children's services.
- In response to a question, the Executive Member explained that the catholic diocese intended for its schools to move into an academy trust as they considered that this would safeguard the role of catholic education. The example was given of Mount Carmel school, a former catholic school which would re-open as a mixed sex non-denominational academy after a decrease in the number of pupils. The Executive Member suggested that this approach would do little to safeguard the role of catholic education as intended, as if an academy fell into special measures then it could be reassigned to a non-denominational academy chain. Mary Clement, as catholic diocese representative on the Committee, advised that she would seek further information from the diocese on this matter.
- A member suggested that the Pause Programme could employ women who had completed the programme, as their lived experience could be used to support other women.
- Following a question on the radicalisation of young people, it was advised that Prevent referrals were made to Channel, with decisions made by the Channel Panel. It was commented that Executive members carefully scrutinised actions taken after a Prevent referral.

The Committee thanked Councillor Caluori for his attendance.

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

Noted.

## 248 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A4)

**RESOLVED:**

That the minutes of the meeting held on 10 July 2017 be confirmed as a correct record and the Chair be authorised to sign them.

MEETING CLOSED AT 8.40 pm

Chair

**Children's Services Scrutiny Committee**

**Review of co-ordinated and joined up services for vulnerable adolescents**

**DRAFT WITNESS EVIDENCE PLAN**

**To review how effectively the council is in providing joined up services for Adolescents; and to ensure that there are effective processes and practices that enable young people to be involved in all aspects of their support and intervention**

**Scope of the review:**

- The changing vulnerabilities and risks identified by the young people themselves and professionals working in Islington
- The current services provided to vulnerable adolescents in Islington
- The young person's pathway between preventative, early help and specialist services and how successfully this is navigated.
- A closer look at the engagement with young people across all services, and how effective this is in ensuring the voice of the young person is heard and acted upon.
- Different models of service delivery, including multi-disciplinary and wrap-around services, and exploration what works best for the young person in achieving change

| Theme | Related SID Objective |
|---|---|
| **From risk to resilience** | **SID Objective 1:** To further understand the current and future challenges and risks faced by our young people who are vulnerable and how the council is continually responding to these in Islington. |
| **The network of support for vulnerable adolescents** | **SID Objective 3:** To assess how the current transition arrangements for vulnerable adolescents between early help, targeted and specialist services are continuously effective in providing a seamless support and intervention service/approach.<br><br>**SID Objective 4:** To assess if the support available to vulnerable adolescents from council services is sufficient across the age range and demographic of the borough<br><br>**SID Objective 5:** To explore the support network of young people within the family, community and friendships, and how they can support council services for vulnerable adolescents to reach their full potential. |
| **Working collaboratively with adolescents, across the council and with partners** | **SID Objective 2:** To evaluate how the views and experiences of vulnerable adolescents are considered when planning and delivering services.<br><br>**SID Objective 6:** To consider the effectiveness of partnership and integrated arrangements that the council has, if these achieve better outcomes, and to consider if further join up operationally and strategically would assist. |

**Suggested Work programme**

Given the breadth of the subject area chosen, the committee has identified a number of areas for the review to focus on. These are:

- vulnerable adolescents who are missing from home, care, or education;
- young people aged 10 to 13 years (but not exclusively);
- the issues faced by vulnerable young adults and what services or actions would have helped them as younger adolescents;
- the 'child's voice' and how the council ensures that services for vulnerable adolescents are tailored to their specific needs;
- the specific local causes of vulnerability.

## 1. Witnesses

| **Tuesday 19 September: Witnesses** | |
|---|---|
| **Who / Organisation** | **Area of focus** |
| • Lisa Arthey, Service Director of Youth and Community Services,<br>• Catherine Briody, Head of Youth and Community Services<br>• Laura Eden, Head of Safeguarding and Quality Assurance | Scene-setting / introduction to vulnerable adolescents and what is currently in place to support and work with this age group. |

| **Monday 30 October: Witnesses** | |
|---|---|
| **Who / Organisation** | **Area of focus – Preventative services** |
| • Finola Culbert, Service Director of Safeguarding and Family Support<br>• Lisa Arthey, Service Director of Youth and Community Services | Overview of how services for vulnerable adolescents are structured. |
| • Evidence from a young person: Simone Headley, Chair of the In Care Council. | A young person to share their experiences and give their views on council services |
| • Inspector Kier Newman – Police representative for Safer Schools and Youth Engagement<br>• Freddie Hudson – Community Manager, Arsenal in the Community<br>• Abi Billinghurst - Founder and Director of ABIANDA<br>• Sheron Hosking – CAMHS, Head of Children's Joint Health Commissioning | Services provided and/or procured<br>Involvement of young people in planning/commissioning/reviewing services or support<br>Use of other support networks - family, community, and peer groups<br>Different models of service delivery and what works best for delivering change<br>How effective are these services? How can we measure if they are effective or not? Are services joined up? |

**Documentary evidence:**

- Early Intervention and Help Strategy for Islington, 2015-2025
- Mapping of preventative services / resources in the borough for adolescents
- Working together to safeguard young people in Islington - Youth Crime Plan, 2017-20
- Recommendations & Executive Summary of Policy and Performance Scrutiny Committee report on Knife Crime, 2015/16
- CAHMS transformation plan

| **Tuesday 28 November: Witnesses** | |
|---|---|
| **Who / Organisation** | **Area of focus – Early Help & Specialist Services Part 1**<br>*Instability in the family / anti-social and criminal behaviours* |
| • Curtis Ashton – Head of Targeted Youth Services and Youth Offending Service<br>• Abi Onaboye –Head of Early Help Children Skills and Employment Services<br>• Helen Cameron – Health and Wellbeing Manager (Trauma Informed Practice) | Services provided and/or procured<br>- Step up from early help / step down from specialist |
| | How the child's voice can be heard throughout service commissioning and delivery. |
| | Involvement of young people in planning / commissioning / reviewing services or support where risk behaviours are identified |
| | Use of other support networks - family, community, and peer groups and how they support the young person |
| | How effective are these services? How can we measure if they are effective or not? Are services joined up? |

**Documentary evidence:**

- Briefing for the following
    - Islington Ofsted Single Assessment Framework Inspection Report, 2017
    - Update on trauma-informed practice in schools

| **Tuesday 9 January: Witnesses** | |
|---|---|
| **Who / Organisation** | **Area of focus – Early Help & Specialist Services Part 2**<br>*Abuse and neglect / missing from home, care or education*<br>*Child Sexual Exploitation / Edge of care work* |
| • Laura Eden – Head of Safeguarding and Quality Assurance<br>• Naomi Bannister – CSE lead<br>• Sarah Messenger – Safeguarding Gangs Lead for Children, Employment and Skills<br>• Gabriella Di-Sciullo – Head of Admissions & Children Out of School | Services provided and/or procured<br>- Step up from early help and how to support where risk is identified that impacts on the young person's level of vulnerability |
| | How the child's voice can be heard throughout service commissioning and delivery. |
| | Involvement of young people in planning / commissioning / reviewing services and how this translates to actions |
| | Use of other support networks - family, community, and peer groups |
| | How effective are these services? How can we measure if they are effective or not? Are services joined up? |
| Other local authority or provider examples | Different models of service delivery and what works best for delivering change |

**Documentary evidence:**

- Briefing for the following:
    - Islington Safeguarding Gang Protocol and procedure 2016
    - Child Sexual Exploitation – Missing from home and care, ISCB, 2016/17
    - Edge of care - AMASS Evaluation 10 year 2005-2015

| **Tuesday 20 February: Concluding Discussion and Draft Recommendations for approval** | |
|---|---|
| **Who/Organisation** | **Area of focus – Conclusions** |
| • Lisa Arthey – Service Director, Youth and Community Services<br>• Finola Culbert – Service Director, Safeguarding and Family Support | To assist the Committee in forming conclusions and to provide updates on any outstanding matters. |

**2. Visits**

| **Visits (to take place between October and December)** | | | |
|---|---|---|---|
| **Who** | **Organisation/remit** | **Area of focus** | **When** |
| Young people:<br>• Young Mayor<br>• CAIS representatives<br>• YOS representatives<br>• ABIANDA – young female representatives | Youth Council<br>Looked after children<br>Youth Offending<br>Voluntary and Community sector organisation | What works or could work better for them re:<br>- Support<br>- Involvement in planning or reviewing services | TBC – potentially linked to other events young people will be attending |
| Frontline staff | TYS staff in situ | • Key issues and what could work better to support adolescents using all agencies together<br>• Joined up services in operation | TBC |
| | YOS staff in situ | | TBC |
| Other areas with established good practice | Return Safe Team lead CP Chair and observation of Conference<br><br>CSCT- Children Services contact team<br><br>Good practice outside of Islington to view –<br>No wrong door – North Allerton Yorkshire<br>Margate– Multi agency team impacting on Vulnerable young adults<br>Greenwich – effective front door and has reduced risk in South London | | TBC |

**3. Report**

- **20 February 2018:** Draft recommendations
- **20 March 2018:** Draft report

ISLINGTON

# Safeguarding and Family Support

## An overview of services and key practice data

ISLINGTON

# Overview of Services

- Early Help and Family Support for children and young people aged 5 to 17
- Front Door Service
- Children in Need Social Work Teams
- Looked After Children Social Work Teams
- Independent Futures; leaving care service
- Fostering , Friends and Family and Adoption Services
- Emergency Duty Team
- Safeguarding and Quality Assurance teams

ISLINGTON

# Key Practice data ( as at 31.8.17)

**1748** children within Social Care and allocated to a social worker

**346** Children Looked After

- includes 50 unaccompanied Asylum seeking children
- 259 aged between 10 and 17
- Aged 13 and over; 139 boys and 76 girls

**214** children on Child Protection Plans

- 27% aged 10 or over

**1188** Child in Need Plans

- 47% aged 10 or over

Care leavers ( aged 18 to 25] ; 329

ISLINGTON

# Key practice data 16/17

- Contacts; 13992 [ increase of 500 from 15/16]
- Referrals; 3013 [ increase of 514]
- Child protection investigations; 829 [ increase of 300]

Context ; Increasing demand and increasing complexity

Continuing upward trend. Reflects the London and national picture

ISLINGTON

# Youth and Community Services

Established in 2016 to support the early intervention and prevention of Youth crime alongside Safeguarding and Family support Services

ISLINGTON

# Overview of Services

- Youth Offending services- we work with between 80 to 100 young offenders each year, predominately male aged 14- 17

- Targeted Youth team- offers detached work out to community areas to work with young people on the cusp of offending , and exhibiting anti social behaviour , educationally excluded or in alternative school provision and through range of individual and group work reduce risk factors found impacting on young people
- Integrated Gangs team- multi agency team with Police who work to reduce Gang activity with young people and offer alternative support

ISLINGTON

# Overview of Services

- Play and Youth services
- The department commissions a range of play activity in borough with 12 adventure playgrounds, family activity sessions and mobile pop up play
- Youth Provision – Oversees 3 Youth Hubs and a number of other youth clubs and provision to counsel, support and promote further education and employment

This page is intentionally left blank

ISLINGTON

# Early Intervention and Help Strategy

2015-2025

Islington Council

# Table of contents

# Introduction

**Early help means taking action to support a child, young person or their family**

- **at an early stage in a child's life** to prevent problems from occurring

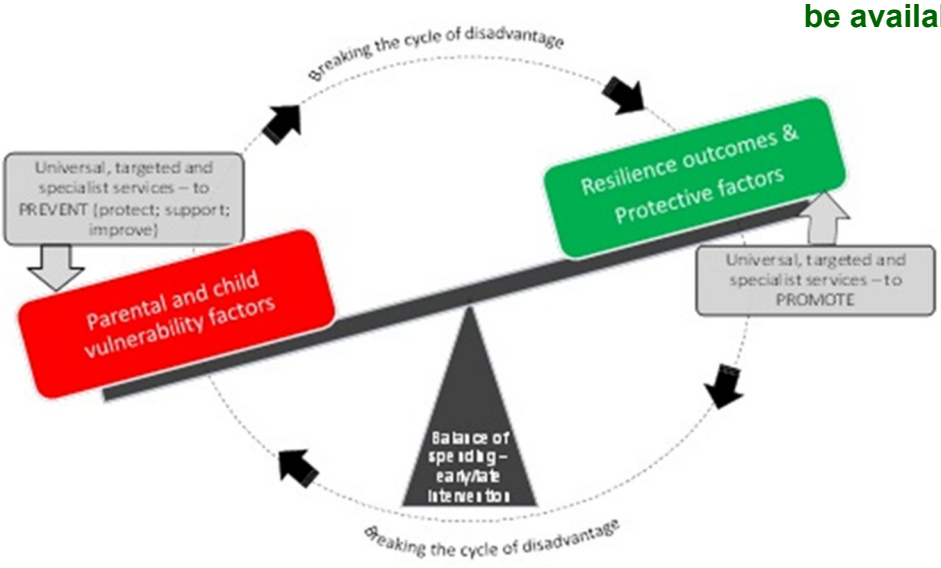
and/or

- **at the first sign of a problem** to prevent that problem from getting worse.

This document sets Islington's continuing commitment to make the borough a better place for children and young people, their families and their communities by making sure families get the support they need when they really need it.

Islington's Children and Families Prevention and Early Intervention Strategy 2015-25 sets out the Vision, Principles and Priorities that will drive the work of the Partnership over the next ten years.

The Children and Families Strategy places early intervention and prevention at its heart. It stresses the important role universal, targeted and specialist services they play in promoting resilience and supporting children, young people and families to achieve outcomes important for their wellbeing, recognising the importance of intervening as early as possible when families need additional help.




The plans for addressing Priority 2 – 'Strengthening our early help support for children and families who have additional needs' are detailed in this document.

The document has three parts:

### Part One – the pledge – our commitment to Early Help

1. Every communication will count.
2. We will not pass the buck.
3. There will be one main point of contact.
4. Assessments will be uncomplicated and robust.
5. Services that are needed will be easy to access.
6. Services will be safe, practical and useful.
7. Children, young people and adult family members will be involved in agreeing what support is needed.

Developed in 2010, the pledge is becoming a reality for families and the staff who work hard to support them. Managers and staff in children's and adults' services have signed up to the six simple commitments to families contained within the pledge.

### Part Two – the strategy – how we will do it

### Part Three – the services – what will be available

# Part One: The Early Help Pledge to Families

Most of the time most families get on with their lives, coping with the ups and downs and challenges that come their way, with little or no involvement needed from those outside their circle of family and friends. However, most families need some support at some point. This can range from a one-off visit to their GP, attending a parenting programme or intensive support to manage a child's difficult behaviour.

Islington Children and Families Board pledges to ensure access to good quality universal services that help families and communities to deal with their own situations and problems themselves, only intervening when there is real concern for the safety or well-being of a child or young person, to address problems as early as possible.

This means:

**Every communication will count.** The first conversation is often the most important and we want to make sure that each contact is productive. Children, young people and adult family members will be welcomed and listened to and not judged. Staff will help families work out what can and cannot be done and by whom.

**We will not pass the buck.** We will support families to resolve difficulties at the point of enquiry wherever possible. When other services are needed to help, we will support the family and draw other services into a team around the family rather than making unnecessary referrals.

**There will be one main point of contact.** This will be someone who the child, young person and adult family members trust. They are usually called the Lead Professional. S/he or she will work with the family and other professionals to make sure that needs are assessed and the right support put in place as quickly as possible.

**Assessments will be uncomplicated and robust.** A thorough assessment will be carried out with the family to make sure that the whole family's situation is understood and taken into family members to verify and build on information already gathered rather than asking them to repeat themselves.

**Services that are needed will be easy to access.** Children, young people and adult family members will be able to go a place of their choice (may be their school, their GP, their children's centre or another venue) and receive the right level of information, advice or support to get the help they need as quickly as possible.

**Services will be safe, practical and useful** and available close to home or in a place where families can get to them. Services will make a real difference to families and to the individuals in them.

**Children, young people and adult family members will be involved** in agreeing what support is needed and drawing up goals in a plan that everyone can sign up to and that sets out mutual expectations.

# Part Two: The Early Help Strategy

## Our vision for children, young people and families in Islington

We want children and young people in Islington to have the best start in life.

This means we want healthy babies and good maternal health, and during the early years, for young children to have secure attachments to capable and confident parents.

Once children are in primary school, we want them to develop to their full potential, to be healthy, and ready to thrive in secondary school.

In secondary school, we want healthy adolescents who are able to prepare for adulthood by developing social skills and emotional resilience, to achieve and have realistic ambitions, understanding the paths that will help them achieve these.

We want healthy young adults aged 16+ who are in education, training or employment that fits with their abilities and aspirations, who have stable positive and respectful relationships and have independent living skills.

We want children and young people of all ages to be safe, able to learn from experience and have the confidence to make positive and safe choices.

As children and young people develop, we want to make sure their transitions through the stages of development are smooth and that their parents/carers feel confident in their parenting and can easily access early help if they need it.

## Our vision for services and how they are delivered in Islington

We want Islington to offer high quality, high value and easily accessible services that target the people who need them most. By 2025, we want an Islington where:

- Children and their families receive the services they need, when they need them and where they can best access them
- Service providers (for example, schools, children's centres, health services, play and youth, and voluntary and community sector services) work together to make sure families receive the services they most need when they need them most
- Commissioners work together across services and across sectors to achieve the best value for money
- We know and can demonstrate the difference that services make to the lives of children, their families and their community

## What Early help means

Early help can mean (a) taking action at an early stage in a child's life or it can mean (b) taking action at an early stage in the development of a problem. It is about stepping in as early as possible either at the first signs of a problem or before a problem becomes apparent to prevent that problem from getting worse.

This strategy outlines our approach to early help across all stages of a child and young person's development but it does not focus on a) taking action at an early stage in a child's life in detail. This is because we believe the 'Conception to Five' phase requires specific focus and this is set out in "Ten Steps to Healthy Child Development" at Appendix A as part of our Conception to 5 Framework. The main body of this strategy concentrates on (b) taking action at an early stage in the development of a problem or with families who are most at risk of developing problems. To be successful, we must involve all staff, whether they work in a service that primarily supports children and young people or adults, adopting the 'Think Child, Think Parent, Think Family' principle in their work. A whole family approach enables staff to identify the challenges for each person in the family unit and to help them develop strategies that will assist them as a unit to be more resourceful and resilient in the future.

**For people delivering services,** early help means looking out for vulnerable families, knowing when to intervene and what action to take so that problems are addressed when they first emerge. This requires all those working with children, young people and families to be able to make a quick assessment of the situation and to know what services are available and which ones would be appropriate. This might require professionals to step outside their immediate sphere of reference, (for example, for staff working in children's services to think about adults' services and vice versa). The *early help assessment* is the best way for staff to gather information about family's strengths and difficulties and help staff to speak in a common language and therefore make good decisions about which level and type of service will best suit the family's circumstances.[1]

**For people managing staff,** early help means building the confidence of front-line practitioners to identify concerns, engage families and solve problems at the lowest levels of need. They need to know how to carry out an *early help assessment*, to make a judgement on whether the family can resolve their problems with advice and information, or whether they will need more hands on support or to be linked into another service. Managers must ensure they put in place appropriate professional development, support and supervision so that staff feel confident in building effective relationships with families and delivering early help.

**For people managing budgets and commissioning services,** early help means thinking creatively. Commissioners across disciplines and services need to realign budgets so that more money is invested in early help for families. In doing so savings should be made, as fewer families need higher level, more expensive provision such as foster care or interventions from the police or youth offending services. These savings can then be reinvested in early help thus perpetuating the benefits of the of 'invest to save' approach. Commissioners will plan and coordinate services to avoid duplication and make services more efficient. Here too, there is a need to 'think child, think parent, think family.'

[1] The early help assessment is a tool to help practitioners understand a child, young person and family's additional needs and develop a clear plan to help them find positive solutions. (It was formerly called the CAF). The early help assessment is completed on a simple electronic form which anyone working with children, young people and parents/ carers in Islington can gain access to after a short training session.

## Why Early Help is important

The importance of early help has had increased recognition in the UK since 2010. [2] This is because early help to children, young people and their parents and carers means:

- Children and young people have better social, emotional and community skills and are healthier.
- Parents and carers can provide the attachment and nurturing that children and young people need to develop and can manage their behaviour with confidence. They can also look after themselves and develop their own potential through learning and employment.
- Children have a stronger foundation for learning at school and for their future adult lives, including relationships, job prospects and general wellbeing.
- Early Help has economic benefits. Universal and targeted services can be delivered at a lower cost than higher-level specialist services.

The Early Intervention Foundation is an independent charity established in 2013 to support services to move from late reaction to early intervention. They gather and analyse evidence about what works and advise local authorities, charities and potential investors on how to implement early help to best effect in order to make the most impact for children and families. Islington is one of twenty 'Early Intervention Pioneering Places,' selected on the basis of the partnership's commitment to early intervention and the progress we have made on this agenda.

Early Help has also increased in importance as the **national context** has changed since our last strategy in 2012. Changes include:

- Cuts affecting public services, a reduction in ring-fenced funding from the centre and an increased emphasis on local decision-making in relation to spend. Delegation of budgets for some early intervention and prevention provision 'away from' the local authority, for example to schools.
- Reorganisation of health services including new arrangements for public health and for commissioning community health services (by Clinical Commissioning Groups).
- Local government reorganisation.
- An increased emphasis on councils arranging and brokering (rather than delivering) services.
- Increased demand on adult social care to meet the needs of an ageing population.
- Increased demand on children's social care due to the wider economic context and changes to welfare systems.
- The national troubled families programme has demonstrated the exorbitant costs associated with families with multiple and complex needs, which average £70,000 per year per family. Where early help is not available or is unsuccessful, families require intensive high cost support to divert them from truancy, crime and the benefits system

[2] Allen (2011), 'Early *Intervention, the Next Steps'* and 'Early *Intervention: Smart Investment, Massive Savings';* Field (2010), 'The Foundation Years: preventing poor children becoming poor adults'; Munro (2011), 'Part *One: A System Analysis', 'Part Two: The Child's Journey' and Part Three: A Child Centred System';* Tickell (2010), 'The *Early Years: Foundations for life, health and learning'* and Marmot (2010), 'Fair *Society, Healthy Lives'*

## Why Early Help is no longer an optional extra

### 'Troubled Families'

Nationally, the government has recognised that earlier help is needed for families at risk of developing multiple and complex problems. The expanded Troubled Families Programme began in April 2015. It will retain the current Programme's focus on families with multiple high cost problems and continue to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it will also reach out to provide earlier help to families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help and with a range of physical and mental health problems.

Rather than a small number of nationally defined criteria, the inclusion of families into the Programme will be based upon a cluster of six headline problems.

- Parents and children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help;[3]
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents and children with a range of health problems.

In Islington, we deliver the national troubled families agenda positively through our 'Stronger Families programme.' There is no specific 'troubled families' service, as we use the Stronger Families programme to change the way ALL services support and challenge families to achieve positive and lasting changes in their lives.

### The Legislative Framework – Working Together to Safeguard Children

Early Help is now required and Working Together to Safeguard Children 2013 sets out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children.

Working Together 2015 identifies that providing early help is more effective in promoting the welfare of children than reacting later and specifies that this means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Working Together states that effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local areas should have a range of effective, evidence-based services in place to address assessed needs early. The early help offer should relate to our local assessment of need and the latest evidence of what works in terms of early help programmes.

In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence.

Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure

[3] Children who need help is a broad category that includes those not taking up early years entitlement, and vulnerable children who need services whether above or below the threshold for children's social care.

that real progress is being made. Some of these services may be delivered to parents and carers but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Working Together notes that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or is showing early signs of abuse and/or neglect

## Key Achievements since our 2011-2015 Early Help Strategy

- ❖ All relevant Council departments and external partners made a commitment to our Early Help Pledge to Families.
- ❖ We established a community budget in 2011. The budget includes pooled resources in cash and in kind from the Council; NHS Islington; Job Centre Plus; Probation; Police; plus the housing and voluntary sector. The community budget has enabled a better alignment of priorities across departments and organisations, better management of resources, and has funded a range of early help services for vulnerable families including family support and parenting programmes.
- ❖ We used the community budget to set up a new service – Families First - one consistent family support service for families with school aged children. Families First supports over 1,000 vulnerable families each year and is making a measurable difference in helping them reduce their problems.
- ❖ We know that our children's centres are better quality than most with 91% judged good or outstanding by Ofsted.
- ❖ Our children's centres have focused on reaching many more families, including those who are most vulnerable. Our reach to families in workless households has grown from 60% in 2011 to 94% in 2014.
- ❖ We have re-aligned the way our children's centres work together and have strengthened locality working across 7 cluster areas
- ❖ We have developed and are piloting an integrated Health and Education review for children aged two to improve early identification and intervention.
- ❖ We have implemented a First 21 Months project through children's centres and with our partners in maternity and health visiting following priorities identified by the Islington Fairness Commission to improve services for families during pregnancy and the first year of life.
- ❖ We have increased our offer for the most vulnerable two year olds and are now offering over 600 part-time early education places across the borough with primary schools particularly well-engaged
- ❖ Our Targeted Youth Support service provided a diversionary intervention to 105 young people who had come to the attention of the Police. 85% of these young people did not go on to reoffend within a year.
- ❖ We redesigned our Targeted Youth Support service to help staff provide support to young people when they need it and to build long term relationships. This has helped the team to support, for example, 60 young people to improve their school attendance and 40 young people to move into and sustain education, employment and training.
- ❖ We established a new intensive early help service (IFIT) for families where

adolescents were at risk of going into custody through anti-social behaviour and offending.

- We have embedded parental mental health staff within our early help family support (Families First and IFIT) and are introducing a new parental mental health service for the younger age group.
- Through our Stronger Families programme, Islington has performed well in terms of helping families turn their lives around in the first phase of the national 'troubled families' programme. Over 500 families have made positive changes to their lives and because of that, we are an early starter for phase 2 of the programme, which will provide more funding for early help.
- Practitioners who consider that a child or young person requires support are asked to carry out an *early help assessment* to gain a complete picture of a child or young person's additional needs. This helps them to identify children and families with additional needs, to understand the family's strengths and needs, and to wrap support around them. We have improved the quality of *early help assessments and plans* and many more services are taking a whole family approach.
- We have introduced a single point of contact to all children's services, from early help to the specialist level, called the Children's Services Contact Team. Referrals to CSCT are now made using an *early help assessment* (with parents/carers consent unless there are urgent safeguarding concerns). This helps in our aim to achieve a consistent approach and to avoid families having to repeat their story over and over. Once the *early help assessment* is received by the CSCT, a decision is taken as to whether the family requires support from targeted early help services (Families First, children's centre family support, targeted youth support) or, if there are concerns about the safety or welfare of a child, from Children's Social Care.
- The number of contacts to Islington's children's social care has fallen since the introduction of Families First. An increase in the numbers of attendances at children's centre family support activities since 2011/12 is also having an impact.
- We have made steady improvements to our monitoring of early help services and introduced a consistent way of reporting on activity and quality across services. This is an ongoing work in progress and we will also be introducing a shared case management system over the period of the next strategy.
- We commissioned an external evaluation of our early help targeted family support delivered through children's centres, Families First and IFIT) and the learning from this is incorporated in our 'next steps.'

## What families and staff have told us about Islington's Early Help services

### Parents and carers

- "Having only one worker to talk to meant that I didn't have to repeat my story to lots of different professionals."
- Parenting courses should be part of a standard offer to all families, used as a preventative tool: "forewarned is forearmed."
- Groups are a "safe environment to share experiences."
- "Never too old to learn. Parenting is difficult and every child is different and you have to learn to deal with them as an individual…"
- Need to promote the work of Families First more: former or current service users should be involved in actively promoting the service by participating in talks at schools, community groups, activities explaining their experience of the service.
- "I now have more self-confidence and am more ambitious. I did feel that I was all alone but now I can talk to the staff at the children's centre. I felt before that I was falling down hill. Now I feel that I enjoy my time more with the kids. I am looking forward to waking up in the morning now, I'm more happy and that kids are more happy.
- "Very helpful, any time I need I get what I am looking for, they helped me get volunteer job to get skills, attended workshops for FGM and child development program."
- "Dads club - A very positive space for children & parents creating a very positive experience. Empowering & confidence building as a father."
- The Job Centre should offer Families First services to all families that are signing on with them.
- More should be done to include fathers so that groups have both male and female participants. There should be some male facilitators to provide a different perspective.
- "More information about what research / current literature says."
- "Made a point of asking me my input at professionals' meetings and that I understood plans and decisions."
- "I was a bit nervous at first. I wasn't sure I wanted someone poking into my family business – but she made me feel relaxed and like I was in control."

### Staff and partners

- We need to receive good quality, clinical supervision
- We need to understand the importance of building and developing relationships with parents and carers to support them to engage and stay with parenting support or parenting programme
- We need to build in time to plan parenting programmes and recruit the parents/carers.
- We need an accurate timetable of parenting programmes available in a rolling programme.
- We need more information about the evidence of what works and to understand which programmes will suit which parents/carers.
- We need more accessible parenting information on the website.
- We need better relationships with school staff and to run more programmes in partnership with schools.
- Parenting programmes provide a good opportunity to support parents/ carers on a pathway to work – we need to incorporate this.
- We need to encourage parents and carers to develop friendships and support networks that can continue after they do a parenting programme or have family support.
- We need to explore commissioning targeted programmes with neighbouring boroughs.

## What we know about the needs of Islington families

### General context

- Islington is a small and densely populated borough, in which there is a sharp contrast between wealth and poverty. There are approximately 43,500 children and young people aged 0-19 living in around 21,000 households.
- Approximately 42% of children living in income deprived households. Almost a third of children in Islington live in a household where no-one is working. 44% of all school children are eligible for free school meals.
- The proportion of children from a black or minority ethnic background is relatively high at 66%, and a significant proportion of children live in households where English is not the first language.
- Just under a third of children live in single parent households.
- 60% of children live in social housing, compared with 20% nationally. 75% are living in flats with limited access to outdoor space; the borough has very little land designated as green space and; 11% of households are overcrowded.
- Educational attainment is improving, with the number of young people gaining five GCSEs A*-C now above the 2013 national and Inner London averages.
- There is a strong link between school absence and educational attainment, and whilst our attendance rates are improving, more progress is needed.
- There are a higher proportion of young people not in employment, training or education in comparison with their peers in other central London boroughs.
- 21% of residents have low or no qualifications, whilst 51% have university degrees.

### Vulnerability factors – children and young people

- **Child obesity** and high levels of **tooth decay** are a particular problem.
- Although emergency admissions for **long term health conditions** such as asthma and epilepsy are falling, the rates remain above the London average. As well as ongoing health risks, children with long term conditions are more likely to have their educational opportunities affected by absences related to their health and there may be negative impacts on children's emotional wellbeing.
- The rate of **teenage pregnancy** is falling, but higher than London and England.
- 277 (10%) of assessments carried out by Children's Social Care in 2013 recorded a concern about the **mental health of a child**. The estimated prevalence of mental health conditions among children and young people is high, with over 3,000 Islington children aged five to 17 with a mental health disorder. Mental health problems in childhood can have an impact in adult life, including qualifications and employment, relationships and family formation, health and disability. Good mental health allows children and young people to develop resilience to cope with problems they may face as they grow up.
- 268 (10%) of assessments carried out by Children's Social Care in 2013 recorded a concern about a **child's learning disability** and 165 (6%) about a **child's physical disability**. Estimates based on the Family Resources Survey suggest there may be around 2,500 disabled children and young people in the borough.
- Almost one in four Islington pupils have a **special educational need**, significantly higher than London and England (19%). In Jan 2013, 822 of those under nineteen years had a statement and around 5,000 had an additional educational need without a statement.

- Pupils with SEN or a disability face barriers that make it harder to learn than most pupils of the same age. They also face poorer outcomes than their peers in terms of educational achievement, physical and mental health, social opportunities and transitions to adulthood.
- The proportion of young people in Islington aged under 26 providing unpaid care (3.1%) for a parent or other family member who has a learning or physical disability, long term illness, mental ill health or drug and/or alcohol problem is higher than the averages for London and England (2.7%, 2.5% respectively). The majority of these **young carers** are between 16 and 24 years with 375 young people under sixteen years providing unpaid care to another person (same % as London and England). These figures are likely to underestimate the number of young people providing unpaid care.
- Being a young carer can have an effect on young people's emotional and physical health, their school attendance and social networks. Their families often struggle financially without a working parent and their choices as adults may be restricted because of the time they spend caring.
- Children's Social Care assessments in 2013 indicated a concern about **drug misuse by a child** in 114 instances (4%), about **alcohol abuse** by a child in 61 instances (2%) and about both drug and alcohol misuse in 41 instances (1.5%). If Islington young people have the same rate of drug use as national figures, about 1,400 Islington children would have used drugs, with 1,000 using drugs in the past year and 500 in the last month.[4]
- Islington Young People's Drug and Alcohol Service (IYPDAS) work with young people up to their 19th birthday who have been identified as having **drug and/or alcohol concerns**. In 2013/14 IYPDAS worked with 83 young people. 97% of all IYPDAS service users in treatment were primarily using cannabis or alcohol (77% Cannabis; 20% Alcohol). The majority (83%) of young people accessing IYPDAS are male. Young people who persistently misuse substances can experience a range of problems in relation to education, health, peer relationships, and involvement with anti-social behaviour and crime.
- The number of first time entrants to the **youth justice** system has decreased year on year since 2007 but is still above the London average. The reoffending rate for young people has been higher than comparator boroughs for four years but the gap has narrowed since 2010/11. A minority of those who reoffend go on to commit a more serious offence. The numbers of young people in custody are low and decreasing. In 2013, 113 Children's Social Care assessments were completed in relation to 110 children and young people considered at risk of harm because of involvement with gangs.
- Islington has a higher rate of **missing children** and young people, compared to the national average and such young people are known to be at greater risk of child sexual exploitation.
- **Child sexual exploitation** was a concern in 78 Children's Social Care assessments in 2013 (3%). Child sexual exploitation is often hidden, due to victims' feelings of confusion or fear and male victims are likely to be underrepresented. Some young people are not aware that they are being abused as they may be coerced into believing that they are in a loving relationship, or they are dependent on their abuser for protection. The impact of child sexual exploitation can be on a child's health, wellbeing and behaviour, their engagement with education, and leaves young people more vulnerable to mental health problems, teenage pregnancy and substance misuse.

## Parental factors

- In 2013 959 (35%) of Children's Social Care assessments recorded that the parent / carer was the subject of **domestic violence** and 363 (13.4%) that a child was the subject of domestic violence. The estimated prevalence from national reports is high, suggesting that there are around 3,100 children and young people aged under 11 years (12%), 2,300 aged 11 to 17 (18%) and 6,000 aged 18 to 24 (24%) who have witnessed

[4] HSCIC, 2013.

domestic violence during childhood.[5] Research has demonstrated that the effects of domestic violence on children can be severe and long-lasting and include behavioural, social and emotional problems; cognitive and attitudinal problems.

- The number of Islington children who lives with **parents with a learning difficulty or disability** is not known. National research suggests there would be around 50 such parents in Islington, just over half of whom would look after their children. However, there were more than 90 children who had a social care assessment in 2013/14 who had at least one parent with a learning difficulty or disability, highlighting how differences in classification can cause difficulties in estimating prevalence. Children born to parents with a learning disability are at increased risk of inherited learning disabilities and psychological and physical disorders. They may suffer neglect as a result of a lack of parental education combined with a lack of support. However, not all parents with learning disabilities will require the same level of support, and many will face barriers based on negative expectations of their parenting ability.
- There is little information available on the **physical health needs of parents**, for example, where a long term condition affects family life. However, our Early Impact study of Families First (2012) indicated a stronger prevalence than expected of physical health problems as did the national troubled families profile (a third of families where a family member has poor physical health).
- In 2012/13, 1,600 children and young people were living in an Islington **household where offending occurred**. This may not include families where there is a young offender, although offences may relate to older siblings who live in the household, rather than parents. Although poorer outcomes are not proven to be caused by parental imprisonment, children of prisoners have three times the risk of antisocial/ delinquent behaviour compared to their peers. 65% of boys with a convicted parent go on to offend compared with 22% of boys whose parents are not offenders.[6]
- In 2013 750 (28%) of assessments by Children's Social Care indicated a concern about the **mental health of a parent/carer**. A further 109 (4%) recorded concern about the mental health of another member of the household. Applying the results of a high quality, large national study of children aged five to 16 to the Islington population suggests that there could be as many as 6,000 in this age group whose mothers would be classed as at risk of common mental health problems.[7] Research suggests that children of patients with severe and enduring mental illness can experience greater levels of emotional, psychological and behavioural problems than their peers.
- 484 Islington drug users in treatment in 2012/13 were recorded as adults living with children. In 2013, 315 (4%) of Children's Social Care assessments noted **parental drug misuse** and over 300 recorded **parental alcohol abuse** as a key factor.
- When national estimates from recent research are applied to the Islington population, there are an estimated 10,000 children under 16 (29%) living with a binge drinking parent, 9,000 (28%) with parental hazardous or harmful drinking and 3,000 (8%) living with a parent using illicit drugs.[8] Children of parents who misuse substances can experience a number of negative effects. The impact can be physical, psychological and socioeconomic.
- In 2013, 317 (5%) of assessments by Children's Social Care indicated a concern in relation to **neglect**, i.e. the

[5] NSPCC, 2011. Considering the response rate (60%) and the nature of the problem, these estimates may under represent the real extent of domestic violence in Islington.

[6] Murray and Farrington, 2008; Farrington and Coid, 2003; MoJ & DCSF, 2003.

[7] Parker et al, 2008. A clear association was found between poor socio-economic circumstances and mental health problems. Given the high proportion of lone parent families, this may be an underestimate.

[8] Manning et al, 2009. Islington rates are likely to be higher than national, considering the relatively young population structure and high levels of deprivation.

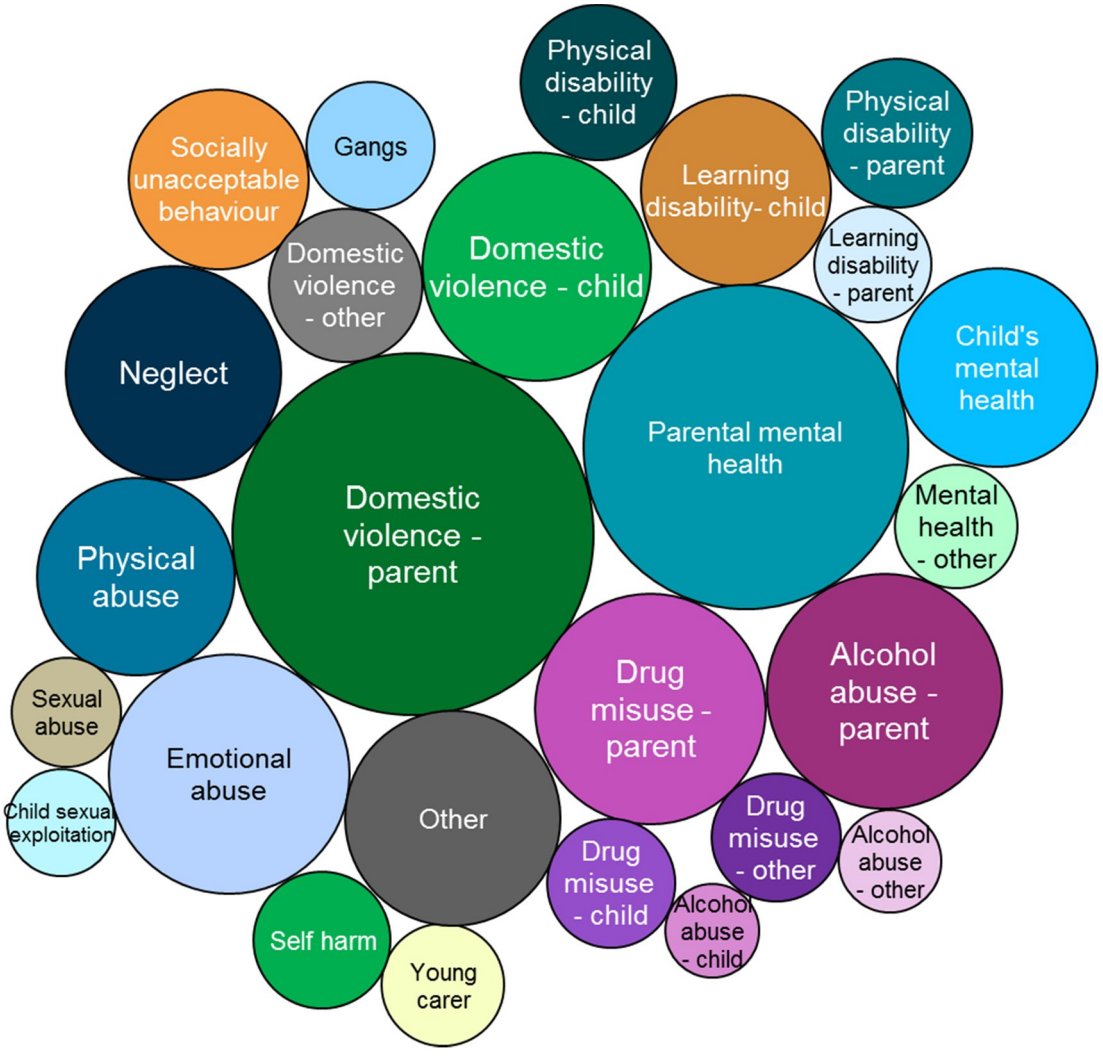
persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Research suggests that up to one in six young adults may have been neglected at some point in their childhood. Neglect can have negative, long-term effects on a child's mental and physical development, their behaviour, educational achievement and emotional wellbeing.

## Key factors identified in Children's Social Care Assessments – A Visual Map

The following graphic represents the number of children for whom each key factor has been identified through a children's social care assessment during the year 2013/14. More than one key factor can be recorded for each assessment, and each child may have more than one assessment during the year. Large proportions of the assessments identified a combination of domestic violence, substance misuse and mental ill-health.

**Domestic violence, parental mental ill-health and substance misuse** are the most common features of families where children and young people experience harm and are the most common reasons for families requiring a more reactive and expensive statutory service

.



## Vulnerability factors – families with multiple problems

Our community based budget and the first phase of the national troubled families programme has provided greater insight into the interlinking pressures of families experiencing multiple problems. Over 1,000 families were identified as meeting the **national 'troubled families' criteria** between 2012 and 2015 due to **youth offending, anti-social behaviour, low school attendance or exclusion from mainstream education, worklessness plus a range of other problems including domestic violence, parental mental ill-health and substance misuse.** (Nationally, families in the programme have an average of nine serious problems).

Families First, established in 2012 to provide early help to families with multiple problems, supported 1,000 families in 2013/14 with demand doubling in the year 2014 to date. Poverty, low qualifications and worklessness are an added pressure on families and Islington has the second highest proportion of children in low-income families in England each year from 2009 to 20012. Where families have multiple problems, it is a challenge to support them off out-of-work benefits and **into sustained employment**. For example, only five per cent of the families 'turned around' within the troubled families programme in Islington did so through moving into and staying in paid work. Many more families made excellent progress towards work by stabilising family life and completing training, volunteering or work experience.

The impact of **welfare reform** is difficult to predict. However, the changes will reduce income for many workless families, especially those unable to move into work. This could entrench existing relative poverty and increase levels of absolute and severe poverty.

Since the economic downturn of 2009, Islington has seen an increase in the **numbers of people applying as homeless**. 290 Islington households with dependent children or pregnant women were accepted as unintentionally homeless and eligible for assistance in 2012/13. Homeless children are three to four times more likely to have mental health problems, two to three times more likely to be absent from school and more likely than other children to have behavioural problems that compromise academic achievement and relationships with peers and teachers.

The full vulnerable children's needs assessment is available on Islington's Evidence Hub

## Implementing our Early Help Strategy – our priorities

**1. Continue to develop and improve our approach to early intervention and prevention support for vulnerable children, young people and families**

Our Early Help core offer to families will continue to:

- Encourage stable and resilient families where parent(s) are able to meet children's needs.
- Focus on supporting couple and family relationships, with an emphasis on managing the stresses of family life and minimising the impact of conflict or relationship breakdown on children.
- Increase families' networks of support within their community.
- Help families to get their needs met and prevent escalation of difficulties.
- Support young people to make successful transitions throughout childhood and into adulthood.
- Get parents and carers work-ready and into work.

**2. Make the Early Help pledge a reality for all families**

We will focus on the workforce to do so by:

- Increasing the use and completion of *Early Help Assessments and Plans* and reducing the range of forms and assessments used by organisations in Islington.
- Building the confidence of our workforce to take on the *lead professional* role for families – acting as a point of contact for the family and co-ordinating services with them.
- Strengthening our engagement with the families who are most vulnerable or whose children are at higher risk of poor outcomes in the future.
- Increasing the co-ordination of assessment and service provision across children's and adults' services.

**3. Use our Conception to Five Framework to lay strong foundations for children and their families**

We will do this by:

- Supporting families and services to recognise the importance of the conception to five phase and the unique opportunity it provides for change.
- Increasing knowledge of services and help available for families in the conception to five phase, engaging more families particularly those who will benefit most.
- Promoting the model to reduce stressors and build resilience, challenging ourselves and our partners to reflect and respond in service design using high quality and up to date evidence.
- Building the ability of the early childhood workforce to work better together, identifying problems as they emerge and empowering families to take action.

**4. Review and Implement Phase 2 of the Stronger Families Programme incorporating our Community Based Budgets**

We will continue to offer intensive and better co-ordinated support to improve the lives of families with multiple needs, prioritising

- Building an effective response to domestic violence and abuse in order to reduce harm to women and children.
- Supporting young people and adults into sustainable employment as the best route out of poverty.
- Recognising the impact of health problems on family functioning and ensuring that joint working at all levels between health, family support and social care services is improved.
- Pooling organisational budgets to get better value for money and avoid duplication.

- Ensuring that we work across agencies in relation to the engagement of families where young people or adults are involved in anti-social behaviour and/or crime and co-ordinate support and enforcement to disrupt crime.

**5. Ensure evidence based approaches are introduced and sustained in the delivery of family support**

- Maintaining the parenting programme framework and developing proposals for commissioning and evaluating programmes.
- Embedding interventions that are based on the best evidence on what works to make positive lasting changes in families.
- Introducing new case management systems, consistent monitoring, evaluation and quality assurance to enable our core early help family support services to measure outcomes and quality of service in a coherent way and enable an interface with Children's Social Care.

See also Islington's Children's and Young People's Health Strategy and Camden and Islington's Young Carer's Strategy [insert links].

# Part Three: Early Help Services in Islington

The Islington Children and Families Board has committed to Early Help as a strategic priority and is committed to reprioritising funding through Community Based Budgets over time.

## Universal Services

Universal services are those that are available to all families. Families are able to identify their own needs and gain access to the services they need with minimal intervention from professionals.

To effectively deliver universal services within the context of Early Help, providers and professionals will support families to identify their own solutions to problems. This will involve:

- Making information available to families so that they can find out what services there are and where and how they can access them when they need them. This would include raising awareness of the Family Information Service and the Family Directory www.islington.gov.uk/familydirectory;
- Providing general advice and information;
- Assessing needs – using an *early help assessment* where it is identified that the involvement of more than one agency to meet the child, young person or family's additional needs;
- Monitoring needs in a low-key 'at a distance' way and be ready to step in if the family exhibits signs that indicate a more targeted response is required;
- Being aware of the range of targeted and specialist services available and an understanding of how to link with them. This may involve targeted services (such as Families First or Child and Adolescent Mental Health) being delivered within universal settings so that families can 'step up and step down' between tiers of need quickly as needs emerge and are dealt with.

This approach will enable families to get support quickly and easily. Opportunities for families to meet each other and develop informal support networks will underpin this and will foster greater social and community cohesion. This approach will enable commissioners to focus their resources, and providers to focus their interventions, on those parents and families that need them most whilst also reaching families where parents are able to meet their children's needs with minimal or no intervention.

## Targeted Services

Targeted services are those that are available to families who have a range of needs that they cannot address on their own and that may require the input of more than one service for a limited amount of time at a particular point in time.

In Islington, evidence based early help to families is delivered through our core offer: Children's Centres (families with children under 5) and Families First (for families with children aged 5-19 years). Both services target the most vulnerable families with multiple problems who incur higher costs to statutory services if they do not receive early help. Both services:

- Are open access and available to any family who feels that they need help;
- Carry out outreach activities to reach vulnerable families;
- Work with family members to understand their needs, what they want to change and agree a family plan;
- Deliver support in community venues or through home-visiting;
- Aim to link families into universal services
- Help to build the strengths and capabilities of family members and reduce the stresses on families.

Delivering targeted services within the context of Early Help will require providers to identify opportunities for supporting families at the earliest opportunity. This might involve:

- Delivering services within universal settings
- Ensuring staff are trained to use the *early help assessment* to assess needs and work with families to put in place and monitor family plans
- Using funding to identify and support families in greater need. For example this might involve schools making better use of their pupil premium funding to target children from low income / disadvantaged families;
- Engaging with adult services such as the Probation Service, Adult Mental Health and Adult Social Care to ensure a whole family approach and to integrate Early Help within the personalisation agenda for example.

This approach will ensure families access services early so that problems are not allowed to escalate. Commissioners and providers will be better able to focus their resources and interventions on those parents and families that need those most. Over time more families should become more resilient and better able to cope with changes and challenges. Over time this should result in savings that can be re-invested in universal provision. There should also be a noticeable reduction in costs to society in relation to the impact of unemployment and poverty, truancy and exclusions and savings in relation to domestic violence, health, housing, criminal justice system etc. resulting in better social cohesion and sense of belonging.

## Specialist Services

Specialist services are needed by a small number of families where there are very urgent and/or complex and longstanding problems that impact on their lives and limit their ability to function.

Specialist providers must be more aware of the range of universal and targeted services available and an understanding of how to link with them. Families should have easier access to these services so that they spend as little time as possible at the higher tier/level of need.
Providers of specialist services should also ensure clear pathways for families whose needs are escalating into the higher tier of service and for families whose needs are reducing and can move to a lower level of support.

Over time commissioners and providers should see a reduction in the number of referrals to specialist services and in the time families spend at the higher level of need, with a corresponding cost saving and opportunities for reinvestment in universal and targeted provision.

# Appendix A: Conception – 5 Focus in Islington

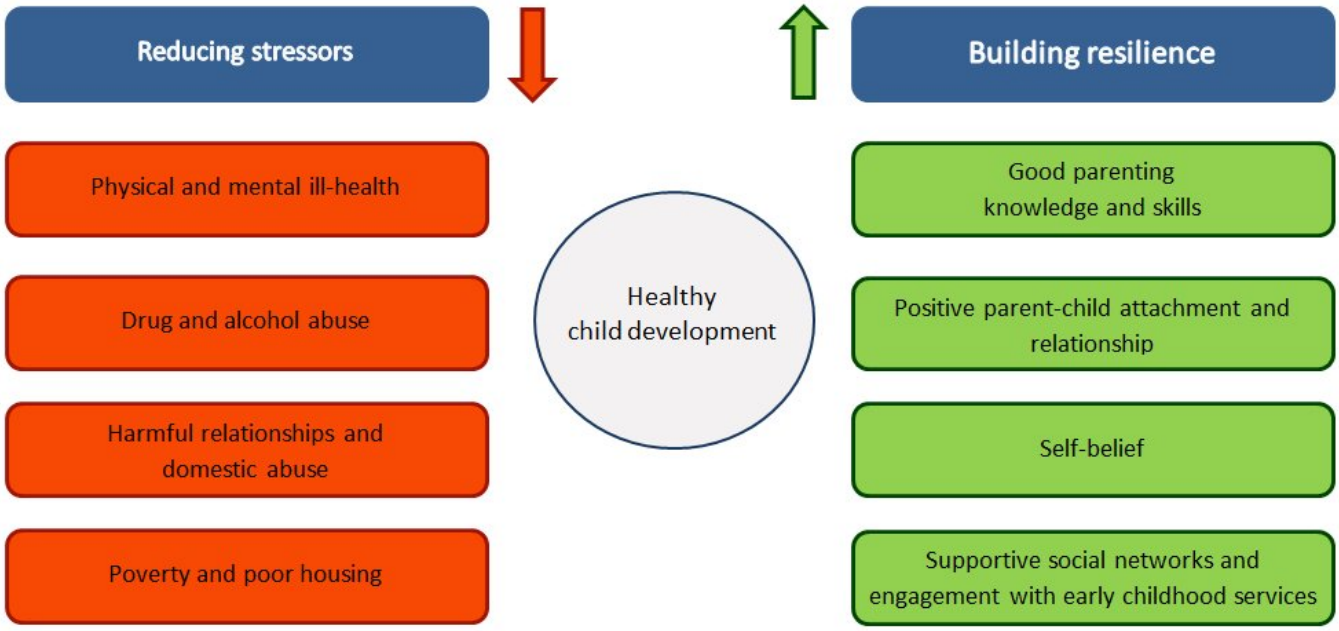
What happens in the earliest years has a significant and long term impact on a child's health, wellbeing and achievement.

The conception – 5 focus draws on the most up-to-date early years evidence, and considers this alongside what matters most for children and families in Islington. It aims to shape local early childhood services, bringing together the workforce under a shared set of key priorities. It will support and challenge us all to make the most of this opportunity to lay strong foundations for children and families in Islington.

To do this, we are adopting an 'eight steps to healthy child development' model. This is an eye-catching and user-friendly tool which can be used to shape services and develop a common set of objectives across local commissioners, service providers and the frontline workforce. It describes the key factors which can influence children's outcomes. Focusing on these factors through every service and at every level of need will enable services and families to build resilience, identify early signs of stressors and take action quickly to redress the balance

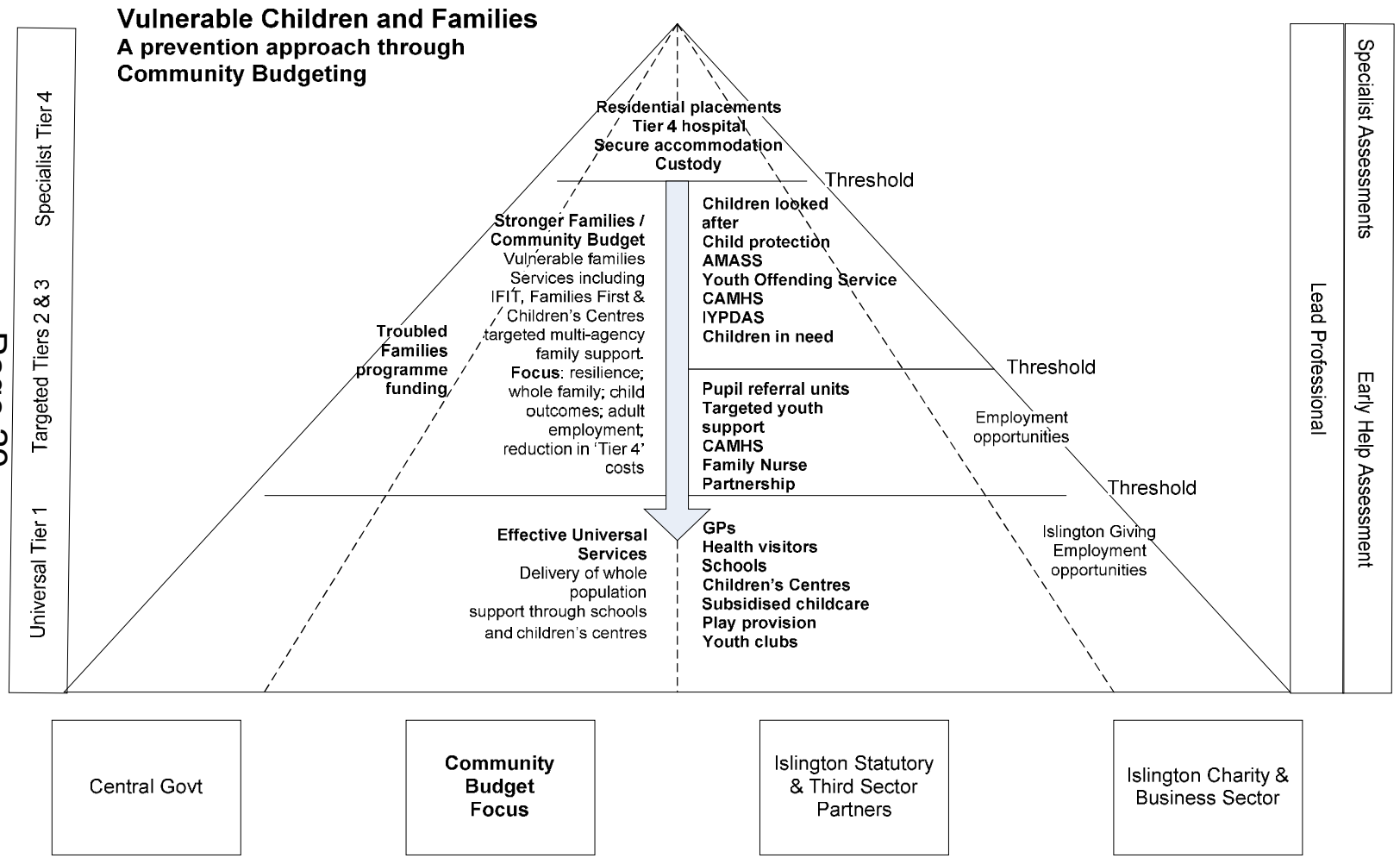
.

Eight steps to healthy child development

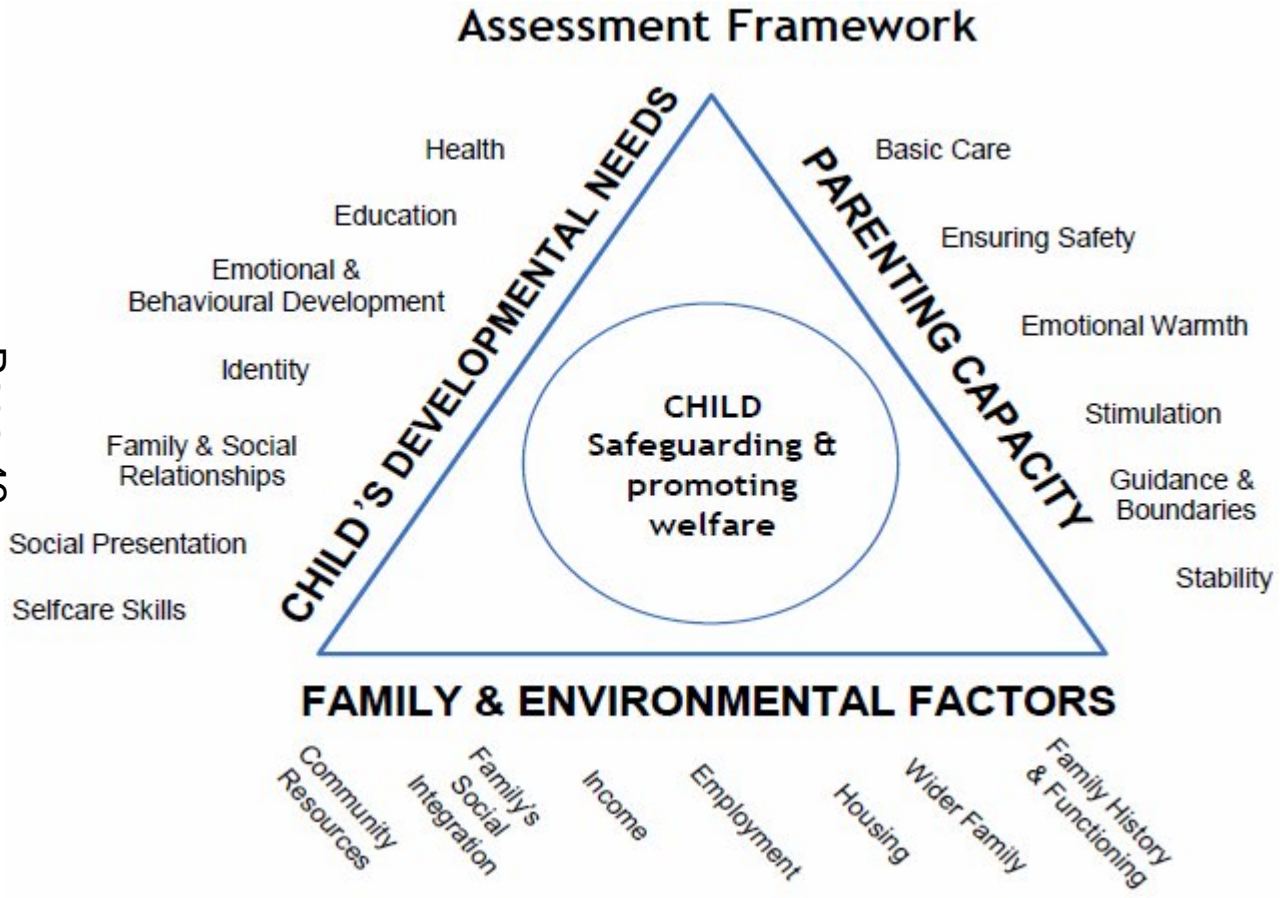



Inspired by the NSPCC and Blackpool Council

## Appendix B: Diagram of our approach to vulnerable children and families through the Stronger Families Community Budget



## Appendix C: Assessment Framework




Whether a child and family require an early help or a specialist social care assessment, practitioners in Islington use the same criteria to make sure that children's needs are met. These are set out in the assessment framework. Further information on the *early help assessment and plan* and the role of the *lead professional* is available at http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/change_for_children/

# Appendix D: Lead Professional

**One mother working with a Lead Professional said, "It was great. I really knew what was happening and only had to attend one meeting instead of five."**

When a child needs a package of integrated support, experience shows that they and their family benefit from having one person who can help ensure they get the right services at the right time.

The Lead Professional is not a new job title or new role, but a set of functions essential to delivering integrated support. These are to:

- be a single point of contact – giving children, young people and their families a trusted person to support them and communicate without jargon
- coordinate services – so that effective action is properly planned, delivered and reviewed
- reduce overlap, inconsistency or gaps – to ensure a better service experience and better outcome.



The Lead Professional can be from any service and there is no one job they are likely to have. They will be chosen with the family and child's view in mind, and it is likely they will be someone with a good working relationship with the family.

This page is intentionally left blank

ISLINGTON
In partnership with

ISLINGTON SAFEGUARDING CHILDREN BOARD
ISCB
Working together to safeguard all Islington's children

sip
Safer Islington Partnership

# Working Together for a Safer Islington 2017 – 2020

***A partnership response to tackling youth crime in our borough***

# Foreward

## Councillor Joe Caluori, Executive Member for Children and Families, Islington Council

Every time a child is born in Islington, or when a family moves here, the parents want their child to achieve their full potential and lead a long and happy life. No parent wants their child to fall into youth crime or a gang; and no child at primary school dreams of committing violent criminal acts.

However, for too many families the overwhelming pressures of poverty coupled with parental vulnerability factors such as mental health problems, substance misuse and domestic abuse creates a toxic environment for children in which they are unable to exercise self-control, set goals for themselves and relate to others appropriately.

The end result of this can be falling into offending behaviour which, if left unresolved can rapidly escalate into more serious violent offences. There are also older people who are ready to take advantage of these vulnerable young people and groom them into criminal networks with false promises of wealth and status. The true consequences of gang involvement for these young people are the worse outcomes imaginable.

In Islington we refuse to accept that this trajectory is inevitable or acceptable for any child. We invest more in universal youth services than any other local authority in the country. We have protected funding for our Youth Offending and Targeted Youth Services and allocated an additional £500k per year for additional mentoring and employment support for the hardest to reach young people. We are seeing record numbers of young people engaging with our youth provision and the number of first time entrants into the youth offending system is reducing, but we have a hard core of young people with entrenched offending behaviour who drive the majority of youth crime in the Borough.

This strategy is rooted in our early intervention philosophy. It sets out a detailed plan to turn off the tap whilst also bailing out the bath water; working with children at a very young age to enable positive choices whilst also taking decisive action to support children and their families when the early warning signs are there.

Working together, we can crack the problem of youth crime in Islington. But to do that we need the support of the whole community. Ensuring that all the children in our Borough thrive is our shared responsibility. Let's work together to give children back the childhood and the future they are currently being denied.

# 1 Introduction

Reducing youth crime and the related harm to young people, families and communities is the highest priority for our council and all our partners. Islington, like other parts of London and the UK has seen worrying increases in youth violence. In the UK, there has been an increase in the number of fatal stabbings this year which rose to 33 in May, of these 16 were teenagers and children, and seven were in London. Like most large cities in the UK, London is also seeing emerging issues of child sexual exploitation and county lines, with drug dealing lines being run out of the capital into towns throughout the country. In Islington, this is increasingly prevalent and we continue to be committed to protecting all children and young people who may be vulnerable to all forms of exploitation.

The Islington **Youth Council** who represent children and young people who attend school and live here in our borough, have made youth crime one of their key priorities for action.

**'Islington Youth Council recognises the importance of crime and safety; we strongly believe that the youth of today represent a measure of success or failure for every borough. We believe that this plan will significantly help young people as they are the learners of today and the teachers of tomorrow. We need to do more to help young people to have a better future and a better life'.**
**Quote from Young Mayor Diana Gomez (May 2017)**

We are immensely proud to live, learn and work in Islington; its diverse and cosmopolitan demographic make it rich in language and culture. In Islington 94% of learners attend a good or outstanding school or pupil referral unit which is higher than found nationally (Ofsted Data View, August 2016). In addition, Islington pupils exceed key stage 1 indicators and our Children Looked After also exceed attainment levels against the national average. With 16 children centres, 42 primary and 8 secondary schools, 12 adventure playgrounds and 2 vibrant co-produced, designed and run youth hubs, along with a variety of good quality community and voluntary provision for all ages Islington is an excellent place to live, work, learn and play.

However, we do have challenges as 34.5% of our local authority's child population live in poverty and our primary and secondary free school meal entitlement are both significantly higher than the national averages. (Primary 29.1% national average is 14.5% and Secondary 33.6% average is 13,2%)[1]. With the second smallest amount of green space per head in London, a child in Islington has half the amount of space to play in than other children.

There are currently 40,000[2] children, young people aged 4 to 24 living in Islington and we have a relatively small number of young people who need more support to achieve their full potential. We understand that these young people can provide a challenge to our community, and impact on our residents and services.

[1] Children Living in Low Income Families Measure for 2012 – latest available).
[2] (2016 GLA Witan Population Projections for Islington).

## 1.1 National Context

Islington partners welcome the **Mayor's Office for Policing and Crime (MOPAC) Police and crime plan 2017-2021: A safer city for all Londoners.** Launched in March 2017, the plan provides the opportunity to work with partners across London and beyond.

The five priorities are:

- A better police service for London
- A better Criminal Justice Service for London
- Keeping children and young people safe
- Tackling Violence Against Women and Girls
- Standing together against hatred and intolerance

Serious youth violence and knife crime has increased across London and the UK in the past year and stabbings of young people are becoming increasingly common.

***'Ambulance staff said dealing with stabbings was "now just part of the workload"*** [3]

Statistics show that, in 2016 - 2017, gun crime had also increased in London. Whilst the numbers of such offences involving young people are lower than those perpetrated by adults, there is no room for complacency.

A report by the Police and Crime Committee suggests a dominant driver for young people carrying knives, ***"appears to be a belief that they need to be prepared to defend themselves''*** The report states ***''fear can also be fueled by awareness of stabbings in their community''***[4].

**County Lines** is now recognised as a growing safeguarding issue for young people in the UK, and Islington as with other Local Authorities await the national steer from the Home Office.

The National Crime Agency defines 'County Lines' as a: **'national issue involving the use of mobile phone 'lines' by groups to extend their drug dealing business into new locations outside of their home areas. A 'county lines' enterprise almost always involves exploitation of vulnerable persons; this can involve both children and adults who require safeguarding.**"[5]

There is a much greater recognition among the police and other partners that the response to gang crime and county lines should focus on support around vulnerability and exploitation, rather than drug arrests. This approach ties with the **Modern-Day Slavery Act 2015**, which stipulates that public authorities including councils and police, have a legal duty to notify the Home Office when we encounter any potential victim of modern slavery, the Home Office has asked the Crown Prosecution Service to provide procedural advice in the use of the modern slavery legislation in relation to County Lines.

[3] Evening Standard, 27th April 2017

[4] PCC report on Knife Crime, September 2016

[5] NCA, County Lines, Gang Violence and Drug Supply report, November 2016

According to Metropolitan Police intelligence reports, there are an estimated **225** recognised gangs in London, comprising of around 3,600 gang members. 58 of these gangs are considered to be particularly active, being responsible for around two thirds of all gang related offences[6]. Nationally, official statistics on how many sexually exploited children have been identified by the authorities are not currently available however it is estimated that over 2,400 children were victims of sexual exploitation in gangs and groups from August 2010 to October 2011.[7]

A further challenge has been highlighted for us in the Lammy Review (2016)[8] which acknowledges the over representation of BAME people in the criminal justice systems and requires local authorities to address this. Figures published by the Youth Justice Board (for England and Wales) show that young black and minority ethnic groups are over represented nationally in youth offending in relation to both community and custodial penalties and these patterns are seen in Islington.

## 1.2 Local Context

Most young people do not perpetrate, or become victims of crime but the impact of those who do disproportionately affects feelings of safety among young people, families and communities within the borough. Islington has seen an increase in serious youth violence, up by 30% from 2015/16 and an increase in knife crime with victims under 25 years old up 9% this compares to 23% across London. There has been for some time, a worrying trend of mobile phone theft which rose in 2016 by 33%, higher than both the London and national average (MPS data). There are six known gangs in Islington and three are seen to be the most active. The gangs are all very different in how they operate and we have reason to believe that some of our gangs have formed alliances with other gangs in and outside Islington to strengthen their hold on some of the drugs markets.

Whilst our first time offending rates continue to drop and reoffending rates have started to reduce we have a small cohort of young people who persistently offend and escalate their offending behavior in a short space of time. This has been in part to the police becoming more sophisticated in their awareness of these young people, as well as the fact that the young people involved have developed a lifestyle that they wish to maintain and that can only be achieved through crime. We have, however, seen a reduction in our custody rates overall.

The Youth Offending caseload remains between 80 and 100 young people at any one time. We have seen through our Youth Offending tracker that we have a disproportion in the number of black young males offending in our borough. To address this, we have commenced work with a voluntary sector organisation that works to mentor and offer positive role models for young black males and will continually work to address this issue by developing a more intensive support package to this group through engagement with other voluntary providers.

[6] Metropolitan Police, Trident Gang Crime Command FAQs [accessed 18 February 2016)

[7] Berelowitz, S. et al (2012) "I thought I was the only one. The only one in the world." The Office of the Children's Commissioner's inquiry in to child sexual exploitation in gangs and groups: interim report (PDF)

[8] Lammy Review of BAME representation in the criminal justice system (November 2016)

We need to acknowledge the context within which this crime picture sits and that the borough is one of stark contrasts. In the 2015 Index of Multiple Deprivation (IMD), Islington was found to be the 26th most deprived local authority in the country and 5th most deprived in London. It is the third most deprived based on IDACI (Income Deprivation Affecting Children Index), with approximately 35% of children living in income deprived households. 26% of Islington children live in workless families. The provision of affordable childcare, particularly for low income families, is key to ensuring children are safe and there is concern regarding the impact of the recent cut of the funding for the over 5s childcare subsidy.

## 1.3 Key messages from research and intelligence

Significant work has been undertaken by all agencies to understand our young people involved in offending, with a recent knife harm review led by Public Health commissioned by the Islington Safeguarding Children Board (ISCB) and research on reoffending in Islington (University of London 2017). Both found that factors related to family background are the most common feature among young people who offend. The University of London report found that in 19 out of the 23 cases reviewed the young person was found to be living in a lone parent family, with parental substance misuse often an issue amongst mothers, and absent fathers. Concerns about parental capacity are also often shown in a long history of social work involvement with the mother, and domestic abuse is a common factor in these families. It is widely recognised that most of these factors are found in areas of economic poverty and social deprivation.

The Islington Fairness Commission (2012) spoke of the 'Two Islingtons'; one characterised by relative advantage the other relative disadvantage ([9]). 60% of Islington's children and young people live in social rented housing; (compared to 44% of Islington's population as a whole). However, many of the risk factors can be seen through this lens; poor housing that pushes young people out onto the streets; low levels of parental support for academic achievement and career aspiration; family histories of adversity and risk; no money for extra-curricular activities; and parents struggling to support their children due to poor mental health. The Camden and Islington Public Health Report (2015) provides a preferred prevalence rate of a diagnosable mental health disorder rate based at 14% for our 5 - 16 year olds, which is considerably higher than the national average.

Through our involvement with young adults in Islington we have built up a clearer picture of their early life experiences and how this has influenced them becoming involved in criminal activity and escalation into violent and serious offending. In Islington, we see young people who are part of a gang or who undertake criminal activity who have had contact with specialised social work services for most of their young lives, as they have been emotionally and physically neglected.

We increasingly recognise that young people are suffering trauma due to their early childhood experiences and also through their exposure to criminality. This has led us to develop approaches around trauma based work. We want to continue to work with our education partners with children who are presenting with worrying

[9] Islington Fairness Commission www.islington.gov.uk/fairness

behaviours. We have worked jointly to set up a trauma based pilot, using *ARC (Attachment, Regulation and Competency) systematic framework to guide work with children, young people and families with teachers and youth workers and community based staff to underpin their work. This will roll out in 2017.

The Early Intervention Foundation (EIF, 2015)[10] reported that **7** years old is a key age for children with these vulnerabilities to be drawn into antisocial behavior and low level offending that can escalate as they grow. We are mindful of that research and it is imperative that our collective aim is to use our data better to identify children who may be at increased risk as early as possible in universal settings and not waiting for them, to be identified by our targeted services or become known to specialist services. The characteristics listed below are not exhaustive but have been found to have been evident as key indicators of risk factors that make young people both nationally and in Islington, vulnerable to partaking in crime.

| Family | School | Individual and Peer Group | Community |
|---|---|---|---|
| • Poor parental supervision/ discipline<br>• Family conflict<br>• Parents take part in problem behaviour/ approve of it | • Early and persistent anti-social behaviour<br>• Low achievement beginning at primary schools | • Attitudes that condone problem behaviours<br>• Early initiation into such behaviour | • Norms favourable to crime<br>• Low neighbourhood attachment and community disorganisation<br>• Extreme economic deprivation |

In understanding this it is clear we need to increase the protective and resilience factors for children who experience these risk factors. Many studies have shown that although children may be born with certain predispositions their behaviour patterns are learned[11]. Community based action to reduce risk in children's lives and enhance protection can not only enable them to reach their potential, but also reduce the chances of involvement in crime, substance misuse and other behaviors that cause concern.

We need to do more to identify and build on the protective factors that can support young people using a strengths based approach to make positive choices and avoid involvement in crime and ASB either as a perpetrator or victim. These include: strong bonds with family, friends and peers; healthy standards set by parent's teachers and community leaders; social and learning skills to enable participation and recognition and praise for positive behaviour.

[10] Preventing Gang and Youth Violence EIF (17th November 2015)

[11] Nature–nurture integration: The example of antisocial behaviour. Rutter, Michael L. American Psychologist, Vol 52(4), Apr 1997, 390-398.

## 1.4 Our response

Our Islington Safeguarding Children Board (ISCB) has ensured that the youth crime agenda is seen within a safeguarding framework and is understood as such by all partner agencies and this further enhances the need for wider collective action. The serious youth violence work will be monitored and scrutinised through the Missing/CSE sub group to ensure that these factors are considered within a safeguarding context. There will also be regular reports to the ISCB and to our Safer Islington Partnership (SIP).

We **all** have a contribution to make towards reducing the risk factors that often lead to children and young people becoming vulnerable to entering the criminal justice system. The Youth and Community Service has the lead for tackling youth crime for Islington Council alongside our partners but we cannot do this alone. By working with key statutory partners, Voluntary and Community stakeholders as well as young people and their care givers, we know we will make a better and more sustainable impact.

## This is what we will do

We will continue to

- Create safer places for our children and young people to grow up in, learn and enjoy and just be young people
- Build resilience within individuals, families and communities
- Protect and safeguard young people and support them and their families when they are the victims of crime and exploitation
- Prevent young people from getting involved in crime and entering the Youth Justice System for the first time
- Tackle gangs, knife crime and other violence by and against young people and reduce reoffending by young people

## 2 Purpose of the plan

This plan sets out how we will work together over the next 3 years to reduce the number of young people becoming involved in crime or being the victims of crime and ensuring young people feel safe and are safe. We recognise that this issue requires a collective partnership response that requires a balance of prevention, interventions and the use of enforcement where young people persist in offending and risk harm to themselves and/or others. Our focus will be on **prevention and early intervention** as the most effective way to reduce youth crime is to prevent young people getting into trouble in the first place. We will work hard to ensure that young people, families and communities will be at the heart of our planning and delivery.

The plan builds on the Islington Youth Crime strategy developed in 2015 which set out to provide a comprehensive response to the issues of youth crime and gangs in Islington. It needs to be read in conjunction with our 10-year **Early Help strategy**[12] and seen as part of our stronger family work as part of the national agenda for "troubled families". In addition, to be aligned with the work of the Islington **Fair Futures Commission**[13] launched on 22 February 2017 that will end in February 2018 with a report that summarises its findings and provides some recommendations for change.

**Review of the previous Youth Crime Strategy 2015**

Islington has made good progress in responding to the challenges presented by and for children and young people concerned about, exposed to or committing crime since 2015;

- **The establishment of the co-located and multi-agency Integrated Gangs Team (IGT) at Islington police station**

Our strategy in 2015 outlined a need for setting up a multi- agency team to tackle the small number of high risk young people that we are in contact with through a range of services and look at preventing further escalation of this group. This resulted in the IGT team and identified the need for a successful co-located service to work cohesively with young people. This team focuses on the top 50 gang members identified thorough the police matrix and has worked with 103 Young People in 2016 - 17. Through the IGT we have been able to work intensively with young people involved in the gang lifestyle and provide support and education including access back in to education or employment pathways. We aim to build on this learning and add capacity to work with those young people who are on the cusp of gang membership.

- **Reducing the numbers of young people in Alternative Provision to mainstream education**

We have been working with our community of schools to reduce the number of young people excluded and placed in alternative provision. This has

[12] https://www.islington.gov.uk/.../(2015-06-02)-Islington-Early-Help-Strategy-2015-2025

13 www.fairfutures.org

resulted in a decline since 2015. We would like this to continue at pace, and have continued to offer a comprehensive offer of support through a broad range of interventions to schools to assist them. The Safer Schools programme run by the Islington Police is the only programme run by the Met police in London to work to assist schools in anti-knife work and bespoke educational activities to address violent and anti-social behaviour. We consider that schools have a unique role to play in supporting young people but require information about advising parents on where to go if they are worried about their child. We also need to ensure we continually support schools to work with young people who feel the only way they can protect themselves is to carry a knife.

- **The council has invested a further £2million of funding to address serious youth violence over four years**

The Council supported the need for additional capacity into Children Services by investing an additional £500k per year to be used primarily to increase mentoring and key working capacity to young people of both Primary and Secondary school ages. This has allowed practitioners to work alongside the community and voluntary sector who have developed expertise in approaches to support young people at risk. The sector also employs those adults that were once in gangs themselves and previously known to youth offending services. There is no better skill than drawing on lived experience. We will continually commission external support to share knowledge and skills in this field and learn from each other.

**Our continued approach;**

Despite progress being made, there are still too many children and young people who are impacted negatively by crime and to drive this forward we have broadened our range of commitments to work together within our refreshed strategic plan into 2020. As with all strategic plans we will update and change to reflect the environment in which we operate.

**We will deliver our objectives by working to the same values across our partner agencies by -**

- Focusing on prevention and early intervention
- Treating the issue of crime in the context of safeguarding and focus on vulnerability and exploitation of children and young people
- Working with children and young people up to the age of 25
- Seeing our young people as assets and building on the strengths and positives within their families
- Being persistent in our approach and not giving up on young people who professionals find harder to engage
- Recognising and responding to the impact of trauma on children especially those who have witnessed violence in the home or in their communities
- Listening and involving young people and families in their plans
- Acknowledge the specific needs of girls and young women in relation to crime and exploitation through gangs, CSE and County Lines and respond accordingly
- Recognising that young people's perception of Islington as a place to live, play and go to school and contribute to their feelings of safety.

# 3 What we aim to achieve?

We have identified five priority objectives for 2017-2020


This is what success will look like

## Objective 1: Create safer places for our children and young people to grow up in, learn and enjoy

- involve children and young people in the design and decisions in the areas where young people frequent
- increase places of safety for young people to seek refuge when and if required
- achieve safer estates, roads and parks through design ensuring all planning applications and development consider youth issues as standard practice
- ensure young people have a voice in their community where they live, play and learn; on all issues that affect them now and in the future

## Objective 2: Build resilience within individuals, families and communities

- ensure children and young people have the skills and knowledge to keep themselves safe and have key workers that provide consistency and support and challenge to meet their needs
- continually enhance the offer available to primary and secondary schools to effectively prevent the onset of early behavioral problems with children and young people that may leave them vulnerable
- empower parents / carers to seek information about issues affecting young people and know where to find the information they are looking for
- community partners throughout the borough effectively engage with children, young people and families through community-based projects
- Provision of support and services specifically for girls and young women

## Objective 3: Protect and safeguard young people and support them and their families when they are victims of crime

- services prioritise the safeguarding of vulnerable children at risk of harm and exploitation through crime, gangs, CSE and county lines as well as recognising the negative impact of living in a home where there is doemestic abuse
- families experiencing or living with violence receive the support they need, when they need it by knowing what is available to support them
- Modern Slavery legislation protects young people exploited through gangs and county lines effectively whilst also offering protection to those young people who have been trafficked for criminal or sexual exploitation purposes
- young people who are victims of crime feel supported by a range of services which are age, culturally and gender appropriate

## Objective 4: Prevent young people from getting involved in crime and entering the Youth Justice System for the first time.

- siblings and family members of young people involved in criminal behavior receive effective preventative support to prevent repeat patterns of offending
- universal services such as schools understand the support available and offer appropriate response when issues or concerns about children and young people arise
- including staff working with young people being available at the times when young people need them to ensure we have a flexible child led offer
- communicating the youth and play offer to maximise children and young people's access to those services, as well as a point of contact for parents and professionals to utilise
- staff have sufficient knowledge and understanding of trauma to offer support that is sensitive to the impact of trauma

## Objective 5: Tackle gangs, knife crime and other violence by and against young people and reduce reoffending by young people

- broaden the scope of the Integrated Gangs Team to work with young people on the periphery of gangs as well as those who are established members
- work to establish a wider London footprint to tackle gangs and county lines recognising that young people do not recognise boundaries or borders
- delivery of evidenced based programmes for young people at higher risk
- young people are supported to exit offending lifestyles and access positive activities, continue learning and secure employment and apprenticeships
- strengthen our response and offer to victims and their families
- ensure that there is recognition of the fact that victims can be affected by various forms of crime and/or exploitation (e.g. young women by sexual violence and gang criminality) and that they require support
- ensure recognition that perpetrators can also be victims so require a welfare response as well as a criminal justice response

## 4 Our Plan

| | |
|---|---|
| **Objective 1: Create safer places for our children and young people to grow up in, learn and enjoy** | 1.1 Review our play offer across the borough to ensure that children and young people have access to fun educational activities with their care givers, parents and families to support secure attachments |
| | 1.2 Ensure our staff within our Bright Start services , Play and Integrated Youth offer are trained and supported to identify those young people that may need additional support and can respond in a way which may reduce the need for specialist support in later life |
| | 1.3 Ensure that all partners are aware of trends and patterns around youth crime activity in our borough to assist in a more preventative and proactive response to emerging situations which may cause risk to young people in the area |
| | 1.4 Promote the development of 'safe zones' across the borough as places young people know they can attend if they feel unsafe and can call or ask for help as part of our wider community 'safe zones' plan |

| | |
|---|---|
| **Objective 2: Build resilience within individuals, families, and communities** | 2.1 Increase the parenting offer for older children and adolescents across the borough replicating successful interventions in our early years and other services, as well as providing up to date information to parents and carers on potential risks and signposting to support services |
| | 2.2 Increase the number of schools that utilise the Safer Schools police programme and police Youth Engagement Team as well as Targeted Youth programmes which are available across the borough |
| | 2.3 All partners work together to identify those family members and siblings that we know to be more vulnerable to becoming involved in the criminal justice system. We will achieve this by targeting our approaches to these young people and widen our think family approach in this work |
| | 2.4 Promote 'Think Family' as a model for all our youth and community services |
| | 2.5 Adopt a 'one worker one plan' approach, where possible, so children can form sustaining relationships with one professional who they trust which we know will assist in changing and sustaining their behavior where we can |
| | 2.6 Work with young people on the cusp of gang involvement to deter them rather than look to contain on the police Gang Matrix. We will widen the remit and develop the skill mix within the co-located services to strengthen our integrated gang offer |

| | |
|---|---|
| **Objective 3: Protect and safeguard young people and support them and their families when they are victims of crime** | 3.1 Ensure all staff across the partnership can effectively assess safeguarding situations where young people may be at risk as well as offending. Actively use the National Referral Mechanism and continue to ensure young people are considered as children first, offender second |
| | 3.2 Extend the counselling offer to young people into the community to support talking therapies and other therapeutic approaches to young people |
| | 3.3 Pilot the risk tool devised by the Trident Police to identify and track those YP who are involved in county lines or are susceptible to it. Use our learning to support any new policy which will minimise risks identifed with child exploitation |
| | 3.4 Continue to lobby with our elected members the need for a Marker / Indicator on all police records of a risk for young people to assist in cross border support and advice regarding county lines and promote the need for a unified police response across the UK |
| | 3.5 Ensure all our information and training around safeguarding young people involved in exploitation is made available to all transport services and rail network hubs as well as taxis and hire car companies local to our borough and London |
| | 3.6 Widen the use of the advertising and awareness campaigns which are designed by young people to ensure safety against crime (such as mobile phone theft, child slavery and wider exploitation) |
| | 3.7 Ensure the Met police service can exercise their enforcement responsibilities to protect the wider community from the impact of crime and serious youth violence and promote the use of restorative justice approaches between victims and perpetrators |

| | |
|---|---|
| **Objective 4: Prevent young people from getting involved in crime and entering the Youth Justice System for the first time** | 4.1 Co- locate our current individual youth teams into local areas to encourage better alignment with schools, nurseries and community provision |
| | 4.2 Strengthen the intensity of the intervention for our most vulnerable and aim to minimise the number of services involved with children, young people and their families at a given time |
| | 4.3 Increase the youth offer to up to the age of 24 for our most vulnerable young people making transition into adulthood |
| | 4.4 Continue to work closer with the community and voluntary sector to ensure a wide range of facilities and services are on offer in borough including linking young people into traineeships as well as apprenticeship and reducing NEET even further over the next three years |
| | 4.5 Offer access to key workers and mentors to young people who we consider require additional support in developing indepedence and life skills |
| | 4.6 Offer a variety of education programmes for young people, their parents and care givers around consequences of knife and weapon carrying including the Safer Schools programme |
| | 4.7 Work with our children across the partnership to increase their confidence, build self esteem and self belief which is the cornerstone of establishing resilience and is essential to well being |
| | 4.8 Continue to work with adult services to identify children with parents in prison and provide improved support to them and their families |
| | 4.9 Provide a clear offer of support for younger siblings of those already involved in gangs and youth crime including the use of mentoring and key working and pathways to targeted support and positive activities |

| | |
|---|---|
| **Objective 5: Tackle gangs, knife crime and other violence by and against young people and reduce reoffending by young people in our borough but offering intensive packages of support** | 5.1 Work with those in the criminal justice system to disperse and reduce gang activity in our borough safely and effectively through a range of approaches including assertive outreach work and prosecution |
| | 5.2 Advocate for harsher sentences for those adults who use young people to undertake their criminal activities through our work with the Home Office and with local magistrates and the judiciary system |
| | 5.3 Increase our prevention work around schools and youth clubs and play areas to educate and divert young people to stop them carrying a knife as a means to protect themselves |
| | 5.4 Work with our Youth Council to ensure young people have information and knowledge about what support and advice is available to them and who they can talk to |
| | 5.5 Better use of digital technology and social media to inform partners, young people and parents of the local services and resources available to them within Islington |
| | 5.6 Ensure our gang prevention programmes provide targeted interventions to specifically empower parents on signs of safety, grooming, and how to respond if their child is being drawn into offending behaviours |

## Governance

The governance for the Working Together for a Safer Islington 2017 – 2020 plan will be provided by the Safer Islington Partnership who will oversee the delivery of the plan with regular progress reports. Data and performance information for the Youth and Community Service which is responsible for the delivery of the plan will be reviewed at the Islington Safeguarding Children Board.

## References

**Other related strategies, protocols and initiatives:**

Islington Violence against Women and Girls Strategy 2017 – 2021
Islington Strategic Assessment SIP 2017 – 2018
Islington Early Help Strategy 2015 – 2025
Islington Fair Futures Commission
Information on the above can be found on the Islington Council website: https://www.islington.gov.uk

Islington Safeguarding Children Affected by Gang Activity and/or Gang-Related Serious Youth Violence Multi-agency Protocol and Practice Guidance February 2016
https://www.iscb.org

Home Office Ending Gang Violence and Exploitation January 2016 -
https://www.gov.uk/government/publications/ending-gang-violence-and-exploitation

Mayoral Police and Crime Plan – A safer city for all Londoners 2017 – 2021
https://www.london.gov.uk/mopac-publications/police-and-crime-plan-2017-2021

**Footnotes**

1. Children Living in Low Income Families Measure for 2012
2. 2016 GLA Witan Population Projections for Islington 21
3. Evening Standard, 27th April 2017
4. PCC report on Knife Crime, September 2016
5. County Lines, Gang Violence and Drug Supply report, November 2016
6. Metropolitan Police, Trident Gang Command FAQs (accessed 18 February 2016)
7. Berelowitz, S. et al (2012) "I thought I was the only one. The only one in the world." The Office of the Children's Commissioner's inquiry in to child sexual exploitation in gangs and groups: interim report (PDF)
8. Lammy Review of BAME representation in the criminal justice system (November 2016)
9. Islington Fairness Commission www.islington.gov.uk/fairness
10. Preventing Gang and Youth Violence EIF (17th November 2015)
11. Nature–nurture integration: The example of antisocial behaviour. Rutter, Michael L. American Psychologist, Vol 52(4), Apr 1997, 390-398.
12 https://www.islington.gov.uk/.../(2015-06-02)-Islington-Early-Help-Strategy-2015-2025
13. www.fairfutures.org

This page is intentionally left blank

# ISLINGTON TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING 2015-2020

**Islington Clinical Commissioning Group in partnership with the London Borough of Islington**

**Plan developed with support from Cathy Street and Associates**

## Contents

# 1. Introduction and Vision

1.1.1 In 2015 Islington Clinical Commissioning Group and Islington Council published a joint five year children's health strategy. The following is an extract from that strategy:

***Our vision is to improve the health and wellbeing of children and young people in Islington from conception to adulthood and to reduce health inequalities by:***

- ***Promoting good health.***
- ***Making safe, high quality, affordable and coordinated health services available at, or close to home in partnership with children, young people, their parents and carers.***
- ***Supporting them to be in control of their own health where possible and to maximise their life chances as they grow up.***

1.1.2 The mental health of children and young people is at the heart of this vision.

1.1.3 Our Child Health Strategy is based on six guiding principles.

1. **Prevention, early identification and intervention** across all children's and young people's health services, from conception to adulthood, and other services which impact on children and young people's lives.
2. **Equal access** for all to a choice of personalised high quality services, where and when needed and free at the point of access.
3. **Working in partnership with young people**, parents, carers and their communities to be involved in the design of health services that promote good health and empower them to better manage their own health and wellbeing.
4. **Services within, and outside of Health, working together** to deliver care coordinated around and responsive to the child, young person and family.
5. **Making the best use of resources** in commissioning services based on population need and the best available evidence.
6. Ensuring that **safeguarding underpins all planning and delivery** of health services to children and young people with the full commitment of all professionals.

1.1.4 These principles underpin the way health services have been developed in Islington, mirror closely the approach set out in *Future in Mind* and run through this Transformation Plan.

1.1.5 We know the importance of intervening early if we are to make a difference to the health and other outcomes of many children. Mental health and emotional wellbeing is the bedrock of all other outcomes for children and young people. Ensuring that children have the best start in life and improving mental health are two of the top priorities for the Health and Wellbeing Board and its key partners.

1.1.6 **We believe in the importance of universal services for children's mental health and emotional wellbeing with the support of specialist services so as to 'nip problems in the bud' as well as ensuring timely access to specialist mental health services for children and young people to avoid more serious problems emerging later.**

1.1.7 The delivery of health services including child and adolescent mental health services (CAMHS) within universal services in Islington such as, children's centres, schools and youth services has been well established and CAMHS works closely with family

support services and are well integrated into a wide spectrum of targeted and specialist services provided by social care.

1.1.8 Islington CCG is an Integrated Pioneer, one of only 12 in the country and the only one that is seeking to provide integrated care from cradle to grave. This means that as well as building on our already well-established joint working with partners in Education, Social Care and the Voluntary Sector, we are also at the forefront of joining up primary care (including GP services), community health services and secondary care or hospital provision so as to have maximum effect on improving the health, including mental health and emotional wellbeing of our population.

1.1.9 The CCG is at the forefront of developments in primary care with negotiations currently underway to develop a GP Federation. This will enable 34 practices to work together as a Provider organisation ensuring equity of care to the whole population. Islington's GP Federation has been awarded funding to pioneer implementation of extended GP access hours to 7 days a week and plans for this are underway.

1.1.10 Whittington Health, our main provider of children's community health services is an Integrated Care Organisation that also provides acute (hospital) care. It provides community child and adolescent mental health services (CAMHS) alongside other community health services for children such as health visiting and school nursing. In addition it provides psychiatric inpatient care via Simmons house, a unit that has been rated as the 11th best in the country.

1.1.11 In 2015, *Healthy Minds, Healthy Lives: Annual Public Health Report 2014-2015* (produced jointly with Camden) focussed on mental health. This document and *Widening The Focus (also produced jointly with Camden*) highlighted much good work taking place locally but also the very high levels of need.

1.1.12 The challenges we face locally in Islington are stark, with many risk factors for poor mental health. There are high levels of deprivation and wide inequalities; Islington is the fourth most deprived Borough in London and the twelfth most deprived in England. Islington is a densely populated area only 4 miles long and 2 miles wide, with very little green space. There are 40,500 children and young people living in the Borough aged 0-18. The number of adults with mental health problems (including parents) is the highest in the country. Islington's Joint Strategic Needs Assessment (JSNA) for Vulnerable Children showed the very high levels domestic violence, alcohol and substance misuse and poor parental mental health; all major risk factors for children's poor mental health.

1.1.13 Many families in Islington are struggling financially and that this is compounding their difficulties. Services including child and adolescent mental health services (CAMHS) have reported an unprecedented rise both in the number of referrals and the complexity of problems being presented.

1.1.14 In these financially challenging times it is more crucial than ever for public services to make the very best use of the resources; we have to be able to do more for less. We see integration, services working together to achieve improved outcomes for children and young people, as being key. Joint commissioning arrangements with funding streams coming from the CCG, council and schools are in place to deliver this.

1.1.15 The stakes are high but we believe that the rewards are great. What we are committed to trying to achieve is that all children and young people in Islington are able to develop their potential and have the same opportunities and life chances that we would want for our own children.

## 1.2 National Policy Context – *Future in Mind* and CAMHS Transformation Plans

1.2.1 ***Future In Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Well Being*** is the Government's response to the findings of The Children and Young Peoples Mental Health and Well Being Taskforce set up in 2014 to consider ways to make access, help and support when needed easier for children and young people and their parents and carers; and to consider how to improve the way CAMHS are organised, commissioned and provided.

1.2.2 Setting out clear themes for consideration by local partnerships - considered fundamental to creating a system that properly supports the emotional health and well-being and mental health of children and adolescents - the Government has given a clear mandate to local areas to 'step up to the plate' to transform local CAMH services ensuring 'Parity of Esteem' with physical health services. Key themes include:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

1.2.3 Islington has a solid track record in delivering a comprehensive integrated CAMHS, with an extensive range of high quality child and adolescent mental health services delivered across a range of settings. A strong commitment exists to the transformation and delivery of effective evidenced-based services to improve outcomes for children and young people which has developed significantly over the last 2 years through our local CYP IAPT Partnership.

1.2.4 Work locally has a strong focus on prevention and early intervention recognising that the impact of this approach results in better outcomes for children and young people and their families and in some cases will prevent the development of more serious mental health problems later in life.

1.2.5 This well established commitment across the Children's Partnership means that Islington is well placed to deliver on the recommendations set out in *Future in Mind*. That is not to say that there aren't any challenges locally - there certainly are - particularly given the prevalence of mental health disorders amongst children and young people in Islington, which is significantly higher than the national average and the considerable increase in need and complexity that has been seen recently. The development of a local CAMHS Transformation Plan, and resources to support its implementation, provides a welcome opportunity to reflect on achievements to date and drive us forward into our next phase of transformation.

## 1.3 Islington's Transformation Plan

1.3.1 This Local Transformation Plan has been developed in consultation with the many providers of Islington's services for children and young people with mental health and emotional difficulties and with local children and young people and parents and carers.

1.3.2 It draws upon Islington's wide range of key strategy documents:

- **The Joint Health and Well Being Strategy 2013-2016**
- **The Children and Young People's Health Strategy 2015-2020: Improving the Health of Islington's Children and Young People**
- **The Children and Families, Prevention and Early Intervention Strategy 2015 – 2025**
- **Child and Adolescent Mental Health Strategy (CAMHS) 2012-2015**

1.3.3 These documents and other relevant strategies are listed attached at Appendix 1. Overall, they indicate that Islington is well placed to deliver the recommendation of *Future in Mind.*

### Table 1: Transformation plan financial allocation for Islington

| | |
|---|---|
| Initial allocation of funding for eating disorders 2015/16 | £135,174 |
| 2015 / 16 Transformation Plan funding following assurance process | £338,355 |
| Total Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes ED allocation) | £473,529 |

### Table 2: Islington's Transformation Activities

**Key plans include to:**

- Develop closer working with primary care, including our Federation of local GPs, particularly in supporting the identification and management of children and young people who self-harm and the earlier referral of young people with eating disorders.
- Develop new ways of working with children and young people who are at risk of child sexual exploitation (CSE) – particularly developing ways of working with colleagues in the voluntary and community sector (VCS).
- Develop the Adolescent Outreach Team (AOT) and other voluntary sector outreach services to provide more services in the community, targeting our most vulnerable young people who find traditional services difficult to access.
- Continue to deliver CYP IAPT evidenced-based interventions and to systematically gather and keep under review outcomes data across our services, to include the development of a pathway for children and young people with Learning Disabilities.
- Improve access and waiting times to all of our services by pursuing opportunities for flexible opening hours and avenues for self-referral; specifically in relation to eating disorder provision, to improve access through development of local community-based services.

# 2. Summary of Local Needs Assessment

## 2.1 Data about the local population

2.1.1. In 2014, the local resident population of 0-18 year olds in Islington was around 40, 500. 1 This equates to 18.5% of the total borough population. Within this population, around 40% of young people under 18 are from the White British ethnic group and almost a quarter are from Black, African, Caribbean or Black British ethnic groups. 2011 Census data indicate that mixed ethnic groups, Asian or Asian British and Other White groups account for 9-15% of the under-18 population and that within Asian ethnic groups, the Bangladeshi or British Bangladeshi are the largest groups.

2.1.2. Islington is the 4th most deprived local authority in London and the 12th most deprived local authority in England.

2.1.3. The number of children and young people aged 0-18 is projected to grow by about 5,000 (13%) between 2014-2024; the number of children aged 5-10 years is projected to grow the most, by 2, 250 children.

2.1.4. Data from the 2014 Chimat Health Profile for Islington indicate that there have been significant improvements in local children and young people's health in recent years, however, undoubtedly this population faces a number of adverse determinants of poor health, both physical and mental health.

## 2.2 Key determinants on the health of Islington's children and young people

2.2.1 Data from Islington's ***Children and Young People's Health Strategy 2015-2020*** indicates the following:

- Children and young people in Islington experience a high level of poverty and associated risk factors in comparison to London and England overall. In 2014, it was expected that about 13,100 children and young people aged under 16 would be living in poverty.

- In March 2016, there were 352 children looked after by Islington Local Authority of which 44 were unaccompanied asylum seekers The rate is still noticeably higher than comparable boroughs and England overall. Of these children, 20% were placed more than 20 miles away from home.

- The Youth Offending Team (YOT) undertook a total of 470 interventions with 265 young people during 2013/14; whilst the YOT has reported a year on year reduction in first time entrants to the youth justice system, the rate is still above the London average and Islington's reoffending rate is also higher than the rate for any of the borough's comparators.

## 2.3 Mental health needs of the 0-18 Islington population

2.3.1 Islington children and young people have many of the risk factors associated with poorer mental health outcomes, with particular reference to deprivation, child poverty, living in workless households and single parents. This is reflected in high prevalence of mental health conditions among children and young people.

[1] Greater London Authority (GLA) 2013 Round Demographic Projections

2.3.2 Prevalence of mental health disorders among Islington children and young people (5-17 years) is estimated at 13% (3,200 children and young people), which is higher than national average of 10%. Prevalence is higher in boys (14%) than girls (7%). Mental health disorders are highest in Black children and young people at 15% (860) followed by White children and young people, 13% (1,710).

2.3.3 There are three main disorder categories: conduct disorders having the highest prevalence (8%, 1,910 children and young people), followed by emotional disorders (5%, 220 children and young people), and hyperkinetic disorders (2%, 500 children and young people).

2.3.4 In 11/12 and 12/13, it was notable that despite the high prevalence, hospital admissions due to mental health conditions among young people were similar or lower in Islington compared to London and England. However, the most recent published data for 13/14 shows a very substantial increase for which at present we have no explanation[2]. We will be looking into this as a matter of urgency to determine whether these figures are accurate or whether there is a data recoding issue.

2.3.5 13/14 published data shows that Islington referrals to hospital for self-harm were above the London average but below the England average.

## 2.4 Disabled children and young people, those with special educational needs and those with autism

2.4.1 Figures for 2014 indicate that there were an estimated 2, 500 children and young people with disabilities aged 0-19 years.

2.4.2 In January 2013, there were around 800 children and young people aged 0-19 years with a Special Educational Needs statement (now an Education Health and Care Plan) and 5,000 with an additional educational need without a statement. Over recent years, there has been a slight increase in these numbers.

2.4.3 Referrals for children with possible autism aged 0-18 years, post a comprehensive screening process, have increased significantly in recent years - from 22 per quarter in 2012/13 to 33 per quarter in 2013/14 to 52 per quarter in 2014/15. The data for the first half of 15/16 demonstrates a continued increase in referrals and increasing pressures on waiting times.

2.4.4 In the Islington Children and Young People's Health Strategy 2015-2020, it is noted that an analysis of the possible causes of this rise in the under-fives age group, undertaken by Public Health, was inconclusive – however, undoubtedly, this is a source of increased pressure on existing local services including CAMHS, particularly as the rise in numbers was across the whole spectrum of need.

2.4.5 The Strategy also provides data on the four most prevalent primary needs in 2013 for those with a statement. Drawing on the One Pupil Database, this indicates that after Autistic Spectrum Disorder (ASD/267 children), the other most prevalent needs were: speech, language and communication needs (187 children); moderate learning difficulties (185 children) and behavioural, emotional and social difficulties (93 children).

[2] http://fingertips.phe.org.uk/profile/cyphof/data

## 2.5 Prevalence data relating to eating disorders

**Table 3: Local data for eating disorders**

| | Islington Population | | |
|---|---|---|---|
| | Males 10 to 19 | Females 10 to 19 | Females 15 to 19 |
| | 8,465 | 8,978 | 4,599 |
| **Eating disorders** | | | |
| Incidence of eating disorders amongst males aged 10-19 (31 per 100,000)* | 3 | | |
| Incidence of eating disorders amongst females aged 10-19 (120 per 100,000)* | | 11 | |
| Incidence of AN, BN and EDNOS for girls aged 15-19 (86 per 100,000)* | | | 4 |

* Source: Micali et al., 2013

# 3. Current Services

## 3.1 Commissioning arrangements and Governance

3.1.1. Islington's most recent JSNA [3] reports a high level of integrated commissioning of its services including CAMHS, adult mental health services and social care. The commissioning of CAMHS is covered by a Section 75 partnership agreement between the CCG and Local Authority and is undertaken by the Children's Commissioning Team which sits in the Local Authority acting on behalf of both. CAMHS are commissioned and provided across a wide variety of settings, including health centres, children's centres and schools and the Camden and Islington NHS Foundation Trust (which works with the adult population) is a joint health and social care service. Links with voluntary sector provision are good, with specific funding by the CCG and/or local authority of services to support the emotional health and wellbeing of children and young people through the provision of counselling and other therapeutic services.

3.1.2. There are also good working relationships between Islington's Schools Forum and CAMHS. The Forum includes representatives from all our schools which come together and decide to collectively use a proportion of their Designated Schools Grant (DSG) to directly commission services. These include CAMHS in all of the local primary, secondary and special schools (including the PRUs). We also have a number of schools who buy in additional CAMHS services. This reflects the value that schools place on our CAMHS in schools service and the impact it has on outcomes for children and young people, including impact on educational attainment.

3.1.3. Likewise over the last few years, the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) partnership in Islington has prompted the collaborative commissioning and delivery of services across health, social care and the VCS.

### Co-Commissioning

3.1.4. The CCG has already indicated a commitment to wanting to pursue with NHS London possibilities around co commissioning of CAMHS in relation to psychiatric inpatient provision. The Transformation Planning process has further developed those discussions and we are keen to explore opportunities particularly in relation to the interface of our Adolescent Outreach Service and Adolescent inpatient Services. Proposed arrangements include regular joint meetings between NHSE Specialised Commissioning and NCL Commissioners, and NHSE Regional Case Managers to attend Islington's multi agency Tier 4 panel. There are also potential opportunities linked to the development of our Learning Disability pathway and the Care and Treatment Review (CTR) process.

### Governance

3.1.5. The Transformation Plan will underpin the strategic delivery plans for Islington CAMHS for the period 2015-2020. A multi-agency partnership group – the **Islington Children's Mental Health and Emotional Wellbeing Advisory Group** is in place and is chaired by the Head of Children's Health Commissioning and has input from the CCG's lead GP for children. This brings together partners to plan and review Islington's services for children and young people, parents and carers and will be

[3] Islington JSNA 2014 http://evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx

instrumental in overseeing implementation of Islington's Transformation Plan, including risks to its successful delivery. Any identified risks that the group is unable to mitigate will be escalated to the partnerships Children and Families Board and the CCGs Executive Management Board.

3.1.6. We are committed to ensuring that this partnership develops strong relationships with all local stakeholders including service users, parents and carers and other key partners with a focus on positive and effective relationships, collaboration and transparency.

3.1.7. The Children's Mental Health and Emotional Well Being Advisory Group is a sub group of the Children's Partnership Children and Families Board. The group also reports into the Children's Service improvement Group that has links to the Health and Well Being Board. This structure means there will be significant scrutiny and oversight of our local Transformation Plan.

3.1.8. The Islington Children and Families Partnership structure chart can be found at Appendix 2.

3.1.9. Within our main CAMHS provider organisation, based within Whittington Health Integrated Care Organisation there is a robust clinical leadership group that is responsible for oversight of the delivery of agreed Transformation Plan actions for their service and management of an associated risk log. Any concerns or issues relating to delivery will be escalated to their monthly divisional meeting.

## 3.2 Funding Streams

3.2.1 Islington CCG and Islington Local Authority have maintained significant investment in CAMHS over recent years in both early intervention and prevention and in treatment services. However, as demand has grown and the financial climate has become more demanding of services to identify efficiencies, there are pressures on services.

**Table 4: Breakdown of spending on local CAMHS**

| **Spend on CAMHS by Organisation** | |
|---|---|
| Islington CCG | £3,884,500 |
| Islington Council | £1,429,836 |
| Schools Forum | £424,000 |
| Individual Schools | £197,583 |
| Others | £43,200 |
| Total | £5,979,119 |

3.2.2 A more detailed breakdown of current spending in Islington and specific services is set out in Appendix 3.

**Tier 4 spend**

3.2.3 NHS England Specialised Commissioning have estimated that the total spend for Islington CCG in 2014/15 on CAMHS Tier was £568,448 (including CAMHS secure services). Due to the use of block contracts, it is not possible for NHSE Specialised Commissioning to provide actual expenditure therefore the above figures are calculated by costing the activity reported by providers for London patients. It should be noted that the figures only relate to activity where NHSE – London Region are the

contract holders as non-London information for London patients placed in non-London contracted services is not currently held by NHSE – London Region.

## 3.3 Overview of services currently commissioned

3.3.1 Since 2011, community health services for Islington have been provided by Whittington Health Integrated Care Organisation, providing acute and community services to the boroughs of Islington and Haringey. There are two main paediatric providers: Whittington Health which mainly serves north Islington and University College Hospital London (UCLH), mainly serving the south of the borough. In addition, some services are provided collaboratively by Whittington Health and Camden and Islington NHS Foundation Trust and some by the Tavistock and Portman NHS Foundation Trust. The majority of provision is based on multi-disciplinary teams.

3.3.2 Islington Community CAMHS is provided by Whittington Health Integrated Care Organisation.

3.3.3 Islington Council Children's Services provide a number of targeted and specialist services, some with input from Whittington Health CAMHS. These services are predominantly integrated co located teams within children's social care with CAMHS practitioners based within them, with a focus on working with our most vulnerable and complex children and young people and their families. These are set out in more detail in 3.15.

3.3.4 Islington also works with a number of key VCS providers including The Brandon Centre, National Autistic Society and various projects run by Rethink Mental Illness and Alone in London.

## Islington Community CAMHS Service

## 3.4 Community CAMHS Service

3.4.1 The core CAMHS services are provided from The Northern Health Centre where the service is located in the same building as Islington Additional Needs and Disability Service, Children's Community Nursing Services and Primary Care Services.

3.4.2 The service provides Duty, Advice and Choice appointments for the boroughs GPs, other professionals and self-referrers, using the Choice and Partnership Approach (CAPA) to assess and treat families. Islington community CAMHS operates an Emotional Care Pathway and a Behaviour and ADHD Care Pathway.

3.4.3 Open 9am-5pm, the service is a key component of Islington's CYP IAPT Partnership and has plans to increase its skill mix to deliver evidence-based therapies and offer more flexible opening hours. It also plans to continue its work in upskilling staff in other services in areas such as child development and behaviour management.

*Islington CAMHS also has a number of specialist teams delivering services to children and young people:*

## 3.5 CAMHS in Targeted Youth Support (TYS) and Youth Offending Service (YOS)

3.5.1 A clinical psychologist provides a CAMHS service into the Youth Offending Service in order to identify and support young offenders who may have mental health issues. The worker is part of the YOS team and is able to make referrals into the main CAMHS as required.

## 3.6 CAMHS in Children Looked After (CLA) Health Team

3.6.1 This is a dedicated team providing CAMHS input to CLA, including Islington children and young people placed in the borough or within the Greater London Area (when they are not able to access local CAMHS) and also other CLA placed in Islington.

3.6.2 CAMHS provide a range of psychological interventions as well as training to Foster Carers, Adoption and Fostering teams and co-facilitation of "Fostering Changes", a 12 week parenting skills group programme for Islington Foster Carers.

## 3.7 Neuro-developmental Team (NDT)

3.7.1 This specialist multi-disciplinary team offers assessment and post-diagnostic support for young people with possible Autistic Spectrum Disorders and other co-morbid neuro-developmental disorders age 5-18 years

## 3.8 Adolescent Outreach Team (AOT)

3.8.1 A multi-disciplinary team who specialise in working with young people aged 13-18 experiencing a range of complex mental health difficulties such as self-harm, suicidal ideation, trauma, psychosis or psychotic presentations. Services are delivered on a flexible outreach basis which can be as intensive as five days a week. The team also supports young people who have had, or may require an inpatient admission to a Tier 4 CAMHS inpatient unit.

## 3.9 Priority 1 (P1) Team

3.9.1 This team provides a rapid assessment and treatment service for children and young people at risk of serious self-harm, psychotic illness or who present a risk of serious violence to others.

## 3.10 CAMHS Pupil Referral Unit (PRU) Team

3.10.1 This is a specialist multi-disciplinary CAMHS team providing direct clinical work with young people attending the pupil referral units in Islington and offering consultation and support to staff and training.

## 3.11 Islington Transitions Team

3.11.1 Provides consultation and assessment to facilitate transition of young people from child to adult mental health services. The team consists of consultant psychiatrist and family therapist from CAMHS and a clinical psychologist and consultant psychiatrist from AMHS, 1 day a week each.

3.11.2 The team also administers a Personal Health Budget pilot enabling young people to purchase additional support during transition.

*Islington Community CAMHS also provides a range of services delivered in community settings:*

## 3.12 CAMHS in Early Years

3.12.1 Provides a range of groups for babies, toddlers and parents based on the Solihull Approach and Webster Stratton, co-facilitated by CAMHS and Health Visitors. Also offers dedicated Choice appointments for the Under-5s, additional Partnership sessions for the Under-5s and specialist clinics for the early year's age group.

## 3.13 CAMHS in Children's Centres

3.13.1 Offers psychology support and brief interventions on a half day per week basis to all of the boroughs Children's Centres, also consultation and training for staff, parent consultation and signposting support. Other areas of input include co-working with Family Support Workers (FSWs), workshops for parents on development and wellbeing in the Under-5s and a Parent and Baby Psychology Service service to parents before birth and up to one year after delivery. The service links closely with the Peri-Natal service at The Whittington Hospital.

## 3.14 CAMHS in Schools

3.14.1 Offers sessions in all of the borough's primary schools once a fortnight and one day a week in the borough's secondary schools. Aim of the service is to improve the early identification and treatment of mental health difficulties in children and young people and to make CAMHS accessible to staff and families in schools. They provide consultation to staff as well as providing individual interventions. Where required the team will refer into the core CAMHS service. The team work collaboratively with education, children's social care and VCS to provide targeted services to children and young people most in need and also offer training and workshops to school staff to assist them in identifying mental health needs in the school population.

## Integrated Working with Children's Social Care

## 3.15 Adolescent Multi-agency Support Service (AMASS) and Islington Families Intensive Teams (IFITs)

3.15.1 Provided by the Targeted and Specialist Children and Families Service (Social Care), with input from core CAMHS, AMASS and the four IFITs provide child and adolescent mental health screening and assessments and treatment intervention to some of Islington's most vulnerable children and young people – AMASS works with those aged 10-16 who are on the edge of care and the IFITs work with parents and young people with complex needs who are offending and at risk of custody and whose antisocial behaviour is placing the family tenancy at risk.

## 3.16 Enhanced Service Innovation Project

3.16.1 Funded by the DfE for one year and led by the Targeted and Specialist Children and Families Service, (Social Care), this project aims to make social work intervention with Children in Need (CiN) as effective as possible. The project provides and

supervises specialist parenting interventions to families whose children are at risk of care through court proceedings; it also undertakes assessments of infant and child emotional, psychological and learning needs and contributes to multi-disciplinary reports and recommendations for care plans for children. Adult mental health and CAMHS input is an integral part of the project.

## Other CAMHS providers

### 3.17 Child and Adolescent Clinic at the Tavistock and Portman

3.17.1 Provides full range of psychotherapeutic interventions to children and families and young people up to the age of 25 years. Referrals are via Islington CAMHS.

### 3.18 Peri-Natal Services

3.18.1 Whittington Health provides a peri-natal mental health service, which is delivered by Camden and Islington Foundation Trust. Adult commissioners have recently negotiated with UCLH to deliver the same service to ensure equity of access across the borough.

### 3.19 Specialist Eating Disorder Services

3.19.1 The Royal Free Hospital (RFH) provides specialist Eating Disorder services via its outpatient ED service which is part of its generic CAMHS service and is commissioned by Islington's block contract arrangements with the RFH. Islington CCG also commissions 2 places on the RFH intensive outreach service delivered in the community to prevent tier 4 inpatient admissions.

### 3.20 Key VCS providers in Islington

3.20.1 The **Brandon Centre** offers community-based services for young people aged 16-21 years from their satellite service based at the Drum. They also provide therapeutic and counselling support from Lift and Platform – Islington's Youth Hubs.

3.20.2 **The Refugee Therapy Centre** provides psychotherapy, counselling and support to refugees and asylum seekers, with support offered in a range of languages.

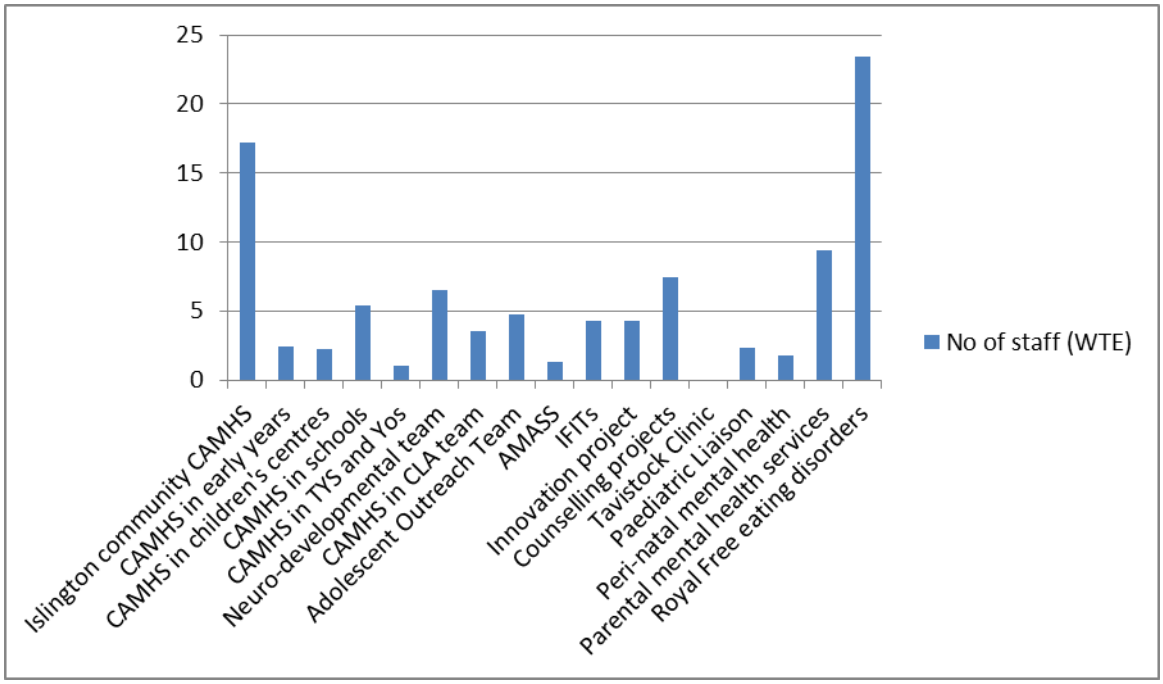
3.20.3 **Mind Connect,** part of Alone in London, a project to prevent homelessness, offers a counselling service for young people aged 16-25.

3.20.4 Discussions are currently taking place with **St Christopher's** to provide a residential home for girls aged between 12-17 years who have or at risk of child sexual exploitation (CSE). **Rethink Transition Project** will be introducing a peer support programme for young people into Islington over the next year.

### 3.21 Baseline data for Islington's services: staffing and skill mix

3.21.1 The following tables summarise data for 2014-2015. Please note no figure is provided for the Tavistock and Portman child and family clinic since they have reported that they allocate their multi-disciplinary staffing on a case by case basis.

**Figure 1: Numbers of staff (WTE) by service**




3.21.2 The staffing of all Islington's services is on a multi-disciplinary basis. In a number of services, whilst there may not be specific Consultant Psychiatry time as part of the team complement, input from child psychiatry is available from core community CAMHS.

## Table 5: Skill mix in current services in Islington

| Service | Psychiatry | Psychology | Family therapy and/ or psychotherapy | Nursing | Other |
|---|---|---|---|---|---|
| Islington Comm CAMHS | ✓ | ✓ | ✓ | | Educational psychology |
| CAMHS in early years | | ✓ | | | |
| CAMHS in Children's Centres | | ✓ | | | |
| CAMHS in schools | | ✓ | ✓ | | |
| CAMHS in TYS, YOS and PRU | ✓ | ✓ | ✓ | ✓ | |
| Neuro-developmental team | ✓ | ✓ | ✓ | | Paediatrics; speech and language therapy; OT; admin |
| CAMHS in children looked after (CLA) team | ✓ | ✓ | ✓ | | Educational Psychology |
| Adolescent Outreach Team (AOT) | ✓ | ✓ | | ✓ | |
| Adolescent Multi-agency support service (AMASS) | | ✓ | | | Clinical Services Manager |
| Islington Families Intensive Teams (IFITs) | | | | ✓ | Occupational therapist; Clinical Services Manager |
| Islington Social Care Innovation Project | | ✓ | | | Clinical Services Manager |
| Counselling - Brandon Centre | | ✓ | | | |
| Counselling - Refugee Therapy Centre | | | ✓ | | |
| Tavistock and Portman Child and Family Clinic | | | | | |
| Paediatric Liaison at Whittington Hospital | ✓ | ✓ | ✓ | ✓ | Paediatricians |
| Peri-natal mental health | ✓ | | | ✓ | Higher medical trainees also regularly part of the team |
| Parental mental health service | | ✓ | | | |
| Royal Free Eating Disorder Service | ✓ | ✓ | | ✓ | Dietetics; admin team |

## 3.22 Activity in 2014-2015

### Table 6: Numbers of referrals by service

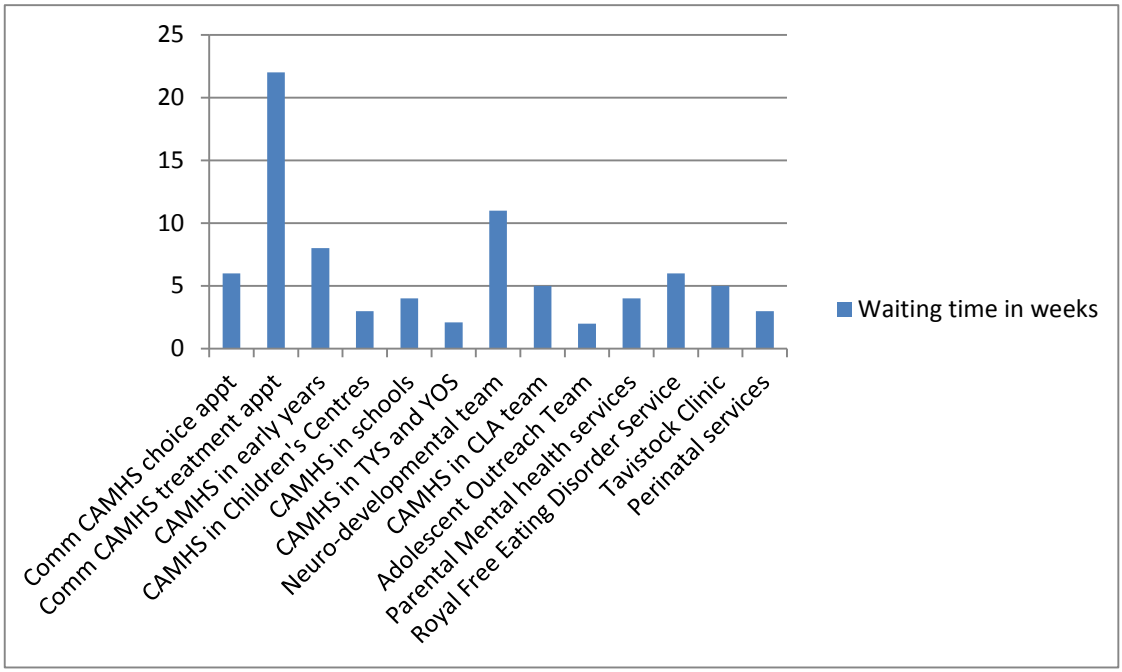
| Service | Number of case referred |
|---|---|
| Islington Community CAMHS | 1,309 to Duty and Advice; 205 Advice only and 108 to Priority 1 |
| CAMHS in Early Years | 46 referrals**.** 39 parents in Solihull baby groups |
| CAMHS in Children's Centres | 229 parents seen for brief intervention; 480 staff consultations; 16 staff training sessions ; 46 workshops for 276 parents; 83 referred for further work – 55 accepted |
| CAMHS in Schools (including PRU) | 231 referrals made by schools (100% accepted) and 40 referrals from CAMHS to schools clinicians; 2212 half-day CAMHS clinics run and 3325 individual appointments. 920 staff consultations and 176 students screened in schools. 99 followed up, of which 39 were high risk. |
| CAMHS in TYS and YOS | 31 referrals (30 accepted) |
| Neuro-Developmental Team | 93 referrals |
| CAMHS in Children Looked After (CLA) Health Team | 44 referrals received. All accepted. |
| Adolescent Outreach Team | 22 referrals – all accepted. |
| Adolescent Multi-Agency Support Service | On average 22 families worked with over a 6 month intensive period, followed by 6 month maintenance programme. |
| Islington Families Intensive Teams | At any point in time up to 36 families in the service. |
| Counselling and psycho-therapy for young people | Brandon Centre – 19 accepted; Drum – 103 referred, 67 seen; LIFT/Platform – 24 referred, 11 seen: |
| Counselling and psycho-therapy for refugees and asylum seeking families | 15 families seen at the Refugee Therapy Centre |
| Tavistock and Portman Child and family and adolescent clinic | 45 referrals; 26 attended |
| Whittington Hospital Paediatric Mental Health Liaison Service | Awaiting information |
| Whittington Health Peri-natal mental health service | 162 referrals |
| Parental Mental Health Service AMHS / CAMHS - Growing Together: Support for Parents and Young Children | 163 referrals, 10 not accepted |
| Parental Mental Health Service, Targeted and Specialist Children and Family's Service | This service provides consultation to staff only. |
| Eating Disorder Service at the Royal Free Hospital | 18 referred and 17 accepted; in addition, there were 5 referrals to the intensive eating disorder service and 3 Tier 4 admissions |
| TYS counselling service | 141 referrals received, all accepted. 73 young people received a counselling intervention post-initial induction meeting |

### 3.23 Waiting Times

3.23.1 Waiting times for different services in 2014-15 are shown in Figure 2. In some services, no waiting times were reported in 2014-2015 and so they are not included. These services include the Adolescent Multi-agency Support Service (AMASS), the Islington Families Intensive Teams (IFITs) and the Paediatric Mental Health Liaison Service at the Whittington Hospital where many of those seen present via the A&E department and therefore receive an urgent assessment by the Liaison team often in partnership with the Priority 1 team.

3.23.1 In 2014-2015, the Islington Children's Social Care Innovation project had not started and so is also not included. There were no waiting lists for counselling at the Refugee Therapy Centre, whilst counselling offered at the Brandon Centre, at Drum and at LIFT and Platform Youth Hubs ranged from less than 4 weeks (35 young people), between 5-12 weeks (40 young people), between 13-16 weeks (9 young people) and over 17 weeks (13 young people). Whilst waiting times for the Perinatal Team at Whittington Hospital are between 2-3 weeks, the team notes that the team operate as flexibly as possible and will see urgent cases within a shorter time frame if needed (same day if a child or young person is an inpatient).

**Figure 2: Waiting times (maximum in weeks) by service**




### 3.24 DNAs

3.24.1 For community CAMHS Services in 2014/15 their DNA rate was 14%.

### 3.25 Tier 4 adolescent Inpatient Services

3.25.1 In 14/15, there were 23 admissions to Tier 4 services including eating disorder placements. This compares to 22 in 13/14 and 21 in 12/13. This data has been collected from local records from our Tier 4 multi-agency panel.

## 4. Consultation with Service Users, Partners and Local Stakeholders

4.1. A process of consultation with children and young people, parents and carers, has been undertaken as Islington's Transformation Plan has been developed. From late August and throughout September, a consultation questionnaire (please see Appendix 5) was circulated across community CAMHS, the young people's health forum, Islington's secondary schools and was publicised across the early years practitioner's network; fifteen completed questionnaires were returned, eight from young people and seven from parents/carers.

4.2. Responses to the questionnaire indicate strong support for the priority areas Islington has included in its Transformation Plan, in particular: to address waiting times and ensure prompt access to CAMHS; to ensure the delivery of mental health support in schools; to train staff in order that they can identify mental health problems and intervene early; to work with voluntary sector providers to provide a range of 'non-traditional' venues for accessing support and to work with primary care/GPs to promote early identification and support.

4.3. Comments noted in the questionnaires included that both children and young people, and parents and carers, feel that it is important to identify and arrange treatment at the earliest moment. One respondent noted that mental health stigma needs to be addressed (if people are to feel comfortable to use services) and another, that long waiting times can cause problems (with one young person noting that this can lead to people paying "a lot of money" to see private counsellors).

4.4. A number of the young people highlighted their wish for mental health services to make greater use of local youth clubs and the hubs in Islington and emphasised the need for flexible delivery of services which take account of the views and experiences of children and young people and put these at the centre of what is offered.

4.5. Suggestions were made for Islington CAMHS to consider operating 'cancellation lists' whereby if someone cancelled an appointment, another young person could be contacted at short notice to take up the appointment. An emergency helpline was also suggested.

4.6. Children and young people were also extensively consulted for the ***Children and Young People's Health Strategy 2015*** and some of the ideas for transformation reflect these views. This strategy was developed throughout 2014 with a detailed process involving many stakeholders encompassing children, young people and their carers and a broad range of professionals and organisations.

4.7. Early on, six focus groups with young people were convened to ask their views on health and their health service experiences. The young people had a range of different backgrounds and needs and the rich and diverse information they provided informed the developing strategy. Some of the key themes from the consultation as to how they felt that mental health services in Islington could be improved included:

- By ensuring **greater consistency** between services and improved communication (e.g. so that if someone needs to be admitted to hospital, this could be a smooth process).

- Greater use of services like The Drum and those located in more **informal settings** where it isn't obvious from the outside what the service is; avenues to access support outside school were also emphasised.

- Making services **more inviting** – whilst some of those consulted had found Islington community CAMHS helpful, the environment of the Northern Health Centre was less positively received and instead was described as dark, with a hospital feeling that "makes you feel down".

- The need to **significantly reduce waiting lists** was highlighted, also that referral processes need to take account of the fact that some young people may not want to be seen with their parents.

- There was support for young people to help them have **positive mental health** and to feel emotionally well. A group of young people with autism reported that they would like to be supported to have a positive social life to support their emotional health.

- Young people to be involved in the **development** of Islington's services.

4.8. Around 60 stakeholders from across primary, community and hospital, social care, public health, education and children and young people's services also contributed to the health strategy as it developed. They considered what Islington's ambitions for the health of the local children and young people's population should be over the next five years in order to achieve the best health outcomes for children and young people across the borough. Detailed analysis of children and young people's health needs and current service delivery was also undertaken to inform discussions and on-going interaction with professional stakeholders to shape our progress.

4.9. Information from **Islington's CYP IAPT Partnership** illustrates how consultation and children and young people's participation activities are now well-established within the borough – for example, service user feedback is regularly requested and used to inform service planning and development, including use of a telephone quality assurance monitoring process. The Islington CAMHS in Schools Team also routinely seek feedback from both young people and parents and parents attending workshops offered by the Parent Baby Psychology Service are also asked to evaluate the service received. There is a well-established Youth Council within the local inpatient unit (Simmons House) and also a CYP IAPT youth participation group.

# 5. Self-assessment/Gaps and Unmet Need

## 5.1 Self-Assessment Tool

5.1.1. Islington Commissioners and its partners have used the *Future in Mind Associate Development Solutions Self-Assessment Tool* to analyse current provision and commissioning of CAMHS. The self-assessment indicates that Islington is well placed to deliver the recommendations set out in *Future in Mind*, with many already implemented and embedded within existing practice.

5.1.2. The completed assessment tool can be found in Appendix 4.

5.1.3. The process of completion of the tool and analysis of data, highlights that whilst there are some real areas of strength in practice there are areas where we need to focus our efforts in order to ensure we are able to effectively meet the emotional needs and well being of C&YP in Islington.

## 5.2 What's working well

- A clear focus and commitment to early intervention and prevention: services targeted at the under 5s delivered in early years settings with a strong focus on parenting programmes to support the emotional attachment between parents and children.

- A strong commitment to integrated/partnership work with colleagues in children's social care and education ensuring that we are able to meet the needs of children and families who need CAMHS services. For example, services based directly in CSC working with very vulnerable and complex families, strong partnership working in relation to young offenders, specific CAMHS teams working with children who are looked after, links into the children's social care innovation project and a Joint Agency Panel (JAP) that focuses on our most complex children many of whom present with significant levels of conduct disorder and severe attachment disorders resulting in high levels of risky behaviour.

- Recognition of the importance of developing work in our schools is reflected in a strong CAMHS presence in all local schools and a robust resilience in schools programme which is going from strength to strength.

- The commitment to CYP IAPT has led to more evidenced based pathways / interventions with a strong focus on outcomes, including use of routine outcomes measures (ROMs) to monitor and improve clinical practice.

- An effective Adolescent Outreach Service that has been successful in reducing tier 4 admissions and decreasing length of stay which has good links with local Paediatric Liaison Services to support C&YP in crisis.

These areas of good practice are not exhaustive and can always be improved and enhanced, however, the process of self-assessment has highlighted some key issues within our services that form our priority schemes of work for 2015 /16 and further into the future:

- We have unacceptable waiting times in our core CAMHS service which means not only do we need to address the current waiting list as a matter of urgency, but we have to consider how we build greater capacity into the service by using the CAPA model more effectively and also developing more effective evidenced-based

treatment. Continuing to develop and embed our CYP IAPT work to meet need and improve outcomes will play a key role here.

- We recognise the need to develop a greater flexible network of local services with increased opening hours, to ensure we are able to meet the needs of all young people. In particular, we need to give greater consideration to how we target hard to reach and vulnerable groups unlikely to access services via traditional CAMHS routes in order to **promote equality and address inequalities in access.** We plan to do this by developing services in the community with voluntary sector partners and our local CAMHS services giving particular consideration to outreach models /drop in services. We will also seek to strengthen links between CAMHS and Primary Care and will seek to maximise opportunities resulting from the development of the GP Federation and I Hubs. We need to undertake further consultation with partners in order to co-produce these approaches.

- Given the significant rise in complexity and increased presentations of self-harm we plan to develop the capacity of our AOT and Priority 1 team to ensure we are able to respond to young people in crisis promptly, delivering services where they feel most comfortable. We will continue to develop this vision of service delivery in partnership with young people in a process of co production which will shape the delivery of our crisis services and outreach services locally over the next 5 years.

- We have identified a gap in our ability to deliver comprehensive CAMHS services to children with learning disabilities and propose the development of a specific LD pathway enabling us to ensure we are able to screen, identify and assess LD at the outset, and provide comprehensive treatment for the associated emotional and behavioural difficulties, which are at increased risk of occurring amongst children with disabilities. This will ensure we are able to deliver on Transforming Care agenda. The significant increase we have seen in ASD is creating significant pressures on a range of services including CAMHS.

- We are mindful that we have a number of local services and initiatives that are targeting parental mental health issues – in both parents and their children. We need to review current provision to ensure we have a coherent pathway that effectively meets the significant demand within the borough.

5.2.1 We are committed locally to working with key stakeholders to address health inequalities and promote equality of access across mental health services. As identified in Camden and Islington's Annual Public Health Report 2015, '*Healthy Minds Healthy Lives, Widening the focus on Mental Health*', in many ways our high levels of mental illness can be directly linked to levels of deprivation across the borough.

5.2.2 Our approach locally of delivering as many services as possible into local community settings in partnership with key stakeholders, with a strong focus on early intervention and prevention, is aimed at reaching out to our local population, trying to engage in particular with hard to reach vulnerable groups who may not access services through more traditional routes. Our vision in developing local CAMHS services is to provide as many services as possible flexibly in the community enabling young people to find a route into services that works for them.

5.2.3 When developing new services locally, we will ensure any new service developments are underpinned by robust **equality impact assessments.**

# 6. Islington's plans to transform its services for children and young people's mental health and wellbeing

## 6.1 Overview

6.1.1 The Transformation Plan proposals have at their heart the aim of reducing waiting times, improving capacity and access, building flexible services around the needs of children, young people and their families, locating services in universal community settings and addressing health inequalities.

6.1.2 Whilst we have consulted with a broad range of stakeholders and partners we are mindful that timescales have not enabled us to consider much of the detail behind some of our proposals and our wider vision. As such we are committed to developing a strategy for service and user involvement and co production on Transforming CAMHS services in Islington that will include service users, voluntary and community sector partners as well as current service providers. This is a key priority for us at the outset of this journey.

6.1.3 Islington's Transformation Plan, including baseline data and accompanying tracker which sets out our key KPIs linked to our transformation plans, will be made available on the Clinical Commissioning Group (CCG) Website following the assurance process, with links to key partner agency websites.

## 6.2 Service transformation overview – local priority schemes by theme

**(Please note: These local priority schemes have been listed according to the *Future In Mind* headings)**

| Local Priority Scheme | | Section of self ass. tool | Transformation funding allocation | |
|---|---|---|---|---|
| **Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people** | | | | |
| | | | **2015/16** | **2016/17** |
| LPS-1 | Mental health promotion building resilience in schools | 1.2 | £0 | £25,000 |
| LPS-2 | Perinatal mental health | | £0<br><br>Allocations to be published later in 2015 | £0 |
| LPS-3 | Review of parental mental health services to coherent pathway | | Existing CCG funding streams | Existing CCG funding streams |
| **Improving access to support – a system without tiers** | | | | |
| LPS-4 | Urgent Waiting list initiative | 2.11 | £308,463 | |
| LPS-5 | Community CAMHS crisis care, extended opening hours, improved response and wait times | 2.1, 2.7, 2.8, 2.11, 3.9 | £30,652 | £183,913 |
| LPS-6 | Implementation of Camden and Islington's crisis care concordat | 2.7, 2.12 | £3,000 | |
| LPS-7 | Building sustainability and sufficiency in Voluntary Sector | 2.2, 3.9 | £22,188 | £67,188 |
| LPS-8 | Community eating disorder service | 2.8 | £67,587 | £67,587 |
| LPS-9 | ED Self Harm post within AOT | 2.8 | £11,264* | £67,587 |
| **Care for the most vulnerable** | | | | |
| LPS-10 | Development of an LD Pathway (including C&YP with Autism) | 2.5, 2.9 | £10,375 | £62,254 |
| LPS-11 | New ways of working to support children and young people at risk of or with experience of CSE | | £8,000 | |
| LPS-12 | Build on and develop CYP IAPT data collection infrastructure | 4.1 | CYP IAPT funding £12,000 IT infrastructure | CYP IAPT funding |
| | | **Total Funding** | **£473,529** | **£473,529** |

* For 15/16, only slippage on this ED post is contributing to the waiting list initiative as a proportion of these YP are self-harmers.

## i) Promoting resilience, prevention and early intervention for the mental well-being of children and young people

**1. LOCAL PRIORITY SCHEME 1 (LPS – 1): Consolidate and sustain work being undertaken across all Islington Schools to promote resilience and emotional well-being.** The Mental Health and Resilience in Schools (MHARS) programme, delivered by the Health and Well Being Team within the School Improvement Service is a highly regarded programme which has been developed in partnership with UCLP partners. The programme has been highlighted as an example of good practice and builds on the extensive CAMHS in Schools service which is provided by community CAMHS funded by the Schools Forum.

We plan to work with local schools and colleagues in CAMHS and educational psychology to develop a policy that sets out support available to schools, when the school community or individuals within that community have experienced a tragic event.

**Transformation Plan Allocation: Maintain in 16/17 Resilience in Schools Post. Cost: £25,000**

**2. LOCAL PRIORITY SCHEME 2 (LPS – 2): Improve access to Peri-Natal Mental Health**. Whilst guidance for the development of peri-natal services is anticipated later this year along with a resource allocation this work needs to be reflected in our local Transformation Plan.

The NCL cluster is currently reviewing perinatal mental health services and developing a strategy and business case for an NCL wide peri-natal mental health pathway across both acute and community services. We will draw on these findings and work with partners across the sector to ensure that there is equitable and timely access to peri-natal mental health services across provider Trusts and specifically across Islington

**Transformation Plan Allocation: A future resource allocation announcement is expected when guidance is launched later this year**

**3. LOCAL PRIORITY SCHEME 3 (LPS – 3): Review of Parental Mental Health Services to ensure better coherence and best use of resources, meeting need based on the best quality evidence.** Islington offers a range of services to support both the identification and treatment of parental mental health issues, predominantly in early years but not exclusively. Locally the CCG commissions a specific Parental Mental Health service (*Growing Together*) for parents with mental health problems where the child (under 5) is also displaying problem behaviours. The CCG also commissions a parental mental health service to Islington Targeted and Specialist Children and Families Service for the over 5s. This is in addition to providing a range of parenting support / resilience building programmes delivered across a range of settings including Children's Centres.

As part of the Transformation Plan, we intend to review these services to develop a coherent evidenced based Parental Mental Health Service that is not age boundaried and makes best use of resources.

**Transformation Plan Allocation: None. This will be done within existing resources**

## ii) Improving Access To Support – A System without Tiers

**4. LOCAL PRIORITY SCHEME 4 (LPS – 4): Urgent Waiting list initiative. Activity data clearly demonstrates that we have a significant capacity issue which is creating unacceptable waiting times for young people to access the core CAMHS service.**

We intend to make change happen in Islington through frontloading some of our activities in 15 / 16 to build capacity in our core CAMHS to address current long waiting times for treatment.

We are proposing an urgent waiting list initiative response to this by frontloading 15/16 spend to increase capacity within community CAMHS to address current unacceptable waiting times across the service.

As well as increased capacity, the service is already reviewing their use of the Choice and Partnership Approach (CAPA) which is an approach to manage through-put from receipt of referrals at the duty and advice service through Choice and then partnership working (treatment). The service is working with Dr Ann York who is one of the pioneers of this model.

- We aim to recruit a small team of Assistant Psychologists (2) and CAMHS practitioners band 7 (4) on a fixed term contract in order to urgently increase capacity to address the current waiting list.
- We will review the use of CAPA within the service, including in our services delivered in schools and children's centres in order to create sufficient flex and capacity in the system to respond more effectively to demands on the service.
- We will continue to embed the work from the CYP IAPT partnership to ensure delivery of effective evidenced based pathways, with robust data collection and analysis so we can review impact on goals and outcomes for C&YP.
- This focus will enable us to work towards implementation of waiting and access times

**Transformation Plan Allocation: Short term waiting list initiative funding plus 15 / 16 slippage on permanent posts. Cost: £308,463**

**5. LOCAL PRIORITY SCHEME 5 (LPS -5): Develop crisis care services. Establish a flexible accessible CAMHS service with extended opening hours with flexible service delivery model, ensuring that we can respond to young people in crisis and in particular who are at risk of self-harm**

We will:

1. Develop the capacity of the Priority 1 team to enable the service to respond quickly to young people presenting as emergencies / high risk particularly those presenting with self-harm or at risk of suicide. Capacity will be enhanced by nursing 0.6 and 0.4 additional psychiatry given the presentation of P1 cases. Long term our vision is a service that is able to provide a 24 hour response to emergencies (outside of those cases that need to attend A&E / PLS) and for P1 cases – 5 working days.

2. Develop the capacity of Adolescent Outreach Team (AOT) by .6 WTE. The AOT works with some of the most vulnerable young people who are high-risk and have serious mental illness; this especially includes young people who will not or cannot engage readily with services, but need assertive outreach. Offering intensive community support, consultation and a wide range of interventions, the caseload tends to include regular self-harmers, those (self) excluded from school who are stuck at home, attachment disorders, personality disorders, and psychosis.

   Developing greater capacity will enable the team to respond quickly and flexibly delivering services in the community targeting vulnerable young people who are unable to access services in traditional settings. This will also enable the service to develop the outreach model to a wider group of adolescents, to create more flexibility in when and where services are delivered. AOT play a crucial role in facilitating timely and safe

discharge from inpatient psychiatric care as well as linking into the Paediatric Liaison Services in our local acute hospitals. We anticipate that with greater capacity in AOT we will see a reduction in admissions to inpatient services and a decrease in overall length of stays. This will also enable closer working with local housing providers so as to support vulnerable young people living in supported accommodation.

3. Develop the capacity of services to support the Emotional and Behavioural pathway to ensure a more timely intervention.

All of the above services will implement a waiting list support/triage and management approach based on 'keeping in touch' with children and young people who are on the waiting list, escalating those who need to be seen immediately if their needs increase and signposting/supporting others to access alternative sources of support – e.g. in the VCS, if appropriate

This increased capacity will also enable the service to develop its work in linking and delivering services in primary care and other community settings. This will be a key focus for the development of our local CAMHS services.

**Transformation Plan Allocation: Funding for these three permanent posts assuming in post by Feb 15/16 30,652. Full cost 16/17: £183,913**

**6. LOCAL PRIORITY SCHEME 6 – (LPS – 6): Implementation of the Crisis Care Concordat**

Following the recent publication of the Governments Mental Health *Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis* – Camden and Islington have been working closely with a range of partners to commit to working together to improve the system of care and support available. As part of this, planning is in place to train CAMHS practitioners across Camden and Islington as Approved Mental Health Practitioners (AMHSs) and local policies and procedures are being reviewed with colleagues in Camden and with the Metropolitan Police in the use of approach places of safety for children and young people on a Section 136.

- CAMHS Clinicians will be trained as AMHP and work across Camden and Islington
- We will develop a pathway for C&YP subject to a 136 agreed across Camden and Islington

**Transformation Plan Allocation: Training of CAMHS practitioners as Approved Mental Health Practitioners 2015/16. Cost: £3,000**

**7. LOCAL PRIORITY SCHEME 7 – (LPS – 7): Developing services delivered by the Voluntary and Community Sector to improve access and take up of services, with a focus on delivery of outreach services.**

Future in Mind highlights the importance of developing capacity within the voluntary sector. Locally we know voluntary sector colleagues have had real successes in attracting and working with vulnerable groups of young people who otherwise find it difficult to access traditional CAMHS services.

We will work with voluntary sector providers and organisations to provide a network of outreach services delivering counselling and therapeutic interventions at locations young people have told us they will access.

In 15/16 given the timescale we will seek to increase capacity on a short term basis with existing providers delivering services into Youth Hubs to address waiting times whilst we undertake further work with the VCS in preparation for 16/17.

**Transformation Plan Allocation: Developing services to improve access and uptake of services particularly hard to reach groups with voluntary sector partners for 2015/16. Cost: £22,188 in 15/16 and £67,188 in 16/17**

**8. LOCAL PRIORITY SCHEME 8 – (LPS – 8): Community Eating Disorder Service**

A proportion of the Transformation funding (£135,174) is ring fenced to deliver on the recently published waiting and access times for Community Eating Disorders, and to ensure services are compliant with the Community Eating Disorder (ED) pathway.

We are working with partners across the NCL sector and the Royal Free ED service to develop their services in line with the guidelines to ensure we are compliant. We already use the Royal Free ED outreach service and commission intensive ED services. NHSE sets out an expectation of collaboration across CCGs with a population of no less than 500,000. We anticipate that developing an enhanced community service in line with recently published guidelines we will see a decrease in admissions to eating disorder inpatient beds.

We are continuing discussions with partners across the sector but we would seek to:

- Enhance capacity to ensure appropriate staffing levels of skill mix and staffing levels within the service
- Ensure that with increased capacity the service was able to offer timely services in line with published guidelines
- Enhanced family therapy offer in line with CYP IAPT recommendations and reduction in current waiting times.
- Widen access criteria to enable self referral

**Transformation Plan Allocation: Work with the Royal Free Hospital and NCL colleagues to ensure compliance with published guidelines. Cost: £67,587**

**9. LOCAL PRIORITY SCHEME 9 – (LPS – 9): Eating Disorder Self-Harm Post within Adolescent Outreach Team (AOT)**

We propose to use the remaining ED funding to develop a dedicated ED / Self Harm post within the Adolescent Outreach Team who will provide consultation and training into Primary Care to support early identification and appropriate onward referral for both ED and self-harm.

The post will also be the point of contact for the Royal Free Hospital to facilitate joint working specifically where young people demonstrate complex co-morbidities, specifically self-harm. This will also enable coordinated step down into Community CAMHS services where required, providing consistency of care.

By developing a specialist post in the Adolescent Outreach Team this will enable the service to work more effectively with YP where ED is not the primary presentation but where there are concerns. This post would be the key link for the community CAMHS service with the RFH as well as a key link for local schools and colleges with links into the health school programme and resilience building initiatives.

**Transformation Plan Allocation: ED / AOT specialist nurse within AOT. Cost: £11,264 for 15/16 rising to 67,587 for 16/17 (slippage in this post for 15/16 will be used towards the waiting list initiative – a % of the waiting list will be YP who self-harm)**

## iii) Care of the most vulnerable

**10. LOCAL PRIORITY SCHEME 10 – (LPS – 10) Development of a specific Learning Disabilities (LD) pathway for children and young people with Learning Disabilities including those with a diagnosis of Autism**

Within the CAMHS services, although there is a comprehensive autism assessment service, there is a lack of comprehensive assessment of learning disabilities and a lack of specialist pathway for longer term interventions in learning disability and/or autism. This is as specific gap in current service provision, which with the unprecedented increase in numbers of young people diagnosed with autism has become a significant service pressure. Alongside this is the context of Transforming Care and the need to ensure appropriate assessments and interventions are provided to avoid psychiatric inpatient admissions for young people with learning disabilities with mental health issues.

The additional capacity will ensure that:

- All young people who come into CAMHS will be screened for a learning difficulty or disability and if it's thought there may be a possible LD they will receive further assessment including a cognitive assessment if required. Our long term target is for this to happen within four weeks.
- We will implement a process of ensuring Care and Treatment Review (CTR) process is undertaken before any inpatient admission is made and the case will be discussed with the CAMHS Clinical Lead
- We will pursue the possibility of NHSE Case Managers attending these pre admission CTR's.
- Locally we will explore utilising the CTR process to support transition planning.
- Proposed CYP IAPT modules re LD and ASD will be used to ensure we deliver evidenced based pathways.

**Transformation Plan Allocation: Development of LD pathway within community CAMHS. Cost based on Feb 15/16 start £10,375: Full Year 16/17 £62,254**

**11. LOCAL PRIORITY SCHEME 11 – (LPS – 11) New ways of working to support children and young people at risk of child sexual exploitation (CSE)**

Recent experience and research indicates that young people at risk of CSE respond better to non-conventional interventions outside of clinic and office settings and in particular by building a one-to-one relationship with an individual worker. Currently this is offered through outreach workers from the voluntary sector (Safer London) and there is an increasing demand for such workers. These workers currently link with the statutory services through a variety of means including attending group supervision sessions with Children's Social Care workers. Other than in some very exceptional circumstances, the Looked After system is not thought to be the most effective way to protect children and young people from CSE; using community support and resources to maintain them in their families is having better outcomes in Islington.

Currently work is underway to plan how to engage a whole school approach to protecting pupils from CSE. Assistant psychologists also support the work of the teams working with children on the edge of care (AMASS) and the Islington Families Intensive Teams (IFIT) from where many of the most vulnerable children and young people receive services. A new residential facility for girls aged 12-17 at risk of sexual exploitation is also due to open in Islington which will be run by the VCS provider St Christopher's.

We need to undertake some further work to explore with Children's Social Care how we support the mental health needs of young people who are at risk of or have experience of

CSE and this may link in to our local work with the voluntary sector. In the first instance however we are looking to work with Safer London to develop a harmful sexual behaviours pilot providing intensive weekly 1:1 support and intervention for four young men aged 11-18 who are demonstrating harmful sexual behaviours and/or attitudes in order to provide young men with knowledge, skills and confidence to make appropriate choices. The pilot will respond to the need and vulnerabilities of young men that are not being addressed through existing mental health and other services. The pilot will run from January – June 2016 and findings from the pilot will inform future planning of work with this cohort of young men.

*This work also links to LPS 7*

**Transformation Plan Allocation: Increase capacity of existing providers providing support for young people at the risk of child sexual exploitation in 15 / 16 Cost: £8,000**

**12. LOCAL PRIORITY SCHEME 12 – (LPS 12) Building on the learning from Islington's Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) partnership in developing the workforce and use of CYP IAPT principles across the service as a whole by ensuring appropriate data systems are established for reporting ROMs**

Community CAMHS will continue to embed CYP IAPT principles and ways of working across the service, notably delivering evidence-based clinical interventions, monitoring outcomes and supporting the active participation of service users. Clinicians will continue to take up relevant training modules delivered through CYP IAPT and in particular, we will ensure that the new specialist posts for ED and LD will access the relevant modules that CYP IAPT are running or plan to run in the next year.

The service will also continue to embed the learning from the programme regarding user participation, continuing to see it as a whole service responsibility and a systems change.

With the forthcoming changes with the closure of CORC in early 2016 and reporting requirements on the new CAMHS minimum data set, Whittington Health need to consider how their local Open Rio IT infrastructure has the functionality to capture and subsequently report CYP IAPT data measures to inform continuous service improvement, service impact and sustain robust data to commissioners.

It is proposed that Whittington Health will need to have some bespoke additional IT support for 15/16 to enable the service to develop the right open RiO functions to be able to provide this information to improve service delivery and national reporting requirements.

**Transformation Plan allocation**: 15/16 allocation towards IT infrastructure development in addition Whittington Health will contribute to the developments. Cost; £12,000

# 7. Management of risks in delivery of Transformation Plan

7.1. The key risk to delivery of the Transformation Plan for 15 / 16 sits with workforce development and the ability to recruit to the necessary posts in order to make an immediate impact and deliver on our challenging KPIs set out in our tracker.

7.2. This is a particular risk when we know that many CAMHS services will be looking to recruit staff over the next few months as plans are assured.

7.3. We are already working closely with our local CAMHS service to effectively mitigate risk as far as possible.

**Risk management**

- Following immediate notification of the funding fast track the workforce strategy to recruit the 4 band 7 and two assistants linked to the waiting list initiative. From recent rounds of recruitment, there was high calibre of candidates and several remain in touch with the service so could be considered for these post.
- The service will ensure all the preparatory work JD/PS and adverts are in place over the next 5-10 days in order to move expediently on the recruitments.
- The service will also work up the substantial posts LD, Nurse AOT/P1 ED etc. as above with potential start dates in February 2016.
- Authorisation to recruitment has already been escalated within the Trust to ensure no substantial recruitment slippage to the proposed staffing structure. The average turnaround time for recruitment would be about 3 months and where possible the service will look to reduce elements of the process if possible.

**Mitigation to Risk**

7.4. If there is substantial delay in the recruitment strategy this could impact on the deliverability of KPI, waiting times.

7.5. The service will ensure CAMHs commissioner is frequently updated on recruitment progress and any unforeseen delays and this in turn will be reported up to the Children's Mental Health and Emotional Well Being Advisory Group.

**Recruitment Plan for waiting times initiative.**

7.6. The CCG has worked closely with our local CAMHS service to ensure the service is ready to go out to recruitment as soon as the Transformation Funds are released to prevent any delay. All work plans and specifications have been worked up and are ready to go out to advert.

7.7. In addition to this any internal staff indicating an interest in increasing their sessions on a fixed term basis have been added to the organisations bank.

7.8. A clear timetable has been set out for recruitment that aims to interview before the end of December 2015.

7.9. Two of the proposed fixed term posts are assistant psychologists of which it is not anticipated there will be any problems to recruit too.

**Work with partners across NCL Sector**

7.10. Across the North Central London Sector, Children's CCG Commissioners regularly come together to discuss opportunities for collaborative working. Opportunities for developing innovative solutions and workforce developments strategies will be discussed and explored within this forum.

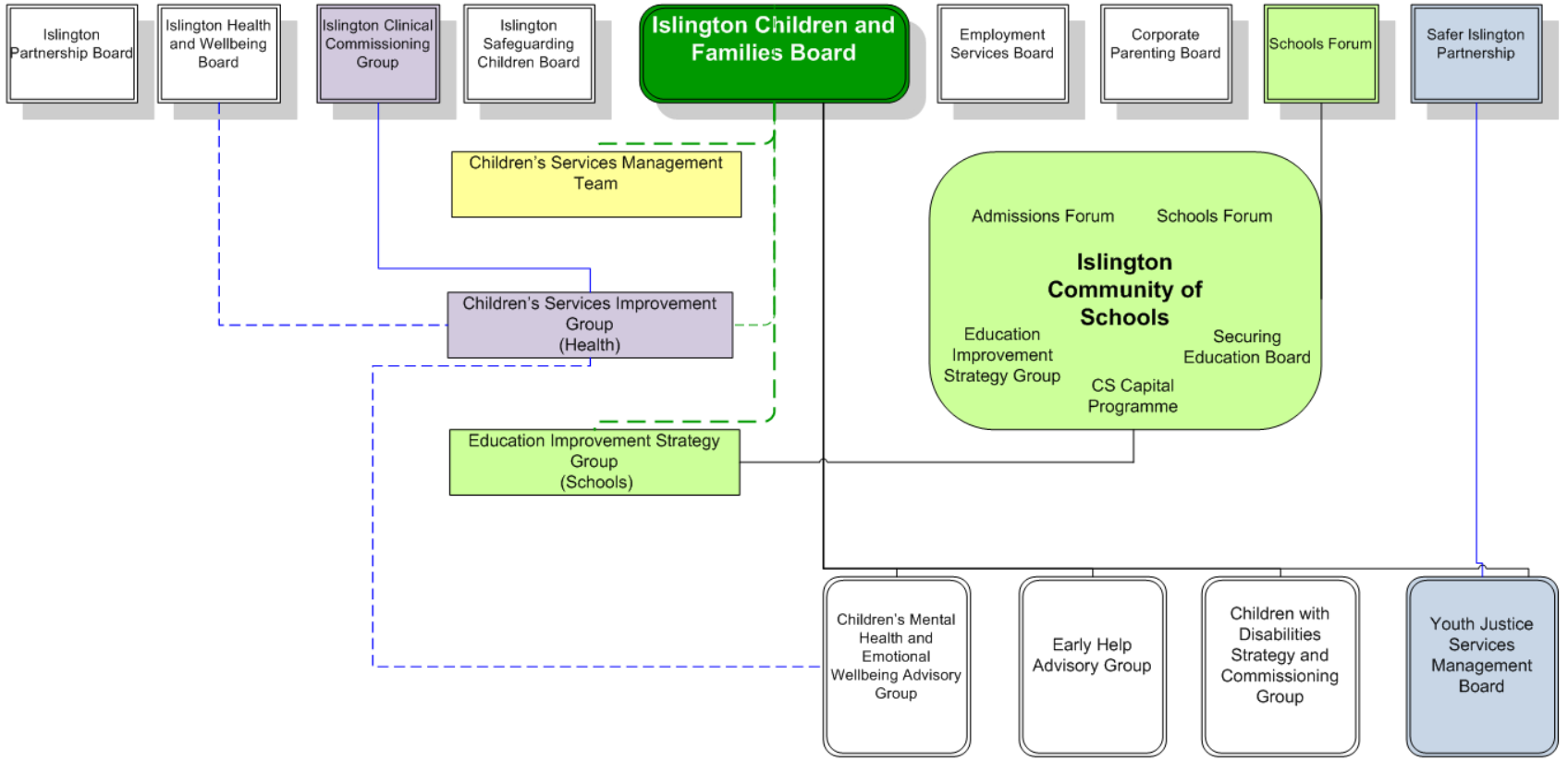
# APPENDICES

## Appendix 1 - Key local strategies

- Islington's Joint Health and Wellbeing Strategy 2013-2016
- Islington Joint Strategic Needs Assessment (JSNA) 2014
- Children and Young People's Health Strategy 2015-2020 – Improving the Health of Islington's Children and Young People
- Islington Children and Families - Prevention and Early Intervention Strategy 2015-2025
- Healthy Minds, Healthy Lives: Annual Public Health Report 2014-2015 Camden and Islington Widening The Focus
- Islington Child and Adolescent Mental Health Strategy 2012-2015
- Care Closer to Home Strategy 2012-2014
- Islington CCG Primary Care Strategy 2011-2016
- Urgent Care Strategy (Camden and Islington) 2014
- Child Poverty Strategy *Fairness for Families* 2014-2015
- Islington Early Help Strategy 2015-2025
- Camden and Islington Strategy for Young Carers 2015-2025

## Appendix 2 – Islington Children and Families Partnership structure chart

### Islington Children and Families Partnership




**Date**: 17 November 2015
**Author**: Tania Townsend
Partnerships and Service Support
For queries, please contact 020 7527 3080

## Appendix 3 - Current spending on Islington's services to support children and young people's mental health and wellbeing

| Service | Provider | Funder | Costs |
|---|---|---|---|
| Islington Community CAMHS | Whittington Health | Islington CCG<br>Islington Council<br>Others | £2,509,000<br>£375,000<br>£32,200 |
| CAMHS in Early Years | Whittington Health | Islington Council | £60,000 |
| CAMHS in Children's Centres | Whittington Health | Islington CCG<br>Schools Forum | £175,000<br>£74,000 |
| CAMHS in Schools (including PRU) | Whittington Health | Schools Forum<br>Islington Council<br>Islington CCG<br>Individual Schools | £350,000<br>£73,000<br>£36,000<br>£185,000 |
| CAMHS in TYS/YOS | Whittington Health | Islington CCG | £79,000 |
| Neuro-Developmental Team | Whittington Health | Islington CCG<br><br>Schools Forum<br><br>Islington Council<br>Individual Schools<br>Others | Included above in Community CAMHs<br>Included above under CAMHS in Schools<br>£14,000<br>£12,583<br>£11,000 |
| CAMHS in Children Looked After Health Team | Whittington Health | Islington Council | £241,720 |
| Adolescent Outreach Team | Whittington Health | Islington CCG | £283,000 |
| AMASS | Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health) | Islington Council | £92,542 |
| IFIT | Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health) | Islington Council (Troubled Families Programme income) | £159,084 |
| Enhanced Service, Islington Children's Social Care Innovation Project | Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health) | Islington Council (Department of Education Income) | £249,490 |
| Young People counselling and psychotherapy | The Brandon Centre | Islington Council<br>Islington CCG | £35,000<br>£29,500 |
| Counselling and therapeutic services for refugees | Refugee Therapy Centre | Islington Council | £30,000 |
| Paediatric Liaison Service | Whittington Health | Islington CCG | £96,000 |
| Peri-natal mental health service | Whittington Health | Islington CCG | Awaiting figures |
| Parental Mental Health | Whittington Health and | Islington CCG | £340,000 |

| | | | |
|---|---|---|---|
| Service AMHS / CAMHS Growing Together: Support for Parents and Young Children. | Camden and Islington NHS Trust | | |
| Parental Mental Health Service to Islington Targeted and Specialist Children and Family's Service | Camden and Islington FT | Islington CCG | £150,000 |
| Royal Free Hospital Eating Disorder Service (intensive) | Royal Free NHS Foundation Trust | Islington CCG | £187,000 |
| Public Health Early Identification Projects - Direct Action Project and youth Mental Health First Aid | Peel Centre/Rethink | Islington Council | £100,000 |
| **Total** | | | **£5,979,119** |

## Appendix 4 - Self-assessment

### *1. Promoting resilience, prevention and early intervention for the mental well-being of children and young people*

| ***1.1*** | **Promoting and driving established requirements and programmes of work on prevention and early intervention** |
|---|---|

**What we've done so far:**

Prevention and early intervention are at the heart of our approaches.

- We have developed the First 21 Months programme to develop integrated working across services working with families through pregnancy and children's first year of life including focussing meeting the needs of parents with poor mental health.
- Embedding mental health as a priority with the Islington Healthy Children Centres programme. This ensures that evidence based practices are at the heart of work with families in children's centres.
- Developed a very strong mental health offer in children's centres and schools
- We have been providing mental health awareness training in Islington since 2011, predominantly the internationally recognized youth Mental Health First Aid training (yMHFA)
- The Direct Action project (DAP) targets young people (aged 12 - 24) and parents of young children in community settings across Islington to increase early identification and diagnosis of mental health problems, self-help strategies and skills in recognising and supporting mental health distress in others, including suicide risk.

In 2015/16 we will:

- Train 200 adults in youth Mental Health First Aid including parents, and staff in schools, children's centre and youth services in Islington
- Ongoing school specific MH awareness training available
- Develop a preparation for parenthood offer with a clear focus on improving parental resilience. This may be consider the introduction of the NSPCC *Baby Steps* preparation for parenthood programme, an evidence-based and therapeutically informed curriculum and creating social network of support for expectant and new parents. Delivered
- by midwives, health visitors and family support workers

By 2020 we will:

- Ensures all staff working the children and parents, from midwives through to youth services, have a good understanding of mental health appropriate to their professional role, to identify need early and ensure families are receiving specialist support where needed.
- Be supporting pregnant women and partners, with effective preparation for parenthood support to build resilience in this critical period around early childhood.
- Developing the 6-8 week health visiting listening visit to ensure that signs of maternal mental health concerns are being identified early and addressed

| ***1.2*** | **Continuing to develop whole school approaches to promoting mental health and wellbeing** |
|---|---|

**What we've done so far:**

Islington is fully committed to developing whole school approaches within schools with a particular focus on building resilience. We have already undertaken significant amounts of work in this area which we plan to further enhance and develop.

We have worked closely with schools, local and national partners to agree the Islington Mental Health and Resilience in Schools (Islington MHARS) framework – evidence based guidance for schools on a whole school approach. We have piloted whole school reviews (and developing tools to explore issues) on Islington MHARS and developed quality improvement projects to identify what works in schools.

We have supported schools' to audit their whole school approach to health and wellbeing, including PSHE education and support for vulnerable pupils, through a well-established Healthy School Programme. Locally we have also developed and rolled out a mental health education PSHE teaching programme for all secondary schools and piloted a programme for Year 6 pupils in primary schools as well as developed primary and secondary school guidance, resources and support for PSHE education

All schools have a CAMHS clinician from our local CAMHS service offering consultation, training & direct clinical work, based in the school. In some schools the clinicians also undertakes mental health screening, particularly in our secondary schools. Some local schools have also piloted anxiety groups where they have felt there has been a high level of need.

CAMHS also deliver the Solihull Approach training to school staff teams focusing on identifying risk factors in mental health and working with parents to promote mental health and well-being.

(All Primary Schools receive a half day per fortnight input and all secondary's receive 1 day a week, special schools also receive input along with our PRU's who receive an enhanced offer. Some schools also choose to buy In additional support from the service)

**In 2015/16 we will:**

- Roll-out support and guidance for Islington MHARS across the borough
- Work with the PSHE Association to quality assure our mental health PSHE education lessons plans and guidance for primary and secondary schools and support schools to teach these alongside the national lesson plans
- Ensure the sustainability of the programme by investing in a permanent post to take this work forward**. (LPS-1)**
- Develop CAPA into schools; Choice appointments plus 7 Partnership sessions
- Refer for Specific evidence based interventions to the borough of child's GP
- Re negotiate contract with Schools Forum to cover work in all schools including assistant time
- Increase mental health awareness in schools; attend parents evenings, make digital info more available
- Clearly defined criteria for all CAMHS in schools clinicians when to signpost to partner agencies like Families First, Targeted Youth counselling, Refugee Therapy Centre, and Mind Connect.
- Assistants to work with clinicians and MHARS to build resilience in schools.
- Offer mental-health workshops for teachers within the Arsenal in the Community programme at the Arsenal Hub.

**By 2020 we will**:

- Have a well-established Islington MHARS network of schools that share good practice and can demonstrate the impact of their work on children and young people's mental health and resilience
- Have a robust process in place to review outcome measures and user participation feedback to continue to provide a robust CAMHS service to all Islington schools
- Share good practice and innovative ways of working across the school network.

***1.3*** **Building on the success of the anti-stigma campaign led by Time to Change and promoting a broader conversation about, and raise awareness of mental health issues for children and young people**

**What we've done so far**:

Resilience in schools programme currently promote Time to Talk day to all schools, alongside local

services for children and young people

We also Include anti-stigma teaching and learning activities within the primary and secondary mental health education lesson plans

The local CAMHS services also delivers workshops and training for staff, parents and students in schools on mental health awareness for children and young people

The **Direct Action Project** works with young people age 12-24, in community settings and further education providing a range interventions in partnership with CAMHS, Children's Centres, schools, and youth hubs to increase early identification and diagnosis of mental health problems, self-protection strategies and skills in recognising and supporting mental health distress in others

**In 2015/16 we will:**

See above re PSHE and mental health education under section 1.2

Deliver 30 evidence-based workshops/ interventions in partnership with key stakeholders in the 12 month period, engaging with 150 parents and adults working with young people and 150 young people covering general mental health awareness (including key anti-stigma messages), how to access help locally, how participants can offer help to someone in need and self-protection strategies.

**By 2020 we will**:

Embed mental health awareness raising across Islington.

***1.4*** **Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support**

**What we've done so far:**

Community CAMHS deliver a Parent & Baby service which is accessible to all parents with peri-natal mental health problems and a baby under a year old through the Children's Centres. They work closely with our local acute peri-natal services.

CAMHS also provide 'Growing Together' which is a CAMHS service for parents with mental health diagnosis & a child over one and under five years of age, aiming to avoid early trauma: working with some of the most vulnerable parents with mental health problems and homeless as a result of domestic violence in refuges.

A range of parenting groups are also commissioned from our local community CAMHS service

- Mellow Parenting Groups are provided for parents with mental health problems and a child under five
- Solihull Baby groups are available for Universal & Targeted groups co facilitated with a Family Support worker and a Health Advisor respectively.
- Toddler and Early Years Webster Stratton Parenting Groups co run by CAMHS and Family Support Workers aim to improve positive parenting & strengthen attachment.

Early Years funding had enabled more IAPT recommended evidence based clinical work to be offered to the parents of Under Fives; P-C-G (Parent Child Game; and VIPP (Video Interactive Positive Parenting) although this funding is due to come to an end.

Commission the Family Nurse Partnership service an evidence based home visiting service for teenage mothers

With other North Central London (NCL) CCGs, commenced a comprehensive review of perinatal mental health services to map the current community prevention and early identification perinatal mental health

offer and address significant gaps in provision of perinatal mental health services across the sector

**In 2015/16 we will**:

Continue the Parent Child Game (P-C-G) and Video Interactive Positive Parenting (VIPP)

We will continue to deliver evidence based parenting programmes intervening early with children at risk of developing severe behaviour problems; where there is a strong evidence base of effectiveness.

We will continue the early identification and intervention in Children's Centre settings where there is a strong evidence base that sensitive attuned care predicts secure attachment and shapes the infants neurobiological structure.

We will review the evidence base for Growing Together and review the service alongside the parental mental health service in Families First.

**By 2020 we will:**

Continue to provide high quality maternal, perinatal, early years' health services and parenting programmes by providing evidence based specialist interventions including the P-C-G and VIPP to children under five in Islington

We will have increased the uptake of services by fathers and our most vulnerable families through our targeted work.

***1.5*** **Supporting self-care be incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers**

**Where are we now:**

Islington's Children and Young People's Health Strategy 2015-2020 has as one of its priorities the development of an IT infrastructure that offers interconnectivity between all areas of healthcare provision in the borough and other local service providers. The strategy notes that Islington Council and Islington CCG are already working together to develop integrated digital health and social care records for adults and mentions options to extend this in a phased way to children and young people, this offering considerable potential to build an effective platform for ensuring that children, young people, parents and carers can have greater independence and personal empowerment around their health, including their mental health.

The outcomes monitoring and collection of routine outcomes data required of the CYP IAPT programme has also prompted the development of IT systems within CAMHS and it is hoped that the learning from this aspect of the programme will aid the ongoing development of Islington's IT systems.

Recent work by Islington Integrated Care Pioneer and Partners resulted in agreement that there was a need for an Integrated Digital Care Record (IDCR) solution (software and services) to support the delivery of integrated health and social care services, also that a Person Held Record (PHR) was also required to assist local Islington residents in exchanging information with health and social care providers. Solutions to both of these requirements are currently at final procurement stage.

**In 2015/16 we will:**

- Carry out a programme of improvement and development for supporting GPs and primary care with a number of initiatives to support the integration of services and the sharing of information.
- Explore opportunities to link the development of digital handheld record to providing greater access to apps / electronic support opportunities.

| **By 2020 we will:** |
| --- |

## *2. Improving Access to support – a system without Tiers*

### *2.1 Moving away from the current tiered system of mental health service to investigate other models of integrated service delivery based on existing best practice*

**Where we are now:**

We have developed Children's Multi-disciplinary Team teleconferencing bringing together the GP, community services, including CAMHS, and secondary care clinicians into a virtual team. Our initial focus has been on children and young people with multiple A&E attendances and those with 2 or more attendances for asthma, but in addition any member of the core team can refer in a child or young person who they feel would benefit from such a discussion. A list is generated from acute data each month of children who fit the above criteria. This is circulated to GPs who choose from the list patients they consider would benefit and they then see the parents to get their consent. At the request of GPs we have recently included CAMHS in the Children's MDTs and already GPs and CAMHS are reporting that this is extremely helpful in ensuring joined up care for young people. Other members of the core team (in addition to the child's GP and CAMHS) are the health visitor or school nurse, community nursing, Families First (family support service) and an acute paediatrician from either Whittington Health or UCLH, all of whom ring in for a 15 minute teleconference discussion. 11 children and young people are discussed monthly.

In relation to CAMHS, locally we made a move away from a CAMHS tiered approach when we combined our T2 and T3 services a number of years ago.

Having a number of CAMHS services co located and working in partnership with children's social care (namely AMASS and IFIT) we are continuing to explore ways of working with children and young people who present partners with shared concerns about risk, but will not necessarily respond to treatment. The use and expansion of CAPA already in the service, means we already consider the best treatment options in partnership with the service user at the choice appointment. Links with voluntary sector partners means we are able to refer into service to enable service users to manage their own well-being, if that's the most appropriate treatment option.

Community CAMHS clinicians' work is integrated with the work of staff in all children's centres and schools delivering accessible assessments and interventions to complex families, working jointly with education colleagues to provide multi layered interventions.

CAMHS Specialist Multiagency Outreach Service (SMAOS) clinicians are integrated with the Local Authority

**In 2015/16 we will:**

- Review our use of CAPA and extend across the whole service to ensure we can create flexibility and capacity within the system depending on where the demand is (**LPS 5**)
- We will continue to work in partnership with our colleagues in children's social care particularly in thinking about the most vulnerable cohort of YP who present with significant risk.
- Explore the possibility of greater integration with families first

**By 2020 we will:**

- Embedded CAPA across the service bringing flexibility and capacity to the service
- Establish a service model that encompasses an integrated whole system approach from early intervention and prevention through to risk management for the most vulnerable group of young people.

***2.2 Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector***

**Where we are now:**

Community CAMHS service publicises their Duty and Advice line as a single point of contact for entry into CAMHS services – and service users are able to self-refer. The service will often refer into local voluntary sector providers following the initial choice appointment.

Voluntary sector providers also provide counselling and therapeutic input to Young People in our two main youth hubs – Lift and Platform

We plan to further develop capacity within the voluntary and community sector to deliver counselling and therapeutic interventions in community settings, as identified through consultation with young people. This will enable us to improve access to services, particularly by more marginalised groups who won't access traditional CAMHS services, as well as to address current waiting times within existing voluntary sector provision.

We want to develop a range of services in the community that meet the needs of all YP and in particular that can outreach to those most in need. We envisage that over the next 5 years we will be able to develop a network of services across the NHS and voluntary and community providers.

**In 2015/16 we will:**

- Identify opportunities to work with voluntary sector providers to deliver counselling and therapeutic interventions in community and outreach settings (**LPS – 7**)
- Seek to enhance services being delivered from Lift and Platform which have been overwhelmingly popular creating significant waiting lists **(LPS – 7)**
- Consider how best we can enhance our CAMHS offer in youth settings including Lift and Platform, Rose Bowl and Pulse

**By 2020 we will**:

- Have a well-developed and publicised single point of access for community CAMHS with one stop shops providing services across the Islington supported by CAMHS and the voluntary sector

***2.3 Improving communication and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues***

**Where we are now:**

Islington has a well-established CAMHS in schools offer throughout all of our schools, across primary, secondary and special schools which are commissioned via our Schools Forum – this is where schools collectively use their DSG to buy in services they consider will improve outcomes for children in their schools. All schools in Islington already have a named CAMHS practitioner working in their schools who provides a point of contact for that school.

Where possible CAMHS school clinicians already work closely with an identified school link who is the main point of contact for mental health issues and referrals and chairs the Team around the School meeting

Our Duty and Advice line staffed by senior CAMHS Clinicians Monday to Friday 9 – 5pm also provides a dedicated point of contact for all colleagues in primary care where they can seek advice and consultation. Four Health Centres provide clinic space for CAMHS clinics

**In 2015/16 we will**:

- Work with our schools to identify a dedicated mental health lead who is a school staff member to act as a dedicated link to enhance our already established links with schools.
- We will review the way that we work with GP practices as a wider review of the way we deliver CAMHS services in the community and in particular how we link with primary care.
- The Four Health Centre clinicians will develop closer relationships with the GPs in the Health Centres

**By 2020 we will**:

- Have named points of contact for all schools and GP practices
- Maximised opportunities for CAMHS input into primary care and specifically GP practices.
- All GPs will have a named CAMHS clinician to liaise with about mental health issues
- GPs will be updated through on line structures of any service changes or useful new services or recommended on line self-help for young people with mental health problems.

### *2.4 Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools*

**Where we are now**:

As part of Islington MHARS we have developed and delivered joint training (CAMHS, VCS and children's services) for school staff on understanding children and young people's mental health

**In 2015/16 we will**:

- MHARS for CAMHS staff to understand schools' contribution to mental health

**By 2020 we will:**

- Establish a local training offer drawn from learning within the national CAMHS link programme

### *2.5 Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND)*

**Where we are now**:

We have integrated co located services for children with additional needs and disabilities located in the same building as our CAMHS services. We also have senior key CAMHS staff who works across the assessment and diagnostic pathways within the disability service.

Following the SEND Reforms we have established an integrated panel that considers the needs of children who require an Education Health and Care Plan and this includes any mental health needs. We have an identified panel link in CAMHS to discuss any issues relating to YP with LD or disability that also have mental health needs.

Cases where SEND request information works well as we are co-located in same building and observe information sharing protocols

Our Joint Agency Panel (JAP) also considers our most vulnerable cohort of young people that require residential care and this panel includes a psychiatrist and a senior clinician from the disability team so we can collectively plan for individual's needs. Panel also includes partners from our adult learning disabilities partnership

**In 2015/16 we will**:

- Recruit a dedicated CAMHS clinician to develop LD pathways across the CAMHS service in partnership with colleagues in disability services including family support. **(LSP – 10)**
- Learning Difficulties post will improve service development across CAMHS and Children's Therapy service, developing a Learning Difficulties pathway through these services
- Continue to commission and provide services in collaboration with partners to ensure robust links across mental health and disability services.
- Review our current assessment and diagnostic pathways for ASD across partner agencies.

**By 2020 we will**:

- Monitor and Review commissioning and provision of CAMHS for children and young people with SEND and identify and further opportunities for service development.
- Provide a CAMHS-wide LD pathway from childhood through to transition, at 18yrs, on to adult services.

***2.6 Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how***

**Where we are now:**

One of the seven domains in the Islington MHARS framework is to have, *"Support networks to enable pupils to develop social relationships"* in place and the pilot project explores how schools ensure these are effective

**In 2015/16 we will**:

- Include recommendations in our Islington MHARS guidance about what works
- Further develop support for schools on effective approaches, including with parents

**By 2020 we will:**

- Have developed local good practice using quality improvement techniques to support continual improvement in schools

***2.7 Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented***

**Where we are now**:

Islington has worked with Camden to develop a joint Crisis Care Concordat Local Action Plan, to be implemented during 2015.

**In 2015/16 we will**:

- Ensure sufficient resource and capacity within our CAMHS services to meet an increasing demand by young people in crisis **(LPS – 5)**
- Review and monitor our local Paediatric Liaison Services
- Develop a policy and protocol in conjunction with Camden and the Metropolitan Police Service to ensure YP fewer than 18 on a section 136 are taken to an appropriate place of safety.
- Enable release of staff to attend Approved Mental Health Professionals (AMHPS) training through backfill. **(LPS – 6)**

**By 2020 we will**:

- CAMHS practitioners across Camden and Islington working as AMHPS

- Robust and Effective services in place to work with young people in crisis.

***2.8 Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admission to inpatient care***

**Where we are now:**

Islington CCG currently commissions the Royal Free to provide a community based Intensive Eating Disorder Service (IEDS) for young people at risk of admission to T4. We currently commission 2 places which activity data suggests is sufficient to meet year round demand.

We are currently working with the RFH, with colleagues across NCL, to review their broader community ED services and to work with them to ensure that they are able to meet the new NHSE Eating Disorder Commissioning Guide. Considering their current provision they are well placed to implement the guidelines. **(LPS – 8)**

Islington Adolescent Outreach Team (AOT) work with some of the most vulnerable young people who are high risk and have serious mental illness which includes young people who cannot or will not readily engage with services, so require assertive outreach. Offering intensive community support, consultation and a wide range of evidenced based interventions, the caseload tends to include regular self-harmers, attachment disorders, personality disorders and psychosis. They also provide in-reach to T4 settings and support step down into community services from T4. The assertive outreach role enables us to avoid where possible admission to T4 and where it is unavoidable being able to provide intensive community support means we are able to support discharge in a timely and responsive way. The team have done some work with supported housing providers but this is an area we need to develop with increased capacity,

We have a well-established multi agency T4 panel in place, which has been very effective over the years to support effective and timely discharge back into the community when an YP has required an admission. This panel chaired by our CAMHS Clinical Lead, co-ordinates a network of services to proactively oversee discharge back into the community.

As a member of the 2nd wave of CYP IAPT locally we have accessed a range of training and development provided via the CYP IAPT programme. The service has rolled out the principles of CYP IAPT across the service including the use of evidenced based therapies and the use of ROMS and goal setting. The service is now working with Commissioners to agree a reporting format for the CYP IAPT data as from 2016. The service will continue to ensure that training is prioritized to continue to develop and delivered evidenced based care pathways.

It is proposed that the new specialist posts proposed within the Transformation plans will also access CYP IAPT training specifically the ED training module that is currently available and the proposed LD module.

**By 2015/16 we will:**

- Create additional capacity within the AOT to support primary care in ED / self harm, provide a link to the RFH re ED cases that come back into community CAMHS and to work closely with them where there are significant issues of co morbidity. The post will also work closely with primary care and schools to promote awareness and training re ED and Self Harm as well as providing a consultative role. **(LPS – 9)**
- Complete review with NCL sector colleagues and commission RFH to deliver enhanced service in line with recently published guidelines: to include increased capacity to meet waiting times, appropriate staff skill mix, development of prevention activities, development of shared care approaches for YP with complex or co morbid presentations (link with our local ED / Self Harm post) **(LPS – 8)**
- Ensure the newly recruited ED / Self Harm and the LD clinical roles attends the CYP IAPT ED module and proposed LD module
- Increase capacity within AOT to further develop the assertive outreach model and increase

response times for vulnerable adolescents **(LPS – 5)**

**By 2020 we will**:

- Review the impact of the ED / Self Harm post in AOT
- Review the services provided by RFH in the context of a reduction in T4 admissions and effectiveness of community support

***2.9 Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and / or challenging behaviour***

**Where we are now:**

Our Tier 4 panel currently reviews all cases that are placed into T4, with a view to supporting timely discharge and step down into the community by ensuring a multi-agency collaborative approach to address any potential barriers to discharge in a timely and joined – up way.

The T4 panel is convened by Community CAMHS and is chaired by the CAMHS clinical lead.

In 2015/16 we will:

- Ensure the T4 panel continues to review and monitor step up and step down into T4 provision.
- Ensure proactive discharge planning for YP placed in T4 provision – Discharge planning should start at the point of admission.
- Develop a process whereby our CAMHS Clinical Lead is approached regarding any potential T4 admission for an YP that meets winterbourne View criteria to ensure appropriate mental health and behaviour assessments have been undertaken.
- The development of a specific LD pathway will also support this process. This will also enable us to ensure that all YP who require a cognitive assessment receive one within 4 weeks. (**LPS – 10**)

By 2020 we will:

- Have robust processes in place to monitor the admission of YP with LD and or challenging behaviour into T4 provision
- We will have enhanced community services in place for YP with LD and challenging behaviour we will aim to avoid T4 admission if at all possible.

***2.10 Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age***

**Where we are now:**

We currently have in place a transition project jointly with C&I FT which brings AMHS and CAMHS clinicians together to provide consultation and advice to cases where CAMHS are concerned about the transition pathway for specific YP. The notion of the project is that AMHS reach in to CAMHS, alongside the responsible clinician to support YP over into AMHS. However the focus of this work does tend to be for YP at the severe end of need or YP who have been in T4 provision.
This work is supported by a robust transition protocol signed up to by both CAMHS and the Adult Mental Health Trust.

Following a recent review of our EIP services we are also in discussions with services to create greater flexibility within services to ensure YP get the service they need, at the right time and in the right place.

Our child protection committee has recently requested detailed reports on transition across all health services for YP into Adults and are committed to developing a flagging system for adult services but also primary care that supports the transition of vulnerable young people who may not have a specific service

to move into.

We do already commission some voluntary sector providers such as the Brandon Centre to work across the age range to provide counselling and therapeutic input – 16 – 21years.

**In 2015/16 we will:**

- Seek to develop voluntary sector provision that is able to support young people across the transition period
- Consider with the CCG how we can best develop a flagging system to identify vulnerable YP to adult services and primary care
- Consider how we can utilise MDT teleconferencing to support the transition process.

**By 2020 we will**:

- Review and assess the impact of our transition processes and protocols.

***2.11 Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services***

**Where we are now**:

As part of our commissioning monitoring arrangements CAMHS providers already report on referral numbers and waiting times on a quarterly basis so that Commissioners have a clear picture of access and waiting times.

We are aware that currently access and waiting times for our core CAMHS service is unacceptable with a waiting time of up to 22 weeks from referral to treatment – as such we have placed a strong focus on frontloading TP funding for a waiting list initiative to address these in the first year of funding with increased capacity whilst we review the local use of CAPA.

Whilst waiting times reflect a potential bottleneck in the service it is also reflective of a general increase in referrals as well as complexity of those referrals.

**In 2015/16 we will:**

- Review CAPA to improve service capacity across the whole system
- Frontload capacity on a short term basis to address waiting times (**LPS – 4**)
- Ongoing enhanced capacity across the system will enable us to 'do things differently' and create more flex within the system.
- By increasing capacity in Community CAMHS including AOT and Priority 1 means we will work towards developing a comprehensive waiting time standard (**LPS – 5**)

**By 2020 we will:**

- Compliance across all CAMHS services with access and waiting times.

***2.12 Ensuring that no young person under the age of 18 is detained in a police cell as a place of safety***

**Where we are now**:

This is an action in our current Crisis Care Concordat action plan and we are currently understanding the current process and protocols with colleagues in Camden. Currently it seems most YP are taken to A&E either at The Whittington or UCLH, both of which have well established Paediatric Liaison Teams.

| |
|---|
| **In 2015/16 we will**:<br><br>• Develop a robust process and protocol with colleagues in Camden and the Metropolitan Police (**LPS 6**) |
| **By 2020 we will**:<br><br>• Well established practice in place to ensure no YP is placed in a police cell as a place of safety. |

## 3. *Care for the most vulnerable*

| | |
|---|---|
| ***3.1*** | ***Making sure those children, young people and their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people*** |

**Where we are now**:

Duty clinicians currently decide whether an initial appointment is offered to a family often having spoken to the family on the phone from Duty. If the family do not attend appointments the Duty & Advice clinician will be asked to review and liaise with referrer to decide on level of risk and/or need for further appointments to be sent within 5 weeks

Where it is most unlikely that a family will attend or a child / young person is not able to get to appointments, home visits are offered (e.g. Adolescent Outreach Team, P1, and NDT).

Notably in schools the DNA rate is lower. Families referred by schools are actively encouraged to attend their first appointment through different means; a trusted staff member joining the first appointment, offering pre referral engagement sessions to parents and students; school staff being able to follow up on non-attendance and support with reminders about sessions.

**In 2015/16 we will:**

- Continue practice & evidence in Case notes
- Take reviews to the intake meeting
- Send self-help information to non-attenders
- Offer Choice and Partnership appointments closer to home i.e. in some GP practices, Health Centres and other community-based organisation premises.
- Offer home assessment/interventions where needed.
- Work closely with partner organisations, e.g. Families First, Arsenal in the Community, who might be able to engage these young people in other positive activities.

**By 2020 we will**:

- Have a robust system in place for the follow up of DNA's informed by a user participation survey to understand from a user's perspective learn what barriers prevent access.

| | |
|---|---|
| ***3.2*** | ***Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young peoples, ensuring that those with protected characteristics such as learning disabilities are not turned away*** |

**Where we are now:**

In Islington we have established pathways for vulnerable groups that have been commissioned and provided across education, health and social care and this is a model of integrated working that we are committed to continuing.

We currently provide:
Integrated health offer in YOS including mental health
Outreach counselling service in TYS
Integrated services for those at risk of ASB and Offending through IFIT
Co-located CAMHS for CLA
Small Co located adult mental health staff with Targeted and Specialist services

Community CAMHS contribute to Team around the Child multi-agency planning of support to these vulnerable young people through multi-agency work.
Islington and Camden Kidstime provide monthly multi-family group work for young people and their families affected by parental mental illness.

Islington parenting commissioner commissions programmes specifically to support parents of children with ADHD and ASD specifically:

- Parenting a child with ADHD: A specially designed programme for parents of children aged 5 - 11 years who have a confirmed diagnosis of ADHD/ADD by a professional.
- Cygnet programme: A parenting course for parents and carers of children and young people aged 7–18 with an autistic spectrum condition (This is especially significant noting the vast increase in referrals in recent years

**In 2015/16 we will:**

- Provide our enhanced offer using innovation funding to undertake multi agency assessments and interventions including CAMHS and adult mental health as part of our enhanced offer in Children's Social Care
- Continue our threshold of care service AMASS
- Strengthen the uptake of CAMHS within YOS
- Strengthen the uptake of substance misuse services in YOS
- Through the joint commissioning sub group explore the potential for developing a multiagency behaviour support service for disabled children
- Pilot the development of an across-agency framework for developing treatment and risk-management plans, as suggested within the THRIVE model, 4 segment. These might be active treatment interventions or agreed risk-management interventions where treatment interventions have had limited success but where risk continues to be an issue.
- Continue to develop the Islington and Camden Kidstime service.

**By 2020 we will:**

- Create a more integrated approach and reduce the number of teams
- Will have developed a framework for a cross-agency treatment and risk-management plans for young people who have received an evidence-based intervention but who continue to display risky behaviour or who need psychological "top-up" interventions periodically.

***3.3 Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young peoples. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern***

**Where we are now:**

Locally we have strong partnership arrangements in place and good examples of multi-agency working with co-located services enabling us to deliver effective and targeted services to the most vulnerable.
AMASS – which works with YP who are on the threshold of care services, providing evidenced based intervention

IFIT – for those at risk of offending or Anti-Social Behaviour
Enhanced model as above
Dedicated CAMHS service for Children Looked After as well as a dedicated Health Team.
Health offer in YOS, provided by a co-located team which includes a dedicated CAMHS worker
Targeted Youth Support counselling service

We are committed to continuing to work in this way, with our colleagues in Education and Social Care to ensure we are able to meet the complex needs of this group of C &YP and their families.

We ensure that children and young people are seen by the most appropriately trained professional with skills that meet the needs of the child or young person.
The service will ensure that staff have received appropriate training e.g. CYP-IAPT trained CBT, IPT, Eating Disorder interventions etc. and routinely use outcome measures and user feedback to keep interventions on track and meaningful to users.

Within community CAMHS a range of assessment and treatment options are available. This includes Fostering Changes, a 12 week, and evidence based parenting skills programme for foster carers is offered to a group of Islington carers once a year. This group intervention is facilitated by a CAMHS Clinician, together with a trainer from Islington Children's Social Care CSC and a foster carer.

We use CYP-IAPT and Choice & Partnership principles to apply flexible criteria for acceptance of referrals.

Within Early Years Settings regular multi-agency meetings are held at children's centre's which include professional representation from health visiting, CAMHS, speech and language and family support. With consent, the presenting needs of the family are discussed using the Solihull approach, current strategies reflected upon and solutions agreed as to the way forward.

Early years and health professionals are part of the multi-agency team around the child/family to assess needs and agree action and outcomes through the Early Help assessment and plan.
Across early years, SENCOs lead a multi-disciplinary approach to supporting children's individual needs with or without formal clinical diagnosis through short-term plans

**In 2015/16 we will:**

- Strengthen the involvement of adult mental health services in the integrated offer
- Implement an evidence based model of assessment using motivational social work which includes motivational interviewing, task focused work and goal setting, this is coherent with IYAPT
- In 2015/16 we will: Refine our application of the Choice & Partnership model, to reduce waits between Choice and Partnership appointments
- We will develop across-agency Choice & Partnership working to ensure that vulnerable young people are seen by people with the right skills for the case
- We will improve our flexibility as to where children and young people are seen, to ensure that they do not slip through the net.
- Review multi agency meetings in children's centres to improve consistency across the borough

**By 2020 we will:**

- Provide a robust but flexible service in a range of settings to ensure access for the most vulnerable.
- Have strengthened multi agency working through the development of integrated health and early years teams in children's centres

***3.4 Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse***

**Where we are now**:

CAMHS clinicians are all trained to include these areas in their assessments. Pre CAPA CAMHS clinicians routinely ticked boxes on the 'front sheet' to confirm these questions had been asked
All CAMHS clinicians receive mandatory training on Children's Safeguarding, neglect, violence abuse and child sexual exploitation

In Islington children's social care have a dedicated CSE Co coordinator. Whilst we know we are good at identifying abuse neglect and sexual exploitation including CSE we know we have more work to do in identifying males who have experienced CSE and more work to do in repairing the trauma caused by abuse and neglect including domestic violence.

**In 2015/16 we will:**

- Undertake a review of all service providers to ascertain if ALL young people over the age of 16 are asked about violence and abuse as part of their assessments
- Restore use of a routine risk-assessment tool for each new referral to ensure that CAMHS clinicians sensitively assess risk of violence and abuse.
- All CAMHS clinicians will attend training on child sexual exploitation from 'Safer London'
- The service will continue Safeguarding compliance above 85%

**By 2020 we will:**

- Robust joint working arrangements to support YP that have been sexually abused / exploited.
- Continue current good practice and ensure robust assessments are undertaken and include assessment regarding violence and abuse
- All CAMHS clinicians in all contexts will routinely include enquiries about neglect, violence abuse and child sexual exploitation.

***3.5 Ensuring those who have been sexually abused and / or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service***

**Where we are now**:

The current CAMHS assessment process includes assessment of child sexual abuse and or exploitation. Clinician's assess risk at Choice appointments and as part of ongoing Partnership work.
The service will also screen for Post-Traumatic Stress Disorder (PTSD) in those who have experienced abuse and follow NICE PTSD Guidelines as appropriate to the particular age group where required.

Partner agencies, particularly children's social care are good at identifying and responding to allegations of sexual abuse and CSE but they feel there is more work they can do in delivering evidenced based interventions to respond to the trauma caused by this

We also have good joint working processes in place to assess and commission placements for those who need residential care via our Joint Agency Placements panel (JAP) which works with agreed funding splits for these very complex cases and aligned budgets.

**In 2015/16 we will**:

- Work with The Havens to explore options to develop joint working arrangements.
- Keep abreast of early discussions around the possibility of a child sexual assault service across the NCL sector.
- Children's Social Care PIan to improve interventions to address the impact of trauma including abuse as well as their interventions with young people who are perpetrators of CSE.
- With partners, continue to develop our skills to work with CSE and to manage the risk associated without resorting to residential care or out of authority placements
- Work with the police to disrupt perpetrators and provide a service to them for desistence
- Audit our implementation of NICE Guidelines on PTSD
- Establish links with specialist PTSD services or develop specialist services within Islington CAMHS.

**By 2020 we will**:

- We will review and consolidate the work outlined above
- Have a streamlined care pathway offering core PTSD work alongside a specialist PTSD service for young people with more complex difficulties

***3.6 Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an early stage***

**Where we are now**:

Whittington health is represented on the MASH through a child protection nurse and the children's services contact team are effective in matching needs and services.

CAMHS are actively engaged in safeguarding activities through clinical work and liaison with partner agencies

**In 2015/16 we will:**

- Children's Social Care will extend their capacity for undertaking MASH checks with our new IT system
- We will consider how we can further link CAMHS into the MASH and any opportunities for closer joint working.
- Continue to actively train staff on all issues of Safeguarding
- Offer awareness training to partner agencies regarding detection of PTSD and the evidence base for interventions used in treating PTSD
- Work with partner agencies to ensure that traumatised children and young people receive a holistic, multi-agency support and treatment for PTSD

**By 2020 we will**:

- Review how CAMHS and wider health services are linking into the MASH
- Routinely provide support and training to partner agencies regarding the recognition and treatment of PTSD

***3.7 For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services***

We support and promote early help with lead professional and single plan
Our e CAF system is clunky and there is reluctance to use this across the partnership
We actively participate in Team Around the Child (TAC) meetings and action plans for vulnerable young people with multiple and complex needs

**In 2015/16 we will:**

- Implement new technology to support the implementation of early help assessments and lead professional across all agencies
- Continue to provide a single point of contact for all child welfare concerns
- Continue to provide the Targeted Allocations Meeting to prevent children falling through the net of services
- Strengthen the practice of identifying a lead professional for vulnerable young people with multiple and complex needs, and having CAMHS professionals take on this role where appropriate.
- Actively support the lead professional identified to liaise with all agencies and ensure that services are targeted and delivered in an integrated way and, where appropriate, take on the

role of the lead professional.

**By 2020 we will**:

- Have a significant number of complex cases held by CAMHS with CAMHS professionals identified as the Lead Professional.
- Work in an integrated system with agreed multi-agency care plans and risk-management plans coordinated by a Lead Professional, so as to co-ordinate support and services from across agencies to meet the child or young person's needs.

***3.8 Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful***

**Where we are now:**

Locally we already have an established CLA CAMHS teams

Children's Social Care's Innovation project Doing What Counts and Measuring what Matters and their PAUSE programme are being implemented

In Islington we are working sub regionally to provide residential care to those who have experienced CSE

Community CAMHS enquire sensitively about neglect, violence and physical, sexual or emotional abuse with all vulnerable young people as we are aware that Looked-After Children have higher rates of trauma than other groups.

**In 2015/16 we will:**

- Reduce the number of children looked after through the implementation of the Doing what Counts and Measuring what Matters (Children's Social Care innovation project)
- Provide evidence based residential support for those who have experienced CSE
- Ensure that we continue to enquire sensitively about neglect, violence and physical, sexual or emotional abuse.
- Support partner agencies to routinely screen for PTSD in looked-after children as we know that this vulnerable group have higher rates of trauma.

**By 2020 we will**:

- Have a well-functioning screening system operating across agencies that enable young people at risk of trauma to be screened for PTSD and other mental health disorders that could have arisen through their exposure to abuse and/or neglect.
- We will have a streamlined stepped approach from core interventions to specialist and bespoke interventions for vulnerable children with specific needs

***3.9 Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked after children and / or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them***

**Where we are now**:

This is already a model that Islington utilises across services, co locating practitioners in services or teams working with very vulnerable groups in order to try and deliver services to these vulnerable YP. One example of this is our YOS health which is good, but there is low uptake, we need to improve this by making it more accessible. As previously described we also have MH practitioners based within AMASS

and IFIT in children's social care who are working with perhaps some of our most vulnerable C&YP. The Adolescent Outreach Team provides specialist intervention to vulnerable young people in the community.

However we need to strengthen support to homeless young people and YP living in supported accommodation and those who come into care post 16
We need to strengthen mental health support to care leavers who will not access traditional services
Our CAMHS CLA service is good but we would like more of it!
Continue our outreach counselling service

**In 2015/16 we will:**

- Improve the uptake of the YOS health offer
- Implement an Integrated Gangs team – using YOS health offer
- Develop work by AOT using increased capacity to work with providers of supported accommodation (**LPS-5**)
- Work with voluntary sector providers to develop ways of delivering counselling services using a detached youth work model (**LPS–7**)
- We will extend our integrated approach and have mental health practitioners embedded in teams that work with vulnerable young people including those who are homeless, sexually exploited or in contact with the youth justice system.
- An example of this would be forging our newly established link with Arsenal in the Community who provide a range of positive activities, beyond but including their football-based programmes.

**By 2020 we will**:

- Review the impact of the above and review support in multi-agency pathways to measure its effectiveness.

## *4. Developing the workforce*

### *4.1 Building on the learning from Islington's CYP IAPT partnership in developing the workforce and use of evidence-based therapies.*

**Where we are now:**

Islington CAMHS is a 'second wave' CYP IAPT reporting on progress regularly. From the recent national picture it is performing slightly above average. However, it is reported that goal-setting needs to be strengthened alongside regular reviews of action planning. It is also noted that whilst the CBT offer is working well, other psychological therapies need strengthening with the enhancement of the skill mix in CAMHS.

The introduction of the CYP IAPT initiative was led by a Board comprising local stakeholders which was subsequently dissolved once the service was established; this is seen as a loss and it is proposed that the Board should be re-constituted if possible.

Islington CAMHS is seen as a flagship service for user participation and the work already done now needs to be embedded in all areas of the work. Consistent feedback from service users has shown that weekday 9-5 opening hours impede accessibility and within the CYP IAPT partnership, there is interest in exploring options to work more flexibly. By 2020, we expect these to be fully in place.

**2015 / 16**:

- Goal setting and regular reviews of action planning need to be addressed in order to meet the standards CAMHS has set for itself.
- CYP IAPT Board to be reformed with the inclusion of some 'critical friends'.
- Increase the skill mix in evidence-based therapies, to include family therapy for self-harm and conduct disorders, and psychotherapy for depression and for the 30 Week Intervention.
- Build on existing training and develop further opportunities for multi-disciplinary working with Families First Family Support Workers (FSWs) and Children in Need social workers on, for example, child development, positive parenting and behaviour management, to up skill the workforce to offer early intervention support, thereby hopefully reducing the need for CAMHS later on. **(LPS – 12)**

**By 2020 we will**:

- Embed the user perspective across all areas of CAMHS in service plans to ensure that they are seen as partners in the service.
- Work towards offering more flexible opening hours to ensure better access for young people and also for fathers.

## Appendix 5 - Consultation document for children and young people and parents and carers

**Islington has been given some money to improve our Child and Young People Mental Health Service (CAMHS)**

**We want you to have your say….**

**We know what many of the problems are as you have told us and we have seen from the work we have done already that there are gaps in our services.**

**In our plan we have come up with the things we believe we need to focus on and we want to check with you…**

1. How important you think these things are – we cannot afford to do everything and so will need to start with the things people think are most important first.
2. How we can make these things work – we know what needs improving but we do not have all the answers, we are keen to hear your ideas
3. If anything is missing – we know what most of the problems are but we want to make sure we haven't missed anything.

**Please send your comments back to Felicitie Walls, Participation Officer: felicitie.walls@islington.gov.uk or you can contact Felicitie directly on 0207 527 1998. We need your feedback by Friday 2nd October.**

**I am…..** (please tick the right box)

A child or young person [ ] I am _____ years old

**OR** A parent [ ] My child (ren) are aged: _____

**Have you used children or young people's mental health services before?** YES NO

**Do you think we should change the name of CAMHS?** YES NO

CAMHS stands for Child and Adolescence Mental Health Services

| If **yes**, please give us your suggestions for a new name |
| --- |
| |

Amended from draft transformation plan/summary of questions:

We do not have enough money to do all the things we want to do so we have chosen some priority areas that we will focus on.

**Priority one: make sure people can get to mental health services quickly**

How we plan to do this – e.g. extra staff, be more flexible when we see people, keep the work in schools.

***Do you have any other ideas on how we can make this priority work?***

***Where would the best place to go for mental health services if you needed them?***

How important is this priority on a scale from 1 – 5 (1 = not important and 5 = important)

**Priority two: make sure staff are well prepared to deal with all the issues they may face from the people they are seeing, including dealing with issues early on**

How we plan to do this – train staff in approaches we know work; involve children and young people; invite other workers to attend training that is for mental health workers

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority three: improve our relationships with the organisations that are in the voluntary sector, e.g. the Brandon centre, Arsenal in Community and Alone in London**

How we plan to do this – have a focus on young people in Islington who are homeless or in supported accommodation

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority four: help GPs to recognise and deal with young peoplewho have mental health difficulties**

How we plan to do this – train and support GPs to help them understand when children and young people need extra mental health support, e.g. if self-harming and when people have eating disorders

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority five: ensure that mental health support in schools is as good as it can be**

How we plan to do this – help schools to teach students to be more resilient and able to deal with life's challenges better; help schools to spot mental health problems early on and get help for people more quickly

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority six: helping mothers with their mental health just before their baby is born and after**

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority seven: to improve the mental health services for children and young people with learning difficulties, including people with Autism**

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority eight: to improve our services for children and young people with eating disorders**

How we plan to do this – develop services to help people with eating disorders in the community (rather than in a hospital); help the staff who work with young people with eating disorders to make sure they are using the best approaches; work with GPs to help them identify eating disorders early on so that young people get help quickly

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Priority nine; to find new ways to help people that have experienced or are at risk of sexual abuse**

How we plan to do this – work with community based organisations to find easy ways to build up relationships with young people who may not go to services for help; help parents to notice the signs that their child is at risk or experiencing sexual abuse

***Do you have any other ideas for how we can make this priority work?***

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

**Thinking about what you know about mental health services in Islington – is there anything else that you think needs to be changed to improve services for children and young people in Islington/**

## Appendix 6 - Stakeholders consulted

| | |
|---|---|
| Matty Asante-Owusu | Sickle Cell Community Matron |
| Rebecca Bailey | Palliative Care Nurse Specialist |
| Siobhan Hawthorne | Lead: First 21 Months Project |
| Kim Lawson | Operational Manager: CIN Provider Services Islington Children's Social Care |
| Vicky Matthews | Team Leader: Neurodisability Team Islington CAMHS |
| David Pentecost | Head: Psychological Therapies Islington CAMHS |
| Lesley Platt | Head: Paediatric Therapy and Specialist School Nursing, Islington Additional Needs and Disability Services |
| Roma Romano-Morgan | Diabetes Nurse Specialist |
| Emma Stubbs | Senior Commissioning Manager: Substance Misuse, Sexual and Reproductive Health and Last Years of Life |
| Mark Watson | Senior Public Health Commissioning Manager<br>Camden & Islington Public Health |
| Yvonne Millar | Head of Community CAMHS |
| Clive Blackwood | AD CAMHS and Children's Therapies |
| Jo Moses | |
| Naomi Bannister | Safeguarding advisor |
| Helen Cameron | CAMHS in schools/MHARS |
| Morris Zwi | CAMHS Clinical Director |
| Cathy Blair | Head of Targeted and Specialist Families Services |
| Jason Strelitz | AD Public Health |
| Sabrina Rees | Head of Children's Health Commissioning |
| Mark Berelowitz | Royal Free Hospital Eating Disorder Service |
| Abi Herbert | Transition Team |

ISLINGTON

# Policy and Performance Scrutiny Review

# REPORT OF THE POLICY AND PERFORMANCE SCRUTINY COMMITTEE KNIFE CRIME, MOBILE PHONE THEFTS, CRIME HOTSPOTS

**London Borough of Islington**
**May 2016**

## CHAIR'S FOREWORD

The Committee carried out a review in relation to increased knife crime and mobile phone theft, in view of the worrying increase that has taken place in the borough in the past 18 months.

We have considered a great deal of evidence in relation to the often complex reasons why predominantly young people get involved in criminality and gangs and the interventions that the Council are taking, especially in relation to early intervention, to try to ensure that current younger children are not attracted to criminality.

The Committee have also considered the current enforcement measures that are being taken by the Police and the Council to target the relatively small number of prolific offenders that commit most of these types of crimes in the borough. We are pleased to note that additional resources have been put into the borough by the Police in recent months and the introduction of the Integrated Gangs Team, which we visited, should start to assist in more sharing of information and resources to target offenders. In addition the Committee welcome the additional £0.5m allocated in the budget to youth services.

The Committee are of the view, that more work needs to be done with schools to identify children at an early age to ensure that early intervention takes place and support can also be offered to families. The evidence that we received from Chance UK and Safer Aspire London shows the valuable work that they do, and the difference that mentoring can make to children's future lives.

In addition we feel that youth provision should be made more readily accessible and discussions should take place with the Council's Leisure provider and schools so that facilities could be accessed at reasonable cost.

The Committee had concerns over the recent critical inspection report of the Youth Inspection service and we questioned the Executive Members for Children and Families and Community Safety on the measures being taken to address the concerns expressed in the report. The Committee noted that the measures being taken and the changes in management of the service and in Police personnel and procedures would increase the effectiveness of the service, however it felt that given the difficulties the service faces more training and support should be given to staff, particularly in the area of case management.

The Committee also noted that the Children's Services Scrutiny Committee were intending to conduct an in depth scrutiny into the Youth Offending service and we welcome this.

The Committee has made a large number of recommendations, given the seriousness of the issue,  that we feel will assist, especially in the long term, in reducing the incidence of knife crime and mobile phone theft in the borough and we hope the Executive will adopt our recommendations.

# Knife Crime, Mobile Phone theft, Crime Hotspots Scrutiny Review

**Evidence**

The review ran from June 2015 until May 2016 and evidence was received from a variety of sources:

1. Presentations from witnesses – Ian Howells, Acting Superintendent – Islington Police, Borough Commander Islington Police – Catherine Roper, Mark Pearson and Andrew Pendleberry – Margate Task Force, , Ross Adams – Chance UK, Shareen Connolly plus young people and mentors – Safer London Aspire

Presentations from council officers/Members – Jennie Walsh and Theresa Ikoko – Islington Gangs Team, Catherine Briody, Victims and Offenders Service Manager, Councillor Paul Convery, Executive Member Community Safety, Tony Nagle, Head of Youth Offending Service and Targeted Support, Catherine Briody, Victims and Offenders Services Manager

2. Documentary evidence – Ending Gang violence and exploitation, Youth Offending service inspection report, Youth Crime Strategy
3. Visits – New River College and Integrated Gangs Team, New Horizons Centre

**Aims of the Review**

**The Committee approved the following objectives –**

- **To better understand the issues and causes of knife crime and what the Council can do to reduce knife crime in the borough**
- **In parallel with the above, to review and improve what the Council and its partners can do to reduce mobile phone theft by thieves on bikes within the borough**

**The objectives of the review are set out in the Scrutiny Initiation Document at Appendix A to the review**

**RECOMMENDATIONS**

**The issues of gang and youth violence and its associated issues of vulnerability and exploitation impact on all statutory and many non-statutory agencies in the borough.**

**The Committee therefore recommend the Executive to adopt the following –**

1. **That, given the concerns expressed about sentencing, a briefing meeting be held with the Clerks at Highbury Magistrates Court, with the aim of informing them of the 'local picture', in respect of gang and youth violence and the community impact it is having and to support more appropriate sentencing for these types of offences**
2. **That Integrated Gangs Team, together with the Police, set up an awareness raising programme for frontline practitioners working with young people in Islington, to increase understanding of the issues and the services available, with regard to gangs, violence and vulnerability of young people**
3. **That in view of the fact that there are significant intelligence gaps in the drugs market locally and nationally through County Lines –**
   i. **The Child Exploitation (CSE) and Gangs Analyst develop a problem profile on County Lines from Islington, drawing on intelligence from statutory and voluntary sector organisations, to inform the co-ordinated response to gangs and organised crime groups controlling the drugs market**
   ii. **Whilst the Trident matrix can be an effective tool in identifying the cohort of gang members causing, or at risk of causing significant harm, it does not cater for the significant number of young people on the periphery of gangs. It is therefore recommended that the use of the ISCB Gangs Safeguarding protocol is encouraged to support agencies in identifying, referring and engaging this vulnerable cohort of young people in targeted gang prevention work, to prevent their rise to full gang status**
4. **That, as a large number of mobile phone thefts take place at busy transport hubs and at shopping centres, MAGPI officers should develop a communication strategy to alert the public to the risks of using their phone in hotspot areas, and that local businesses be encouraged to contribute to funding this**
5. **That the CSE and Gangs Analyst develop a problem profile on child sexual exploitation issues in Islington to increase knowledge of offenders and victims and to enhance the safeguarding of vulnerable young people at risk**
6. **That the creation of the Integrated Gangs Team be supported and more cross border work take place by the Police and the Council with other neighbouring Police forces and local authorities to share information and co-ordinate activity, given that crime is not restricted to borough boundaries**
7. **That whilst the Committee support the use of Stop and Search, this should only be used where appropriate and be proportionate. The Council should identify meaningful ways to involve young people, by setting up panels of young people, in the process of holding Police to account on stop and search issues and to provide training for young people to help inform them of their rights and responsibilities. In addition liaison should take place with the Stop and Search Monitoring Group, in order that both the Public in general and young people can hold the Police to account**
8. **That the work carried out in relation to Early Intervention strategies, as part of the Youth Crime Strategy, be supported as this is a vital element in deterring future cohorts of young people becoming involved in criminality**
9. **That discussions take place with schools as to measures that can be taken to 'flag up' young people who are felt to be at risk or vulnerable to becoming involved in criminality, in order to ensure early intervention can take place. In addition, as it has been shown that many young people permanently excluded from school are at a higher risk of taking part in criminality, measures should be put in place to**

**permanently exclude as few young people as possible. Furthermore, there needs to be a clear and transparent process for exclusions and ensure liaison takes place with schools to ensure permanent exclusion rates, especially at primary level are kept to a minimum**

10. **That the work of the Police Safer Schools and other partners, e.g. the Ben Kinsella Trust be supported and extended to pupils in schools on crime prevention, knife crime and gangs and the CSE**
11. **That as the Committee heard evidence that many young people suffered from a lack of affordable sports facilities in their area, particularly the most vulnerable, it is of the view that discussions should take place with schools and the Council's Leisure provider, to investigate the possibility of the use of school and leisure facilities in the evenings and at weekends, this to include the provision of free/low cost options at Council Leisure facilities for young people. There should also be a review of the use of current Council community facilities for youth provision to ensure these are situated appropriately and are utilised in the most effective manner to meet current needs. In addition, as some young people are vulnerable to involvement in ASB and crime, Council provision and commissioned services should be encouraged to offer more evening and weekend facilities and that the hours of youth workers should be reviewed so that they are visible in crime hotspots at appropriate times**
12. **That the Committee heard evidence of the good work that Chance UK and Safer Aspire carry out in the borough in mentoring and working with vulnerable young people. The Committee noted that an evaluation of this work is currently taking place to assess its effectiveness. This evaluation should be made available when it is completed. Furthermore we noted that there are various funding sources across London that may be able to assist in supporting children in sports activities etc. and these should be looked at and accessed, where possible in relation to mentoring related activities**
13. **That, given the recent unsatisfactory report on the Youth Offending Service, we noted that measures are being put in place to address the concerns raised. However, more information sharing should take place with other boroughs with a good rating, in order to look at successful measures that can be replicated in Islington. We also recommend that given that the staff in the YOS team are probably suffering from low morale, that additional support and training should be given to them in undertaking often very stressful work. In addition, policies and practices be put in place to ensure that those considered most at risk of offending/re-offending are kept under constant review to reduce the risk of offending/re-offending of this cohort of young people**
14. **That as the Committee heard evidence of the high prevalence of mental health problems amongst young people involved in gangs and criminality, it is welcomed that there is a mental health worker situated in the Integrated Gangs Team. However we feel that more work needs to be carried out in establishing a more effective process to support young people when transferring from children to adult mental health services and investment, wherever possible, should be maintained and increased in mental health services**
15. **That the Council's housing policies be reviewed, and a Pan London approach be developed with the Mayor of London, in respect of emergency moves out of the borough for young people and their families at high risk of gang related harm, and increase the links with the Pan London Gangs service, which can provide support in moving gang members to other boroughs**
16. **That consequent to the Crime Summit community event in April the following take place –**
    - **i. A meeting be organised with key stakeholders to discuss the outcome of the summit and proposals for the future way forward**
    - **ii. An action plan be developed for the 'community' strand of the Youth Crime strategy**

iii. **Support the Safer Neighbourhood Boards in delivery of actions and to identify ways of involving young people in their work**

17. **That the IGT and YOS develop further relationships with New Horizons Centre, who have secured external funding from the lottery to work with young people at risk of gang involvement and increase the reach to Islington young people**
18. **That, as it has been shown that engagement in Education, Employment and Training is a key pathway out of offending, the Council should look to provide increased opportunities for young people, such as more use of apprenticeships for the Youth Offending service young people**

**Main Findings**

**Current situation in relation to Knife Crime, Mobile phone theft etc.**

The Committee were informed that in 2014/15 there were 3000 named individuals under 25 committing at least 8,000 crimes in Islington and the levels of phone snatch theft had reached unprecedented levels, at over 300 per month.

Serious youth violence had increased by 40% and knife crime by 16% and there were 32,137 victims of crime in Islington and 21.2% were young persons aged under 25 years. 4,178 young victims were Islington residents. The most prolific offenders were being targeted and one person has been arrested 32 times.

The Committee noted that there are three main established gangs in the borough, ranked in the MPS top 20 for risk. The most arrested age group are 15-17 year olds and there has been a significant increase in arrests of 10-14 year olds.

In 2014/15 Islington was the 30th. of 32 London Boroughs for the highest crime levels and had the worst youth re-offending rate in London.

In addition, theft person snatch offences were 81% higher than any other London Borough and Islington had the 3rd. highest first time entry rates in London and the 2nd.highest rate of young people in custody.

The Committee noted that gangs that are operational in the borough are all subject to multi-agency disruption plans and Operation Attrition is targeting the top 50 theft snatch offenders operating in the borough. Two thirds of these offenders are linked to established gangs and are known for drug offences and violence.

The Committee heard evidence of current action that is taking place to address the rise in crime which include –

- Implementation of the Youth Crime Strategy
- Early Help and Family Support strategy, in partnership with the voluntary sector
- Activities for young people
- Safer school plans in partnership with the Police
- Specialist services – targeted youth support, youth offending service, 18-24 Gangs Transition service, Integrated Gangs Team, Child Sexual Exploitation focus
- Integrated Offender Management
- Employment support
- Ben Kinsella exhibition about knife crime
- Targeted ASB campaign in hot spots across the borough
- Intelligence gathering and sharing
- Targeted communications aimed at young people

Islington's strategy for tackling youth crime included prevention and diversion activities, provides early help to young people and their families to address the underlying risk factors that may lead to crime and anti-social behaviour and also to respond promptly at the first signs of an issue arising.

There are also sanctions, enforcement and reintegration, which increase the chances of achieving positive behaviour and life changes for those that have committed crime by delivering

effective and high quality Integrated Offender Management, Youth Offending services and the 18-24 Gangs Transition service (referred to later in the report).

There is also community engagement that supports the wider community to be part of the solution, sharing of responsibility, leading by example and actively ensuring streets and outside spaces are places, where everyone can confidently go about their daily life.

The Committee heard evidence that historically, before the recent tragic deaths in the borough, Islington had been a relatively low priority for MET Police resources and that additional MET Police resources tended to be prioritised on more high profile London Boroughs.

Whilst the Police had also directed more resources into the borough during recent months, and there is increased co-ordination, it should be recognised that it will be difficult to solve the problem of criminality using Police resources alone. The young people involved in crime often belonged to very chaotic families who have a history of criminal activity. In addition, the children becoming involved in criminal activity appeared to be getting younger. Many of these children had witnessed domestic violence or been subject to trauma, which made them more likely to offend and therapeutic responses need to be tailored to the needs of these children at the earliest possible opportunity and be effective as possible.

In the past 6 months the Committee noted that there has been greater co-operation between all the crime reduction agencies in the borough and they were working together more effectively. This increased co-operation has led to a reduction in the number of criminal offences from 444 at the beginning of the year to 225 offences currently, a reduction of 41%. There is a need however to provide effective offender management plans to deal with ex-offenders coming out of prison and put diversionary opportunities in place.

There has also been a more targeted approach to stop and search and more engagement and diversionary activities were being employed.

The Committee were informed that the introduction of Criminal Behaviour Orders had come into force into October 2014 and there had been 16 orders applied for in Islington and these stopped an individual going back into an area. However, it was noted that not all of the conditions imposed in these orders were solely geographical and that these orders were only granted if the Courts felt it absolutely necessary.

The Committee noted that whilst the aim is to protect the community, an individual is not always excluded from their own area, dependent on the circumstances involved, and especially where there are family ties, and these orders often related to individuals crossing borough boundaries to commit crimes.

The Committee considered evidence from the Borough Commander, Catherine Roper and the Executive Member Community Safety, Councillor Paul Convery in relation to the current situation and the measures being taken in response to the situation.

The Committee heard evidence that, given that there has been an 11% increase in crime from the previous year, this has demanded a strong response with additional police resources being made available and determined efforts on behalf of the Council and partners to adopt a co-ordinated approach to youth offending and the marked increase in knife crime incidents. Over the past year the priority offence type has been mobile phone theft snatch offences, which reached very high levels in April and May, with nearly 400 offences each month. The partnership is now focusing on offenders, rather than offence type and the integrated offender management arrangements have been streamlined to bring multi -agency focus on those individuals causing most concern.

Currently, excluding the Youth Offending service cohort, there are over 200 individuals identified as persistent and prolific offenders and these are managed across different multi-agency arrangements.

The Committee were informed that the Police are encouraging a more positive engagement approach with young people and more work is being carried out with youth groups, Faith Forums and there are also visits to troubled families and officers were encouraged to take a more calm and engaging approach with young people.

The Committee noted that the Safer Neighbourhood Board, in partnership with the Council and the Police, had hosted the third annual Crime and Safety summit on 5 March 2016. The aim of the event is to give residents and other community members a chance to get involved in influencing how crime and disorder in the borough is dealt with. This year the theme was tackling youth violence and knife crime, with an emphasis on the best ways to involve the community in prevention and diversion. Over 160 people attended, including residents, officers, community groups, Police and Fire Brigade and Councillors and Youth Councillors. The Committee has made recommendations as to how key stakeholders and Safer Neighbourhood Boards should be supported going forward.

There is also a more sophisticated mapping of crime and of the individuals involved and links with schools can help to identify those young people more at risk of entering into crime.

The Committee expressed the view that there is a need for more community intelligence and targeted Police work on possible organised crime links to identify mobile phone thieves and to look at the links between these thefts and the drugs trade. There is also the need to encourage businesses and work with TfL, especially at hotspots such as tube stations, to publicise action that the Public could take to restrict the risk of being a victim of mobile phone theft.

Young people, 15-20, continue to dominate the most arrested chart. Children and young adults, under- 25, continue to feature heavily in the offending statistics, particularly in relation to knife crime and serious youth violence. However, the arrest rate for under 15 year olds has declined considerably over the past year, which may indicate that some of the intervention strategies in place may be starting to work. Islington does however continue to have a high youth re-offending rate, and whilst the sentences given to young people are relatively short, it does enable effective interventions to take place when they are released, with better chances of influencing behaviour change post release.

By concentrating on offenders, rather than the offences that they commit, it has become clear that there is a significant crossover between anti-social behaviour and serious criminality at all levels and that many of the same individuals are involved. The integrated offender management strategy arrangements have been streamlined to bring multi-agency focus on those individuals causing most concern.

The Borough Commander informed the Committee, that whilst she felt that stop and search is a vital tool in alleviating crime etc. she had made her officers aware that stop and search needed to be proportionate, helpful, professional, and be carried out by officers in a polite manner.

The Committee are of the view that the recent spate of knife crime has made the importance of stop and search more appropriate to apprehend young people carrying knives, but this should only be done in the manner, as outlined above by the Borough Commander.

The Committee felt that panels of young people, linking in with the Stop and Search Community Monitoring Group, had a vital role in delivering accountability on behalf of communities, and are made up of volunteer members of the community. The Committee have made recommendations in this regard.

The Committee expressed concern that the current budget constraints on the Police and the forthcoming cuts in their budgets would have a detrimental effect on levels of crime and reduce neighbourhood policing that often provided local intelligence. It was also felt that there should be more co-ordinated work with neighbouring local authorities, even though we learnt a number of these had previously taken place. The Committee also noted that the Borough Commander, whilst she could not specify what the neighbourhood policing model would eventually look like, is determined to maintain a Police community presence and continuity in an area and deploy resources flexibly, where required. There will also be bespoke packages for schools and other hard to reach groups within the young community and also opportunities for young people to engage in positive activities, such as Police cadets and as junior citizens.

**Youth Crime Strategy**

The Committee also received evidence in relation to the Council's Youth Crime strategy, and that as part of this an Integrated Gangs team has been set up to deal with the current group of young people committing these crimes, involving the Council, the Police and the Probation service. The team is co-located in Tolpuddle Street Police station. This is dealt with in more detail later in the report.

The strategy will also be to prevent another cohort of young teenagers from being lured into criminal gangs, by reducing violence by and against the identified cohort, and redirecting some of the youth service resource into detached youth work with individuals who may be at risk. In addition, the partnership with schools will be strengthened to make sure they refer children that they are concerned about and review the use of alternative provision for children and who are not attending mainstream schools. Regular visits should also be made to young people involved in crime to direct them to diversionary activities and education and support.

All 46 primary schools have also now been allocated a single point of Police contact, which is an existing Safer Schools Police Constable. During the past month the Police have been developing a consistent, sustainable and regular police educational programme for primary and secondary schools. The engagement programme will consist of 12 main inputs covering early engagement with primary schools and following it through with 5 inputs dedicated to secondary schools. The programme looks to introduce the following topics, - introduction to the Police, stranger danger, road safety, bullying, decisions and consequences, Gang exploitation, Child sexual exploitation. Girls in gangs, joint enterprise, online awareness and knife crime. All schools will be offered the programme via the Safer Schools officers from November.

In addition, there are named Police Officers in each Islington secondary school and also there is a new Youth Engagement Police Sergeant who oversees the Police work in schools.

**Targeted Youth Service/Family Support**

The Committee also received evidence from Islington Children's Services concerning the work undertaken by them in relation to Universal, Targeted and Specialist Child, Family and Young People's Services.

The Committee were informed that the Islington Healthy Schools team share information with all primary and secondary schools on a termly basis, which identifies suitable resources and evidence based personal, health and social education (PHSE) that can be utilised to address issues of personal safety, crime, anti-social behaviour and gangs. The majority of alternative

education providers deliver a PHSE curriculum which addresses issues of personal safety, crime, anti-social behaviour and gangs.

Youth provision in Islington consistently provides young people with opportunities to engage and participate in activities and projects that contribute to their social and emotional development.

All universal youth work in Islington is commissioned and delivered with a co-production framework and prevention, through diversion, is most effective when providing opportunities that are genuinely aligned with young people's needs and interests. This is at its most powerful when young people are actively involved in the planning, design and delivery of their projects in partnership with youth workers and other professionals.

The outcomes framework governs how all universal youth work funded by the Council is commissioned and provided and outlines 7 outcomes, which the Council purchases for each young person who takes part in the offer. These outcomes are linked to managing offending and lifelong positive outcomes. In addition, through effective commissioning against the outcomes framework, youth work in Islington provides engaging projects and activities that divert young people away from negative behaviours and peer groups and engages them in more positive opportunities and community activities, which play a key part in prevention.

For example, universal youth provision works closely with Targeted Youth Support to share information, and identify young people at risk of offending and in addition works together with the young person to identify needs and interests to divert them from ASB. Of the current caseload of the Youth Offending service for those offenders living locally, 35% used youth provision funded by the Council in 2014/15. This represents 1 in 3 of the current YOS caseload and in the general population, the equivalent figure is approximately 1 in 5.

The Committee were of the view that more use could be made of voluntary sector providers, who have a high profile in the borough and organisations such as Chance UK and Safer Aspire,

In Islington, universal youth provision plays an important role in responding to early signs of youth crime and providing children and young people with opportunities to discuss and explore issues that may be worrying them or affecting them or someone they know. Projects can also play a part in rebuilding community confidence where neighbourhoods have been affected by youth crime. Universal youth work can address issues around knife crime or bullying and work to help people be more resilient and confident within their communities. Universal youth work will be supporting the implementation of the Youth Crime strategy and specifically co-delivering the Knife Crime Prevention Programme, with Targeted Youth support staff across youth and community settings.

The Committee were concerned that the current hours of youth workers did not always coincide the hours that young people needed to be engaged and therefore we have made a recommendation in this regard and also in relation to increasing provision of facilities for diversionary activities.

Family support work includes an early help service, which reaches 12% of Islington's population, age 5-17, and Children's Centres reach 87% of the under 5's population. Families First and the Islington Families Intensive scheme provide thorough and well documented analytical assessments, which in most cases led to clear, outcome focused support plans, which are co-produced with families. This allows a strong relationship to be built with families and have an impact on their lives.

Families First supports families with a very wide range of needs, such as those with emerging problems that have not used the service in the past, to those with complex histories. This appears to be effective for about 80% of the families it supports. Data available on outcomes

achieved by families supported show that 68% of children and young people, with at least one unauthorised absence in the term preceding support, improved their attendance, following support. Exclusions, both fixed and permanent were not an issue for the majority of children and young people engaged in Families First. For the small number for whom this is an issue, 48% saw an improvement during the period during the period they engaged with Families First.

Islington Families Intensive Team (IFIT) works with families who have very complex needs and adolescents who are at high risk of entering custody, or being looked after. It is acknowledged that meeting the needs of these families poses a significant challenge and often has not been achieved by other services prior to referral. These are generally more difficult families to engage and are often resistant to support. The aim is to get families to a point, where risk is reduced to an acceptable level and the model of assessment is very comprehensive. In terms of key outcomes in 2013/14, there was a reduction from 24% to 7% of all children in this cohort, and for the first two quarters of 2014/15 exclusions reduced from 22% of the cohort to 10%. There has also been an improvement in unauthorised absence following intervention from the IFT and in offending behaviour.

Targeted youth support works with young people aged 10-21 years old (12-21 for youth counselling), who require additional support to enable them to make informed choices and maintain positive pathways. This support is specific, tailored interventions, aimed at young people and their families, who need extra provision on top of universally provided services. They work with young people from their own starting point, drawing in peers, partners and parents, as appropriate, challenging and enabling them to understand the consequences of their actions.

They also deliver work in local secondary schools, covering areas such as substance abuse, positive and healthy relationships, keeping safe, gangs, weapons awareness and joint enterprise. In the first 2 quarters of 2015 TYS delivered sessions in 4 schools to 78 pupils. There is also a strong emphasis on community based delivery, providing support within local community settings and working with local neighbourhood services to enhance community cohesion and prevent escalation of anti-social behaviour. Youth trucks are deployed together with detached teams across the borough, based on intelligence and ASB reports, working with young people where they meet and congregate, encouraging them to participate in group work and connecting them into their local area.

Targeted youth support are identifying early and intervening with young people affected or associated with gangs and group offending or coming to the attention of the Police, housing and ASB officers. There has been a 34% reduction in the rate of first time entrants to the Youth Offending service since 2013, and an 8% reduction in the rate of first time entrants from April 2014 – March 2015, which is better than London and the national average. The average age of young offenders is increasing alongside the number of young offenders decreasing, meaning that the flow of young offenders is being stemmed. On average over 2 years of tracking 85% of young people who completed a Triage intervention (an out of court disposal), following admission of an offence with the Targeted Youth service (TYS) did not go on to re-offend within 1 year of that intervention.

In 2014/15 TYS delivered over 500 group/detached youth work sessions and examples include, girls groups, Community events, young Dad's groups, boys groups at Elthorne and Mildmay, Islington Young Peoples Drug and Alcohol service, sexual health in the community, and other projects. TYS are working alongside the Youth Offending service, Children's social care, Victim support and the 18-24 Transitions team to establish the Integrated Gangs team.

The Committee are concerned that the current hours worked by youth workers do not always correspond to the times that they need to most actively engage young people at risk of offending and we have therefore made a recommendation in this regard.

**Voluntary agencies**

The Committee also received evidence from Chance UK and Safer Aspire London.

Safer Aspire London is a mentoring project for 11-18 year old young people at risk of involvement in ASB, offending and gangs. The mentors met regularly with the children, who were mainly referred from Families First, youth offending etc.

The scheme was currently funded by MOPAC monies until 2017 for early intervention for 11-17 year olds but it is hoped that the funding will continue after this although this was not confirmed.

The Committee also heard evidence from two young people who were benefitting from the scheme.

Chance UK provides an early intervention programme for 5-11 year olds through intensive monitoring and family support. Referrals mostly came from schools and would be in relation to concerns about mental health, hyperactivity, peer pressure etc. and work would be carried out with the child and the family and the Committee noted that there were high instances of parents who suffered from depression, anxiety and/or domestic violence.

The results of Chance UK were consistently good and 85%-95% of children graduating from the service had shown improved behaviour and 75% had improved social care and relationship with their families.

It was noted that the approach of Chance UK had changed over recent years and that now a more targeted approach was taken to assist the child/family concerned to enable them to access the most appropriate services. Chance UK services were externally evaluated and they are involved in a Randomised Control Trial which will provide further evidence of the value of the service.

The Committee noted the views of Chance UK that in order to put a legacy in place to continue progress, out of school activities, small scale projects and access to social and sports clubs and were of the view that discussions should take place with the Council's Leisure provider and schools to enable facilities to be used outside of school hours at a cost that is affordable.

Chance UK informed the Committee that they linked in with Families First to give them information as to possible sources of funding that could be accessed and that in terms of Council initiatives there were bits of funding across London that could be accessed in order to assist, based on the needs of the child. Chance UK did not monitor progress at present through to GCSE, but it felt that there is more collectively that can be done to assess how families were progressing. However, there is evidence to show that following intervention children re-engaged with education and school.

Chance UK stated that it is important to build trust with children and assess their coping skills and if there is an immediate need to access assistance. However it is often difficult to get parents to access a GP and counselling but an ongoing dialogue takes place about how things are progressing.

Chance UK how had a girls' programme, which involved 10 Islington and 10 Hackney girls, which has a focus on siblings of gang members. The programme also deals with child sexual exploitation and Chance UK stated that schools were well placed to be able to build up a picture of the child and the family.

**Youth Offending Service**

The Youth Offending service (YOS) principal aim is to prevent offending and re-offending by children and young people. The YOS is a multi-disciplinary team made up of health professionals, Police, youth offending case managers and social workers. All young people are offered a comprehensive health screening service and where required access to speech, language and communication support, mental health assessment and treatment, substance abuse assessment and treatment and sexual health services. The YOS was inspected in 2014 and has been following an improvement plan. Most Islington children who receive an order supervised by the YOS do not reoffend, and as stated previously, re-offending in first time entrants is reducing.

However, youth violence and gang related offences, principally violence, robbery and drug offences are increasing and re-offending and custody rates of Islington young people are much higher than national averages, which in part has resulted in a recent increased police presence in the borough.

The age of those supervised on YOS orders is getting older with 16 and 17 year olds being most prevalent. A small but significant number of children and young people, known to YOS, present a high risk to themselves and others, around 40 young people of the current caseload of 120, have complex needs, including mental health and learning disabilities. This includes children and young people involved in sexually harmful behaviour, sexual offences and violence. These children and young people require high quality approaches and programmes that are evidence based and effective. Those who work with these children and young people need to have a high level of expertise.

The YOS work must take into account both the needs and risks of a high risk child or young person. Identification, assessment planning and management should be tailored to the needs, age and stage of development of the individual child or young person. Work to address the needs and risk of this cohort of young people includes intervention programmes addressing public order, robbery and motoring offences, a knife crime prevention programme and family group conferencing/family networking. In addition there is life coaching for young women, and all young people have access to a free phone line to contact their families or case managers. There are also risk management panels, alternatives to custody, transition work including resettlement and support into probation which are crucial in preventing young people remaining in the criminal justice system. There is also a probation worker and close integration with the Gangs Team.

National findings show that a significant proportion of those being released from custody are likely to reoffend. Islington currently has high numbers of young people in custody and it is therefore important that new interventions are developed to reduce the likelihood of re-offending on release. Work is being carried out with the North London Resettlement consortium to develop new methods of intervention to reduce re-offending in this cohort, such as anger replacement therapy, employment opportunities and good accommodation options for those that cannot return home.

The victims of crime by young people are most likely to be other young people. In addition, there is strong evidence that many young people who commit crimes have, before they became offenders, been victims themselves. This includes the children who come to the attention of services and some brought into the criminal justice system, on welfare grounds, as victims of neglect and abuse, many as a result of domestic violence or parental substance misuse. Strengthening the response to young victims is therefore imperative, to prevent offending and other negative outcomes. There is a close link with schools to combat bullying and problem behaviour.

The Committee considered witness evidence in relation to the most recent report on the Youth Offending Service, which highlighted a number of deficiencies. This is the third unsatisfactory report on the service in the past few years and gave the Committee a great deal of concern and we received evidence from the Executive Member Children and Families in this regard.

The Committee noted that the poor inspection report had highlighted that the lack of co-location with the Police had been a problem and the lack of access of the service to Police records is also an issue and that work is being carried out to address this.

The Committee were informed that new management had been introduced and better training for staff introduced, particularly in the area of case management. The Committee were of the view that given the fact that there had been a significant turnover of staff and that morale in the team must be low it is imperative that training and support be given to staff, as this is a service where staff deal with some of the most difficult young people in the borough and can be often stressful.

The Committee also were of the view that schools, in particular, could play a part in school assemblies by highlighting the dangers of gang affiliation, child sexual exploitation etc. and that this should be encouraged. There is also the need to effectively engage with parents about these dangers and the risks to their children of offending behaviour.

In addition, the Committee were of the view that L.B.Camden had a good YOS and that it would be useful to share information with them and other high performing boroughs about the types of interventions used that had proven successful.

The Committee noted that if a child is excluded from school there is now in place a full family referral which will flag up concerns and enable early interventions to be put in place to hopefully reduce future offending. In addition we noted that whilst the numbers coming into the YOS is slightly reducing the complexity of the needs of the young people was increasing.

**Visit to Integrated Gangs Team (IGT)**

The Committee also considered evidence from Acting Superintendent, Islington Police, Ian Howells, Jennie Walsh, Forensic Psychologist in the Gangs Team and Theresa Ikoko, Gangs Team Transition service worker. Since January 2016 the 18-24 Gang Team workers have become part of the Integrated Gangs Team.

The Gangs Team engage with those at risk of offending and also offenders and looked at a series of issues such as housing, employment and mental health and tried to remove these barriers. A number of individuals had been in Pupil Referral Units or alternative provision, and lacked social skills. In addition, some had been involved in criminality through family relationships or violence. The Gangs Team also engage with partners to share information and is now focusing on outcomes.

There is mental health expertise in the team, with a clinical psychologist being a member of the team, which focuses on young people with multiple risk factors and at the time the Committee received evidence that over 35 young people had been seen by the psychologist based in the team. Young adults are actively engaging with the mental health service, who otherwise would not meet the threshold for adult mental health services.

There are a number of difficulties faced by young people in turning their backs on crime, and housing is often identified as a major issue. It is often difficult to persuade these young people to have aspirations and enter training, college etc. as they could be at risk of losing benefit or their accommodation. There were increased pressures on young people to achieve and some turned to criminality and for some young people there was a sense of inclusion in being in a gang and being part of a group.

The Committee also visited the Integrated Gangs Team that are located at the Tolpuddle Street Police station. It was stated that the Police were committed to their involvement in the team and it is recognised that they needed to be in a partnership to not only operate an enforcement strategy, where necessary, but to support early intervention. There are also safer schools officers in secondary schools and there is a need to get key messages across to young people and the community of the dangers of gang involvement. The advantage of the Integrated Gangs Team is that all agencies are co-located and can share information.

The Gangs Team will not only look at the individual but also at family and known associates and the use of criminal behaviour orders that can limit the ability of an individual to enter into a particular locality however some gangs members often breached these orders.

The Committee noted that it is felt, despite representations from the Police, that the sentencing of the Magistrates Court is often inconsistent and in one instance a repeat mobile phone snatcher had committed over 50 offences before being given a custodial sentence. The Committee had concerns over sentencing policy and have made a recommendation in this regard.

The numbers involved in gangs is fluid and youth crime and gang membership were not always the same thing. The Gangs matrix consisted of around 165 individuals but separate to these many be other individuals involved in mobile phone theft who did not figure in the matrix and also others known to the Youth Offending service.

The Committee heard evidence from Abianda, which is a social enterprise project that worked with the Gangs Team and young women, affected by gangs, sexual violence and exploitation and is a 1:1 service to facilitate young women to make changes in their lives. The Star Project targets 18-24 year old young women and did not just look at sexual exploitation but also family relationships. The project assisted 20 young women a year and had developed a good model of practice and evaluations carried out had found that young women who had not previously engaged with services were now being engaged and to build up a trusting relationship.

There is a huge benefit in having a clinical psychologist in the Integrated Gangs Team and she carried out mental health assessments on the young people and assessed their needs. Often even if these young people did not have severe mental health issues, they did have anger or behavioural issues and they would be clinically assessed, needs identified and actions put in place with other services to assist.

Victim focused work also takes place within the IGT and work is also carried out with schools and the schools Police officers.

The Gangs Analyst informed us that she is also working with the rest of the Team to identify those at risk of child sexual exploitation and that in addition work is also taking place to look at the profile of young people who are involved in County Lines and how children who go missing are involved in this. Work is also taking place to look at data that could be used by agencies to get a more accurate picture across the board as to how social media feeds into the gang culture.

In addition, regular briefing meetings are scheduled for the Team to look at data and recent events that have occurred to analyse the best way of responding and assess any gaps in information.

The view was expressed that it would be useful to make an assessment of what works well in the voluntary sector in terms of strategies that could inform the additional £500,000 allocated by the Council to fund gang prevention work.

**Mental Health provision**

A key focus has also been on bridging the gaps in mental health provision for low level ASB cases, where individuals do not meet the need for intervention, or refuse to engage with support services. A clinical psychologist has been appointed, through Community Safety, to provide guidance and support to housing and police practitioners in dealing with vulnerable victims and perpetrators with mental health needs. This includes assertive outreach to encourage people to engage, including signposting people to the most appropriate support services.

As stated elsewhere in the report the Integrated Gangs Team now has a clinical psychologist to work with young people although the Committee are of the view that there needed to be better arrangements in place in relation to the transition from adolescent to adult mental health services.

**Visit to New River College**

The Committee visited New River College which is the Council's Pupil Referral Unit that works with excluded children, families and schools across Islington, including with children at primary level.

The Lough Road site is the main site, but there are small satellite sites across the borough and the medical PRU caters for children who have medical or mental health difficulties.

When we visited there were 121 children on the school roll, however this is above the number that there should be. These children came from all sorts of backgrounds and have highly individual needs. Some of the children excluded had been permanently excluded from Islington schools and some from neighbouring boroughs such as Camden and Hackney, but whose families resided in Islington. In addition there are pupils nominally on the school roll who were attending alternative provision.

The Committee were informed that about 50% of primary school pupils at the College are re-integrated into mainstream school and often health and safety care plans are put in place as part of the re-integration. The College had in the past year achieved its best ever academic results.

Reception class children were being referred to the PRU and some of these exhibited extremely challenging behaviour and family circumstances and we were pleased to note that the PRU are working with primary schools to re-integrate these young children into mainstream education.

The PRU had received a good OFSTED inspection and the College had also received additional funding, reviewed on a yearly basis, to have workers from the IFIT team, which is an early help service and assists vulnerable young people.

The College has a dedicated Safer Schools officer and this is working well with the current officer and this officer also assists the school with gang culture and has delivered talks about gangs and the College holds coffee mornings to foster relationships with parents and these were well attended.

Spot checks are carried out in the College to check that pupils are not carrying weapons and this helped to reinforce amongst some students that staff were ensuring that the College is a safe place to be. In the last four years there had been three occasions where knives had been found at the PRU. It is planned to give a future talk to pupils by the Police armed response unit on the dangers of gangs, guns and knives and how the Police respond to this.

The profile of the College, in terms of gender has changed, and now one fifth of the pupils at the PRU were girls. Some of these pupils are very challenging and having a CAMHS worker available had proven very beneficial. However at present there is only one girl in the Primary PRU. The issue of girls in gangs is something that the College is trying to address.

The Committee were informed that some schools in the borough tended to exclude more than others. Some pupils were on alternative provision, which meant that they spent time at organisations such as Spark Plug, but there is weekly contact.

In general pupils on alternative provision tended to be less successful at GCSE, than others attending the College full time and alternative provision is usually used for more specialist 1:1, however if alternative provision placements break down, the pupils usually came back to the College. Attendance at the College can be difficult to manage and the College had a member of staff who worked across all the sites, to maximise attendance and some additional MOPAC funding assisted in this. We noted that currently there were 12 pupils at the College on youth offending orders, which was much less than previously had been the case.

The Committee noted and were concerned that children excluded from school and placed in alternative provision often did not attend the alternative provision for a full days education and that this left them on the streets and potentially to get involved in criminal activity.
The Committee felt that this is an area where more work could be carried out with schools. This would enable individuals and families to be targeted and preventative strategies put in place for those considered at risk of offending.

The Committee noted that the Children's Services Scrutiny Committee were currently carrying out a scrutiny review on alternative provision and the Committee welcomed this and felt that every attempt should be made to identify children at risk of offending at an early stage, especially at primary level, to prevent permanent exclusion from school and the young person and families given the necessary support. The Families First service, which is an early intervention scheme, could assist in this and every school now has a Families First representative. There is also the IFIT service, which works with adolescents, who have more intense difficulties, and also their parents, and while a very valuable service the Committee concurred that there is a need for the focus to directed to early intervention strategies in future to support behavioural change.

The Committee noted that there is a target of 50% in the Youth Crime strategy to prevent permanent exclusions and that the College should work closely with schools and the Local Authority in this regard.

**Visit to New Horizons Centre**

The Committee also visited the New Horizons Centre in Camden, which is a Centre that aims to enable young people to gain skills and knowledge to improve their life chances and help them move from adolescence to adulthood. It is the only day centre in Central London responding to the needs of homeless, vulnerable and disadvantaged young people aged 16 -25.

The Centre have recently secured new funding from the Big Lottery to work with 250 high risk youth offenders, many of whom are gang affiliated, who will be referred from Prison, Probation, Camden and the Youth Offending services. However, New Horizons have strong working links with Islington Youth Offending service and the 18-24 Gangs Team .

The Committee were informed that the Centre is open during the week and at weekends and the majority of the young people who attended were homeless and, that because of the high level of shortage of accommodation across London, it is becoming increasingly difficult to find accommodation for them. This is likely to become even more difficult when the benefit changes imposed by Government are introduced for 18-21 year olds. Counselling is available at the Centre 2 days per week, and there is an advice service, a laundry and a nurse on site to give health advice.

There is also an accelerated service to assist NEET's and young people often needed 1:1 assistance with accessing employment.

There were 38 full and part time staff employed at the Centre and there is also a volunteer programme in place, and work carried out by young people who volunteer is evidenced to their College. There is a 75% success rate in getting volunteer workers into employment and a number of staff in the Centre came through the volunteer programme.

The Committee were informed that for the past 3 years the Centre had dealt with young people referred from the Youth Offending service and were currently dealing with offenders from Islington gangs and young people who self- referred.

We heard evidence that some young people who wished to move away from gangs needed to be relocated, as it was not safe for them to remain in their area, and there is a problem with many of these young people suffering from mental health problems. The Committee are recommending that the Council review housing policies in regard to young people/families at risk of gang violence.

The view was expressed that there was a need to take a long term approach with regard to combating knife crime and there were a number of challenges, such as the cross border nature of gangs, and the large sums of money involved in drug dealing and this is an ever changing picture. One of the attractions of gang membership is the fact that many young people could not earn the money elsewhere that they did through drugs and this made it difficult to persuade some young people to stop.

The Committee were informed that a MOPAC strategy is being developed, which would adopt a more Pan London strategy, and that a more holistic approach could be taken to support young people where appropriate, or the appropriate enforcement action taken. There is also felt to be the need to take a more co-ordinated approach across boroughs to target young people, to enable them to access employment opportunities. The Committee are recommending that more apprenticeship opportunities should be made available for young people under the Youth Offending service.

The Committee also noted that New Horizons dealt with some of the gang members in the Easy Cash gang that operated in EC1 and where there were gang members in a London prison they

were visited every 2 weeks and if at an outside London prison, every four weeks. Discussion also took place with gang members on alternative lifestyles and if necessary, work is carried out to try to find them accommodation outside of their area, if there was a gang association and if it is felt that it is unsafe for that person to return to his/her home area.

The Committee noted the view that there also needed to be diversionary opportunities put in place such as affordable youth provision and leisure facilities etc. to enable young people to access these and avoid drifting into criminality.

**Margate Task Force**

The Committee received witness evidence from two members of the Margate Task Force.

The Task Force is a multi-award winning, co-located integrated services team based at Thanet District Council in Kent. The team comprises of 30 staff from 14 statutory and voluntary organisations, delivering street-level social justice and safeguarding to the most deprived wards in Kent. The Margate Task Force aims to identify the most complex social issues and deliver a joint level service to respond to risk and vulnerabilities and has a specific focus on safeguarding children and young people at risk from gangs.

The main challenges for the Task Force were gangs operating County Lines (drug dealing by London Gangs into Margate) and sexual exploitation and has been operating for 4 years and consists of a variety of agencies including Police, Fire, Mental Health, housing, troubled families etc. and focused on delivering criminal justice, social justice and safeguarding. There is an understanding amongst the agencies involved that they need to operate in an integrated manner and work tended to concentrate on the two most deprived wards in Margate.

Most crimes committed are drug related and the integration of services had demonstrated the usefulness of sharing information and shown that over a third of crime emanated from just two wards, which had enabled resources to be concentrated in these particular areas. There were high numbers of vulnerable people in these wards and looked after children were going missing on a regular basis and there are high levels of child sexual exploitation. There are 46 nationalities represented in these particular wards.

The Task Force carry out street surveys to try to identify problems and vulnerable people and social issues present to be able to better respond to the risks to these vulnerable young people and to try to provide solutions.

Members were informed that there were 12 currently operating in Margate and gangs were coming down from London, in addition to local gangs, and these gangs were of varying ethnicity. There are a number of tactics used by the gangs to draw people into drug use and trafficking and sexual exploitation. The gangs targeted vulnerable people and gang members dealing drugs are rotated to avoid detection.

Young people as young as 9/10 years old are being used to courier drugs and even children from middle class families are now being targeted. Young people joined gangs for a variety of reasons, such as a sense of importance, social status, feeling part of a family, money etc. The large amounts of money that young people can make from being involved in the drug trade is a major deterrent in them leaving gang involvement, but the Task Force always ‘left the door open’ for them to seek assistance.

The Task Force were also involved in Family Support Panel meetings, where families and young people were able to express their feelings and concerns, and the Panel sought to agree a way

forward. The age profile of the gangs is getting younger and the numbers of children going missing is increasing. There had also been an increase in the number of unaccompanied asylum seeking children who had gone missing in Margate the previous year.

Members were informed that gangs organised street parties and lured young people, via social media, with promises of free drugs and alcohol, but then they made them become ‘runners’ in order to pay off their debts. The Task Force worked with schools and the PRU and health services to share information, which enabled a more comprehensive picture and a postcode joint agency approach and analysis.

The Task Force is also working on prevention and in dealing with young people who wish to exit gang involvement and schemes, such as the Duke of Edinburgh award scheme, are being used to enable young people to be able to put positive things on CV’s.

It was noted however that there were difficulties in showing the cost benefits of the Task Force when it was first established, and there is a need for all agencies involved give a lead and commit resources and work in a collaborative manner to show the benefits of joint working. One of the problems that had been identified,is that youth workers who did a lot of engagement with young people, worked at nights and at weekends, whereas other Task Force members tended to work 9-5 and generally not at weekends. It was felt that this is an area that the Task Force needed to give consideration to in the future.

The Committee heard evidence that there is good youth provision in Margate and that this provision tended to adapt to the ever changing demands of young people. There were youth workers at centres to ensure that young people who may attend did not involve other young people in criminality and that those young people attending are kept safe.

The Task Force also carry out community work and engages in ‘door knocking’ exercises, where the Public are informed of the work taking place and the improvements being made and it is felt that the Task Force is having an impact.

The Task Force carried out work with schools in order to identify if there had been behaviour change, as this could be an early sign of gang affiliation or involvement. There were now instances of 12/13 year olds carrying knives and it is crucial to get CAMHS involvement in a number of these cases, due to the mental health concerns about some of the young persons.

The Committee were informed that Margate is also suffering, because of the benefit changes and the shortage of social housing, which is forcing many vulnerable and complex families to be moved out of London to areas where accommodation is cheaper. There is therefore a need to work with London Boroughs and across County Lines, in particular, to share information and carry out more cross border work. However joint working is sometimes difficult, due to the fact that Local Authorities had different ways of operating.

It was noted that a number of the referrals were received as a result of the street visits and also from schools, and it is easier and more advantageous to intervene, at an early stage, rather than when criminality and gang membership had become too entrenched

**Resident Impact Implications**

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 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 resident impact assessment has been completed, which suggests that the youth crime strategy should have positive impacts on all relevant protected characteristics by ensuring the issues below are taken into account.

**Age**

The scrutiny relates specifically to young people, this is pertinent because of the specific issues relating to the prevalence of young people in the criminal justice system. For instance under 25 year olds currently make up the most arrested group in the borough and are also the majority of victims of youth crime. This means that the scrutiny will have a positive effect on young people.

**Disability**

Young people who are victims of crime are disproportionately affected by mental health and young people with learning disabilities are over represented nationally within the criminal justice system. The scrutiny heard from two Psychologist Forensic and Clinical and psychiatric and psychological support is offered within the Integrated Gangs Team and CAMHS in the Youth Offending service and there are recommendations on sustaining this important work, as part of the strategy.

**Sexuality and Gender reassignment**

There are no known differences or effects of trans-gender or gender reassigned people as a result of the youth crime scrutiny. It is to be noted that issues relating to hate crimes are picked up with the Council equality objectives and should issues become pertinent to youth crime they will be picked up in the Youth Crime strategy. This also holds true for the lesbian, gay and bisexual community.

**Race**

Black young people are overrepresented in the criminal justice system in Islington. They are also overrepresented in the figures for No Further Action meaning that they are likely to be identified as suspects in crimes, but less likely to have any follow up following an arrest. The Council has worked in partnership with the Police, to reduce the over representation of black young men in stop and search. If the overall disproportionality within the criminal justice system is to be reduced then the Council and partners will need to take specific steps to address this when implementing the strategy. If the strategy is successful then it should increase the chanves that young people of all racial backgrounds will have a better chance of leading rich and fulfilling lives, not marred by the ‘revolving door’ of the criminal justice system.

**Gender**

Males are over represented in the criminal justice system.. Historically, females offend less often than males and those that do offend start later, stop sooner, and commit less serious offences

than their male counterparts. (Home Office, 2014). In recent years however, that trend seems to be changing as female roles in youth crime have become more understood. The 2011 report of the Children's Commissioner highlights the role of girls and young women in gangs – the hiding and transportation of drugs and weapons and as victims of sexual exploitation by gang members, including their 'boyfriends'. The Committee heard about the work of Abianda within young women in the Integrated Gangs Team and agreed that there should be more effective and targeted working with both boys and girls, which should address the specific issues faced by females.

**Socio Economic status**

Socio- economic status is not a protected characteristic under the Equality Act , but the Council takes the view that it is important that we try to minimise the disadvantage faced by poor and working class people, as exemplified by the Fairness Commission. It is the case that low socio-economic status persons are more likely to be negatively affected by crime, both as young men and perpetrators. This is due to a number of factors – the type and geographical location of their housing, the capacity of their parents, to provide material support, the nature of their education – state school or private school: the capacity of their parents to provide material support, the age at which their formal education terminates, the nature of qualifications (if any), they receive on completion of their education, their age at entry to the labour market and the nature of their employment (if any) and the type of leisure activities that they pursue. The scrutiny is likely to have a positive impact on people with low socio-economic status.

**Safeguarding**

The Council's safeguarding responsibilities take into account young people as victims and the Council works collaboratively with partners to identify and respond to the many risks faced by young people. The Council are concerned about the impact of domestic and other forms of violence and of young people falling vulnerable to cybercime, internet or other forms of radicalisation or sexual exploitation. The Council and partners already have robust processes in place for safeguarding vulnerable children. The Youth Crime strategy should strengthen safeguarding arrangements for older young people.

**Human Rights**

In implementing the enhanced enforcement proposed in the strategy the Council will need to have due regard to human rights and seek legal advice, as appropriate.

**CONCLUSIONS**

The Committee were of the view given the recent incidents in the borough that the recommendations in the report should be adopted.

The level of criminality, especially with regard to knife crime and mobile phone snatch theft is too high and measures need to be taken in order to reduce this and to ensure that early intervention strategies are put in place to discourage future generations of young people becoming involved in criminality.

The current generation of young people that are involved in criminality and on the edge of criminality have to be subject to enforcement action, where necessary and to be offered support and diversionary opportunities, where appropriate.

The Committee heard a great deal of evidence in relation to the scrutiny and are of the view that the measures put in place by the Council have established a base on which to go forward in the future and reduce levels of criminal behaviour. This has to be done by both enforcement measures and early intervention strategies.

The Integrated Gangs Team model introduction and the additional monies allocated by the Council should assist in this and it is hoped our recommendations will contribute further to the work currently taking place.

**MEMBERSHIP OF THE POLICY AND PERFORMANCE SCRUTINY COMMITTEE – 205/16**

**COUNCILLORS 2015/16**

**Troy Gallagher – Chair**
**Una O'Halloran – Vice Chair**
**Jenny Kay**
**Martin Klute**
**Michael O'Sullivan**
**Raphael Andrews**
**Jilani Chowdhury**
**Rakhia Ismail**
**James Court**
**Caroline Russell**
**Clare Jeapes**
**Kaya Comer-Schwartz**
**Gary Doolan**

**Substitutes:**
**Alice Perry**
**Nick Wayne**
**Flora Williamson**
**Mouna Hamitouche M.B.E.**
**Theresa Debono**
**Alex Diner**
**Alice Donovan**
**Satnam Gill**
**Nurullah Turan**
**Robert Khan**
**Paul Smith**

*Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.*

*Officer Support:*
*Peter Moore – Democratic Services*
*Lead officer/s- Catherine Briody, Victim and Offenders Service Manager*

**APPENDIX A – SCRUTINY INTITIATION DOCUMENT**

| **SCRUTINY REVIEW INITIATION DOCUMENT (SID)** |
|---|
| Review: Youth crime – youth violence, mobile phone theft, and crime hotspots |
| Scrutiny Review Committee: Policy and Performance Review Committee |
| Assistant Director leading the Review: Alva Bailey |
| Lead Officers: Catherine Briody |
| Overall aims:<br>• To better understand the issues and causes of knife crime and what we can do to reduce knife crime in the borough.<br>• In parallel with the above, to review and improve what the Council and its partners can do to reduce mobile phone theft by thieves on bikes within the borough. |
| Objectives of the review:<br>o A review of Islington's current performance on moped/mobile phone theft, bench marked with other areas with a focus on knife crime, moped theft and mobile phone theft and mapping of main crime hotspots<br>o Review current approach by comparing and contrasting the work of Islington with other areas and identifying best practice<br>o Consider the borough's approach to youth crime as set out in the new Youth Crime Strategy and the actions required to achieve the necessary improvements.<br>• To review and compare how the council is working with and providing support to families to prevent crime among children and young people and the effectiveness of such work.<br>• To review the use of the full range of enforcement available to the partnership to encourage positive changes in behaviour as well as holding offenders to account.<br>• To review the role of schools/young people in tackling knife crime and how they can contribute towards shaping solutions.<br>• To review policing around knife crime and knife possession including the use of NFAs and impact of stop and search tactics.<br>• To review policing of moped enabled crime.<br>• To consider how we use the intelligence on crime hotspots to reduce theft in those areas and how local communities can assist with solutions.<br>• To consider the role of the council in addressing the sale of stolen goods including mobile phones and bikes etc.<br>• To increase the relationship with the key statutory partners in delivering a more robust collaborative approach to youth crime: YOS, police, National Probation Service, Community Rehabilitation Company, courts, secure estate<br>• To consider the impact of mental health on knife crime and review the work around health in the YOS and 18 – 24 team (Forensic Psychologist)<br>• To look at communication between neighbourhood police and the community, and how to improve public confidence |

- To explore the links between mobile phone theft and drug dealing and how we can use tenancy law and other civil powers to address these
- To explore the role that local businesses can play in reducing thefts.
- To explore new methods of community engagement, and a young people friendly approach including using social media, virtual panels and other modern technology to tackle youth crime.

**How is the review to be carried out:**

This review is undertaken at a time when the borough has experienced a disturbing rise in youth crime, especially violence, which has caused widespread anxiety to residents, particularly families with children. The council is committed to stopping this rise in crime as a matter of urgency, and recognises that we all need to do more if we are to achieve the improvements required to turn the tide and prevent further harm to young people and community. This review will therefore be undertaken over a relatively short period so that the findings can inform improvements to the council's approach and the delivery of the new Youth Crime Strategy.

The review will look at various aspects of the council's work with young people and their families to prevent crime and keep young people safe, including the extent to which the community believe the council is tackling the issues that concern them most. It will examine opportunities to improve the effectiveness of the council's approach in delivering services to prevent and engage/divert young people at risk of being involved in crime, and the use of enforcement powers where young people continue to offend.

The review will involve a deep dive on to the causes and impact of knife crime and will include a focus on mobile phone theft and crime hotspot areas.

It will explore the extent and nature of youth crime and anti-social behaviour in Islington and the impact of current services and initiatives and consider good practice from other areas that can be replicated in Islington. It will explore with young people their experience and perception of youth crime and views on the police, and their thoughts on how we can reduce crime and improve the safety of young people.

It will specifically consider the proposed model for the new Integrated Gangs Unit in Islington which will involve a collaborative approach and in some cases co-location of council staff (YOS, 18 – 24 team), police, probation and JCP etc.

**Scope of the Review:**

Types of evidence will be assessed by the review:

1. Documentary submissions:
    - Crime statistics
    - Young people as victims
    - Strategic Assessment
    - Islington Youth Crime Strategy
    - London Mayors Gang Strategy

2. It is proposed that witness evidence be taken from:

    - Metropolitan Police (Gangs / IOM / YOS teams)
    - MET Police Borough Commander?
    - Community Safety Partnerships Unit
    - Anti-social Behaviour Team, including MAGPI officers
    - Youth Offending Service
    - Children's Services Safeguarding
    - Legal Department
    - Public Protection
    - Local residents
    - Local businesses
    - Safer Neighbourhood Panel chairs and members
    - Victim's families
    - Youth workers and young people
    - Ex-offenders/ ex-gang members
    - Ward Panel members
    - Voluntary and community sector representatives
    - Islington Community Safety Board
    - Mayor's Office for Policing and Crime
    - Probation: NPS/CRC
    - Victim Support
    - Knife Crime charity
    - Rep from Secure estate (Pentonville?)
    - Two local MPs

3. Visits
    - LB Lambeth
    - Schools and head teachers
    - Some scrutiny sessions to be held in community settings

Additional Information:

**Appendix 1**

**Knife Crime, mobile phone thefts and crime hotspots' scrutiny review**

**Progress update on each of the recommendations**

**Recommendation 1: That, given the concerns expressed about sentencing, a briefing meeting be held with the Clerks at Highbury Magistrates Court, with the aim of informing them of the 'local picture', in respect of gang and youth violence and the community impact it is having and to support more appropriate sentencing for these types of offences.**

The YOS court lead regularly attends the court user group meetings at Highbury Magistrates Court and the court receives regular updates and information on the local picture on crime in the borough. The Chief Magistrate sits on the Youth Justice Services Management Board and therefore has very good knowledge of youth crime issues in the borough and the partnership's response. An area for development going forward will be to explore the use of knife crime impact statements between the police and council to identify the risks and violence.

**Recommendation 2: That Integrated Gangs Team, together with the Police, set up an awareness raising programme for frontline practitioners working with young people in Islington, to increase understanding of the issues and the services available, with regard to gangs, violence and vulnerability of young people**

Since October 2016, the Gang Coordinator who is the Social Worker in the IGT has delivered borough wide training to 329 practitioners in Safeguarding Young People in Relation to Gang Activity & Serious Youth Violence. The training was co-delivered with police and IGT partnership colleagues including St Giles. Objectives that are covered in the training;

- Understanding the mind-set of a gang member.
- Key indicators & signs of a YP involved in gangs.
- Key interventions and strategies when working with gang affected YP.
- A clear understanding of Islington procedures for YP affected by gangs and serious youth violence.

The training has been successful in raising staff awareness on the protocols and procedures around safeguarding children affected by gang activity/violence and there has been a significant increase in the number of Strategy (safeguarding) Meetings being requested in relation to gang concerns. Feedback from the training:

**''This training has given me the confidence and resources to (address issues with adolescents)".**

This training has now been incorporated in to the Islington Safeguarding Children Board training offer and will be delivered more frequently in the coming year.

**Recommendation 3: That in view of the fact that there are significant intelligence gaps in the drugs market locally and nationally through County Lines –**

**i. The Child Exploitation (CSE) and Gangs Analyst develop a problem profile on County Lines from Islington, drawing on intelligence from statutory and voluntary sector organisations, to inform the co-ordinated response to gangs and organised crime groups controlling the drugs market**

**ii. Whilst the Trident matrix can be an effective tool in identifying the cohort of gang members causing, or at risk of causing significant harm, it does not cater for the significant number of young people on the periphery of gangs. It is therefore recommended that the use of the ISCB Gangs Safeguarding protocol is encouraged to support agencies in identifying, referring and engaging this vulnerable cohort of young people in targeted gang prevention work, to prevent their rise to full gang status**

The CSE and Gangs Analyst has completed a problem profile on County Lines that provided both individual analysis of young people involved/suspected to be involved and wider analysis of the extent of county lines in Islington. This was taken to MOPAC and circulated to the relevant professionals, and is informing the borough's approach to county lines. It has identified previously unknown young people and trends in relation to county lines and safeguarding in our borough. The information from the problem profile will also inform the funding application for the MOPAC London Crime Prevention Fund top slice for a cross London project around County Lines. The CSE and Gangs Analyst recently contributed data and information for the recent training provided to British Transport Police on County Lines, attended by 50 BTP Officers.

The multi-agency Gangs Safeguarding Protocol and Practice Guidance has been widely promoted and is supporting practitioners in understanding the 3 risk level categories and in how to take appropriate action when risk is identified. The protocol is included in the gangs training (see recommendation 2) and its use has led to a significant increase in strategy meetings, and the earlier identification of children and young people due to gang risk.

**Recommendation 4: That, as a large number of mobile phone thefts take place at busy transport hubs and at shopping centres, MAGPI officers should develop a communication strategy to alert the public to the risks of using their phone in hotspot areas, and that local businesses be encouraged to contribute to funding this**

The MAGPI team has worked with the council communications team on the mobile phone theft campaign and developed leaflets that have been widely disseminated across the borough. In addition, the police have tried some innovative approaches including using messages on pavements to alert members of the public to be more careful with their phones. However, this is an area that requires a lot more work and partnership focus as mobile phone theft has continued to rise, and the phenomenon is now widespread across London. We have recently been working with council communications team to update our messaging for this summer and have involved the youth council in reviewing our communications around knife crime and mobile phone theft in particular.

**Recommendation 5: That the CSE and Gangs Analyst develop a problem profile on child sexual exploitation issues in Islington to increase knowledge of offenders and victims and to enhance the safeguarding of vulnerable young people at risk**

The CSE and Gang Analyst post holder works closely with Childrens Services and Police colleagues to provide analytical products that assist in mapping intelligence on CSE and gangs and youth violence in Islington. This involves providing information to Islington's Multi Agency Sexual Exploitation meeting, IGT and the

Bronze Gangs Tasking Group as well as to relevant strategic partners. The aim of the post is to increase identification and intelligence on victims and perpetrators of CSE and of young people at risk of involvement in gangs and group offending. In the past year her work has assisted with the identification of a CSE perpetrator with links to county lines, as well as helping to build a much better picture of a young person that was missing.

**Recommendation 6: That the creation of the Integrated Gangs Team be supported and more cross border work take place by the Police and the Council with other neighbouring Police forces and local authorities to share information and co-ordinate activity, given that crime is not restricted to borough boundaries**

The Integrated Gang Team has been operational since January 2016 and fully co-located at the Police Station since May. The coordinated tasking is happening daily and collaborative work includes joint home visits to key gang nominals and their families, welfare checks to young people in the custody suite at Tolpuddle St, and targeted work with victims and young women. The IGT has worked with 97 Young People and Young Adults (up to 24 years old) since April 2016 - including 68 gang involved and on the MPS matrix, and 15 young victims and 14 gang affected young women. After the first year of operation we are beginning to see some positive signs of impact and the IGT has assisted 15 young people to access employment since April 2016, and 9 former gang matrix nominals who have successfully completed the IGT programme have not reoffended.

With regards to cross border working the IGT has developed improved links with all, neighbouring boroughs; Hackney, City of London, Camden and Haringey. Islington & Camden borough have now merged to form Central North area. This has improved information sharing with Camden as the Camden Police are working in the Islington IGT office. The team have also developed improved links with both the proactive & reactive OP Trident police and are in discussion with them regarding their attendance at the IGT tasking meetings.

Islington hosted a Home Office funded Review in March 2017 to explore County lines/CSE/Missing/Safeguarding issues. It was attended by Police and Local Authority Gang leads from surrounding London Boroughs, Op Trident, Essex, Norfolk and Kent Police/Local Authority leads.

**Recommendation 7: That whilst the Committee support the use of Stop and Search, this should only be used where appropriate and be proportionate. The Council should identify meaningful ways to involve young people in the process of holding Police to account on stop and search issues and to provide training for young people to help inform them of their rights and responsibilities**

The Islington Stop and Search Community Monitoring Group (ISSCMG) is a sub group of the Safer Neighbourhood Board and is the forum for discussing the police approach on stop and search in the borough. The ISSCMG with the support of the Youth Council have conducted a Youth survey on stop and search. 1000 responses have been received and a report due this June. The ISSCMG have expressed their request from more support with this group and with engaging with young people in the borough around stop and search.

**Recommendation 8: That the work carried out in relation to Early Intervention strategies, as part of the Youth Crime Strategy, be supported as this is a vital element in deterring future cohorts of young people becoming involved in criminality**

The council has invested a further £2million of funding to address serious youth violence over four years and this has added capacity into the teams and allowed practitioners to work alongside the community and voluntary sector who have developed expertise in approaches to support young people at risk. Interventions are targeted at those who are at risk of becoming involved in gang activity, a perpetrator or victim of youth violence. Investment is focused on those who would benefit from specialist interventions to enable them to leave gang activity and/or support to overcome trauma and risks associated with being victims of youth violence. The objective is to adopt a stronger early intervention approach to serious youth crime. The interventions, services, along with training and resources for practitioners focus on further embedding the Think Family approach to ensure the wider systemic issues (such as parental issues) are addressed alongside intensive direct work with the young people, addressing underlying causes of their behaviour.

Funding has been allocated to the following, as part of an integrated multi-agency approach to tackling youth crime, gang activity and violence. Services delivered to date include:

- mentoring delivered by Chance UK for an additional 10 targeted primary school children (to increase reach of current mentoring contract from 2016-2020) and Safer London for 25 young people 11 to 17 years
- one to one intensive support for 75 10-18 year olds plus group work, delivered by workers from St Giles Trust who utilise their experiences as a way of connecting with young people both on the fringes of and already entrenched in gang activity. They will be based in TYS, TYS/Integrate (a Camden and Islington Foundation Trust clinical led project that engages young people involved in gangs in EC1 area) and Integrated Gangs Team (IGT)

This early intervention approach is having a good impact in our borough and we have seen significant reduction in entrants to First Time Entrants to the Youth Justice System this is down 25% on the previous year far exceeding the corporate target. In addition, 80% of Young People who are triaged did not go on to receive a substantive youth outcome within one year

**Recommendation 9: That discussions take place with schools as to measures that can be taken to 'flag up' young people who are felt to be at risk or vulnerable to becoming involved in criminality, in order to ensure early intervention can take place. In addition, as it has been shown that many young people permanently excluded from school are at a higher risk of taking part in criminality, measures should be put in place to permanently exclude as few young people as possible**

The council in consultation with schools, police, IGT, YOS and Early Help have developed a new guidance for Islington schools on an effective and whole school approach to preventing and addressing youth violence. Further consultation with schools took place at a consultation event February 2017 that was attended by representatives from nine primary schools, seven secondary schools and six Safer Schools Officers. The guidance was circulated to all Islington schools in May 2017

and includes information about risk and protective factors, tell-tale signs and trauma informed approaches.

**Recommendation 10: That the work of the Police Safer Schools and other partners, e.g. the Ben Kinsella Trust be supported and extended to pupils in schools on crime prevention, knife crime and gangs and the CSE**

There is a very good offer to Islington Schools from well-established projects such as the Ben Kinsella Trust, Victim Support and our Safer Schools police. The council is using some of the additional £2million investment in youth violence prevention to fund St Giles Trust to deliver 30 SOS+ sessions to Islington schools per year. SOS is designed to provide young people with the empowerment and tools to stay safe, resist street pressures and make better life choices. The sessions are delivered by credible ex-offenders with real first-hand experience. Feedback on SOS from Samuel Rhodes School March 2017:

**''It's been completely on point. The pupils and staff were blown away by the workshop and information learnt via it and it alleviated all of their concerns. One class who had further questions asked if they could go into the workshop a second time in order to have all of their questions answered."**

Islington police launched the London Met's first School Engagement Programme in November 2015 and the Programme is offered to every primary and secondary school in Islington with the flexibility to tailor it to meet schools' individual needs. Topics include personal safety, dangers of crime and in particular sessions around gangs, knife crime and the concept of joint enterprise. To date over 160 sessions have taken place within Islington Schools with over 7200 pupils taking part. The Islington Junior Citizen Programme ran for two weeks in June and July 2016 and was attended by 1185 children and teachers from 25 Primary Schools across Islington attending. The event aims to teach children how to react safely to scenarios that have been designed and adapted to suit local problems and will be running again in summer 2017.

However take up has not been consistent across all our schools, despite considerable effort to promote the programme by the Safer Schools police. This is disappointing as it means that some Islington pupils are missing out on important messages on knife crime and keeping safe.

**Recommendation 11: That as the Committee heard evidence that many young people suffered from a lack of affordable sports facilities in their area, particularly the most vulnerable, it is of the view that discussions should take place with schools and the Council's Leisure provider, to investigate the possibility of the use of school and leisure facilities in the evenings and at weekends, this to include the provision of free/low cost options at Council Leisure facilities for young people. There should also be a review of the use of current Council community facilities for youth provision to ensure these are situated appropriately and are utilised in the most effective manner to meet current needs. In addition, as some young people are vulnerable to involvement in ASB and crime, Council provision and commissioned services should be encouraged to offer more evening and weekend facilities and that the hours of youth workers should be reviewed so that they are visible in crime hotspots at appropriate times**

Organisations like Arsenal in the Community and Access to Sport have a significant reach in Islington providing free and affordable sport activities across the borough including in areas impacted by youth crime. The YOS have an agreement with the Sobel centre to give free use of their facilities for young people subject to the most

rigorous monitoring in the community. Further discussion is required regarding the council leisure and community facilities and this will be taken forward through a key work stream in the Youth Crime plan which aims to co-locate more of our services in the community and extend the hours which our youth services work to include later in the evening and at weekends. We will be piloting an extended youth offer this summer to work later on Friday evenings and at weekends.

**Recommendation 12: That the Committee heard evidence of the good work that Chance UK and Safer Aspire carry out in the borough in mentoring and working with vulnerable young people. The Committee noted that an evaluation of this work is currently taking place to assess its effectiveness. This evaluation should be made available when it is completed. Furthermore we noted that there are various funding sources across London that may be able to assist in supporting children in sports activities etc. and these should be looked at and accessed, where possible in relation to mentoring related activities**

The Chance UK mentoring programme is undergoing a Randomised Control Trial **(RCT)** in order to determine the service's impact on children's behaviour and emotional wellbeing. The Social Research Unit (SRU) at Dartington is conducting the RCT, which is called the ECHO project (Evidence for Children's Outcomes). The Social Research Unit report on the trial will be available late in 2017.

In addition, we are evidencing the effectiveness of these services through our own monitoring processes:

In 2016 – 2017 **Chance UK** worked with 50 Islington children (43 boys, 7 girls).

By the end of the programme:

- 69% of ending SDQ's scored below 16 – indicating the children have no behavioural difficulty
- 63% of ending SDQ's also demonstrated an increase in pro-social behaviours

(All children are assessed using Goodman's Strengths & Difficulties Questionnaire (SDQ) the acceptance score is 16 and the average score of children taken onto programme is 29).

In 2016 – 17 the **Safer London Aspire** service matched 27 young people with mentors or intensive support. A snap shot of 7 young people who completed the programme showed a 93% Improvement in engagement with EET; goals and aspirations; engagement in positive activities and services, improved confidence and self-esteem and increased understanding of risks and consequences of gangs and offending.

**Recommendation 13: That, given the recent unsatisfactory report on the Youth Offending Service, we noted that measures are being put in place to address the concerns raised. However, more information sharing should take place with other boroughs with a good rating, in order to look at successful measures that can be replicated in Islington. We also recommend that given that the staff in the YOS team are probably suffering from low morale, that additional support and training should be given to them in undertaking often very stressful work**

The YOS has achieved significant improvement over the past year and has recently been taken off formal improvement processes by the Youth Justice Board. We have recently been successful in recruiting a new Head of YOS / TYS, Curtis Ashton, who brings extensive experience and skills. The YJB carried out an audit / mock inspection in January which showed that the quality of case management met or exceeded the required standard for HMIP Inspection. The staff team has stabilised and permanent staff recruitment and consequently there has been a positive improvement morale. The

YOS has in addition seen continued reductions in the rate of first time entrants to the youth justice system and a recent reduction in reoffending. However, despite the positive progress it is important to acknowledge that the Islington reoffending and youth custody rates remain very high and are among the highest in the UK.

**Recommendation 14: That as the Committee heard evidence of the high prevalence of mental health problems amongst young people involved in gangs and criminality, it is welcomed that there is a mental health worker situated in the Integrated Gangs Team. However we feel that more work needs to be carried out in establishing a more effective process to support young people when transferring from children to adult mental health services and investment, wherever possible, should be maintained and increased in mental health services**

The YOS now has a seconded Forensic Psychologist full time and a clinical Psychologist 2 days per week to work with young people identified as having emotional and mental health support needs. These roles can support transition to adult services where needed and can also hold on to cases of young adults to provide a gradual transition if appropriate. Both workers link into and share information with the IGT Psychologist where cases are transferring to the IGT service.

**Recommendation 15: That the Council's housing policies be reviewed in respect of emergency moves out of the borough for young people and their families at high risk of gang related harm, and increase the links with the Pan London Gangs service, which can provide support in moving gang members to other boroughs**

This area of work is still in development at the time of writing and the IGT Manager is in the process of writing new guidance on housing moves for young people at high risk of gang related harm. Housing remains one of the biggest challenges in our work with young people, especially in the current financial climate and the recent changes to housing legislation which are having a very negative impact on young people. Providing support around housing is a key area of work for the IGT and in 2016 – 17 the team assisted 4 young people in to permanent accommodation, 7 into temporary accommodation and 7 into supported accommodation. Furthermore, we have supported 5 families to move out of the Borough following a Gangs Strategy meeting, due to Police , Social Care and Housing all working together to safeguard the young person and their families from gang retribution/ activity.

**Recommendation 16: That consequent to the Crime Summit community event in April the following take place –**

**i. A meeting be organised with key stakeholders to discuss the outcome of the summit and proposals for the future way forward**

**ii. An action plan be developed for the 'community' strand of the Youth Crime strategy**

**iii. Support the Safer Neighbourhood Boards in delivery of actions and to identify ways of involving young people in their work**

The main issues from the Summit were captured and shared with the Safer Neighbourhood Board who continue to focus on youth crime issues by holding the police to account. The SNB has allocated the MOPAC community project funding to projects with a focus on youth crime this year. We have carried out extensive consultation with partners over the past year including 3 events in January and February to inform the youth crime plan. These events were attended by a wide range of statutory and voluntary organisations, local residents including parents and young people. In addition the SNB continues to have regular representation from the Youth Council at their meetings.

**Recommendation 17: That the IGT and YOS develop further relationships with New Horizons Centre, who have secured external funding from the lottery to work with young people at risk of gang involvement and increase the reach to Islington young people**

The YOS has seconded a youth employment worker from New Horizons who has been based with the YOS at Iseldon Rd since September 2016. He provides 1:1 support to young people who are NEET and mentoring into employment. He also links lots of our young people into New Horizons Youth Centre so they can benefit from the full range of facilities and services they offer. Shelagh O'Connor the Chief Executive Officer of New Horizons Youth Centre is a member of the Youth Justice Services Management Board and contributes to oversight and strategic direction of the YOS.

**Recommendation 18: That, as it has been shown that engagement in Education, Employment and Training is a key pathway out of offending, the Council should look to provide increased opportunities for young people, such as more use of apprenticeships for the Youth Offending service young people**

The council's youth employment team work closely with the Youth Offending Service. In the past year there has been:

- one traineeship that started last year and ran into this year with 5 YOS YP
- one traineeship that started this year and is still running with one YOS YP
- 3 YOS on Artichoke work placement scheme this summer and all 3 went onto level 1 courses at Kings Cross Construction
- Apprenticeships – (awaiting numbers)

The employment team have promoted the Aspire (3 employer events for NEET young people with vacancies) heavily to YOS staff and young people.

This page is intentionally left blank

ISLINGTON

**Children's Services**
**222 Upper Street, London N1 1XR**

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

| Meeting of | Date | Ward(s) |
|---|---|---|
| Children Services Scrutiny Committee | 30 October 2017 | All |

| Delete as appropriate | ~~Exempt~~ | Non-exempt |
|---|---|---|

# SUBJECT: Children's Services Performance 2017/18: Quarter 1 Update

## 1. Synopsis

1.1 This Quarter 1 performance report provides an update on progress against Key Performance Indicators (KPIs) across Children's Services.

1.2 A Data Dashboard, showing performance against the KPIs, is included in a separate attachment. This report should be read alongside the dashboard for a full, rounded understanding of performance in each area.

1.3 Only those KPIs where new data is available at the time of writing are discussed in this report, to avoid repetition from previous performance updates.

1.4 Corporate Indicators, including Equalities Indicators are highlighted.

## 2. Recommendations

2.1 To consider Children's Services performance in Quarter 1 2017/18;

2.2 To note the following changes to Children's Services KPIs:

- Attainment 8 and Progress 8 have replaced the previous GCSE headline measure of the percentage of pupils achieving 5 or more A*-C GCSEs including English and Maths. Due to the significant changes in the English and Maths GCSEs in 2017, the 2017 results are not directly comparable with the results in previous years.
- In line with national changes, the measure of young people Not in Education Employment or Training (NEET) used by the Department for Education (DfE) has been amended to focus on 16 and 17 year olds only, and now includes both young people who are NEET and whose status is not known. Also, the annual figure is now based on the December to February average, whereas previously the annual

figure was based on the average proportion of NEETs between November and January.

- The Corporate Indicator on the number of children missing from care each month has been replaced by a measure looking at the number of children who go missing from care for more than 24 hours each month.

# Children's Services Plan 2016/19 - Aim 1: Through strong universal services, children, young people and adults are enabled to achieve good education and employability outcomes

### 1.1 – Corporate Indicator – Percentage of families with under-5s registered at a Children's Centre – indicator under review

In 2016/17, 90% of families with children aged under 5 were registered with an Islington children's centre. Once families are registered, they receive regular general information about services available at their local children's centre and can received targeted information about key entitlements, such as their eligibility for a funded two year old place. Although 90% is lower than the 95% reported in 2015/16, improvements made to the Islington Insights data warehouse used to calculate the proportion of children reached mean that we have better data on those families not registered with children's centres, which informs ongoing outreach work.

12,101 Islington children aged under 5 were reached by a children's centre in 2016/17, which is in line with the number in 2015/16. However, we now know details of 13,259 Islington children aged under 5, which is an increase on 2015/16 and more in line with the GLA Population estimates for 2017.

Reach for some of our target groups shows that 89% of families living in social housing and 95% of Black and Minority Ethnic families were reached by our children's centres in 2016/17.

While reach of 90% sounds very positive with nearly 10,000 families with children under five registered, the 10% not registered equate to 1050 families, a substantial number. Monitoring overall reach allows us to compare the effectiveness of children's centre services in reaching target groups. Over half of the total number of families with children under 5 not reached live in social housing (573).

With the transformation to Bright Start Islington services and the closer integration with health visiting, we are looking to reach about 97/98% in time. In the meantime, as part of the transformation, universal services such as stay and plays will be developed in areas and locations where currently take-up from families in social housing is relatively low.

Data solutions which will enable electronic initial self-registration and registration for specific services is scheduled for mid-way through 2018. It is hoped that a move from paper-based to electronic recording will contribute to improved reach, accuracy of data and better analysis which can be used to shape effective outreach strategies to key groups.

### 1.2 – Percentage of pupils achieving a Good Level of Development in the Early Years Foundation Stage Profile

69.9% of Islington pupils achieved a Good Level of Development (GLD) in the Early Years Foundation Stage Profile in 2017, an increase of more than 4 percentage points on the 2016 results and more than 6 percentage points higher than in 2015. 2017 results for other local authorities are not available at the time of writing, although the National Consortium of Exam Results has reported an early provisional national result of 70.7% of pupils in England achieving a Good Level of Development, which would put Islington with 1% of the national average for the first time.

The GLD is the proxy indicator used to measure the impact of the cumulative range of early childhood services on children's development and learning at age 5. For the first time, Islington's GLD is virtually in line with the national average. The GLD has risen by 26% over the past five years in Islington, and while nationally the rate has also improved, the rate in Islington has improved faster. Further analysis is needed to see if anything in particular has made such a difference this year although it is likely that a combination of factors have contributed. For example, integrated early childhood services have become more embedded over the past five years and the reach and quality of services is good (87.5% judged as good by Ofsted); the quality of early years settings and teaching and learning in primary school nursery and reception classes has also improved (see 4.7 and 4.8 below).

Early analysis of EYFSP scores shows that 67.3% of low income and FSM children who took up a funded place when their child was 2 achieved a good level of development compared with 60.2% of eligible children (FSM only) who did not take up a place. (Please note while this is not a directly comparable group, all funded 2 year olds are from families with incomes of less than £16,190 per year and/or have severe and complex educational needs and disabilities.)

Impact on children's outcomes will be carefully scrutinised over the next year, as the reduction in entitlements to funded early education particularly affects low income families following changes to national policy.

**1.5 – Corporate Indicator - Percentage of primary school children who are persistently absent**

Provisional figures for the Autumn and Spring terms during the 2016/17 academic year suggest that 9.6% of Islington primary school pupils were persistently absent (i.e. were absent for 10% or more of the time) during these two terms. This is lower than the 9.9% persistent absent rate for Islington during the same terms of 2015/16. During the Autumn term, persistent absence levels were higher during 2016/17 than the previous year, both in Islington and across the country as a whole. However, lower persistent absence levels in the Spring term have led to a fall in the overall level of persistent absence across the two terms combined.

The proposed target for this academic year is to be at or lower than the Inner London average. Comparator data is not available at the time of writing, so no direct comparisons can be made until the Quarter 2 report.

Persistent Absence (PA) is moving in the right direction since resources previously held centrally were delegated to schools from 2015/16. But it still remains too high when compared to other LAs, particularly at primary. Interventions are targeted on schools with the highest levels of PA. An emphasis is placed on the consistent use of systems and procedures (e.g. first day calling) and a range of in-school factors (e.g. encouraging extra-curricular participation). An Attendance Network for School Attendance Leads in our primary and secondary schools now meets termly, and is well attended. It has contributed to a more consistent approach across our schools through sharing of good practice.

Recognising that some of the factors associated with chronic absence are beyond the school's direct control, we are also supporting improved links between schools and the Early Help Service, and with colleagues in health, to target children with PAs and their families.

**1.6 - Percentage of pupils achieving the expected level in Reading, Writing and Maths (combined) at the end of Key Stage 2**

65% of Islington's pupils reached the expected standard for all three core subjects in the local provisional Key Stage 2 results for 2017. This is 8 percentage points above the final 2016 results for Islington, and 4 percentage points above the interim national average for 2017.

Islington's performance against this measure is in the top quartile, nationally, based on the provisional results (ranked equal 26th out of the 150 authorities with results available).

Islington schools have responded well to the demands of the KS2 assessments. Many schools focussed on reading as this was a key issue following 2016 outcomes. The % of pupils attaining greater depth is a good indication of how schools are challenging the ablest pupils so that they can demonstrate a mastery of the national curriculum. A focus for the coming year will be to provide additional support to schools in relation to tracking the attainment of reading, writing and maths so that the % of pupils increases above national.

**1.7a - Corporate Equalities Indicator - Narrowing the gap in attainment between Black Caribbean pupils and the Islington average at KS2 (gap in percentage of pupils achieving the expected level in Reading, Writing and Maths)**

Provisional results for 2017 indicate that the proportion of Black Caribbean pupils achieving the expected standard across Reading, Writing and Maths increased from 42% in 2016 to 49.5% in 2017. However, as the results for all Islington pupils improved from 57% achieving the expected standard in 2016 to 65% in 2017, the gap between Black Caribbean pupils and the Islington average widened slightly, from 15 percentage points in 2016 to 16 percentage points in 2017, when rounded to the nearest whole percentage.

Key Stage 2 results broken down by ethnicity are not published below national level, and the national results for 2017 will not be published until December 2017.

Support to schools to address this issue will be linked to better tracking and analysis of those pupils who are at risk of not achieving the expected standard by the end of KS2.

**1.7b - Corporate Equalities Indicator - Narrowing the gap in attainment between White British pupils eligible for Free School Meals and the LBI average at KS2 (gap in percentage of pupils achieving the expected level in Reading, Writing and Maths)**

Provisional results for 2017 indicate that the proportion of White-British pupils who were eligible for Free School Meals who achieving the expected standard across Reading, Writing and Maths improved slightly, from 45% in 2016 to 46% in 2017. However, as the results for all Islington pupils improved from 57% achieving the expected standard in 2016 to 65% in 2017, the gap between White-British pupils who were eligible for Free School Meals and the Islington average widened from 12 percentage points in 2016 to 19 percentage points in 2017, when rounded to the nearest whole percentage.

Key Stage 2 results broken down by both ethnicity and Free School meal eligibility are not routinely published, so no comparisons with other local authorities can be made.

Support to schools to address this issue will be linked to better tracking and analysis of those pupils who are at risk of not achieving the expected standard by the end of KS2.

### 1.8 - Number of children in Alternative Provision

There were 118 Islington pupils in Alternative Provision at the end of June 2017, which is marginally higher than the 117 at the end of March 2017. This figure includes 89 Year 11 pupils, who were no longer in Alternative Provision in the 2017/18 academic year.

There are currently (September 2017) 40 pupils in Alternative Provision. This is made up of 35 year 11s and 5 year 10s.

Arrangements for Alternative Provision in Islington have changed from September 2017. Year 11 pupils continue to be monitored by the AP team in partnership with schools. This provision is now managed by New River College PRU. Islington schools now have responsibility for managing their own arrangements for Year 10 pupils in Alternative Provision – including the monitoring of attendance and progress. This can be through a paid procurement and quality assurance service managed by New River College PRU. Most Islington schools have purchased this service. Going forwards the Alternative Provision team will only be managing cases where schools purchase this as a service. The message from the Local Authority remains that the best place for the vast majority of pupils is in a school. We continue to work with Secondary Schools and with early help services to ensure that Alternative Provision is a final resort for a small number of pupils. This academic year the current numbers of Year 10 pupils are down substantially. The current Year 11 has also fallen in relation to previous years.

### 1.9 – Corporate Indicator: Average Attainment 8 Score

At the time of writing, the provisional Attainment 8 figure for Islington mainstream schools for 2017 is 46.5. Provisional national figures will be available later in October, with revised figures published in January.

*Note – Indicator 1.10 – Average Progress 8 Score is a relative measure and will not be available until national performance is published, this will be ready for the Q2 report.*

### 1.11 – Percentage of pupils achieving the English Baccalaureate

At the time of writing, the provisional figure for the proportion of pupils in Islington mainstream schools achieving the English Baccalaureate in 2017 is 24.9%. Provisional national figures will be available later in October, with revised figures published in January.

In line with national changes, this measure has been amended to reflect the rise in expectation of results from a C grade pass to a 5, which is equivalent to a high C in both English and Mathematics. As a result, figures are not comparable to previous years.

Turbulence continues in GCSE assessments, with significant changes in curriculum and in assessment and accountability measures. In spite of this, Islington secondary pupils have continued to performed very well in relation to the Progress 8 measure and have performed strongly in other measures. Challenges for schools will continue over the next few years with outcomes at GCSE gradually moving from the familiar A*-G to a scale that measures from 9-1 with associated new grade boundaries. The next few years will also see new and untried GCSE specifications coming on-line.

**1.14 - Percentage of 16 & 17 year old Residents NEET or Not Known**

The proportion of Islington's 16-18 year olds Not in Education, Employment or Training (NEET) has reduced in recent years, from 5.2% in 2014/15, to 2.2% in 2015/16 and 1.7% in 2016/17.

The DfE have revised this measure to look at 16 and 17 year olds only, and to include those young people whose status is not known to the local authority. The DfE have also changed the measure to look at the average between December and February each year, whereas before the average was taken for the months of November to January.

Using this new definition, 3.4% of Islington's resident 16 and 17 year olds were NEET or Not Known in 2016/17, which is better than the London (5.3%) and England averages (6.3%). This places Islington's performance within the top quartile of local authorities in the country. Only 1.1% of Islington 16 and 17 year olds were NEET, which was lower than the London (1.8%) and England (2.8%) averages. Islington also had a lower proportion of 16 and 17 year olds whose activity was not known (2.4%) compared to the London (3.5%) and England (3.2%) averages.

The improvement in performance in both the 'in learning' measures reflects continued work with schools to identify early those learners who are assessed as being at risk of not progressing to post 16 learning and ensuring that the appropriate support is provided to them. A specialist progress adviser has been in place since September 2015 whose role is to work with young people who wish to pursue a vocational pathway post 16. This role working with schools has contributed to the numbers of young people remaining in learning, as has sustained follow up of school leavers and work carried out by progress advisers in the GCSE results period.

The continued reduction in the numbers of young people 16 to 18 who are NEET or whose activity in learning is not known to the local authority is pleasing, given the high figures that had been sustained in Islington over a number of previous years. The performance in this area is delivered through a caseload-based approach, careful data management and skilled engagement with individual young people in order to support them back into learning, in often complex and challenging circumstances.

# Children's Services Plan 2016/19 - Aim 2: The resilience of children, young people and families is strengthened by accessing effective early intervention approaches

**2.1 - Corporate Indicator: Percentage of 2 year old places taken up by low income families, children with Special Educational Needs or Disabilities (SEND) or who are looked after**

This is based on the number of children in funded places compared to the size of the list of eligible parents received from the DWP. There were 710 2 year olds in funded places, a slight fall of 18 compared to the previous term. However, the size of the cohort of eligible children also grew slightly. This resulted in an overall fall in the proportion of eligible 2 year olds in funded places, from 70% in the Spring term to 67% in the Summer term.

The reviewed communication strategy with strong social media presence will reach wider groups of potentially eligible families. This will be underpinned by the development of the family engagement worker role and improved integrated working with health colleagues as part of Bright Start Islington. The new role of parent involvement development officer will help to grow awareness of the entitlement through a parent champion model. The slight decline in take up may be due to a number of children with additional needs, who were previously counted, but who do not meet the national SEND eligibility criteria. Further data analysis will allow for trends to be identified.

We will continue to monitor the update and the sufficiency data to plan appropriate expansion works in areas with high demand.

# Children's Services Plan 2016/19 - Aim 3: Children and young people are kept safe through effective safeguarding and child protection arrangements which respond to risk, early identification and reduce escalation of concerns

### 3.1 - Percentage of re-referrals to Children's Social Care within the previous 12 months

The proportion of re-referrals reduced slightly from the provisional year end figure of 21.8% for 2016/17 to 21.1% at the end of Q1 2017/18. Overall, the proportion of re-referrals for Islington remains consistent with the 2015/16 national average.

### 3.2 - Percentage of children who become the subject of a Child Protection Plan for a second or subsequent time

In 2015/16, Islington had the 28th highest proportion of children who become the subject of a Child Protection Plan for a second or subsequent time in the country. However, the provisional year-end figure of 12.1% for 2016/17 has almost halved compared to 2015/16. The 2016/17 year-end figure for Islington is lower than the London and England averages for 2015/16, and is equivalent to top quartile performance based on the 2015/16 figures across the country.

During the first three months of 2017/18, 13.3% (12 out of 90) children who became the subject of Child Protection Plans did so for the second or subsequent time. Although this is slightly above the provisional year-end figure for 2016/17, this is based on relatively low numbers across a few months. A clearer picture of performance on this measure will emerge throughout the year.

In terms of the year 16-17:
There have been repeat plans for 31 children from 24 sibling groups in the year 2016/17. This accounts for 12% of all child protection plans made in this period which is Islington's target. This is a reduction from last year's percentage of 22%.
The 5.3% cases that have been repeated within a 2-year period (10 children from 7 families) have been examined to identify themes and lessons learnt.
This year has been an improvement in terms of numbers of repeat plans and in the main those that have been repeated have been appropriately escalated.

This reduction is a result of the intensive work being performed to ensure children who are the subject of a Child Protection Plan are not removed from the plan until their needs are met.

### *3.3 - Percentage of children who were seen in accordance with a Children in Need Plan*

*At the end of Q1 2017/18, 63% of Child in Need were seen in accordance with their plans, compared to 73% as at the end of 2016/17. However, the number of visits within timescales at the end of Q1 was similar to the number at the end of 2017/18. As the total number of cases had increased by more than a hundred between these two snapshots, this resulted in a decrease in the percentage reported for this measure. Management oversight and audit of*

*the practice in relation to visits to children suggests that children are being visited frequently but that there has been a drop in recording for this quarter.*

*This is a local measure. A change in the cohort covered by this measure during Q2 of 2016/17 means only trend data and no comparator data is available for this indicator. The measure is included for information only.*

**3.4 - Number of children missing from care for 24+ hours**

**3.5 - Number of children missing from home**

The number of children missing from care for more than 24 hours has decreased in the last few months, from 22 in March to 14 during June 2017.
The number of children who went missing from home has increased slightly in the last few months, from 27 in March to 31 during June 2017.

The data evidences that boys are more likely to go missing from care or missing from home than girls and that children aged 16 and 17 years old most frequently go missing. The numbers of children who have been missing in the last quarter has remained relatively similar. However, there is significant decrease in the amount of times those children went missing in comparison to the previous quarter. There has been a marked decrease in individual children missing from home on a subsequent occasion; this has been due to improved safety planning within the Social Work teams alongside partner agency contribution. The fewer number of times a child goes missing the less potential risk there is to that child.

**3.6 – Corporate Indicator - Percentage of young people (aged 10-17) triaged that are diverted away from the criminal justice system**

Provisional data for Q1 2017/18 shows that 73% / 24 out of 33 young people triaged were diverted away from the criminal justice system.

There has been a slight decrease in performance when the data for this quarter is compared to that of Q1 in 2016/17, but this performance is still impressive. Indeed, this level of performance is evidence that the Triage service, which is offered by the Targeted Youth team, is continuing to be successful in diverting young people away from the criminal justice system. A lot of effort and focus is taking place at the current time to enhance the offer available to young people even further. For example, work is underway to ensure that the young people who are seen at Police Stations, following arrest, are screened by the diversionary nurse for additional needs and this will include utilising the speech and language offer. The overall aim is to ensure that health needs are identified and addressed, thus reducing the vulnerabilities of the presenting young person. Other recent developments, in relation to the Triage offer is the strengthening the quality and relevance of other interventions which the presenting young person receives – such as sexual health and substance misuse support and weapons awareness sessions – so that the young person's resilience to keep them safe and out of offending is increased. The Restorative Disposal, for use with complex young women who offend, is still available although it has not been used as much as anticipated. This disposal has subsequently been re-promoted to the YOS and the Police.

### 3.7 - Corporate Indicator - Number of first time entrants into Youth Justice System

Provisional data suggests there were 17 first time entrants into the Youth Justice System during Q1 2017/18, a significant reduction from 2016/17, when there were 31 first time entrants during the first quarter of the year. This means our Q1 performance was better than the profiled target of 18 for the first quarter.

This is an extremely positive result and outcome and is indicative of the strong, multi-agency and young-person centred Triage service as detailed in the commentary for 3.6. Further work has taken place, in the past few months, with the Police and by Targeted Youth Support being part of a duty service via the front door in Children's Social Care, to maximise the use of Out of Court disposals for those young people who are eligible for this, as opposed to them being sent directly to court. This has allowed the statutory system to concentrate more on those young people whose offending, risk and safeguarding concerns requires this specialist approach.

### 3.8 - Corporate Indicator - Percentage of repeat young offenders (under 18s)

Provisional data suggests out of the 53 young people in the cohort for 2017/18, only 13 had reoffended as at the end of Q1 2017/18 (25%). This is lower than the 28% of the cohort for 2016/17 who had reoffended at the same point in the previous year.

The reductions for this indicator are positive, but there is still further multi-agency work to do in order to deal with the complex needs of this small, but significant group of young people. The 'live tracker' tool, which assists in the identification of the groups of young people who are more likely to offend, has indicated that this cohort of young people are those who are likely to have been NEET for some time and disengaged from education; to come from BME communities; to have been open to Children's Social Care at the present time and/or in the past and who have experienced multiple episodes of trauma. This has helped to strengthen the quality of the interventions which are on offer to this cohort and to focus more robustly on the protective factors which keep the young people on the right path. There are some issues, however, such as addressing the high rates of breach of Criminal Behaviour Orders and tackling the NEET issue for our young offenders, which continue to be priority areas for the partnership going forward.

### 3.9 - Corporate Indicator - Number of custodial sentences for young offenders

Provisional data for the end of Q1 2017/18 suggests that five Islington young people received custodial sentences during the quarter, which is a reduction from the ten custodial sentences during Q1 in 2016/17.

This is an important achievement given the sustained high custody rates that Islington has experienced for young people over the past few years. The recruitment of two specialist Intensive Supervision and Surveillance workers, who provide up to 25 hours of additional and rigorous management to high risk young people in the community as an alternative to custody, has contributed to this reduction. In addition, the strengthening of quality assurance processes within the Youth Offending Service, which has led to the courts and sentencers having greater confidence in the assessments and reports that staff write for young people. This has assisted in the imposition of more community penalties as opposed to custodial sentences. The fact that the YOS has more appropriate and targeted resources available to staff to work with young people with more complex needs and the determination and dedication of the staff to keep young people out of custody have all also led to this achievement. Further work is planned to reduce these figures further including a magistrates' open day and enhanced quality assurance.

# Children's Services Plan 2016/19 - Aim 4: Children, young people and families thrive through good local area health, care and education provision

### 4.4 – Emotional well-being of Islington looked after children (average score in Strengths and Difficulties Questionnaire)

The average score on the Strengths and Difficulties Questionnaire (SDQ) for Islington's children who had been looked after continuously for at least a year was 13.2 in 2016/17, which is an increase on the average of 12.5. Higher scores on the SDQ correspond with an increased risk of mental health disorders, although scores of under 14 are still considered normal.
However, there was a significant increase in the response rate between the two years, from 67% of eligible looked after children in 2015/16 to 87% in 2016/17.
The average SDQ score for Islington in 2016/17 remains below the latest reported national average of 14.0 for 2015/16.

We have recently set up a monthly emotional Wellbeing meeting (EWM) to monitor and plan intervention for children in care with high scoring SDQs. It was developed as part of a broader strategic pathway aimed at improving our understanding of, and the delivery of services to, CLA with mental health needs. The EWM consists of the CLA Service Manager, CAMHS Clinical Psychologist, CAMHS Lead Family and Systemic Psychotherapist and Virtual School Head. The objective is to provide a helpful space for workers to think about cases to address CLA with high scoring overall stress scores and ensure additional support is accessed where appropriate.

### 4.5 - Placement stability - short term - Proportion of looked after children with 3 or more placements over the course of the year

At the end of Q1 2017/18, 2.6% of Islington's looked after children had had 3 or more placements during the year. This is a reduction on the 3.3% during the same period in 2016/17.

Comparator data for 2015/16 has now been published for this measure. Islington figures improved in 2015/16 and moved into the second from bottom quartile, after being in the bottom quartile the previous year. It should be noted that published data on this measure is only reported to the nearest whole percentage, so most local authorities are closely bunched together.

There are various reasons why some children have not been in the same placement for 2 years. There have been positive moves for children from their placements particularly children returning home, children moving from therapeutic residential care to foster care or supported accommodation, placed for adoption or who have moved to permanent families. There has been a trajectory for improvement for children placed for adoption with some children being placed swiftly. Some young people placed in supported accommodation have been moved to improve their safety.

**4.6 - Placement stability - long term - Percentage of children who have been looked after for more than 2.5 years who have been looked after in the same placement for at least 2 years or placed for adoption**

At the end of Q1 2017/18, 69.9% of Islington's looked after children who had been looked after long term were in stable placements. This is an increase on the 66.2% for the end of 2016/17.

As above, the comparator data for 2015/16 has now been published for this measure. Islington's performance on this measure was ranked in the bottom quartile for 2015/16.

The majority of changes in long term placements involve children over the age of 14, and in short term moves young people over the age of 17. The themes are late entry to care, difficulty in meeting behavioural needs and the shortage of placements available for these children and young people. Some of these young people have benefitted from placements out of the area, where specialist help is available for them and they can make a new start away from negative influences.

A policy is already in place whereby all second moves and above are scrutinised at senior management level. There are also processes in place to scrutinise the placements of children in long term fostering arrangements. Permanency Planning Meetings are held by the adoption Service for children up to and including 13 year olds. Our Adoption and Permanency panel approves fostering matches for children under the age of 10 and our Long Term Fostering panel scrutinises and decide whether to approve all prospective long term foster placements for children over the age of 10. A Care Planning Panel has been established which is chaired by the director of Children's Services or Head of Service CLA to ensure greater oversight of these cases and in particular children in residential care. An analysis is being completed on children who have had 3 or move moves and on those who have been in the same placement for 2 years (and LAC for 2.5) between March 2017-September 2017.

**4.7 - Percentage of good and outstanding early years settings**

The proportion of early years settings judged to be good or better in their most recent inspection has increased throughout 2016/17. The latest published data (as at the end of March 2017) shows 89.8% of Islington's early years settings are good or better, which is similar to the London average and slightly below the England average. The Islington figure has continued to increase over time, however, and the proportion of Islington settings on the Early Years Register judged to be good or outstanding increased by almost 7 percentage points during 2016/17.

While the direction of travel continues to improve although the figures appear disappointing in comparison with national averages. The March 2017 dataset includes only one nursery setting in the borough with a less than good inspection outcome. Of the 22 individual childminders with a less than good outcome, only five are currently looking after children and all of them are working with the local childminding co-ordinator. 14 more were not looking after children at the time of the inspection and did not meet requirements; and three further childminders are included in the statistics but have not been looking after children for some time.

Nine of the 11 out of school childcare providers on the Early Years Register were good or better. There were two provisions with 'requires improvement' – the monitoring officer is providing support to the other two settings which require improvement.

**4.8 - Percentage of good and outstanding Islington schools (primary, secondary and special)**

The proportion of schools judged good or better rose slightly in the last quarter of 2016/17, from 87.5% at the end of December 2016 to 90.8% at the end of March 2017. This is higher than the national average, although it is just below the London average.

Published data shows that across the country, fewer schools are receiving good or outstanding inspection outcomes in recent inspections.

Subsequent to these figures and recent published reports the current figure of good or better schools across Islington is:

- 96% good or better primary (Maintained)
- 80% good or better secondary (non-academy)
- 100% good or better special school
- 100% good or better primary/secondary (Academy/Free School)

Currently this would indicate that Ofsted outcomes for Islington schools are in line with London figures and are above national figures.

The local authority is anticipating a further inspection of a primary school currently judged as requiring improvement. All indicators suggest that this school will be judged “Good” and therefore the primary figure will rise to further.

# Children's Services Plan 2016/19 - Aim 5: A high quality strategic and business support infrastructure stimulates the development and delivery of efficient and effective services

### 5.1 - Number of active childminders

There has been little change in the overall number of childminders over time, with the number at the end of 2016/17 standing at 188, an increase of one over the previous year. At the end of Q1 2017/18, there was a slight increase to 189 childminders registered. However, this snapshot does not include one childminder whose registration was temporarily suspended in relation to late payments of fees. This childminder's registration has now been reinstated.

The length of time needed for DBS checks has improved but during the period of DBS delays some prospective childminders found employment elsewhere and have postponed registration or are no longer planning to register. Although the childcare business grant is now available, we have not yet seen an impact and there continues to be a low number of applications received (currently 6 proposed childminders) for initial childminder training.

### 5.2 – Percentage of children and young people with statements who were issued with an Education, Health and Care (EHC) Plan

By the end of 2016, 34.0% of pupils with a statement of Special Education Needs maintained by Islington had had their statement converted to an Education, Health and Care Plan. This is above the London (25.6%) and England (32.7%) averages.

Despite Islington being above the national average, Islington was narrowly in the second from bottom quartile. However, the numbers involved show that if just two more statements had been converted at the time of this snapshot, Islington would have been placed in the second from top quartile.

Of approximately 1000 statements, there are now less than 100 to covert. All of the reviews to support these conversions are scheduled / underway so that we are confident of completing all conversions by the April 2018 deadline set by Government.

### 5.3 – Percentage of new Education, Health and Care (EHC) Plans issued within 20 weeks

Excluding exception cases, 49.5% of new EHC Plans for Islington pupils were issued within 20 weeks in 2016. This was around the same level as in 2016. If we include these exceptions, 40.0% of new EHC Plans for Islington pupils were issued within 20 weeks in 2016, a fall compared to 48.4% in 2015. However, there was a large increase in the number of new EHC Plans issued in 2016 compared to 2015, as the new SEN system is implemented, so the 2015 figures are based on relatively low numbers of plans.

The proportion of new EHC Plans (excluding exceptions) issued with 20 weeks fell slightly across the country between 2015 and 2016. However, in Inner London, there was a particularly significant drop in the proportion completed on time, from 70.2% in 2015 to only 48.0% in 2016. There was a similar fall in the proportion completed on time across Inner London including these exception cases. This will likely relate to the increased number of plans being made and capacity to respond to demand.

A significant local increase in the number of assessments requested / plans issued has been mirrored nationally, and has impacted on capacity to complete within 20 weeks. We have reviewed local processes and reorganised duties within the SEN Team to enable more timely completion, and the Head of Service is receiving weekly reports so that any slippage can be quickly identified and addressed where possible. Some circumstances (e.g. parents missing appointments) are difficult to control however.

**5.4 - Number of new mainstream foster carers recruited in Islington**

Two new mainstream foster families were approved in the first quarter of 2017/18. This is an improvement on the same quarter in 2016/17, when there was one mainstream foster family approved.

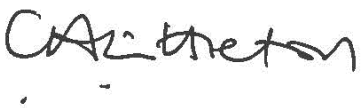
5 new mainstream foster families were recommended for approval by the Fostering panel up till the end of September 2017. There is another foster family for panel on 7th October. Two families are transferring in from independent agencies, together this change will save the council £1000 per week and we will offer better support to the children and foster carers, even with this saving. We continue to work with housing to enable more space for more foster children in current foster homes. We work with the North London Fostering consortium to reduce advertising duplication across the 6 boroughs and continue to plan the microsite to give better information to the public about fostering so we can increase the effectiveness of our digital advertising, reducing overall media costs longer term.

**Appendices:** Appendix A – Data Dashboard

**Background papers:** None

**Final report clearance:**

**Signed by:**



Carmel Littleton
Corporate Director of Children's Services Date: 17/10/2017


| | | | |
|---|---|---|---|
| Report Authors: | Lauren Pang | and | Adam White |
| Tel: | 020 7527 5683 | | 020 7527 2657 |
| Email: | Lauren.Pang@islington.gov.uk | | adam.white@islington.gov.uk |

| CS PI No. | Corporate PI No. | Indicator | Frequency reported | Current Figure (Period covered) | Previous Figure (Period covered) | Figure at end of previous year | Direction of travel | London | England | National quartile |
|---|---|---|---|---|---|---|---|---|---|---|
| **CS 2016/19 Aim ONE:** | **Through strong universal services, children, young people and adults are enabled to achieve good education and employability outcomes** | | | | | | | | | |
| 1.1 | **CS2** | **Corporate Indicator:** Percentage of families with under-5s registered at a Children's Centre | Termly | **90% 2016/17** | 95% 2015/16 | 95% (2015/16 FY) | ↔ | n/a | n/a | n/a |
| 1.2 | x | Percentage of pupils achieving a Good Level of Development in the Early Years Foundation Stage Profile | Annual | **69.9% (2016/17 AY)** | 65.8% (2015/16 AY) | 65.8% (2015/16 AY) | ↑ | 71.2% (2015/16 AY) | 69.3% (2015/16 AY) | Bottom |
| 1.5 | **CS6** | **Corporate Indicator:** Percentage of primary school children who are persistently absent (below 90% attendance) | Termly | **9.6% (Autumn & Spring terms 2016/17 - provisional)** | 9.9% (Autumn & Spring terms 2015/16) | 9.2% (2015/16 AY) | ↓ | 9.3% (Autumn & Spring terms 2015/16) | 8.8% (Autumn & Spring terms 2015/16) | Bottom |
| 1.6 | x | Percentage of pupils achieving the expected level in Reading, Writing and Maths (combined) at the end of Key Stage 2 | Annual | **65% (2016/17 AY - provisional)** | 57% (2015/16 AY) | 57% (2015/16 AY) | ↑ | 66% (2016/17 AY - provisional) | 61% (2016/17 AY - provisional) | Top |
| 1.7a | **CS10a** | **Corporate Equalities Indicator:** Narrowing the gap in attainment between the BCRB pupils and the LBI average at KS2 (gap in percentage of pupils achieving the expected level in Reading, Writing and Maths) | Annual | **16 ppts (2016/17 AY - provisional)** | 15 ppts (2015/16 AY) | 15 ppts (2015/16 AY) | ↔ | Not available below National level | 10 ppts (2015/16 AY) | n/a |
| 1.7b | **CS11a** | **Corporate Equalities Indicator:** Narrowing the gap in attainment between White British pupils eligible for Free School Meals and the LBI average at KS2 (gap in percentage of pupils achieving the expected level in Reading, Writing and Maths) | Annual | **19 ppts (2015/16 AY - revised)** | 12 ppts (2015/16 AY) | 12 ppts (2015/16 AY) | ↑ | n/a | n/a | n/a |
| 1.8 | **CS7** | **Corporate Indicator:** Number of children in Alternative Provision | Quarterly | **118 (End Q1 2017/18 FY)** | 97 (End Q1 2016/17 FY) | 117 (End 2016/17 FY) | ↑ | n/a | n/a | n/a |
| 1.9 | **CS8** | **Corporate Indicator:** Average Attainment 8 score | Annual | **46.5 (2016/17 provisional)** | Not comparable | Not comparable | n/a | Not yet available | Not yet available | n/a |
| 1.11 | x | Percentage of pupils achieving the English Baccalaureate | Annual | **24.9% (2016/17 provisional)** | Not comparable | Not comparable | n/a | Not yet available | Not yet available | n/a |
| 1.14 | x | Percentage of 16 & 17 Year old Residents NEET or Not Known | Annual (Dec-Feb) | **3.4% (Dec 2016 - Feb 2017)** | n/a - new measure | n/a - new measure | n/a | 5.3% (2016/17) | 6.0% (2016/17) | Top |
| **CS 2016/19 Aim Two:** | **The resilience of children, young people and families is strengthened by accessing effective early intervention approaches** | | | | | | | | | |
| 2.1 | **CS1** | **Corporate Indicator:** Percentage of 2 year old places taken up by low income families, children with Special Educational Needs or Disabilities (SEND) or who are looked after | Termly | **67% (Summer term 2016/17 AY)** | 70% (Spring term 2016/17 AY) | 70% (Spring term 2016/17 AY) | ↓ | 58% (January 2017) | 71% (January 2017) | 2nd from bottom (at Jan 2017) |
| **CS 2016/19 Aim Three:** | **Children and young people are kept safe through effective safeguarding and child protection arrangements which respond to risk, early identification and reduce escalation of concerns** | | | | | | | | | |
| 3.1 | x | Percentage of re-referrals to Children's Social Care within the previous 12 months | Monthly (internal) / quarterly for Scrutiny | **21.1% (Q1 2017/18 FY)** | 21.8% (2016/17 FY provisional) | 21.8% (2016/17 FY provisional) | ↓ | 16.0% (2015/16 FY) | 22.3% (2015/16 FY) | 2nd from top |
| 3.2 | x | Percentage of children who become the subject of a Child Protection Plan for a second or subsequent time | Monthly (internal) / quarterly for Scrutiny | **13.3% (Q1 2017/18 FY)** | 12.1% (2016/17 FY provisional) | 12.1% (2016/17 FY provisional) | ↑ | 14.0% (2015/16 FY) | 17.9% (2015/16 FY) | Bottom |
| 3.3 | x | Percentage of children who were seen in accordance with a Children in Need Plan | Monthly (internal) / quarterly for Scrutiny | **63% (Q1 2017/18 FY)** | 73% (2016/17 FY provisional) | 73% (2016/17 FY provisional) | ↓ | n/a | n/a | n/a |
| 3.4 | **CS5** | **Corporate Indicator:** Number of children missing from care for 24+ hours | Monthly (internal) / quarterly for Scrutiny | **14 (June 2017)** | 22 (March 2017) | 22 (March 2017) | ↓ | n/a | n/a | n/a |

| CS PI No. | Corporate PI No. | Indicator | Frequency reported | Current Figure (Period covered) | Previous Figure (Period covered) | Figure at end of previous year | Direction of travel | London | England | National quartile |
|---|---|---|---|---|---|---|---|---|---|---|
| 3.5 | x | Number of children missing from home | Monthly (internal) / quarterly for Scrutiny | **31 (June 2017)** | 27 (March 2017) | 27 (March 2017) | ↑ | n/a | n/a | n/a |
| 3.6 | **CR1** | **Corporate Indicator:** Percentage of young people (aged 10-17) triaged that are diverted away from the criminal justice system | Quarterly | **73% (2017/18 Q1 provisional)** | 85% (2016/17 Q1) | 80% (2016/17 FY provisional) | ↓ | Not published | | |
| 3.7 | **CR2** | **Corporate Indicator:** Number of first time entrants into Youth Justice System | Quarterly | **17 (2017/18 Q1 provisional)** | 31 (2016/17 Q1) | 79 (2016/17 FY provisional) | ↓ | n/a | n/a | n/a |
| 3.8 | **CR3** | **Corporate Indicator:** Percentage of repeat young offenders (under 18s) | Quarterly | **25% (2017/18 Q1 provisional)** | 28% (2016/17 Q1) | 45% (2016/17 FY provisional) | ↓ | YJB measure on reoffending uses a different cohort so is not comparable | | |
| 3.9 | **CR4** | **Corporate Indicator:** Number of custodial sentences for young offenders | Quarterly | **5 (2017/18 Q1 provisional)** | 10 (2016/17 Q1) | 30 (2016/17 FY provisional) | ↓ | n/a | n/a | n/a |
| **CS 2016/19 Aim Four:** | **Children, young people and families thrive through good local area health, care and education provision** | | | | | | | | | |
| 4.4 | x | Emotional well-being of Islington looked after children (average score in Strengths and Difficulties Questionnaire) | Annual | **13.2 (2016/17 FY provisional)** | 12.5 (2015/16 FY) | 12.5 (2015/16 FY) | ↑ | 12.8 (2015/16 FY) | 14.0 (2015/16 FY) | Top |
| 4.5 | x | Placement stability - short term - Proportion of looked after children with 3 or more placements over the course of the year | Monthly (internal) / quarterly for Scrutiny | **2.6% (Q1 2017/18)** | 3.3% (Q1 2016/17) | 11.7% (2016/17 FY provisional) | ↓ | 10% (2015/16 FY) | 10% (2015/16 FY) | 2nd from bottom |
| 4.6 | x | Placement stability - long term - Percentage of children who have been looked after for more than 2.5 years who have been looked after in the same placement for at least 2 years or placed for adoption | Monthly (internal) / quarterly for Scrutiny | **69.9% (Q1 2017/18)** | 66.2% (2016/17 FY provisional) | 66.2% (2016/17 FY provisional) | ↑ | 68% (2015/16 FY) | 68% (2015/16 FY) | Bottom |
| 4.7 | x | Percentage of good and outstanding early years settings | Quarterly | **89.8% (2016/17 FY)** | 90.4% (Q3 2016/17 FY) | 83.1% (2015/16 FY) | ↑ | 90.7% (2016/17FY) | 93.4% (2016/17 FY) | Bottom |
| 4.8 | x | Percentage of good and outstanding Islington schools (all phases) | Quarterly | **90.8% (Q1 2017/18 FY - provisional)** | 87.5% (Q4 2016/17 FY - provisional) | 87.5% (Q4 2016/17 FY - provisional) | ↑ | 93.1% (Q1 2017/18 FY - provisional) | 88.9% (Q1 2017/18 FY - provisional) | 2nd from top |
| **CS 2016/19 Aim Five:** | **A high quality strategic and business support infrastructure stimulates the development and delivery of efficient and effective services** | | | | | | | | | |
| 5.1 | x | Number of active childminders | Quarterly | **189 (As at end Q1 2017/18 FY)** | 188 (As at end Q4 2016/17 FY) | 188 (As at end Q4 2016/17 FY) | ↔ | n/a | n/a | n/a |
| 5.2 | x | Percentage of children and young people with statements who were issued with an Education, Health and Care (EHC) plan | Annual | **34.0% (2016)** | 27.3% (2015) | 27.3% (2015) | ↑ | 25.6% (2015) | 32.7% (2016) | 2nd from bottom |
| 5.3 | x | Percentage of new EHC plans issued within 20 weeks | Annual | **49.5% (exc. exceptions) 40.0% (inc. exceptions) (2016)** | 50.0% (exc. exceptions) 48.4% (inc. exceptions) (2015) | 50.0% (exc. exceptions) 48.4% (inc. exceptions) (2015) | ↓ | 60.6% (exc. exceptions) 52.7% (inc. exceptions) (2016) | 58.6% (exc. exceptions) 55.7% (inc. exceptions) (2016) | 2nd from bottom |
| 5.4 | x | Number of new mainstream foster carers recruited in Islington | Monthly / quarterly for Scrutiny | **2 (Q1 2017/18)** | 1 (Q1 2017/18) | 11 (2016/17 FY) | ↔ | n/a | n/a | n/a |

# Children's Services Scrutiny Committee

## 30 October 2017

## Executive Member Questions

The Committee is invited to question the Executive Member on his work and the work of the Committee. An update from the Executive Member is set out below. The procedure for Executive Member questions is set out overleaf.

**Any questions that the Committee or members of the public may have should be submitted in advance to jonathan.moore@islington.gov.uk no later than Tuesday 24th October.**

---

### Update from the Executive Member

- I am continuing to lead a national campaign for action on County Lines drug dealing. I've take part in a BBC documentary, been on 5Live and File on Four to push the key messages. I am bringing together national children's charities at the Town Hall in November to share intelligence and agree a way forward for a national campaign. At Borough level, we are working with neighbouring boroughs to take a new approach to safeguarding young people caught up in these networks.

- Highbury Grove had a positive outcome from their Ofsted monitoring visit which is very welcome. There have been minimal teething problems since September and the City of London have been good partners during this difficult time for the school. Progress at Hungerford has also been good. St Mary's has been judged Good with Outstanding Features.

- Work will progress with the NEU and local parents for a campaign to dissuade Islington's eight Catholic Schools from joining a MAT. The Catholic Diocese have set out plans to invite governing bodies to join; we have clearly said that there must be a real consultation amongst parents at each school in which both sides of the argument are heard.

- I accompanied three care leavers and LBI officers for an event in Stoke to learn about bringing 'The House Project' to Islington. This is an exciting project which will enable a group of care leavers here to renovate vacant properties so they can be occupied by care leavers.

- We were delighted to open a new Youth Club, Soap Box in Old Street. It is being operated by Dragon Hall who are experts in bringing digital skills to young people. The facility includes a virtual reality cave, digital recording studios and 3D printing facilities amongst other things.

# 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, Schools 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.

**CHILDREN'S SERVICES SCRUTINY COMMITTEE**

**WORK PROGRAMME 2017/18**

**Monday 10 July 2017**

1. Membership, Terms of Reference, Dates of Meetings
2. Post-16 Education, Employment and Training – Draft Report
3. Education in Islington: Annual Report
4. Update on trends and demand for places at Islington schools
5. Quarterly Review of Children's Services Performance (Q4 2016/17)
6. Scrutiny Topics and Work Programme 2017/18

**Tuesday 19 September 2017**

1. Vulnerable Adolescents Review– Scrutiny Initiation Document and Introductory Briefing
2. Results of Children's Services Ofsted Inspection
3. Executive Member Annual Presentation
4. Review of Work Programme

**Monday 30 October 2017**

1. Vulnerable Adolescents Review – Witness Evidence
2. Quarterly Review of Children's Services Performance (Q1 2017/18)
3. Executive Member Questions
4. Review of Work Programme

**Tuesday 28 November 2017**

1. Vulnerable Adolescents Review – Witness Evidence
2. Recommendations of the Fair Futures Commission
3. Alternative Provision Review 2015/16 – 12 Month Report Back
4. Executive Member Questions
5. Review of Work Programme

**Tuesday 9 January 2018**

1. Vulnerable Adolescents Review – Witness Evidence
2. SEND Reforms and Impact – Update
3. Quarterly Review of Children's Services Performance (Q2)
4. Corporate Parenting Board Annual Report
5. Executive Member Questions
6. Review of Work Programme

**Tuesday 20 February 2018**

1. Vulnerable Adolescents Review – Witness Evidence and Recommendations
2. The Children's Services Response to Prevent – Update
3. Update on bullying and discrimination in schools
4. Executive Member Questions
5. Review of Work Programme

**Tuesday 20 March 2018**

1. Vulnerable Adolescents Review – Draft Report
2. Islington Safeguarding Children Board: Annual Report
3. Education Annual Report
4. Quarterly Review of Children's Services Performance (Q3)
5. Executive Member Questions

---

**WORK PROGRAMME 2018/19**

**Tuesday 19 June 2018**

1. Membership, Terms of Reference, Dates of Meetings
2. Child Protection Annual Report
3. Quarterly Review of Children's Services Performance (Q4 2017/18)
4. Scrutiny Topics and Work Programme 2018/19