



Safeguarding Sub (Community & Children's Services) Committee

APPENDICES PACK

Date: MONDAY, 10 OCTOBER 2022
Time: 2.30 pm
Venue: COMMITTEE ROOMS, 2ND FLOOR, WEST WING, GUILDHALL

4. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22**
(Pages 3 - 72)
5. **YOUTH OFFENDING SERVICE INSPECTION REPORT AND ACTION PLAN**
(Pages 73 - 140)
12. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) - UPDATE REPORT**
(Pages 141 - 202)
21. **INDEPENDENT REVIEWING OFFICER (IRO), ANNUAL REPORT FOR 2021-2022**
(Pages 203 - 232)
22. **ADULT SOCIAL CARE SAFEGUARDING PERFORMANCE REPORT Q1 2022/23**
(Pages 233 - 242)
23. **CHILDREN AND FAMILIES SERVICE PERFORMANCE - MONTH 4 2022/23 (JULY 2022)**
(Pages 243 - 262)
24. **CHILDREN'S SOCIAL CARE SELF EVALUATION AND SERVICE DEVELOPMENT PLAN**
(Pages 263 - 306)

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CHSAB Annual Report 2021–22

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

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Message from the Independent Chair

I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2021/22. As the Independent Chair of the Board. I am extremely grateful to all partners for their ongoing support and contributions to safeguarding people living in the City and Hackney, through the tremendous challenges from the Covid-19 pandemic. Partners have continued to deliver safe services and respond to changing safeguarding needs and risks, as the report describes. I take this opportunity to thank all staff, volunteers and residents for supporting people at risk of abuse or neglect in the City and Hackney during this time.

This annual report shows what the Board aimed to achieve during 2021/22 and what we have been able to achieve, as partners and as a partnership. It provides a picture of who is safeguarding, in what circumstances and why. This informs the priorities in the Delivery Plan for 2022/23, which states what we intend to do during this year despite the considerable pressures on partners in terms of resources and capacity. There are significant challenges, including: the ongoing impact of Covid-19 and safeguarding issues arising from the lockdowns; the impacts of the cyberattack on Hackney Council and greater levels of need in the local population.

The Board and its members continue to address the challenges in respect of safeguarding adults in the City and Hackney, find innovative ways to support residents and staff, and make improvements in the ways in which people are safeguarded. I hope to continue to chair the partnership and support colleagues to achieve the aims and ambitions of the Board.

Dr Adi Cooper OBE,
Independent Chair City and Hackney Safeguarding Adults Board
June 2022

What is the Safeguarding Adults Board?

Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate to meet the objectives described in the statutory guidance accompanying the Care Act 2014.

Membership

The CHSAB has three statutory partners: the Local Authority, Clinical Commissioning Group and Police service and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings during 2021/22:

2021-22	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	100%
Homerton University Hospital	100%
Barts Health NHS Trust	0%
East London NHS Foundation Trust	100%
London Fire Brigade	50%

2021-22	
Metropolitan Police	100%
City of London Police	50%
National Probation Service	25%
Healthwatch Hackney	50%
HCVS	25%
Age UK East London	50%
The Advocacy Project	0%
London Borough of Hackney Benefits and Housing Needs	75%
Turning Point	25%
Department of Work and Pensions	100%
Public Health	75%
Care Quality Commission	25%

Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent.
“I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.



“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Board Governance

Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

Quality Assurance:

This group examines quantitative and qualitative information about safeguarding across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

Safeguarding Adults and Case Review:

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers if a SAR is required. It will also monitor the embedding of action plans from reviews that have an adult safeguarding theme to them.

Workforce Development:

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding. It is also responsible for quality assuring the safeguarding training delivered by partners.

Transitional safeguarding:

The task and finish group is responsible for identifying how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse. This is a joint task and finish group on behalf of the City and Hackney Safeguarding Children's Partnership and Hackney Community Safety Partnership as well as the CHSAB.

SAR action plan task and finish group:

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long-term impact on improving practice.

Digital safety and financial scams group:

The group identifies core risks associated with being online and using digital platforms. Furthermore, the group identifies how to keep residents safe online, particularly with respect to financial scams.

Anti-social behaviour and safeguarding:

This group was set up by the Safeguarding Adults Board and Community Safety Partnership in Hackney to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

There are also quarterly CHSAB meetings attended by the whole partnership. This allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where it allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities.

CHSAB strategic links

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board also engages with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

Budget

In 2021/22 the budget was £216,991 from the partners listed below:

Partners Income	Received (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
LB Hackney	(104,809)
Total income	(208,084)

The expenditure for the Board in 2021/22 was £182,104. This covered costs including staff, the Independent Chair, training and design costs.

The Board have made the decision to keep the partner contributions the same on the basis that there is a current reserve of £199,396, to meet any unplanned expenditure that may be incurred in this financial year.

Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

Case Study 1: North East London Clinical Commissioning Group

Sophie* is a young woman who resides at a local nursing home. She is largely bed bound, and lacks capacity to consent to care and treatment. However, she is not resistant to care being provided. There has been a positive relationship between the care home and family, and all report that the GP is very engaged with managing her care plan.

When residents at her nursing home were routinely being offered the Covid-19 vaccine – Sophie’s family stated that they did not wish for her to receive the vaccine. As Sophie lacks the capacity to consent to treatment, the responsibility for a **‘best interest decision’** under the ***Mental Capacity Act*** lies with the CCG and the GP who manage her care arrangements. The CCG were anxious to reach a safe decision that engaged with



her families’ concerns and worked collaboratively, taking into account the significantly higher levels of Covid-19 deaths of care home residents.

The care home had done a lot of work with families to ensure that they have the information to assist in being involved in decision making where residents could not make their own decisions. This involved providing information leaflets, discussions, etc and centred upon consent to "testing" and vaccinations. The family had previously advocated for their daughter to have the flu vaccine. It was agreed that the first step should be to engage further with the family and understand the basis of their concerns. The CCG sought Adult Safeguarding advice from the Adult Safeguarding Lead at the London Borough of Hackney. Following discussions between the case manager and the family it became apparent that their objections were specific to the Astra-Zeneca vaccine, rather than the overall principle of vaccination. This was in part due to their understanding that this vaccine contained animal products that are prohibited in their faith. This understanding allowed the case manager to engage in a more personalised way with the family accepting their concerns and working in partnership. A best interest decision was taken to administer the vaccine and the family agreed with this plan.

Case Study 2: Metropolitan Police Service

The police responded to a call from neighbours of a **Kate***, concerned that they had not seen her at the address for some time. They also noted that there were multiple males coming and going to the property at different times of the day. Police attended and managed to confirm that Kate was safe and well but established that she was extremely fearful of the males who had attended the address. The officers were able to establish that Kate was a Class A drug user whose address had been ‘cuckooed’ by males who she had previously bought drugs from. These men, up to five in total, took over her flat and used it to deal and store drugs from. They threatened violence should she ever inform the police. Neighbourhood officers were already working in partnership with Peabody Housing to obtain a closure order for the address. Kate was safely removed from the premises, with her consent, and put up in a hotel by police. This was so that she could be away from the immediate area whilst work with the Housing association was completed to urgently re-house her elsewhere. A search of the premises located a large amount of class A drugs, cash, and a suspected firearm. Kate was safely placed away from harm and is receiving ongoing support from social services, and a criminal investigation remains ongoing into the items found and identifying suspects for prosecution.

“I've got my life back.”



CHSAB Achievements for 2021/22

Safeguarding Adults Review (SARs)

- The Board commissioned one Safeguarding Adults Review and one discretionary Safeguarding Adults Review. Both are due to be published in 2022 and will be included in the annual report for 2022/23.
- The Board held one reflection event identifying how well learning from the MS SAR was embedded into practice. The Independent Reviewer provided positive feedback on the actions Board partners had taken to address the recommendations from the review.
- The SAR action plan group measured how well learning had been embedded into practice. This undertaking feedback exercises with frontline staff and partners allows us to understand how well SARs were known and perceived across the City and Hackney.
- The SAR Protocol was updated in response to the National Analysis from SARs.
- The SAR action plan group reviewed learning from SARs across London to identify themes and how the Board can pre-emptively address these.

Training and engagement with professionals

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 11 different safeguarding courses, including a new course on trauma informed approaches to safeguarding. In total, 413 people attended training in 2021/22.
- The Board published monthly bulletins for frontline staff providing them with update on adult safeguarding issues.
- The Board delivered a series of bitesize training including learning from SARs and best practice working with rough sleepers.
- The Board has commissioned a new training system so that all training will be contained in one centralised location.

Safeguarding Adults Week

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 200 professionals attended these session; an increase upon the previous year.
- The Board created a series of seven-minute briefings and learning resources to support frontline staff.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

Quality Assurance

- The Board undertook one multi-agency case file audit which assessed safeguarding practice in respect of self-neglect. In total 10 cases were reviewed at a multi-agency event attended by Board partners and the neighbourhood team.
- Board partners audited their safeguarding training, with specific scrutiny into mental capacity training offered to staff.
- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- There was one challenge event, which assessed the Board partners in relation to safeguarding priorities set out in the Safeguarding Adults Partnership Audit Tool; which is a Londonwide audit tool.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

Multi-agency working

- King's College London have undertaken a Communities of Practice around homelessness and self-neglect, which the Board has participated in.
- The Board supported the Domestic Abuse Intervention Service to create and promote the Intergenerational Domestic Abuse Protocol in the London Borough of Hackney.
- The financial scams and digital safety group worked to help ensure people stay safe online. The group reviewed core safety risks and will continue to raise awareness of how professionals and residents can avoid safeguarding risks.
- There was Board attendance at a number of partnership groups including the Carers Partnership Board, Death in Treatment Panel, no recourse to public funds meetings and domestic abuse work streams.

Financial Scams and Digital Safety Task and Finish Group

- A small group of partners formed the financial scams and digital safety task and finish group to look at the risks for residents using digital platforms.
- The group has raised awareness of digital safety and online scams in the Board's newsletters.
- The group has directed that all future safeguarding projects review any online or digital risks that may be relevant.
- The group will continue to develop resources to assist frontline professionals and residents over the forthcoming year.

“I'm thankful for the help and support.”



Case Study 3: City of London Police

Leila* experienced domestic abuse over the years however she had never reported it to the police. Leila has three children, all known to Children's Social Care at different stages of their lives. At a strategy meeting for the youngest, Leila disclosed information about domestic abuse she was experiencing. Staff in the Public Protection Unit attempted to engage with Leila and she was allocated a specialist domestic abuse detective.

There was a violent incident at the home address, leading to Leila calling 999 and reporting the perpetrator. The VVA and officer on duty collected Leila from the address along with her youngest child and took her to a place of safety. This was the first time Leila had the courage to report the abuse she was suffering. The Police Public Protection Unit arranged emergency accommodation, with the support of social services, to ensure that Leila and her child did not have to return to the family home.

Leila's case was referred to the MARAC, which ensures that there is a multi-agency response to domestic abuse. The MARAC ensured that Leila was housed in an appropriate location. The case was referred to the Crown Prosecution Service to ensure that there was a criminal prosecution for the perpetrator.

Case Study 4: Hackney CVS

Gio had engaged with the service for a number of years, volunteering for one of the programmes run by the service. Gio identifies as non-binary and bisexual, which has caused them to become estranged from their family due to their sexuality. They do not have settled immigration status in the UK. Furthermore, Gio has been diagnosed with high performing autism, depression and also struggles with anxiety. This has led to them have periods of suicidal ideation and they have attempted to take their own life.

Gio was receiving support from East London Foundation Trust mental health teams, their GP and a housing provider. Gio found that support from Hackney CVS (HCVS) to get them into work has been really valuable and they are now on a salaried wage. HCVS supported Gio to obtain accommodation and furniture for this.

Gio still experiences panic attacks which were exacerbated by being stopped and searched as a young black person and fears that they may be supported. However, HCVS has put in support for them, so they are able to manage these. Gio reports to feeling generally much happier in their life.



“Due to the support I received, I was able to obtain accommodation, a place to call home.”

Anti-Social Behaviour and Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Community Safety Partnership in Hackney)

- A group of officers within the London Borough of Hackney formed the group to look at strengthening the safeguarding response to anti-social behaviour.
- The group have explored the key concerns for professionals working with people feeling and perpetrating anti-social behaviour.
- The pathways for anti-social behaviour cases have been reviewed and revised to ensure that these are accessible.
- The group explored the issue of cuckooing, where people take over the home of another person and use it for their own means, often for criminal activity. The group explored how to respond to and raise awareness of this issue.

Transitional Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Children's Safeguarding Partnership and Hackney Community Safety Partnership)

- The Group has worked with the University of Sussex Innovate Project to continue to drive learning and understanding around the safeguarding risks affecting young people aged 16 - 25 years old.
- The group undertook a number of learning sessions with staff to raise awareness of what is available to support young people.
- The group developed a briefing for staff outlining how they could apply the law when supporting young people being exploited or abused.

Resident engagement

- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding.
- The Board advertised for the role of Safeguarding Champion and also for volunteers to join the London Safeguarding Voices Group.
- Age UK undertook a feedback session with residents to hear their views on digital safety.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.

Neighbourhoods Team

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's multi-agency case file audit.

Engagement and partnership work

- The Board provided a response to the consultation undertaken by North East London Clinical Commissioning Group in relation to changes to the structure of their safeguarding teams.
- The Board expanded its professionals mailing list and networks to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: **chsab@hackney.gov.uk**.
- The Board delivered a number of bite-sized training sessions on different areas of safeguarding to different teams across the City and Hackney. This includes presentations to the public health teams, The Advocacy Project and the Health and Wellbeing Board.

National work

- The Board contributed to the National Safeguarding Adults Board Chairs survey, which looks at the effectiveness and priorities of Safeguarding Adults Boards across England.
- Members of the Board attend a number of regional and national groups including, the London Safeguarding Adults Board, London and national SAB Chairs, London and regional SAB Manager Networks and Care and Health Improvement Partnership (Local Government Association and the Association of Directors of Adult Social Services) Safeguarding adults workstream.
- Members of the Board have presented at national safeguarding events that have occurred across England.

Case Study 5:

Homerton University Hospital Foundation Trust

Loretta was a 90-year-old widow with vascular dementia and a number of other health issues. Loretta was normally resident in Nottingham, and she was an active member of her local church. She had a large family, with five children and an extended social network. Her daughter supported her with some tasks at home. Loretta had discussed Lasting Power of Attorney (LPA) with her daughters before she lost capacity and had given three of her daughter's this authorisation for her financial and health affairs.

Loretta suffered a severe stroke which resulted in her requiring support with all activities of daily living. It also impacted her ability to make decisions around her care.



Loretta receives home care from her daughters and carers

This occurred during the Covid-19 pandemic and it unfortunately meant that visitations were restricted.

Staff determined that Loretta lacked capacity to make decisions about her discharge from hospital, specifically where she would be discharged to. In line with the Mental Capacity Act, a best interests assessment was arranged to discuss her LPA with her family. A number of discharge options were discussed for Loretta, including factors to consider with each option. Loretta's daughters had different views on where she would be discharged to.

An Independent Mental Capacity Advocate was appointed to support and establish the past and present wishes of Loretta. A social worker and discharge team, provided the daughters with care home options as well as dates for discharge. Unfortunately, it was not possible to reach a unanimous decision on Loretta's care. It was determined that it was in Loretta's best interest to be discharged to the care home with nursing attached to the Hospital. In conjunction with this, a social worker liaised with the Office of Public Guardianship and the Court of Protection.

The Court of Protection agreed that Loretta lacked capacity to make decisions about her life. She remained in the care home during the pandemic, although efforts were made to ensure her family could visit once restrictions were lifted and to ensure she had access to Christian shows and music, which she enjoyed. Staff also worked to ensure that Loretta could have a 90th birthday celebration that her family could all attend safely.

The Court of Protection eventually ruled that Loretta could return to Nottingham to be cared for in her home by her daughter and carers. The rest of the family were supportive of this decision. The manager of the care home arranged transport and a handover to staff and her daughter, so her needs were met.

What did the Board not achieve?

The Board always sets itself an ambitious set of goals to achieve in its annual strategic plan. This is to ensure that the safeguarding adults' agenda is driven forward across the City and Hackney. Unfortunately, it is not always possible to achieve all goals. The Board was unable to meet the following objectives during 2021/22:

1. Whilst the Board has undertaken outreach work to improve its engagement with residents, it has not been possible to re-establish the service user network it had with residents prior to the Covid-19 lockdowns. The Board will continue to identify ways it can improve engagement with service users and residents in the City and Hackney.
2. In preparation for inspection by the Care Quality Commission (CQC), the Board intended to audit safeguarding within the City and Hackney's Adult Social Care teams. This did not go forward on the basis that the Board were awaiting the publication of a template for this from the CQC. This action has been rolled forward into the Board's annual strategic plan for 2022/23.
3. At the start of the financial year the Board put on a number of learning sessions for voluntary sector agencies. Unfortunately, these were not well attended, and the Board had to cancel further sessions. To address this the Board is working with its voluntary sector members to help engage with wider voluntary and community sector organisations.

Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that this was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act 2014, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2021/22, the Board did not publish any Safeguarding Adults Reviews. The Board initiated two reviews in 2021/22, one was a SAR as defined under section 44 of the Care Act and the other a discretionary review. It is anticipated that the Board will publish these two reviews and an outstanding discretionary review in 2022/23.

CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult

safeguarding. The Board renewed its Strategy in 2020 and published a five-year plan on how it will deliver its goals. The following objectives have been met in respect of the Board's 2020-25 strategy:

- We will find innovative ways to communicate key learning from the CHSAB to frontline staff across the partnership, this will include written, online and face-to-face formats.
- We will continue to run an annual Safeguarding Adults Week to help raise awareness of emerging issues with the public and frontline staff.
- We will undertake horizon scans of local, London and national safeguarding trends to help us identify thematic priorities for the Board.
- We will continue to engage with the Integration Model and Neighbourhood teams to support them in ensuring that safeguarding is embedded through all aspects of their work.
- We will continue to identify how we can work with different organisations and partnerships across City and Hackney where we have overlapping interests. This includes supporting teams to consider safeguarding in their own projects and work streams.
- We will continue to work collaboratively with the Safeguarding Children's Partnerships, Community Safety Partnerships and Health and Wellbeing Boards on mutual areas of interest.
- We will quality assure the safeguarding work of the Board's partners through our Quality Assurance Framework, undertaking the SAPAT and yearly multi-agency case file audits.
- We will identify how much impact the Board and SARs are having in improving safeguarding practice across City and Hackney.
- We will undertake periodic reviews of the Board and its Chair to ensure that it is meeting its obligations in respect of the Care Act 2014.

In the forthcoming year the Board will focus on the following priorities:

1. Engaging with voluntary and community sector organisations in a meaningful way to ensure that adult safeguarding messages are incorporated into practice.
2. Oversee The Advocacy Project in their delivery of an adult safeguarding feedback service for people with lived experience of adult safeguarding. If you have received adult safeguarding support in the City or Hackney and would like to provide feedback to this service, please contact: **chsab@hackney.gov.uk**.
3. Identifying and responding to people who are 'on the edge of care' and may not meet the criteria for statutory safeguarding intervention, but still have safeguarding needs.

4. Continuing to raise awareness of self-neglect and how to work effectively with adults who may be neglecting themselves.
5. Engaging with services across the City and Hackney to ensure that they have embedded core duties in relation to adult safeguarding.

“My daughter is able to help me with the support she receives.”



Case Study 6: East London Foundation Trust

Anita was a 51 year old woman from the Irish Traveller community, who was diagnosed with psychosis, depression and anxiety. There were suspicions that she may have a mild learning disability and some memory loss due to heavy drinking. Anita had been known to the EQUIP team, who work with people experiencing or at risk of

experiencing their first episode psychosis, for a year. She lived with her ex-partner and daughter and had a joint tenancy with him. Her ex-partner had care and support needs of his own and was using illicit substances and drinking heavily. Anita's ex-partner had been abusive towards her. She also had a current boyfriend whom she described as being "on/off", and he was also abusive towards her. Anita's daughter helped to provide care to her and her ex-partner.

The EQUIP social worker had worked closely with Anita to understand her needs and her wishes for the future. The EQUIP social worker recognised that she was an adult at risk of domestic abuse, but her low mood and anxiety prevented her to seek support. Her circumstances meant that she was restricted in moving to alternative accommodation, and Anita also stated that she wanted to stay close to where her daughters were.

The EQUIP social worker held a professionals meetings to try and ascertain what could be done to support Anita, specifically advocating for her to move accommodation with the support of her housing association. The social worker worked with the Named Professional for Safeguarding Adults and domestic abuse team to move things forward by escalating concerns with the housing association. The EQUIP social worker also worked with the Carer's Lead to support Anita's daughter who was struggling with the demands placed on her as a carer. As a result, Anita was offered alternative accommodation with her daughter and her daughter was provided with support in her carer role.



CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2021/22:

London Borough of Hackney

- Provided support to partners in relation to the roll out of Covid-19 testing and vaccination, particularly where there may be concerns in relation to the person's mental capacity to consent to vaccination or testing. This helped to ensure more people had access to testing and the vaccine.
- There have been contributions to and progress around a multi-disciplinary approach to working within neighbourhoods based around GP practices. This supports early engagement and reduces the likelihood of people having to re-tell their stories to several professionals. This was undertaken while rearranging the safeguarding team so that the response and outcomes when abuse is first reported is more proportionate and accessible for residents.
- There were a number of projects where Adult Social Care collaborated to improve outcomes for residents. This included work with colleagues in the Domestic Abuse Intervention Services to devise and implement an intergenerational domestic abuse protocol. This will assist in promoting a joint approach to situations where the victim is generally an older adult with care and support needs. There was also social work involvement in the temporary accommodation team, to further embed multi-agency working with people who are street homeless or facing eviction.

City of London Corporation

- The pilot recruitment of a social worker to be based in the Homelessness and Rough Sleeping Service has been a success with an increase in related Care Act 2014 assessments, and in preventative interventions. The post has now been made permanent.
- Systems which were put in place to facilitate and monitor hospital discharges have been effective in meeting the demands created by the pandemic in terms of response times, increases in numbers of patients from a higher number of hospitals, and managing increased levels of risk.
- There has been improved partnership working which has contributed to continued improvements in multi-agency approaches to managing and reducing risk. Most notably the work alongside the Rough Sleeping and Mental Health Programme in supporting rough sleepers, and the further embedding of the Neighbourhood model of integration.

North East London Clinical Commissioning Group (CCG)

NHS Improvement requested **Safe and Wellbeing Reviews**, a rapid review process for commissioners to urgently assess the wellbeing of individual's living at long-stay hospital settings. In total there were 20 reviews across

NEL CCG and 20 across the provider collaborative. This process included individuals with a learning disability who are in long-stay secure hospital placements outside of the borough. The key findings for City and Hackney were as follows:

- Actions could be taken around physical health such as obesity management and ensuring primary health checks e.g. dental checks.
- Some individuals experienced delayed discharge which tended to be related to challenges sourcing an appropriate community placement.
- In some instances the practice conducting care plan reviews remotely or virtually (due to Covid) had impacted the quality and oversight.
- The CCG undertook extensive and creative efforts to ensure that at risk populations including those who are housebound were offered and administered the Covid-19 vaccination with urgency.
- Following a comprehensive review of current services in primary care; the CCG and Public Health agreed to combine resources to commission a new enhanced Early Identification Domestic Abuse Service. The early identification service aims to provide secondary prevention of domestic abuse for all residents of the City of London and Hackney.

Homerton University Hospital NHS Foundation Trust

- The relationship between Homerton Hospital and Adult Social Care, in particular the Deprivation of Liberty Safeguards team, Integrated Discharge team and the Police has improved.
- There was an increase in staff training and awareness raising sessions. This includes the launch of a safeguarding adults level 3 as part of the induction process for staff.
- There has been working across acute and community sites to raise awareness on the safeguarding agenda. This includes providing face-to-face support to patients and service users and supporting them to make their own decisions.

East London Foundation Trust

- The Trust continued to ensure that adults were safeguarding throughout the pandemic despite significant pressures on mental health services. Trust reporting systems have been developed to help capture the nature of abuse affecting residents with mental health needs. This has enabled senior staff to identify specific training that is required for practitioners, for example domestic or financial abuse.
- The Trust has rolled out quarterly safeguarding supervision across services based in the City and Hackney. This is delivered by the Named Professional for Safeguarding Adults and allows frontline staff the opportunity to seek advice and guidance on safeguarding.

Case Study 7: City of London Corporation

There were on-going concerns regarding the self-neglect of **Asif** who moved across different local authority areas. The concerns led to a section 42 safeguarding enquiry being undertaken by the City of London and the case was allocated to the specialist rough sleeper social worker.

A number of cross boundary meetings were held with other Local Authorities, including legal teams, to share ideas and best practice. There were regular check-ins with legal teams to make sure that all legal options and thresholds to meet our duties to Asif were considered. Throughout periods of cold weather, a temporary accommodation was booked for him, even if he did not indicate that he would come inside. This was so that there was always a self-enclosed option for them. The street cleansing team undertook weekly visits for a period to support Asif and minimise health risks arising from rotting food and vermin.

Mental capacity assessments were completed by a lead professional in a collaborative way, for example, a joint assessment was undertaken around a decision to decline housing offers, the social worker organised meetings with Psychotherapist and Community Psychiatric Nurse to discuss the assessment and get his views. A social worker completed weekly visits with Asif to try and establish trust, understanding, and compassion. A number of creative options were considered for Asif from temporary accommodation to placement in a residential care home. All these options considered what his goals were and how he wanted to live their life.

Asif case was allocated to a specialist, rough sleeper social worker



Metropolitan Police Service

- Police in Hackney achieved the highest sanctioned detection rate for domestic abuse across the Metropolitan Police Service. This stood at 16.2% for 2021/22.
- The Police were able to maintain a business as usual approach during Covid-19.
- The Police delivered and oversaw an effective Multi-Agency Risk Assessment Conference (MARAC) supporting those who are at highest risk of domestic abuse. The MARAC adopted a holistic approach to the safeguarding risks that arose during the MARAC.

City of London Police

- Funding was secured for a Mental Health Triage nurse for 2021/22. The nurse has facilitated a decrease in the need to invoke section 136 of the Mental Health Act, which gives police emergency powers to take someone from a public place to a place of safety.
- A Vulnerable Victim Advocate has been recruited until 2023; the Advocate supports victims of domestic abuse, sexual violence and fraud, as well as undertaken engagement work with outreach services.
- A Violence Against Women and Girls (VAWG) action plan has been developed which has informed and filtered across all areas of the City of London Police's work.

Hackney CVS

- Hackney CVS continues to address the issue of race inequality through all its work; this includes challenging agencies and policy makers across Hackney to consider race equality in their work.
- On-going support has been provided to the voluntary sector to help them improve their safeguarding practice. This includes the delivery of training for the workforce and the promotion of safeguarding policies and practice.
- Hackney CVS has raised awareness of how sectors can improve engagement with young people who may be treated differently due to their age, race or background. In particular, the work of the Account group has strived to improve relations between the police and young people with safeguarding needs.



“My link worker kept me updated and outlined the options available to me.”

Case Study 8: London Borough of Hackney

An adult safeguarding concern was received from the local Drug & Alcohol Dependence Service to alert the adult safeguarding team of a possible “cuckooing” situation involving one of their service users, **Samuel**. Samuel had informed the service of people using his property to use and circulate drugs and was limiting his access to the accommodation. Samuel stated that although he wanted this to end, he was extremely anxious about possible repercussions, and wanted any subsequent actions to be at a pace that was agreed by him.

The referring agency had begun to establish Samuel’s wishes and his vulnerability, including his ability to address the situation themselves. The team initially concluded that Samuel was able to make his own decisions and that there was a plan in place to deal with the current situation which suited his needs. Samuel also stated that he was happy for the drug and alcohol worker to advocate for him at any upcoming meetings.

Further concerns were received regarding Samuel. This led to a multi-agency meeting which included the drug and alcohol team, adult social care, safer neighbourhood team, housing and police, to discuss options for him.

The drug and alcohol worker discussed the potential options with Samuel, who initially stated that he wanted a full closure order to help him. A time frame was agreed, and alternative accommodation was sourced which was then shared with him.

These plans were disrupted after neighbours alerted police to the fact that Samuel had not been seen for a couple of days, which they thought was unusual. Staff undertook a visit to the property, which led to the implementation of the previously agreed support plan. Samuel was facilitated to move into emergency accommodation, provided with a support plan and his property was closed by the Safer Neighbourhood Team.

Samuel reported that his experience with services was positive, although he identified that the temporary accommodation did not have the basics due to him leaving his home at short notice. This was taken on board by agencies who will be incorporating this into a forthcoming multi-agency protocol. Samuel also commented on the value of having one link worker who was able to provide updates and outline the options available to him.

Age UK

- There has been a focus on preventative work to support adults, and there have been a number of examples where Age UK have achieved positive outcomes in supporting people.
- There has been an increase in calls made to carers to check on their welfare and wellbeing.
- Work was undertaken to support residents, who required it, to join video meetings. This enabled the team to get better insight into their unspoken circumstances.

The Advocacy Project

- Staff within the organisation continue to raise safeguarding alerts and provide support for people through safeguarding enquiries. Safeguarding training has helped increase the depth of understanding amongst the advocates of what constitutes safeguarding. The quality of support to people experiencing abuse has improved with advocates providing a more holistic approach across different legislation. This is notable in terms of supporting people who experience abuse alongside their acute mental health support needs.
- The team continues to strive to create dynamic professional working relationships across the borough. This helps ensure that professionals have multiple ways to seek support from advocates to support Hackney residents. The professional relationships built by the advocacy team result in referrals and support for people experiencing abuse being often made direct to the advocates on the frontline; this is notable in referrals from the Homerton Hospital and adult social care teams. The online / telephone referral process helps ensure that people experiencing abuse and professionals supporting them have timely access to advocacy support.
- Advocates have continued to build upon their skills and their understanding of the local community. This helps ensure that issues are picked up on and responded to, alerted, and escalated appropriately. Working in a person-centred way with individual clients but having a great understanding of the community issues means that over the year there was a need to raise over 60 safeguarding alerts by advocates on behalf of those experiencing abuse / at risk of abuse.

Turning Point

- The rough sleeper project has utilised the rough sleeper multi-disciplinary partnership meeting to discuss risk and safeguarding cases allowing the formulation of joint risk assessments and care plans for vulnerable rough sleepers.
- Opiate substitute prescribing can be included in a monthly depo form; which has been a treatment option for people with memory or and mobility issues reducing trips to pharmacies or missing appointments.

- Turning Point ensures that Specialist teams and workers reflect the diverse community and endeavour to meet needs of vulnerable adult service users.

London Borough of Hackney Benefits and Housing Needs

- The Benefits and Housing Needs Service led the Everyone In programme for the protection of rough sleepers and those at risk of homelessness in response to the Covid-19 pandemic to save lives. At its peak, the project had secured accommodation, food, support and health care for 219 vulnerable residents with multiple and complex needs, including 44 individuals with no recourse to public funds. The accommodation was provided for two years and provided regular testing and health screening and Covid-19 vaccinations and a larger range of health interventions.
- The service made a successful bid to the Government's RSAP funding prospectus totalling £1.7m to deliver more, newly refurbished self-contained temporary and supported accommodation for rough sleepers.
- Our primary frontline response to rough sleeping is delivered through the Street Outreach team (SORT). In 2020/21, the Hackney SORT service assisted 350 rough sleepers; 47% of which were non-UK nationals. Despite the significant increase in the annual rough sleeper numbers, Hackney has maintained low levels of street population through early intervention and a coordinated support and housing offer.

City and Hackney Public Health team

- Partnership work has been undertaken with Change Please and the Driving For Change initiative. This is an innovative and disruptive approach to tackling homelessness, that brings direct intervention for those in need. Using revamped London buses as a delivery site, Rough sleepers are given first-hand access to GP consultations, a mobile dentist, showers and haircuts on board, all of which are valued services for vulnerable homeless people. The bus is sited in Hackney Central (near the Hackney Empire) on Thursdays and in Dalston (Gillett Square) on Fridays.
- Hackney is one of the leading boroughs in London in ensuring that our homeless residents are vaccinated to protect them from Covid-19. 67% of the people experiencing homelessness in Hackney are now fully vaccinated. This incredible achievement in supporting clinically vulnerable homeless residents to access covid vaccinations places Hackney as the 4th highest in London. This vaccination rate has been achieved despite the significant challenges that all too often mean that the homeless population do not access the medical care they need.
- Two social events were held at the Greenhouse with free food, clothing, haircuts, housing advice, smoking cessation support, drug and alcohol advice, Streetvet advice and treatment, which acted as an encouragement to also receive a flu jab and Covid-19 vaccination.



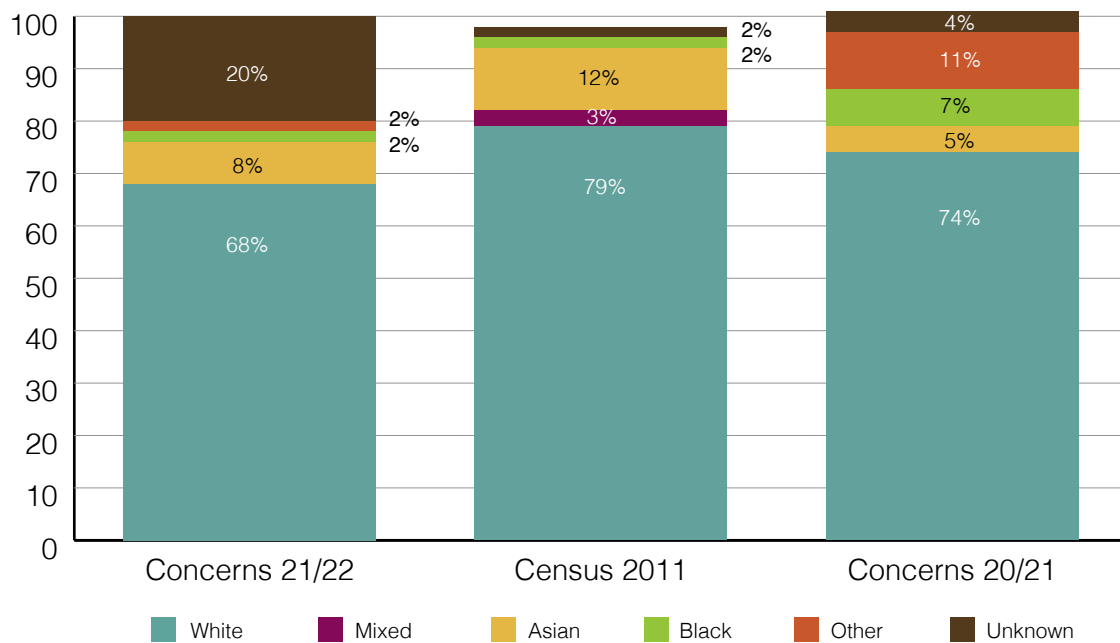
Safeguarding data for 2021/22

The safeguarding data for 2021/22 is presented separately for the City and Hackney. This data is submitted to NHS Digital’s Safeguarding Adults Collection, which collects statutory returns on safeguarding.

City of London

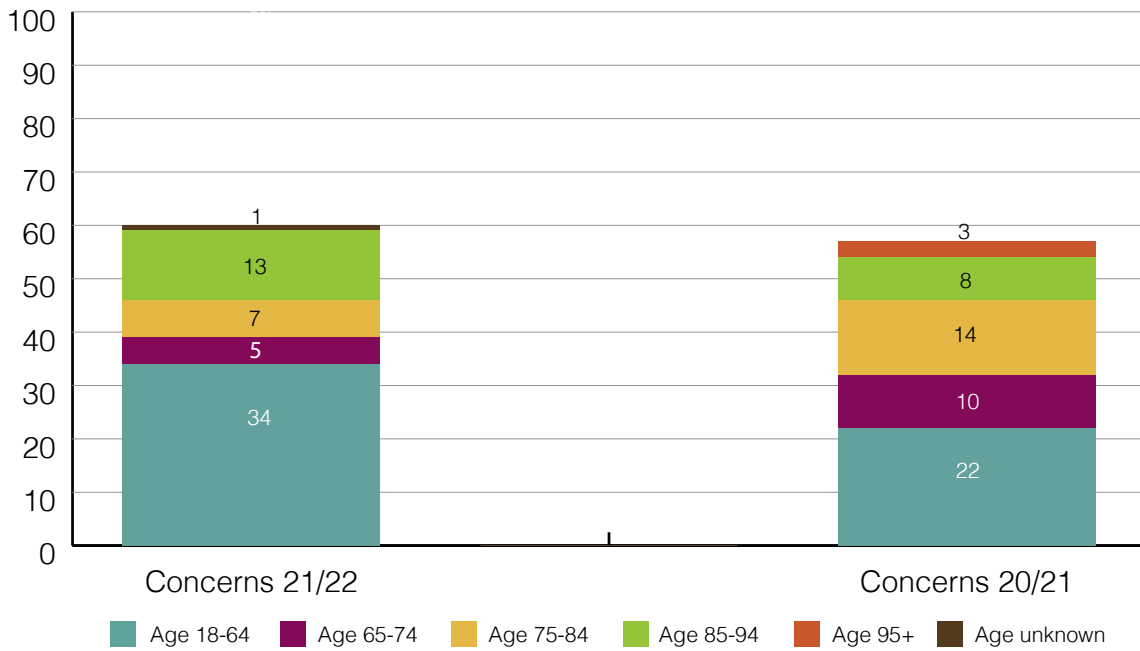
- 60 safeguarding concerns were raised
- 33 of the concerns led to Section 42 Enquiry
- Of the 35 concluded cases 27 were asked about their desired outcome, of which 18 expressed their desired outcomes. Of the 18 people that expressed 17 had their desires fully or partially achieved
- 19 repeat concerns whereby 14 individuals accounted for this cohort

Concerns by ethnicity



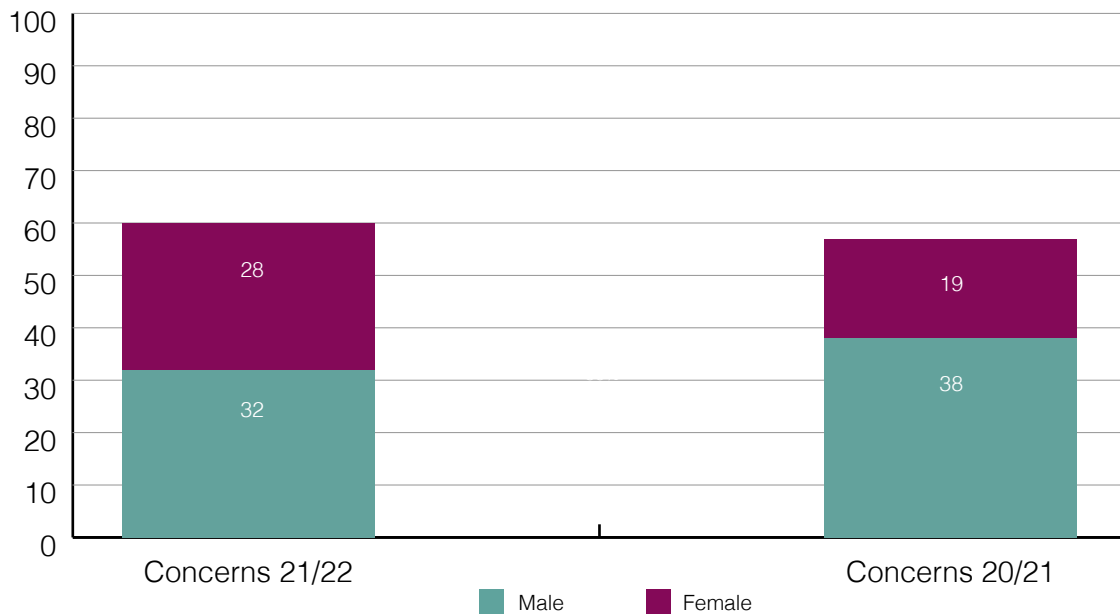
This data should be reviewed with some caution given that a fifth of residents did not disclose their ethnicity. In 2021/22, 68% of safeguarding concerns started were from “White” ethnicity, which is slightly lower than the 2011 City of London census breakdown. 8% of safeguarding concerns were for people from a “Asian / Asian British” background, which is a slight increase from 2020/21, where concerns accounted for 5%. This information is anticipated given that people from an Asian and Asian British background account for the second largest ethnic group in the City of London.

Concerns by age



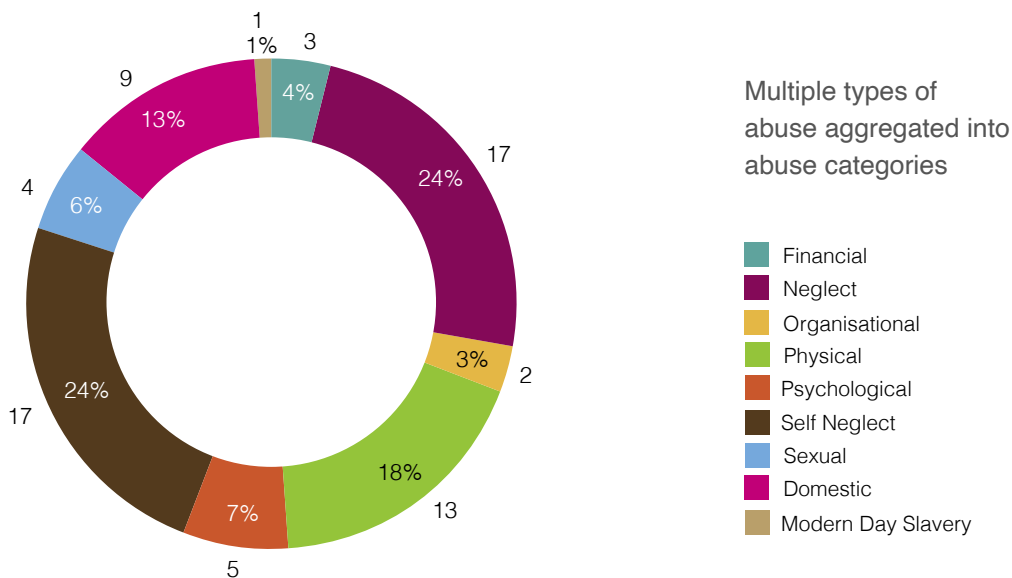
The majority of safeguarding concerns were for people aged 18-64 which was also the case during 2020/21. This was followed by people aged 85-94 whereas last year it was followed by people aged 75-84. The increased number of younger people aged 18-64 years with safeguarding concerns is thought to be linked to homelessness and rough sleeping. This trend is also apparent in last year's data. Prior to 2019/20 those aged 65 or over made up a larger proportion of safeguarding concerns.

Concerns by gender



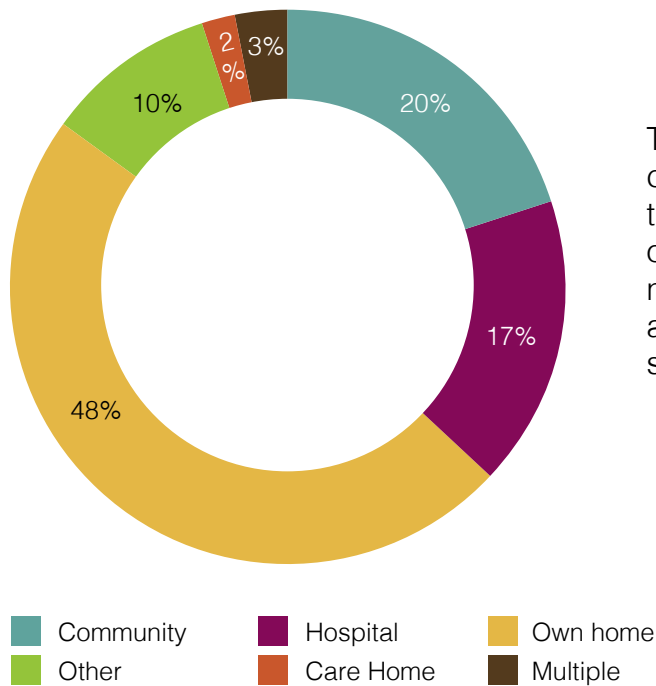
There were a similar number of males and females that were reported into adult safeguarding. This is consistent with national data obtained in NHS Digitals Safeguarding Adults Collection (SAC) which show that the number of safeguarding concerns for females and males are broadly the same.

Concerns by type of abuse



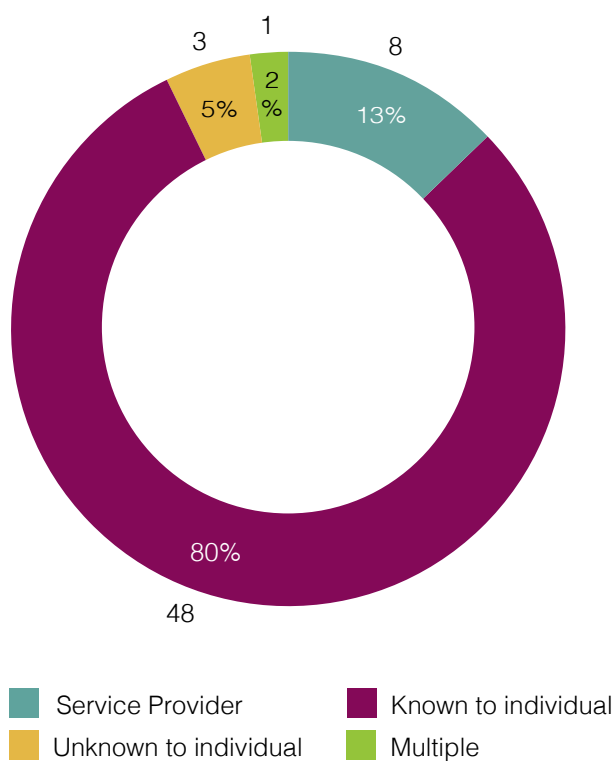
The most common form of abuse was evenly split between self-neglect and neglect and acts of omission. The number of domestic abuse concerns being reported into the City of London also continues to increase accounting for 13% of the concerns. Financial abuse continues to decline, this could be due to better awareness of scams. Alternatively, it may be that since the Covid-19 pandemic there could have been an increase in different types of abuse, such as self-neglect.

Concerns by location of risk



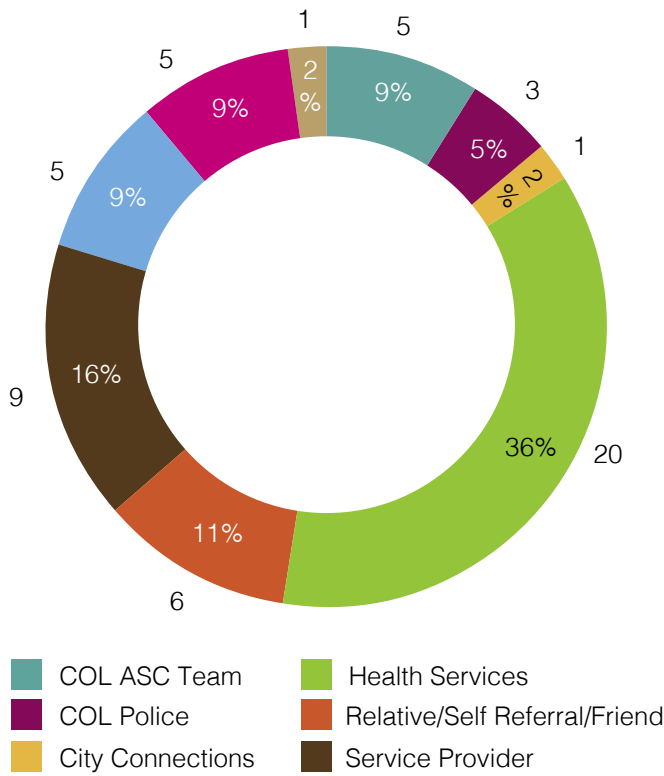
The majority of safeguarding concerns related to alleged abuse that happened in the person’s own home. This is consistent with national data which identifies that abuse typically happens within someone’s own home.

Concerns by source of risk



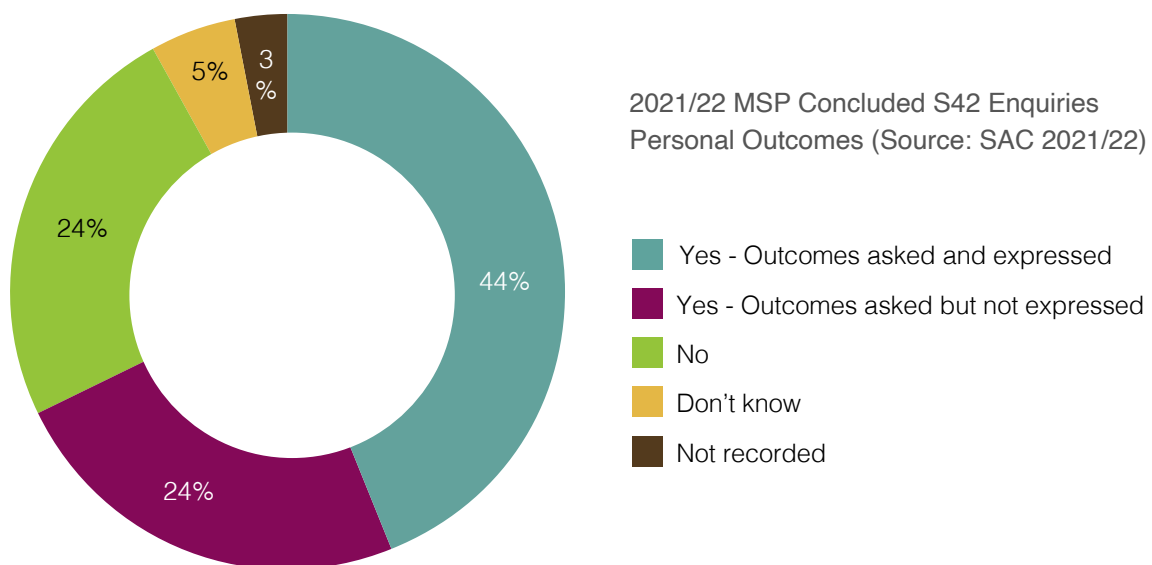
In line with previous years and national data, the overwhelming source of risk was someone known to the individual.

Source of referral



The top three sources of referral were from health services, the City of London Corporation and from service providers. Other referrals included concerns being reported in by the Home Office and London Fire Brigade. It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.

Making Safeguarding Personal



In total 68% of people were asked about their desired outcomes, of which 95% had their desires either fully or partially met. This represents a lower figure than the previous year and this is likely to be due to challenges with the current

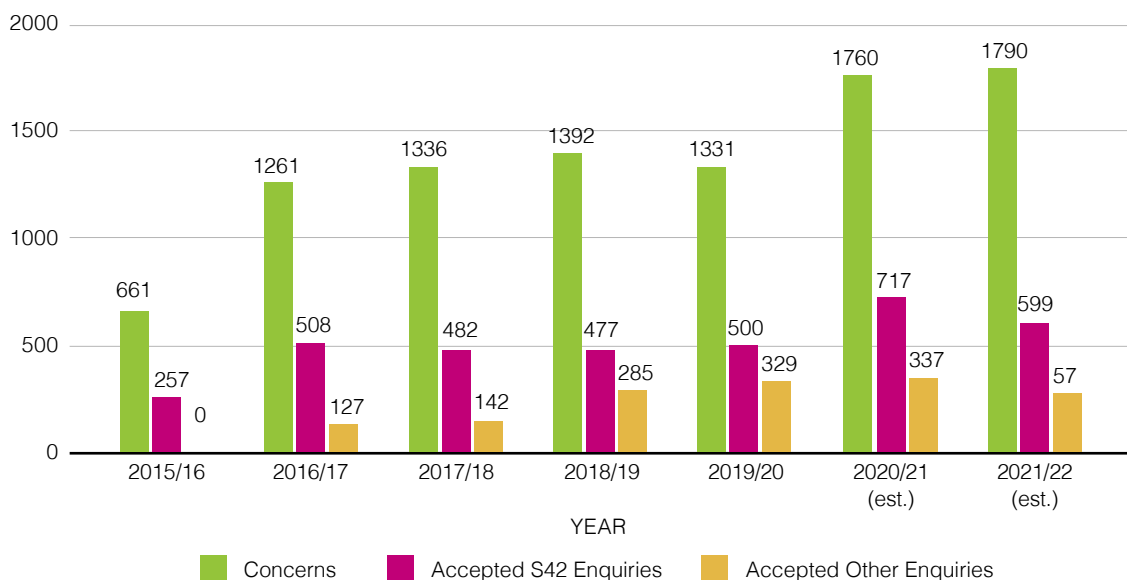
reporting system. The data system continues to be refined and the data around Making Safeguarding Personal will be monitored to see whether there has been any changes to the way this is being delivered.

London Borough of Hackney

In last year’s annual report, the London Borough of Hackney was unable to provide a full set of safeguarding data due to the impact of the Cyberattack. This year it is possible to deliver a full data set for Hackney, however it is important to note that whilst efforts have been made to ensure the data is as fully accurate as possible there should be some caution exercised when reviewing figures. This is due to an interim system being used which could cause some duplication in figures.

Concerns by source of risk

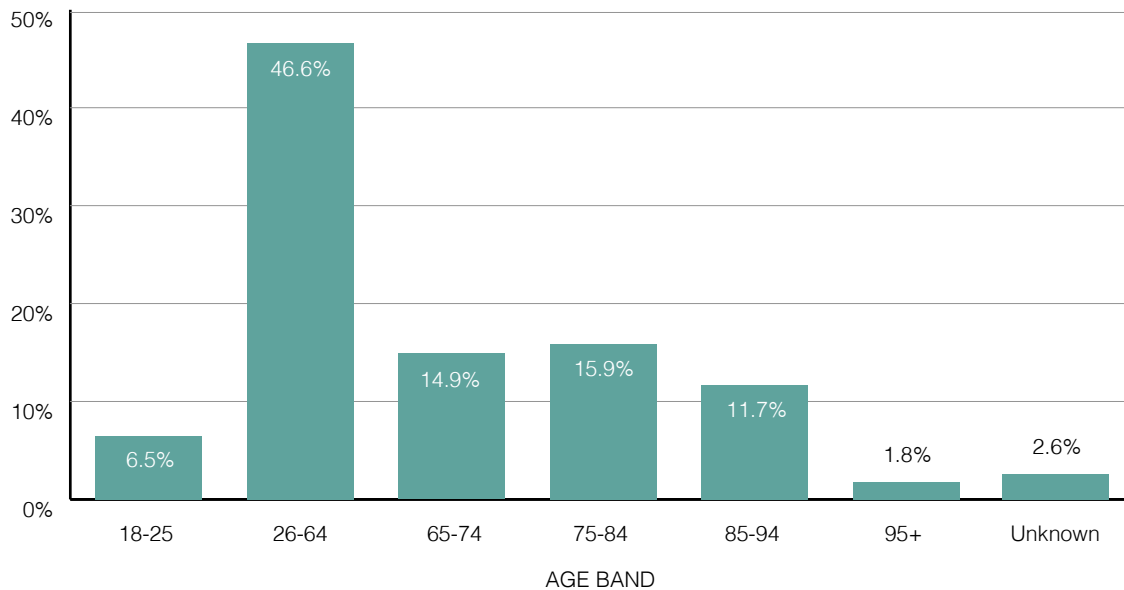
Total number of Safeguarding Concerns and Enquiries, 2015 to 2022



The data should be reviewed with a level of caution due to the on-going impact of the cyberattack affecting the London Borough of Hackney. The general trend shows that there have been an increase in the number of concerns being referred to adult safeguarding. There have generally been more cases that have met the criteria for section 42 enquiry over the past year; although the figures have reduced in the past year, this may be due to more accurate data capture. The Board will continue to monitor this over the course of the year.

Age

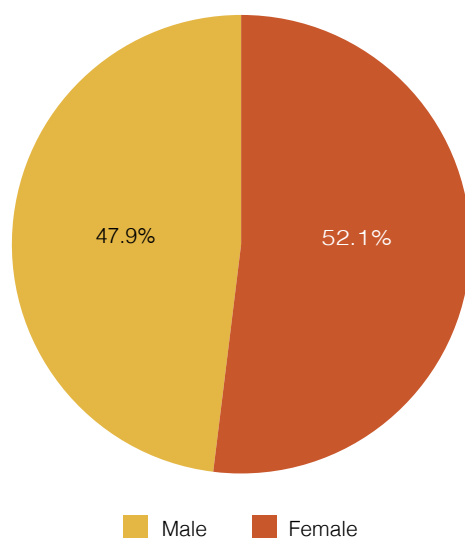
Proportion of Concerns by Age Band



The data shows minimum change in profile from previous years, with the highest amount of concerns being raised in respect of residents aged 26 - 64 years old. Over half the recorded concerns relate to people under the age of 64 years old, which is in contrast to the national picture of safeguarding, captured by NHS Digital’s Safeguarding Adults Collection, which highlights that abuse is typically experienced by older adults. The reason for this is likely to be due to the younger demographic based in Hackney, which has a lower proportion of older adults in comparison to other Local Authorities across England.

Gender

Proportion of Concerns by Gender

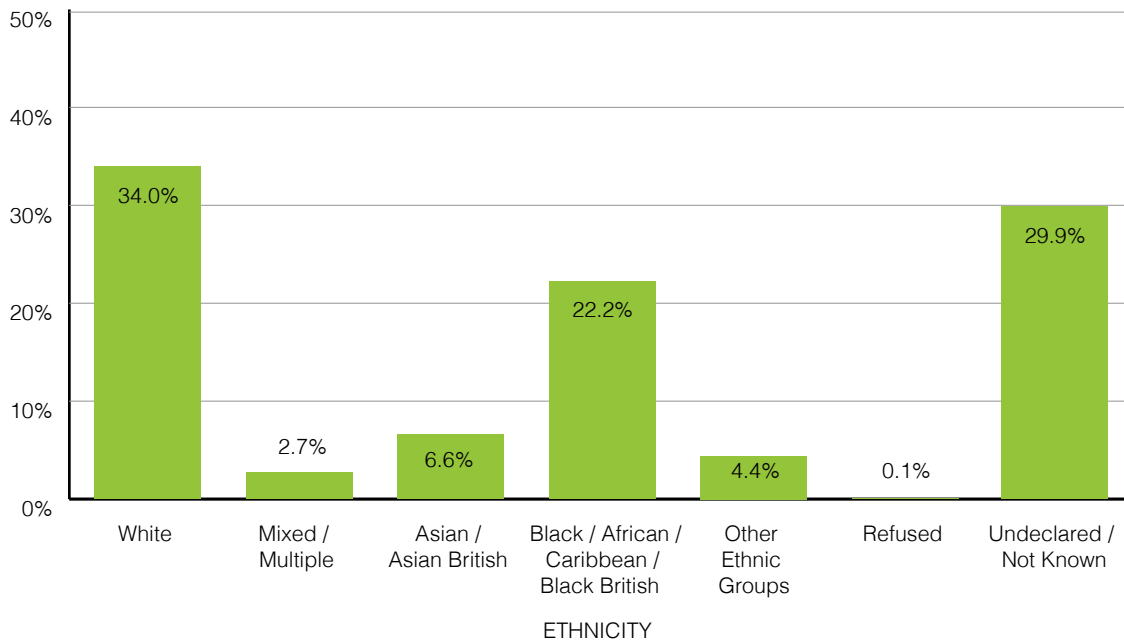


There is a slightly higher number of females referred into adult safeguarding in comparison to males. This is consistent with the 2021 census for Hackney¹ which highlights there are more females living in the Borough and therefore there is an expectation that there would be a slightly higher proportion of safeguarding referrals for females.

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

Ethnicity

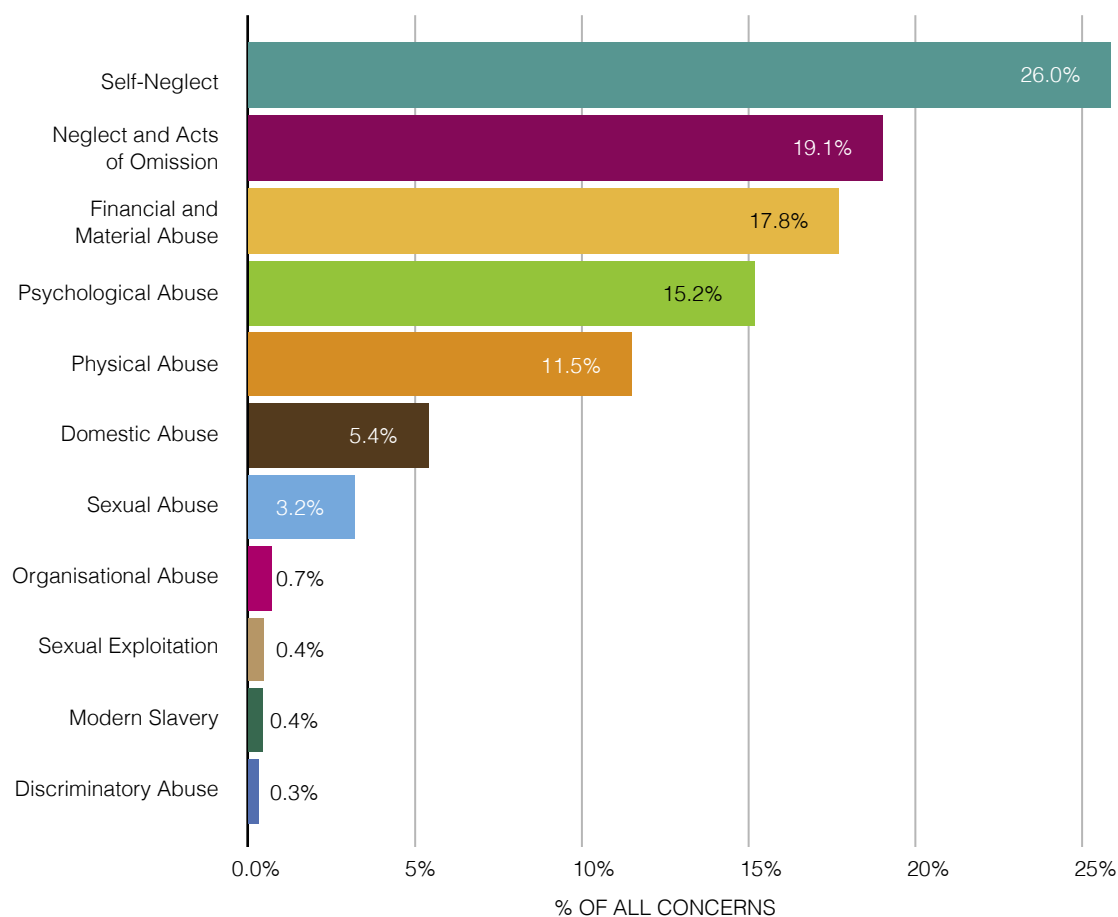
Proportion of Concerns by Ethnicity



Due to the cyberattack and lack of access to case management software capturing accurate data around ethnicity continues to prove challenging. Whilst it is positive to see an increase in data captured around ethnicity, in nearly a third of all concerns no information was obtained. The data that is available shows that most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is consistent with the profile of Hackney, whereby people from a White or Black African, Caribbean or British background make up most of the population.

Forms of abuse

Proportion of Concerns by Type of Risk

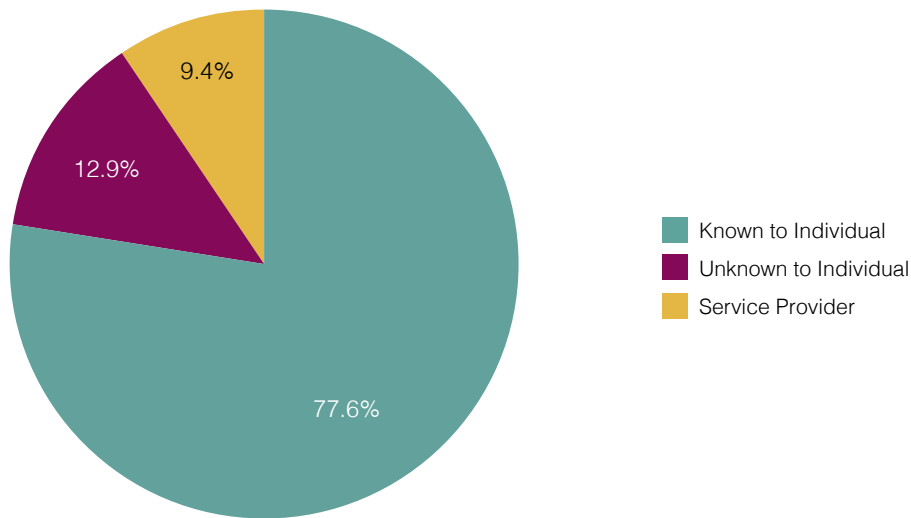


Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. This data is interesting as it is in some respects at odds with the SAC Collection, which collects safeguarding data across England, which recognises that neglect and acts of omission as the most common form of abuse. It is important to note that self-neglect is the fastest growing form of abuse in England. It is positive to see that after extensive awareness raising and focus on self-neglect there are more people being referred into Adult Safeguarding with concerns regarding self-neglect. Addressing the underlying causes of self-neglect and how to support residents who self-neglect continues to be a priority for the Board in 2022/23. Further information on the profile of self-neglect in Hackney can be found at page 44

The prevalence of other forms of abuse remains broadly consistent with previous years. Neglect and acts of omissions have overtaken financial abuse as the second highest form of abuse. The Board will continue to review trends over the forthcoming year to assess whether there are any specific safeguarding trends arising as a result of the long-term impacts of Covid-19 and the economic recession.

Source of risk

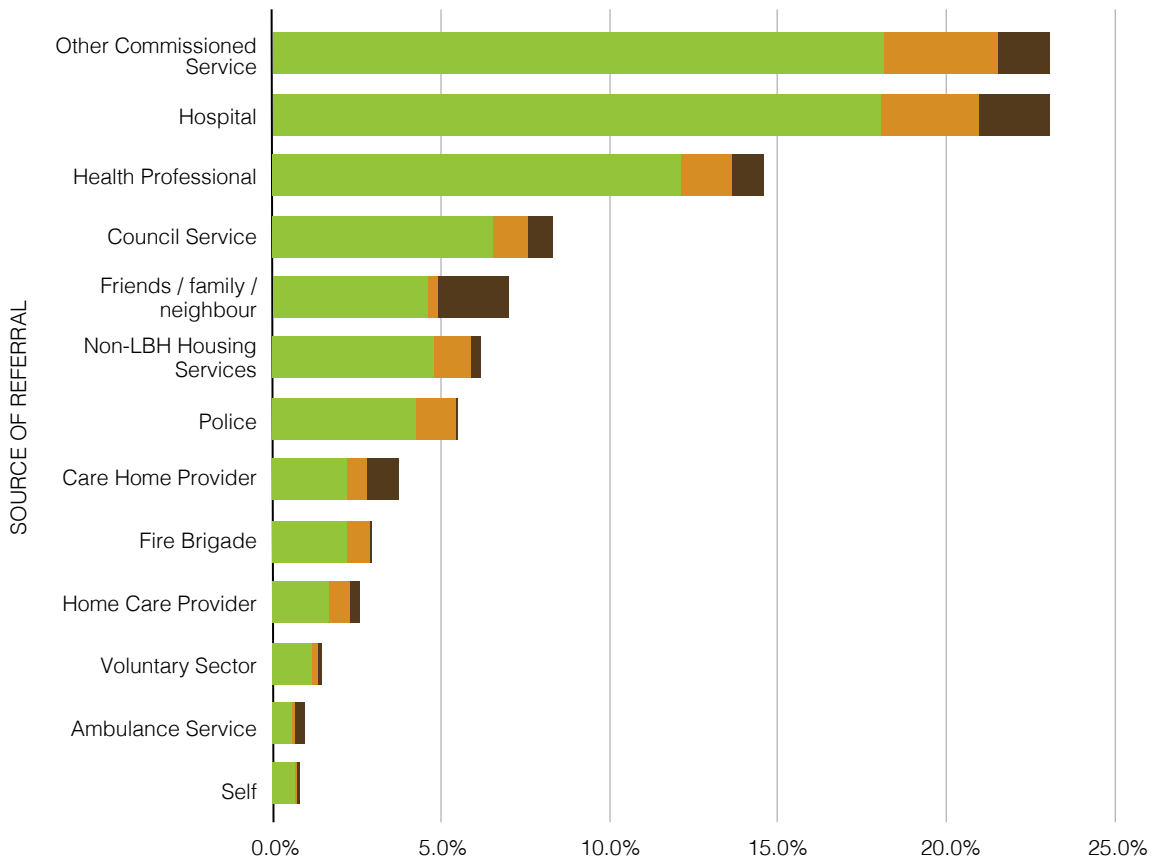
Proportion of Concerns by Source of Risk



The data shows that the source of risk is most likely to be someone known to the individual, which makes up nearly 77% of the concerns referred into Adult Safeguarding. This is consistent with national data captured in the SAC collection which shows that the perpetrator of abuse is most likely to be someone known to the person. There has been a significant increase in the service provider being identified as the source of risk, from 4% in 2020/21 to 9.4% in 2021/22. This is not considered as an area of concern for the Board, on the basis that the figures for 2020/21 were exceptionally low compared to the usual figures for Hackney. The source of risk data for 2021/22 is consistent with the national figures around this.

Source of referral

Proportion of Concerns by Source of Referral and Source of Risk

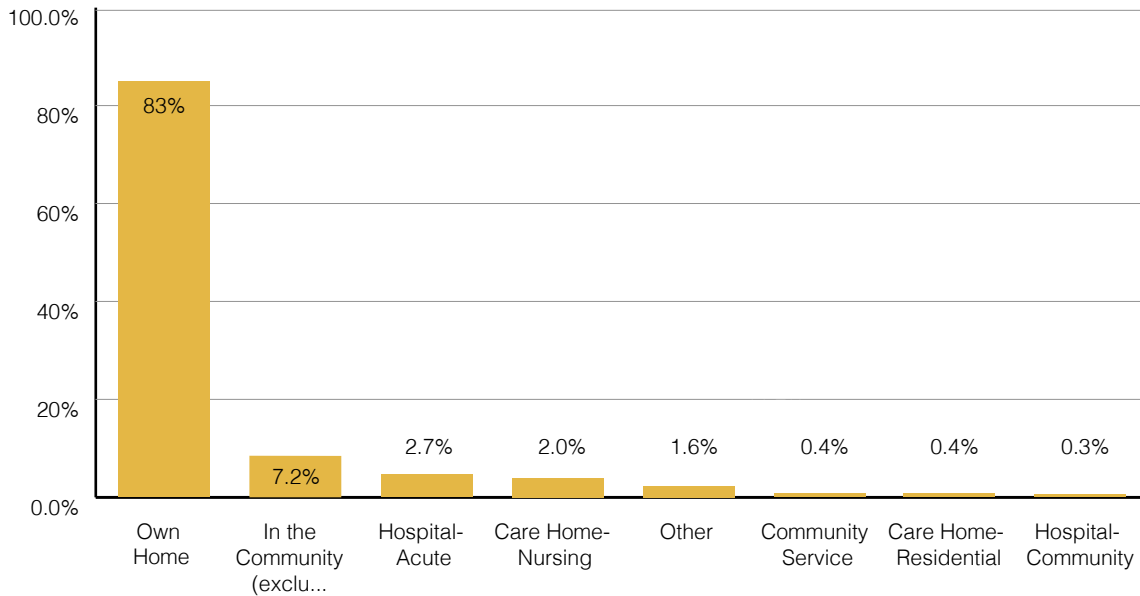


There has been a significant increase in the number of safeguarding concerns reported to be from an ‘other commissioned service’, overtaking hospitals, health professionals and the police. The recording system for adult safeguarding has been reviewed and from April 2022 there will be a more detailed breakdown of the ‘source of referral’ which will help the Board better understand which agencies are referring concerns into the Adult Safeguarding.

It is positive to see an increase in safeguarding referrals from friends and family. The Board will continue to work with residents and community groups to build awareness of adult safeguarding across the City and Hackney.

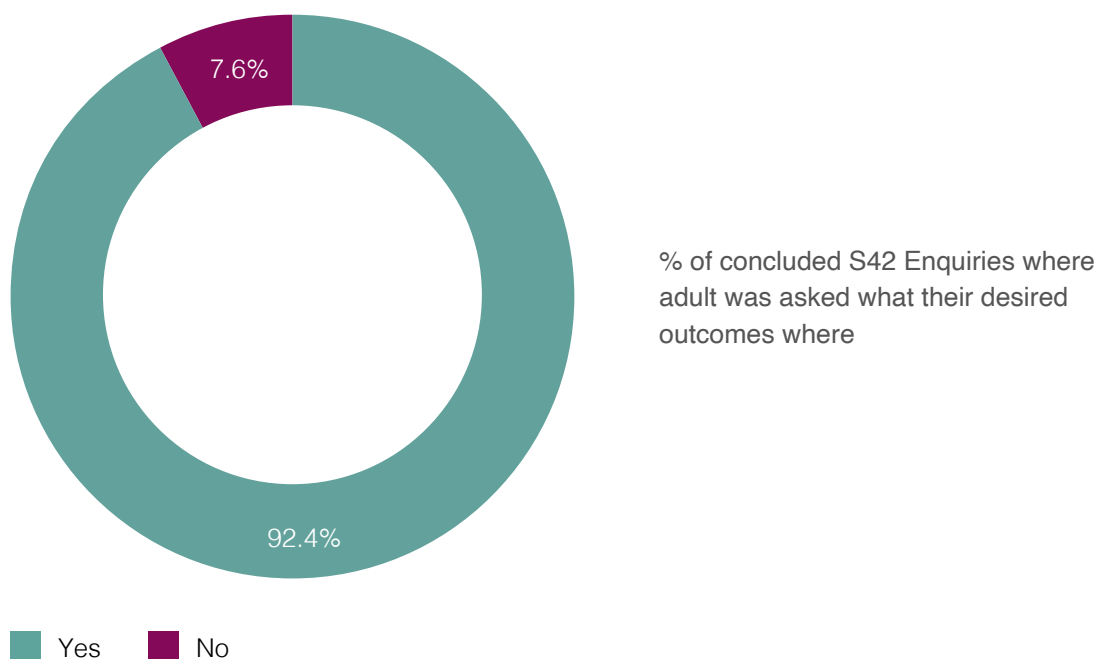
Location of risk

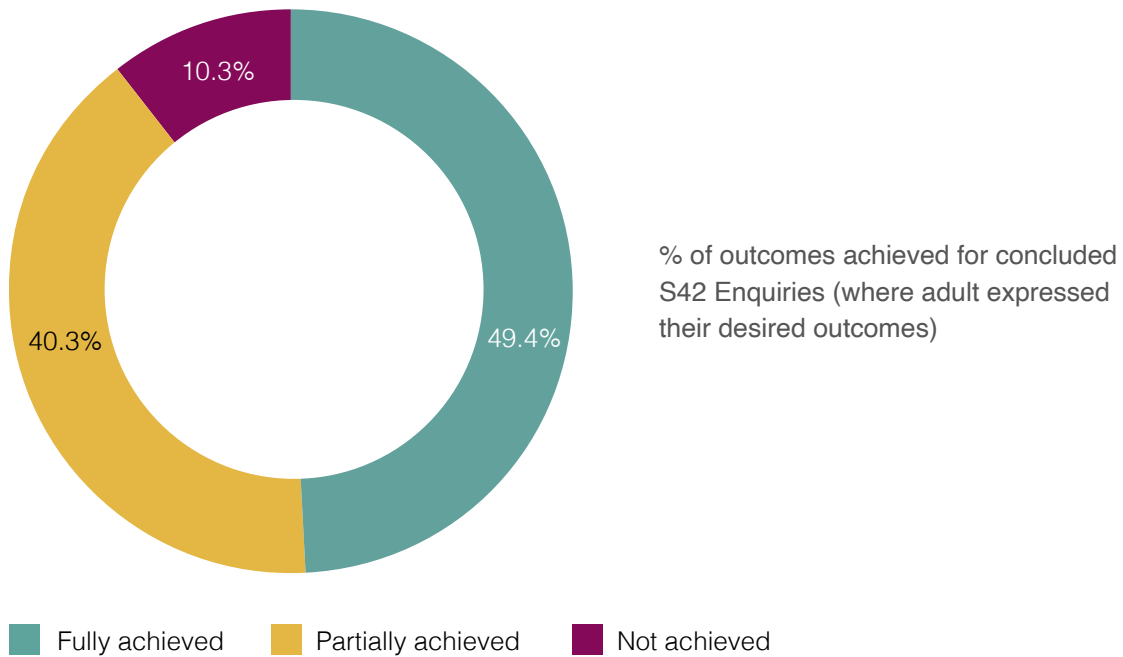
Proportion of S42 Decisions by Location of Risk



The data continues to show that most abuse occurs within the home. The figures for abuse within the own home continue to grow and this is likely to be a knock-on impact of the increase figures in relation to self-neglect, as most/all cases will occur within the own home. There is no data in relation to abuse occurring within mental health hospitals; this is due to East London Foundation Trust’s data not being included in data as a result of recording differences between the Trust and London Borough of Hackney.

Making Safeguarding Personal





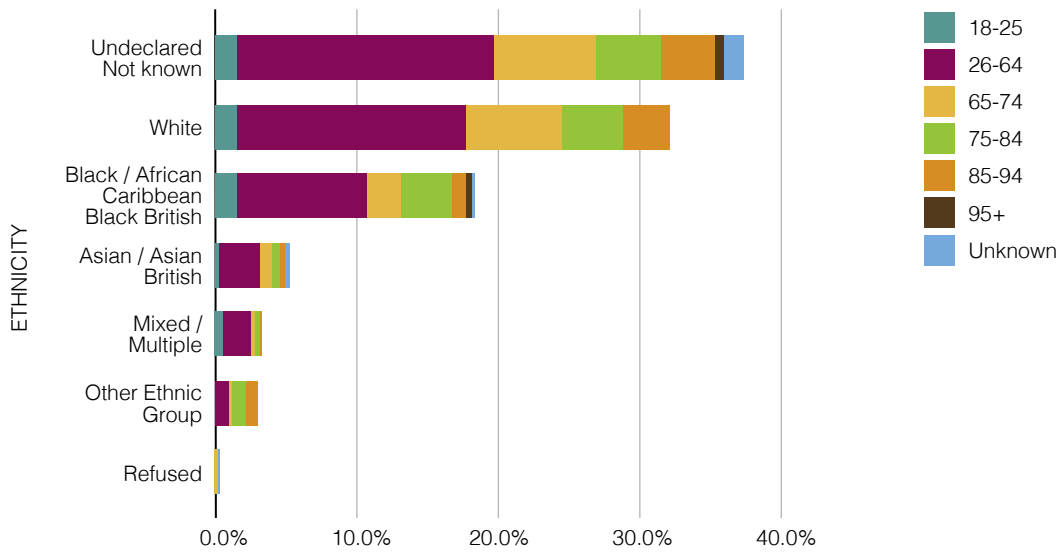
It has been possible to collate Making Safeguarding Personal data for 2021/22. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.

The data shows that nearly 93% of people were asked about their desired outcomes. Of which, nearly 90% had their desires either partially or completely met. This is consistent with previous data. It is noted that some people are unable to express their desired outcomes therefore the Board would not expect to see 100% of residents expressing their wishes in relation to the safeguarding process.

This year it has been possible to evaluate whether people felt safer and involved in the safeguarding process. The rates of people being asked this is lower, however the data shows that an overwhelming majority of those involved in safeguarding felt safer and involved in the process.

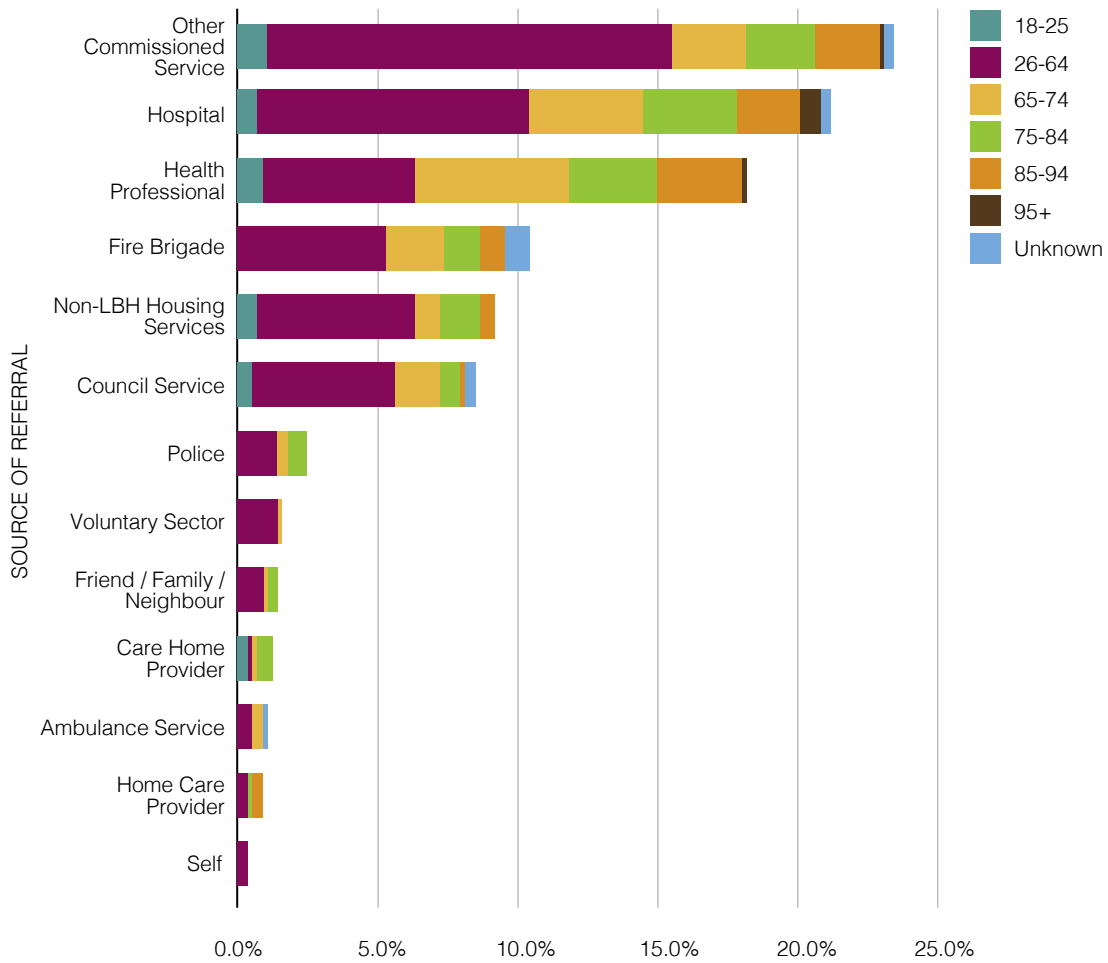
Self-neglect data

Proportion of Concerns by Ethnicity and Age Band



The data shows that people from a white background aged between 26 - 64 years old are more likely to be referred into adult safeguarding in respect of self-neglect. There are also proportionately high rates of self-neglect amongst the 65 - 74 age group as well. This data needs to be interpreted with a level of caution given that ethnicity was not recorded in many cases, therefore a full picture of the links between self-neglect and ethnicity are not clear.

Proportion of Concerns by Source of Referral and Age Band



It is positive to see that there is a wide range of professionals referring self-neglect cases into adult safeguarding, this includes self-referrals and referrals from friends and family. The data shows that most concerns are reported from health although there are relatively high proportions of concerns being reported from the London Fire Brigade too. The Board will continue to explore the issue of self-neglect and continue to refine our response to this as a Borough.



Appendix A:

CHSAB Annual Strategic Plan 2021-2022

CHSAB Annual Strategic Plan 2022 – 2023

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland	City of London Corporation (CoL)	Andrew Carter / Chris Pelham
City and Hackney CCG (CCG)	Diane Jones / Mary O'Reardon	Hackney Metropolitan Police (MPS)	Marcus Barnett / Daniel Rutland
City of London Police	Anna Rice	Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
Barts Health NHS Trust	Claire Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade (City of London and Hackney)	James O'Neill	Age UK	Larissa Howells
National Probation Trust	Stephanie Salmon	Department of Work and Pensions	Laura Anderson
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Saqib Deshmurkh	The Advocacy Project	Judith Davey
London Borough of Hackney and City of London Public Health	Andrew Trathen	London Borough of Hackney Housing	Jennifer Wynter
Turning Point (substance misuse service)	Jude Unsworth	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Older Person's Reference Group	Cynthia White	City of London Commissioning	Ian Jarman
Commissioning LBH	Zainab Jalil	City of London Housing	Liam Gillespie

Sub-group	Chair	Task & Finish Groups	Chair
SAR & Case Review	Chris Pelham	Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Quality Assurance	John Binding		
SAR Action Plan Group	Mary O'Reardon		
Sub-Committee	Chair		
City of London	Dr Adi Cooper	Safeguarding and Anti-Social Behaviour	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Action	Lead	Intended Impact	Update
<p>1. To continue to raise awareness in relation to mental capacity, including seeking assurance from partners on preparing their staff for the introduction of the Liberty Protection Safeguards. Please see section 6 on self-neglect for aligning actions.</p>	<p>1.1 LPS Leads in the City and Hackney Adult Social Care will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues and staff are trained to</p>	LPS Leads	<p>1. The Board is confident that practitioners can exercise their duties in relation to LPS</p> <p>2. Residents in the City and Hackney will have appropriate LPS arrangements in place.</p>	
	<p>1.2 LPS Leads will work in partnership with Childrens' Services and the Safeguarding Childrens' Partnership to ensure that staff are appropriately trained in relation to mental capacity and understand how LPS will apply to their services.</p>	Head of Adult Safeguarding / LPS Project Lead	<p>1. The Board is assured that all 16 - 17 year olds that require a LPS are provided with this</p> <p>2. That there are effective transitions of young adults on an LPS into adult services</p>	
	<p>1.3 The workforce development leads will review training content in relation to mental capacity, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.</p>	CHSAB Manager / Head of Adult Safeguarding City of London and London Borough of Hackney	<p>1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity</p>	

Priority	Action	Lead	Intended Impact	Update
			2. There is more support offered to residents who have fluctuating or lack executive capacity.	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”				
Priority	Action	Lead	Intended Impact	Update
<p>2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding</p>	<p>2.1 The Hackney CVS and the Board Manager will work together to expand the Boards reach into the community, including:</p> <ul style="list-style-type: none"> a. Meet with senior management teams in Hackney CVS to develop a strategy for engagement with voluntary sector groups b. Set up a regular forum to discuss adult safeguarding with voluntary and community groups c. Undertake promotional work with voluntary and sector groups to raise the profile of the Board 	<p>CHSAB Manager / HCVS</p>	<ul style="list-style-type: none"> 1. Voluntary sector services will feel more empowered to support residents with their safeguarding needs 2. There will be an increase in intelligence from voluntary sector services being referred back to the CHSAB 3. There will be an increased awareness of the adult safeguarding and the CHSAB across voluntary sector services in the City and Hackney 	
	<p>2.2 The Board will recruit and train a new cohort of Safeguarding Champions to raise awareness of safeguarding across the community.</p>	<p>CHSAB Manager / HCVS</p>	<ul style="list-style-type: none"> 1. There will be a Panel of Champions who are able to deliver safeguarding pre-sentations across the City and Hackney 	

Principle 2: Empowerment...					
Priority	Action	Lead	Intended Impact	Update	
			<p>2. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney</p> <p>1. The voluntary sector will feel more empowered to provide adult safeguarding support.</p> <p>2. The Board will receive assurances that adult safeguarding is being delivered effectively amongst the voluntary sector</p>		
	<p>2.3 To create a suite of resources to help voluntary sector agencies deliver and audit their safeguarding duties</p>	<p>CHSAB Manager / HCVS / The Advocacy Project / Age UK</p>	<p>1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney</p> <p>2. There will be increased engagement with the Board's work and resources</p>		
	<p>2.4 The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.</p>	<p>CHSAB Manager / HCVS / The Advocacy Project / Age UK</p>	<p>1. There will be better understanding of how well adult safeguarding is embedded operationally across</p>		
	<p>2.5 Healthwatch will invite the Board to contribute to a selection of their reviews of health services in the London Borough of Hackney to assess practice in relation to adult safeguarding.</p>	<p>Healthwatch</p>			

Priority	Action	Lead	Intended Impact	Update
<p>3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work</p>	<p>3.1 The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.</p>	<p>The Advocacy Project</p>	<p>1. The Board will be able to identify how to improve adult safeguarding services for residents</p> <p>2. The Board will be able to ensure that safeguarding services are person centred</p>	
	<p>3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.</p>	<p>CHSAB Manager / London Borough of Hackney corporate teams/ City of London Corporation</p>	<p>1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney</p>	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”				
Priority	Action	Lead	Intended Impact	Update
<p>4. To identify and respond to the needs of people who are at the ‘edge of care’ and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding</p>	<p>4.1 To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are ‘at the edge of care’ to be a focus for preventative support</p>	<p>London Borough Hackney Adult Social Care / City of London Corporation Adult Social Care</p>	<p>1. The Board will better understand which groups require support in terms of prevention 2. The Board will be able to identify key priorities for future years</p>	
	<p>4.2 To horizon scan which groups may be at high risk of falling through the gaps between services and identify actions that can be taken to better support these groups</p>	<p>Quality assurance sub-group</p>	<p>1. The Board will better understand which groups require support in terms of prevention 2. There will be better support in place for those people who are high risk of There will be better support in place for those people who are high risk of safeguarding 3. There are less people being referred into safeguarding services at ‘crisis point’</p>	

Priority	Action	Lead	Intended Impact	Update
	<p>4.3 To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.</p>	<p>Quality assurance sub-group</p>	<ol style="list-style-type: none"> 1. There is more equitable access to safeguarding services for all residents 2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties 	
	<p>4.4 To review what support is being offered to informal carers, particularly in circumstances where carers assessments have been refused, and identify how to improve safeguarding support offered to them.</p>	<p>Quality assurance sub-group</p>	<ol style="list-style-type: none"> 1. There is better support offered to informal carers and there is an increased understanding amongst informal carers on what support is available to them 	

<p>Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”</p>				
Priority	Action	Lead	Intended Impact	Update
<p>5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.</p>	<p>5.1 The Transitional Safeguarding Task and Finish Group will continue to deliver the transitional safeguarding action plan on behalf of CHSAB, the Safeguarding Children’s Partnership and Community Safety Partnerships across City and Hackney .</p>	<p>Transitional safeguarding T&F group</p>	<p>1. There will be an improved safeguarding response to young adults in the City and Hackney</p> <p>2. The work will build trust amongst young people and statutory organisations</p>	
	<p>5.2 The Anti-Social Behaviour and Safeguarding Task and Finish Group will continue to develop a multi-agency response to both victims and perpetrators of ASB who have safeguarding needs.</p>	<p>Anti-social behaviour and safeguarding task and finish group</p>	<p>1. Practitioners will have a better understanding of how ASB is linked to safeguarding</p> <p>2. There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g support will be offered at an earlier stage.</p>	

Priority	Action	Lead	Intended Impact	Update
	<p>5.3 The Board will review Modern Day Slavery work undertaken in the City and Hackney and identify further actions to address this issue in terms of both prevention and support for victims.</p>	<p>Modern Slavery Leads for City of London Corporation / London Borough of Hackney</p>	<ol style="list-style-type: none"> 1. Safeguarding will inform prevention work and decrease the need for people to receive safeguarding support in the long-term 2. Professionals will have a better understanding of their duties in respect of supporting victims of modern slavery 	
	<p>5.4 The Board will continue to review online safety and access to digital platforms with particular focus of ensuring equity of access to services for those not using digital platforms</p>	<p>Online scams and digital safety task and finish group</p>	<ol style="list-style-type: none"> 1. Professionals routinely consider online and digital safety in their care planning. 2. Residents will be aware of online safeguarding risks and how to protect themselves from these 3. There are assurances that residents who do not use digital platforms are not excluded from accessing support and safeguarding services 	

Principle 4: Partnership...				
Priority	Action	Lead	Intended Impact	Update
	<p>5.5 The Safeguarding Adults Board, Safeguarding Children's Partnership and Domestic Abuse Service will develop a Think Family Approach Protocol and establish a task and finish group to embed the principles of Think Family</p>	<p>Safeguarding Adults Board Manager / Head of Adult Safeguarding / Professional Advisor for the Safeguarding Children's Partnership / Domestic Abuse Intervention Service</p>	<p>1. Professionals routinely consider the needs of all key family members when managing a safeguarding case 2. There is evidence of collaborative working between adults and children's services</p>	
	<p>5.6 The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.</p>	<p>Executive Group / Poverty Reduction Strategy Leads</p>	<p>1. Safeguarding influences the Poverty Reduction Strategy 2. The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.</p>	
	<p>5.7 The Board will work with the Sexual Violence Lead at East London Foundation Trust to update the Board's Sexuality and Consent Guidance and raise awareness of this topic</p>	<p>QA Sub-Group / East London Foundation Trust</p>	<p>1. There are assurances that safeguarding concerns relating to sexual consent and violence are reported and responded to appropriately</p>	

Priority	Action	Lead	Intended Impact	Update
	<p>5.8 The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners</p>	<p>Independent Chair of the Safeguarding Adults Board</p>	<p>1. The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.</p>	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board will review any recommendations made by King’s College London Communities of Practice on self-neglect and homelessness, allocate actions to partners and review progress accordingly .	Independent Chair of the Safeguarding Adults Board	<ol style="list-style-type: none"> 1. There is a better understanding across the partnerships on how to support people who experience self-neglect 2. There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g support will be offered at an earlier stage. 	
	6.2 The Board Manager will promote the Board’s resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager	<ol style="list-style-type: none"> 1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect 2. There will be improved outcomes for people experiencing self-neglect 	

Priority	Action	Lead	Intended Impact	Update
	<p>6.1 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.</p>	<p>Adult Social Care London Borough of Hackney & the City of London Corporation / East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade</p>	<ol style="list-style-type: none"> 1. There will be better outcomes for people who self-neglect 2. Self-neglect is detected and disrupted at an earlier stage 	
<p>7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews</p>	<p>7.1 Independent SAR Reviewers will complete and publish learning for two Safeguarding Adults Reviews that have been commissioned by the Board.</p>	<p>SAR sub-group</p>	<ol style="list-style-type: none"> 1. The Board will be able to evidence that it meets its statutory obligations effectively 2. Learning from reviews will help drive the improvement of adult safeguarding practice across the City and Hackney. 	
	<p>7.2 A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney to assess how future fire deaths can be prevented.</p>	<p>SAR sub-group</p>	<ol style="list-style-type: none"> 1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be a reduction in fire related deaths in Hackney 	

Principle 5: Protection...				
Priority	Action	Lead	Intended Impact	Update
	<p>7.3 The SAR sub-group will review learning from national and regional SARs and LeDeR reviews to identify whether there is any learning that can be applied to the City and Hackney specifically any learning that has arisen from the Cawston Park Safeguarding Adults Review</p>	<p>SAR sub-group</p>	<p>1. The Board will be able to evidence that it meets its statutory obligations effectively</p> <p>2. There is less risk that the same safeguarding concerns will arise in the City and Hackney</p>	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	8.1 The Board to undertake a Making Safeguarding Personal temperature check with all partners	QA sub-group	<ol style="list-style-type: none"> 1. MSP has been embedded into practice properly 2. The Board can identify areas where MSP needs to be strengthened 	
	8.2 London Borough of Hackney Adult Social Care will undertake a self-assessment of adult safeguarding across their service in preparation for the forthcoming Care Quality Commission assurance regime	London Borough of Hackney Adult Social Care / City of London Corporation London Borough of Hackney / Executive Group	<ol style="list-style-type: none"> 1. The Board will understand how well adult safeguarding is being embedded into practice 2. There will be an action plan identifying how to improve the adult safeguarding response to residents 	
	8.3 The Board will raise awareness of the different roles and responsibilities of partner agencies whose core duties are not delivering statutory duties.	East London Foundation Trust / Metropolitan Police Service/ City of London Police Service / Housing teams / Turning Point	<ol style="list-style-type: none"> 1. Professionals will have better awareness of who can provide support where adult safeguarding may arise 2. There is clarity on who should lead 	

Principle 6: Accountability...				
Priority	Action	Lead	Intended Impact	Update
	8.4 The Board will promote a safeguarding first approach across the wider City of London Corporation and London Borough of Hackney to raise awareness of adult safeguarding and duties around this.	CHSAB Manager / Central Learning and Development team London Borough of Hackney and the City of London Corporation	<p>on and be involved in managing adult safeguarding enquiries</p> <ol style="list-style-type: none"> 1. Professionals outside Adult Social Care will understand their duties in respect of adult safeguarding 2. Adults experiencing abuse or neglect will be identified and supported at an earlier stage 	
	8.5 To deliver a series of learning sessions on the law relating to safeguarding, specifically ensuring that this is practical in nature to help build confidence in understanding legislation.	CHSAB Manager / London Borough of Hackney/ Assistant Director, Quality Assurance, Safeguarding and Workforce Development / Head of Service ASC City of London Corporation/ London Borough of Hackney	<ol style="list-style-type: none"> 1. The Board will be assured that professionals are delivering their statutory functions in respect of adult safeguarding 	



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An inspection of youth offending services in

Tower Hamlets and City of London

HM Inspectorate of Probation, July 2022

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The role of HM Inspectorate of Probation

Her Majesty's Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. We report on the effectiveness of probation and youth offending service work with adults and children.

We inspect these services and publish inspection reports. We highlight good and poor practice and use our data and information to encourage high-quality services. We are independent of government and speak independently.

Please note that throughout the report the names in the practice examples have been changed to protect the individual's identity.

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Foreword

This inspection is part of our programme of youth offending service (YOS) inspections. We have inspected and rated Tower Hamlets and City of London Youth Justice Service (YJS) across three broad areas: the arrangements for organisational delivery of the service, the quality of work done with children sentenced by the courts, and the quality of out-of-court disposal work. Overall, Tower Hamlets and City of London YJS was rated as 'Requires improvement'. We also inspected the quality of resettlement policy and provision, which was separately rated as 'Requires improvement'. On five of our separate quality standards which contribute to the overall judgement, we rated this service as 'Inadequate'.

In this YJS we found a number of areas that were cause for concern and requiring significant improvement. Leaders need to do much more to achieve better outcomes for children being supervised by the YJS. We found significant failings across the arrangements for organisational service delivery and out-of-court work. Performance is not understood well and there has been a dependence on data and management information that is inaccurate and unreliable. The management board is large, not robustly effective in its role, and not communicating its decisions well to YJS staff. It does not have an active risk register and risks to the service are not fully understood.

There have been too many lengthy gaps and interim arrangements in the appointment of key staff. This has had a negative impact on a service which is responsible for helping extremely vulnerable children. Safety and wellbeing and risk of harm work needs to improve across court and out-of-court work.

Relationships with statutory partners in safeguarding and public protection work are not effective. Several essential policies and procedures are underdeveloped and in draft format. Disappointingly, there is little evidence of an organisation which is continuously learning from lessons when things go wrong. This needs to change and a culture of embracing and applying learning is required.

At a practice level, while staff morale is low and staff do not feel valued, they are nevertheless enthusiastic and highly determined to help children to live more fulfilling lives. They engage well with children and their parents or carers and we saw some positive examples of work with children, particularly in relation to diversity and children's self-identity. The YJS has access to some good health and education provision. Additionally, there are several third-sector services, some of which are providing added value for children from diverse backgrounds.

The YJS has taken some immediate decisions and actions to respond to the failings found in this inspection. This is encouraging and we hope that the necessary improvements will occur at pace. In this report we make seven recommendations to further improve the work of Tower Hamlets and City of London YJS. We trust that they will assist the YJS as it continues its improvement journey.

Justin Russell















HM Chief Inspector of Probation

Ratings

Tower Hamlets and City of London Youth Justice Service

Score **8/36**

Fieldwork started: April 2022

Overall rating	Requires improvement	
1. Organisational delivery		
1.1 Governance and leadership	Inadequate	
1.2 Staff	Requires improvement	
1.3 Partnerships and services	Requires improvement	
1.4 Information and facilities	Inadequate	
2. Court disposals		
2.1 Assessment	Good	
2.2 Planning	Requires improvement	
2.3 Implementation and delivery	Requires improvement	
2.4 Reviewing	Requires improvement	
3. Out-of-court disposals		
3.1 Assessment	Requires improvement	
3.2 Planning	Inadequate	
3.3 Implementation and delivery	Inadequate	
3.4 Out-of-court disposal policy and provision	Inadequate	
4. Resettlement		
4.1 Resettlement policy and provision	Requires improvement	

Executive summary

Overall, Tower Hamlets and City of London Youth Justice Service (YJS) is rated as 'Requires improvement'. This rating has been determined by inspecting the YJS in three areas of its work, referred to as 'domains'. We inspect against 12 core 'standards', shared between the domains. The standards are based on established models and frameworks, which are grounded in evidence, learning, and experience. They are designed to drive improvements in the quality of work with children who have offended.¹ Published scoring rules generate the overall YJS rating.² We inspected the quality of resettlement policy and provision separately, and rated this work as: 'Requires improvement'. The findings and subsequent ratings in those domains are described below.

Organisational delivery

We interviewed 58 people who were involved in providing strategic leadership, overseeing operational management, supporting the YJS with partnership arrangements, and delivering services directly to children.

The governance and leadership of Tower Hamlets and City of London YJS does not support and promote the delivery of a high-quality, personalised, and responsive service for all children.

Within the partnership arrangements, the collaboration and cooperation between teams are not consistently leading to better outcomes for children and improvements in service delivery. Some staff do not understand how their roles fit within the arrangements, especially following the amalgamation of the youth service and the YJS. There is a lack of clarity about who has the authority to make decisions. Board members largely advocate for the work of the YJS in their broader roles and relevant local strategic partnerships.

Staff do not fully understand their responsibilities within the partnership arrangements, and what they are accountable for. Decisions are consistently not communicated or explained well enough, resulting in a lack of alignment between the issues described by staff and those understood by leaders. Staff do not always feel valued and report that they do not always feel they are treated with respect.

There are ineffective systems for identifying, capturing, and managing issues and risks, through a risk register, for example. Any mitigating actions or improvements that leaders have sought to make have not always resulted in meaningful change. Consequently, leaders are not doing enough to tackle poor outcomes for children. The leadership is not sufficiently focused or sighted on safety and risk of harm, giving serious cause for concern.

Staff within the YJS are insufficiently empowered to deliver a high-quality, personalised, and responsive service for all children. Staff report that morale is poor.

¹ HM Inspectorate of Probation's standards can be found here:

<https://www.justiceinspectorates.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

² Each of the 12 standards is scored on a 0–3 scale in which 'Inadequate' = 0; 'Requires improvement' = 1; 'Good' = 2; 'Outstanding' = 3. Adding these scores produces a total score ranging from 0 to 36, which is banded to produce the overall rating, as follows: 0–6 = 'Inadequate', 7–18 = 'Requires improvement', 19–30 = 'Good', 31–36 = 'Outstanding'.

There are shortfalls in the strategy for maintaining the quality of delivery during periods of planned and unplanned staff absences. Some cases are allocated to staff who are insufficiently qualified and/or experienced and we found that not all staff feel motivated by the organisation to contribute to the delivery of a quality service.

The staffing of the YJS is largely representative of the diversity of the local population and the use of volunteers in referral order panels is largely effective. There are some weaknesses within the strategy for identifying and developing fully the potential of individual staff to support succession planning. There could be increased use of reward and recognition. Not all staff receive effective supervision, and the induction programme for new staff has limitations.

The appraisal process is not always used effectively to ensure that staff are competent to deliver a quality service. Inconsistent attention is given to identifying and addressing poor performance or recognising and rewarding exceptional work. The YJS has not regularly identified and planned for the learning needs of all staff, and there are some limitations in the access to in-service training. A culture of learning and continuous improvement is not consistently promoted. However, there are plans to integrate YJS staff into the offer provided by the Supporting Families Academy.

Most children report positive relationships with their case managers. These are helping them to better understand their lived experiences and what they need to do to lead more constructive lives. However, opportunities to use analysis to influence service delivery are being missed. While the volume, range, and quality of some services meet the desistance needs and diversity of children, the YJS does not ensure that services build on strengths and enhance protective factors for all children. This was particularly evidenced in our case findings from out-of-court work. The YJS does not consistently review and evaluate the quality of all services and does not always take remedial actions where required. The availability of information does not support a high-quality, personalised, and responsive approach for all children.

The analysis of the cohort of YJS children is not consistently updated and does not capture the full range of desistance needs, safety and wellbeing factors, and risk of harm factors. Some data is not accurate and too much data is unreliable. The accuracy of information provided to the Youth Justice Board is not clear. While monitoring takes place, it is likely that some of the data used to inform decisions is predicated on information which is incorrect.

Not all arrangements with statutory partners and other providers are established, maintained, and used effectively to support desistance, maintain safety and wellbeing, or manage the risk of harm to others. There are significant gaps in policies and processes, impeding the delivery of a quality service. Many that are in place have been poorly communicated, are not current, and not well understood by practitioners. A number require reviewing and approving at management board level. However, the YJS's delivery environment is a strength, offering the necessary levels of safety, security, privacy, and confidentiality.

Access to the ChildView case management system is efficient and supports timely recording of information.

Learning is not fully harnessed and there are no systematic reviews of incidents when things go wrong. There is limited evidence that the YJS uses sources of learning and evidence to consistently drive improvement. Timely actions are often not taken when they are required.

Key findings about organisational delivery are as follows:

- Practitioners were enthusiastic and keen to help make a lasting difference in the lives of children.
- Volunteers were used well in referral order panel work.
- The YJS's delivery environment offered the necessary levels of safety, security, privacy, and confidentiality.
- Access to the ChildView system was efficient and supporting timely recording of information.

But:

- The collaboration of the YJS partnership is not consistently leading to better outcomes for children and improvements in service delivery.
- YJS management board membership is large and ineffective.
- Staff are not clear about how the amalgamation of the Youth Service and Youth Justice Service will help them to achieve better outcomes for children.
- Decisions are not explained or communicated well by senior leaders.
- There is no risk register enabling the YJS to address risks to the service strategically.
- There is poor staff morale and staff do not feel listened to.
- Performance is not understood.
- Data is unreliable and management information is not accurate.
- Planned and unplanned staff absences are not managed well.
- Appraisal processes are not effective in developing staff.
- There are significant gaps in up-to-date and effective policies.
- Management oversight is not consistently effective.
- Learning from serious incidents is not harnessed.

Court disposals

We took a detailed look at 16 community cases managed by the YJS. We also conducted 16 interviews with the relevant case managers. We examined the quality of assessment; planning; implementation and delivery of services; and reviewing. Each of these elements was inspected in respect of work done to address desistance, to keep the child safe, and to keep other people safe.

Our key findings about court disposals are as follows:

- Assessment work to understand children's behaviour was strong.
- Practitioners took account of the child's strengths and protective factors, as well as their level of maturity and willingness to change.
- Planning to support the child's desistance was good.
- Case managers engaged children and their parents or carers meaningfully in planning.

- Case managers focused on developing and maintaining an effective relationship with children and their parent or carers.
- Attention to and response to diversity needs was a strength in casework.

But:

- When assessing a child's safety and wellbeing and risk of harm to others, staff need to be much more disciplined in identifying and analysing the risks to and from the child.
- The concerns and risks relating to actual and potential victims were not consistently considered when planning to address the risk of harm to others; victim work was therefore overlooked.
- Not enough services were delivered to prevent children from causing harm to others.
- Staff did not consistently set out contingency arrangements to manage the child's safety and wellbeing and their risk of harm to others.
- Guidance to support safety and wellbeing work was incomplete.
- There was not enough effective joint working to support risk of harm work.
- Managers' oversight of work was often not effective.

Out-of-court disposals

We inspected nine cases managed by the YJS that had received an out-of-court disposal. These consisted of seven youth conditional cautions, one community resolution, and one other disposal. We interviewed the case managers in nine cases.

We examined the quality of assessment; planning; and implementation and delivery of services. Each of these elements was inspected in respect of work done to address desistance, to keep the child safe, and to keep other people safe. The quality of the work undertaken for each factor needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

We also inspected the quality of policy and provision in place for out-of-court disposals, using evidence from documents, meetings, and interviews.

Our key findings about out-of-court disposals are as follows:

- Assessment activity analysing and supporting desistance was largely done well in the inspected cases.
- Attention to diversity needs and personal circumstances in most aspects of casework was good.

But:

- The current out-of-court disposal policy was produced in March 2022 and needs to be embedded into practice.
- Planning for work to support the safety and wellbeing of the child and keep others safe was poor.
- The quality of work supporting desistance was variable.
- The delivery of work to keep children safe and prevent them from causing harm to others was poor.

- The coordination of work by YJS practitioners, where other agencies are involved, was not effective.
- Contingency planning needs to be evident so that the arrangements for managing a child's risk of harm to others is clear.

Resettlement

We inspected the quality of policy and provision in place for resettlement work, using evidence from documents, meetings, and interviews. To illustrate that work, we inspected two cases managed by the YJS that had received a custodial sentence.

Our key findings about resettlement work are as follows:

- The YJS has a custody and resettlement procedures and good practice guidance document which includes the Youth Justice Board's seven resettlement pathways.
- There was a good focus on developing a prosocial identity, especially cultural identity.
- Suitable accommodation for children being released from custody was available.
- There were effective relationships between YJS and custodial staff.
- A YJS practitioner has a designated responsibility for overseeing resettlement work.

But:

- Guidance to support effective resettlement work needs to be enhanced, for example, in addressing structural barriers.
- More clarity is needed to enable practitioners to carry out effective safety and wellbeing and risk of harm work.
- The needs of victims were not covered well.
- Escalation procedures were underdeveloped.
- Information exchange between the police and the YJS did not always take place and was not timely.
- Reviewing of resettlement arrangements needs to be better organised and implemented.
- There needs to be wider consultation with children and their parents or carers to understand the impact of resettlement arrangements.
- A strategic plan is needed to ensure that the policy meets the resettlement needs of all children.

Recommendations

As a result of our inspection findings, we have made seven recommendations that we believe, if implemented, will have a positive impact on the quality of youth offending services in Tower Hamlets and City of London. This will improve the lives of the children in contact with youth offending services, and better protect the public.

The Tower Hamlets and City of London Youth Justice Service management board should:

1. review its membership to ensure that the right people, at the right level of seniority, are included to engage actively in achieving better outcomes for YJS children
2. ensure that there are comprehensive quality assurance arrangements to understand performance and respond to the profile and needs of all children supervised by the YJS
3. make sure that all data and management information is accurate, reliable, and enables informed decision-making
4. review its out-of-court provision to ensure that the arrangements are effective and support diversion.

The Tower Hamlets and City of London Youth Justice Service team service head should:

5. improve the quality of assessment, planning, and service delivery work to keep children safe and manage the risk of harm they present to others
6. ensure robust contingency plans are in place for all children that address their safety and wellbeing, and risk of harm to others
7. make sure safeguarding and public protection arrangements are comprehensive and understood by all staff.

Background

Youth offending teams (YOTs) work with children aged 10 to 18 who have been sentenced by a court, or who have come to the attention of the police because of their offending behaviour, but have not been charged – instead, they were dealt with out of court. HM Inspectorate of Probation inspects both these aspects of youth offending services.

YOTs are statutory partnerships, and they are multidisciplinary, to deal with the needs of the whole child. They are required to have staff from local authority social care and education services, the police, the Probation Service, and local health services.³ Most YOTs are based within local authorities, although this can vary.

YOT work is governed and shaped by a range of legislation and guidance specific to the youth justice sector (such as the National Standards for Youth Justice) or else applicable across the criminal justice sector (for example, Multi-Agency Public Protection Arrangements guidance). The Youth Justice Board for England and Wales (YJB) provides some funding to YOTs. It also monitors their performance and issues guidance to them about how things are to be done.

The two local authorities in Tower Hamlets and the City of London have worked in partnership for several years, an arrangement that has been recently extended for a further two years. Due to the small residential population of the City of London, the YJS has not had a City of London child on its caseload for around three years, but the two authorities continue to work closely together.



Tower Hamlets has an estimated population of 310,000. It also has a comparatively young population, the fifth youngest nationally with a median age of 31.9, and around 80,000 children between the ages of 0-19. Tower Hamlets is highly diverse, with 69 per cent of the population belonging to a black, Asian, and minority ethnic community. The two largest groups are Bangladeshi (32 per cent) and white British (31 per cent). One hundred and twenty-three languages are spoken in local schools.

Tower Hamlets has the highest child poverty rates in England, at 32 per cent. Twelve per cent of residents earn below the London living wage. There are 20,073 applications on the housing waiting list, the third highest in London.

There are currently 82 children open to the YJS with three children presently in custody. Over 50 per cent of these children have been involved in drug or violent offences.

In June 2021, the YJS in its current identity was officially launched as the Youth Justice and Young People's Service. Youth services in the borough are valued by the community, and some providers have been established for over 30 years. For the YJS, the merger intends to strengthen its targeted prevention service, allowing it to keep children whose behaviour is of concern allocated to the Break the Cycle team.

³ The *Crime and Disorder Act 1998* set out the arrangements for local YOTs and partnership working.

Contextual facts

Population information⁴

267	First-time entrant rate per 100,000 in Tower Hamlets and City of London ⁵
154	First-time entrant rate per 100,000 in England and Wales
25.5%	Reoffending rate in Tower Hamlets and City of London ⁶
33.6%	Reoffending rate in England and Wales

342,907	Total population Tower Hamlets and City of London
30,659	Total youth population (10–17 years) in Tower Hamlets and City of London

Caseload information⁷

Age	10–14 years	15–17 years
Tower Hamlets and City of London YJS	20%	80%
National average	18%	82%

Race/ethnicity ⁸	White	Black and minority ethnic	Unknown
Tower Hamlets and City of London YJS	17%	83%	0%
Youth population (10–17 years) in Tower Hamlets and City of London	18%	82%	0%

Gender	Male	Female
Tower Hamlets and City of London YJS	90%	10%
National average	86%	13%

⁴ Office for National Statistics. (2021). *UK population estimates, mid-2020*.

⁵ Youth Justice Board. (2022). *First-time entrants, October to September 2021*.

⁶ Ministry of Justice. (2022). *Proven reoffending statistics, July 2019 to June 2020*.

⁷ Youth Justice Board. (2022). *Youth justice annual statistics: 2020 to 2021*.

⁸ Data supplied by the YJS.

Additional caseload data⁹

83	Total current caseload, of which:
68.5%	Court disposals
31.5%	Out-of-court disposals

Of the 57 court disposals:

54	Total current caseload: community sentences
3	Total current caseload in custody
0	Total current caseload on licence

Of the 26 out-of-court disposals:

2	Total current caseload: youth caution
11	Total current caseload: youth conditional caution
13	Total current caseload: community resolution or other out-of-court disposal

Education and child protection status of caseload:

7%	Proportion of current caseload 'Looked After Children' resident in the YJS area
6%	Proportion of current caseload 'Looked After Children' placed outside the YJS area
4%	Percentage of current caseload with child protection plan
22%	Percentage of current caseload with child in need plan
41.9%	Percentage of current caseload aged 16 and under in full-time school
58.1%	Percentage of children aged 16 and under in a pupil referral unit, alternative education, or attending school part-time
55.3%	Percentage of current caseload aged 17+ not in education, training, or employment

For children subject to court disposals (including resettlement cases):

Offence types ¹⁰	%
Violence against the person	50%
Burglary	11%
Robbery	6%

⁹ Data supplied by the YJS but may be inaccurate, reflecting the caseload at the time of the inspection announcement.

¹⁰ Data from the cases assessed during this inspection.

Theft and handling stolen goods	6%
Fraud and forgery	11%
Drug offences	6%
Summary motoring offences	6%
Other indictable offences	6%

1. Organisational delivery

The governance and leadership of Tower Hamlets and City of London YJS does not support and promote the delivery of a high-quality, personalised, and responsive service for all children.

Within the partnership arrangements, the collaboration and cooperation between teams is not consistently leading to better outcomes for children and improvements in service delivery. Some staff do not understand how their roles fit within the arrangements, especially following the amalgamation of the youth service and the YJS. There is a lack of clarity about who has the authority to make decisions. Board members largely advocate for the work of the YJS in their broader roles and relevant local strategic partnerships.

Staff do not fully understand their responsibilities within the partnership arrangements, and what they are accountable for. Decisions are consistently not communicated or explained well enough, resulting in a lack of alignment between the issues described by staff and those understood by leaders. Staff do not always feel valued and report that they do not always feel they are treated with respect.

There are ineffective systems for identifying, capturing, and managing issues and risks, through a risk register, for example. Any mitigating actions or improvements that leaders have sought to make have not always resulted in meaningful change. Consequently, leaders are not doing enough to tackle poor outcomes for children, particularly those being considered for out-of-court disposals. The leadership is not sufficiently focused or sighted on safety and risk of harm, giving serious cause for concern.

Staff within the YJS are insufficiently empowered to deliver a high-quality, personalised, and responsive service for all children. Staff report that morale is poor.

There are shortfalls in the strategy for maintaining the quality of delivery during periods of planned and unplanned staff absences. Some cases are allocated to staff who are insufficiently qualified and/or experienced and we found that not all staff feel motivated by the organisation to contribute to the delivery of a quality service.

The staffing of the YJS is largely representative of the diversity of the local population and the use of volunteers in referral order panels is largely effective. There are some weaknesses within the strategy for identifying and developing fully the potential of individual staff to support succession planning. There could be increased use of reward and recognition. Not all staff receive effective supervision, and the induction programme for new staff has limitations.

The appraisal process is not always used effectively to ensure that staff are competent to deliver a quality service. Inconsistent attention is given to identifying and addressing poor performance or recognising and rewarding exceptional work. The YJS has not regularly identified and planned for the learning needs of all staff, and there are some limitations in the access to in-service training. A culture of learning and continuous improvement is not consistently promoted. However, there are plans to integrate YJS staff into the offer provided by the Supporting Families Academy.

Most children report positive relationships with their case managers. These are helping them to better understand their lived experiences and what they need to do to lead more constructive lives. However, opportunities to use analysis to influence

service delivery are being missed. While the volume, range, and quality of some services meet the desistance needs and diversity of children, the YJS does not ensure that services build on strengths and enhance protective factors for all children. This was particularly evidenced in our case findings from out-of-court work. The YJS does not consistently review and evaluate the quality of all services and does not always take remedial actions where required. The availability of information does not support a high-quality, personalised, and responsive approach for all children.

The analysis of the cohort of YJS children is not consistently updated and does not capture the full range of desistance needs, safety and wellbeing factors, and risk of harm factors. Some data is not accurate and too much data is unreliable. The accuracy of information provided to the Youth Justice Board is not clear. While monitoring takes place, it is likely that some of the data used to inform decisions is predicated on information which is incorrect.

Not all arrangements with statutory partners and other providers are established, maintained, and used effectively to support desistance, maintain safety and wellbeing, or manage the risk of harm to others. There are significant gaps in policies and processes, impeding the delivery of a quality service. Many that are in place have been poorly communicated, are not current, and not well understood by practitioners. A number require reviewing and approving at management board level. However, the YJS's delivery environment is a strength, offering the necessary levels of safety, security, privacy, and confidentiality.

Access to the ChildView case management system is efficient and supports timely recording of information.

Learning is not fully harnessed and there are no systematic reviews of incidents when things go wrong. There is limited evidence that the YJS uses sources of learning and evidence to consistently drive improvement. Timely actions are often not taken when they are required.

Strengths

- Practitioners are enthusiastic and keen to help make a lasting difference in the lives of children.
- Volunteers are used well in referral order panel work.
- The YJS's delivery environment offers the necessary levels of safety, security, privacy, and confidentiality.
- Access to the ChildView system is efficient and supporting timely recording of information.

Areas for improvement

- The collaboration of the YJS partnership is not consistently leading to better outcomes for children and improvements in service delivery.
- YJS management board membership is large and ineffective.
- Staff are not clear about how the amalgamation of the Youth Service and Youth Justice Service will help them to achieve better outcomes for children.
- Decisions are not explained or communicated well by senior leaders.

- There is no risk register enabling the YJS to address risks to the service strategically.
- There is poor staff morale and staff do not feel listened to.
- Performance is not understood.
- Data is unreliable and management information is not accurate.
- Planned and unplanned staff absences are not managed well.
- Appraisal processes are not effective in developing staff.
- There are significant gaps in up-to-date and effective policies.
- Management oversight is not consistently effective.
- Learning from serious incidents is not harnessed.

Organisations that are well led and well managed are more likely to achieve their aims. We inspect against four standards.

1.1. Governance and leadership



The governance and leadership of the YOT supports and promotes the delivery of a high-quality, personalised and responsive service for all children.	Inadequate
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Key data

Total spend in previous financial year (2021-2022)	£1,401,749
Total projected budget current for financial year (2022-2023)	YJB grant not confirmed at point of report preparation

In making a judgement about governance and leadership, we take into account the answers to the following three questions:

Is there an effective local vision and strategy for the delivery of a high-quality, personalised and responsive service for all children?

Tower Hamlets and City of London Youth Justice Service (YJS) has a youth justice plan (2021-2022) which is supported by a strategic plan (2021-2023). Its ambition for children who come into contact with the YJS is to provide 'safety, hope, and opportunity'. The partnership's vision for each child is 'the best possible future, the best possible support and challenge'. While these plans exist, it is unclear how delivery against targets and objectives is being measured given the unreliable data issues identified in this inspection. The youth justice plan and the strategic plan are aligned to the children's and families strategy 2019-2024 and the community safety partnership plan 2021-2024.

Disproportionality is a feature in both plans. Additionally, the YJS has produced a disproportionality plan 2022-2023 to inform and drive its objectives. In July 2021, a disproportionality deep-dive analysis was commissioned and, while this was a good initiative, learning is unclear, given the potential unreliability of data used.

The Youth Justice Management Board contains all statutory partners. They attend regularly, but membership is large and does not consistently support effective decision-making. It is not clear how all partners add value to the work of the board, for example, reporting on education is generally strong, but challenges faced by YJS staff in the relationships with children's social care, the exploitation team, and out-of-court disposal work were not understood well enough. There is no systematic reporting into the board by all partners. This was recognised in the self-assessment completed on 08 February 2022 and while board meetings reflect some healthy discussions, it is not clear how these consistently lead to positive outcomes for children.

Board members recognise the role they and their agencies must play to enable YJS children to flourish. The chair of the board is committed, well-engaged with the challenges faced by the YJS, and has a good understanding of the work of the YJS. He has been a board member for five years and chair for two. Induction arrangements for board members are comprehensive, supported by written material and a range of meetings with staff working within the partnership. However, decision-making is not always timely and change management has not always been processed well. The absence of a consistent probation resource in the YJS for some four years is unacceptable. Additionally, six different individuals had been in post as interim head of service over a period of five years, with poor management at a senior level. This has led to significant holes in effective service delivery. We note that there is now a permanent head of service.

It is positive that operational information is communicated to the board by YJS staff, ensuring that there is a connection between operational and strategic aspects of the service. In addition to the board's quarterly meetings, there are also quarterly spotlight and training sessions. At most board meetings, children's voices are heard through video recordings. These provide powerful testimonies of the lived experiences of children.

Governance arrangements supported by delivery plans are not comprehensive. Some key documents, for example the safety and wellbeing policy, are still in draft format and a number of other policies and arrangements are out of date.

Given the unreliability of data we found, for example on the first-time entrants, it is not possible to be confident that performance against the strategy is meaningful or leading to positive outcomes for children. This is a significant failing, with the board leading an organisation that is without accurate data and management information.

Do the partnership arrangements actively support effective service delivery?

The purpose of the restructure in 2021 sought to provide greater connectivity and alignment with wider provision in the Youth Service and the YJS. While there is now some level of advocacy across the new arrangements, this is currently minimal. Amalgamation of the Youth Service and YJS may bring added value, but the service is in its infancy. Staff report very mixed views about how service delivery will improve as a result of this structural reorganisation. For them, all they have seen at the moment is a change in name.

Work to maximise positive education outcomes is a strength. Supporting data demonstrates how and what work has been carried out to minimise exclusions and support children in colleges. We were also impressed by the London East Alternative Provision (LEAP) delivery plan supporting education and the Breaking the Cycle project.

Most staff (nine out of 14 in our survey) reported that they understood the roles and responsibilities they had within 'internal' partnership working.

Board meeting notes from the past 12 months indicate an active interest and engagement with diversity and disproportionality issues. However, given the inaccuracy of management information, it is not clear what impact any activity is having. The investment in the Ether programme¹¹ (supporting black and minority ethnic young men involved in the youth justice system through personal development) is encouraging and being received well.

The Children Living in Care Council delivered an innovative programme to support desistance and prevent harm. This supported integration with wider services for children. Activities included music, creating podcasts, and education. The evaluation showed that it had added value to helping children recognise their potential.

Does the leadership of the YOT support effective service delivery?

The YJS head of service and deputy attend board meetings. Team managers have recently been advised that they are no longer required to attend; for them, this feels like a gap given the context of an organisation that is redefining and redesigning itself. Some staff have attended board meetings, and most (11 out of 14 in our survey) were aware of board activities.

Meetings held with staff and stakeholders showed that some had a very good idea of the vision, strategy, and priorities of the YJS. However, this clarity was not shared by all.

Staff are encouraged by their managers to be open about their experiences and provide challenge. However, they report often feeling unsafe to speak about their concerns and anxieties openly. Some report not being listened to by their leadership and management, resulting in them feeling undervalued at times. They believe there is a culture in the YJS where trust is lacking. Additionally, the service is constantly 'firefighting' and not putting in place infrastructures that result in meaningful change. This is most worrying and needs to be addressed urgently.

The board does not have a risk register and is not monitoring and addressing risks in any strategic way. There are concerns about high numbers of FTEs, the leadership of the YJS, lack of data, and gaps in staffing. However, these issues have not been meaningfully addressed, leaving staff confused and anxious.

¹¹ <https://www.wipers.org.uk/the-ether-programme>

1.2. Staff



Staff within the YOT are empowered to deliver a high-quality, personalised and responsive service for all children.

Requires improvement

Key staffing data¹²

Total staff headcount (full-time equivalent (FTE))	18
Total headcount qualified case managers (FTE) ¹³	10
Vacancy rate (total unfilled posts as percentage of total staff headcount)	11%
Vacancy rate case managers only (total unfilled case manager posts as percentage of total case manager headcount)	5%
Average caseload case managers (FTE) ¹⁴	9
Average annual working days sickness (all staff)	7
Staff attrition (percentage of all staff leaving in 12-month period)	16.6%

In making a judgement about staffing, we take into account the answers to the following five questions:

Do staffing and workload levels support the delivery of a high-quality, personalised and responsive service for all children?

Staffing has been a challenge for the YJS and a number of vacancies in the partnership have remained unfilled for varying amounts of time. Interim and temporary arrangements have been unsettling for staff and this has led to variable practice, especially in the area of safety and wellbeing and risk of harm to others.

Staff report a changing picture relating to their caseloads as colleagues leave and are not immediately replaced or are off work due to illness. Staff sickness rates have been high, placing demands on staff who remain at work. While caseloads are not excessive, changes in case managers have impacted the continuity of care some children receive. Some planned departures are not managed well and there are often lengthy gaps before appointments are made.

Eleven out of 13 operational YJS staff who completed our survey reported that their workloads were reasonable. Nine out of 11 volunteers reported that they were allocated manageable workloads. YJS managers reported that they were "busy", but the volume of work allocated to them was generally acceptable.

¹² Data supplied by YJS and reflecting staffing at the time of the inspection announcement.

¹³ Qualified case managers are those with a relevant social work, youth justice or probation qualification.

¹⁴ Data supplied by YJS, based on staffing and workload at the time of the inspection announcement. This may be inaccurate.

Do the skills of YOT staff support the delivery of a high-quality, personalised and responsive service for all children?

Youth justice operational staff reflect the diversity of the local population; the profile of volunteers is currently diverse in terms of age and ethnicity. There are fewer black, Asian, and minority ethnic managers and senior leaders.

The allocation of work was not considered to be managed in a way that brought out the best in staff. Allocations were largely made on the basis of the number of cases a case manager held rather than the skills and/or experience they brought to the role. This method carries risk and needs to be reviewed.

Operational staff reported that they were not always given access to learning and development opportunities to progress their careers. Some had accessed short-term learning outside of their organisation, but this had been driven by them. A workforce development strategy would support effective workforce development and succession planning.

Does the oversight of work support high-quality delivery and professional development?

The YJS provides generic introduction booklets, including Welcome to Tower Hamlets and Practice Standards, for example, but it is not clear how directly relevant these are to youth justice practitioners.

Regular monthly supervision with team managers for paid operational staff is scheduled into the working timetable. Almost a quarter of staff who completed our survey said that their supervision and support were not so good. There are opportunities for clinical group supervision with a psychologist, with support provided for the management of more complex cases. Managers report that the quality of their own supervision varies but is largely regular. Given the variable findings from our case reviews, we do not believe that supervisory support is providing consistent guidance and advice, especially in safety and wellbeing and risk of harm work. This is supported by our conclusions from case reviews where we found that in six out of 16 domain 2 cases and four out of eight domain 3 cases management oversight was not effective.

Staff who had joined the YJS more recently spoke about a mixed learning induction experience. Their introduction to other colleagues was good but they did not feel fully integrated into the reorganised service. Induction for volunteers was described as informative and relevant. Issues of disproportionality and diversity were largely covered well.

None of the staff or managers we spoke to said they had an up-to-date appraisal. For those who had had previous appraisals, only one out of 12 in our survey reported that the process had been valuable.

There is a Tower Hamlets performance management accountability framework, which was last updated on 15 March 2022. Managers reported that they received good support from their human resources colleagues and understood what was expected of them when managing performance. Our conversations with a range of staff, however, reflected concerns that poor performance was not being dealt with appropriately.

Are arrangements for learning and development comprehensive and responsive?

Currently, most case managers in the YJS are qualified probation officers. A training needs analysis was undertaken, but this was completed by staff and not their line managers. It is not clear what the analysis identified and what training has been put in place as a result.

Some bespoke training has been provided to support the resettlement needs of black and Asian minority ethnic children in the youth justice system. This training is currently being used to inform the development of the resettlement policy. This is a good example of learning being used well to support improvement. All staff can access the Supporting Families Division learning offer (2022-2023) which has been designed to strengthen knowledge and skills of working with children and families across the division. All 11 volunteers who completed our survey praised the training opportunities they had received. However, many staff considered that the borough's in-house training that they could access was far too generic.

Disappointingly, the YJS has not been proactive in carrying out learning reviews from all four serious further incidents that had occurred in the past 12 months. Following the appointment of a head of service, the most recent incident was reviewed, and this is encouraging. However, we would expect all serious incidents to be reviewed and learning integrated into practice.

Employment opportunities are advertised openly in the borough and all staff can apply for vacancies.

Do managers pay sufficient attention to staff engagement?

Only six out of 11 staff who completed our staff survey believed that the YJS strongly motivated them to contribute to the delivery of a high-quality service. In contrast, all 11 volunteers who completed the survey reported that the YJS motivated them to fulfil their roles as volunteers.

There is a council-wide annual staff survey to which staff contribute. Views are sought in a dynamic way but some staff (five out of 12 in our survey) report that they are not always listened to and there is little point in them investing their time to give their views. Nine out of 13 staff who completed our survey reported that their views about working for the YJS were not regularly sought.

The recognition of good practice is mostly through informal means, such as affirmation at team meetings and good news stories. Staff can be nominated for council awards (including a social work academy award), but this method is not often used. In 2020, the YJS court team received the best team of the year award from the director in children's social care. We were only able to identify one other example of a YJS staff member being nominated for an award.

There are a range of policies to ensure the safety and wellbeing of staff. Resources include direct line management support, reflective supervision, and access to the council's staff support scheme. Most staff report that their resilience comes from peer support and not from what is provided by the YJS.

During the pandemic, the YJS was responsive in providing laptops and mobile phones to all staff. Most staff had risk, health and safety assessments completed and this ensured that their particular needs were met. A small number of staff, however, reported that they waited for some time before adjustments were made, with some still waiting 12 months later.

1.3. Partnerships and services



A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children.

Requires improvement

Caseload characteristics¹⁵

Percentage of current caseload with mental health issues	25.4%
Percentage of current caseload with substance misuse issues	54.2%
Percentage of current caseload with an education, health and care plan	18.6%

In making a judgement about partnerships and services, we take into account the answers to the following questions:

Is there a sufficiently comprehensive and up-to-date analysis of the profile of children, used by the YOT to deliver well-targeted services?

The YJS has access to a range of management information, but its reliability is questionable, as shown in the evidence across a range of characteristics we were provided with in advance. This leads us to question the accuracy of other management information used and held by the YJS, such as analysis linked to desistance needs, safety and wellbeing, diversity, and patterns of sentencing. It is disappointing that these obvious errors had not been picked up by the YJS when submitting its evidence in advance to us. Senior leaders and managers have been made aware of our findings and we are encouraged to learn that a strategic decision has now been taken to employ a dedicated data analyst who will be directly attached to the YJS, rather than the current corporate analyst role in the council.

Some data has been produced on disproportionality, but the YJS does not use the YJB disproportionality toolkit. Access to under-18 stop-and-search data from the police is now available and this can be used to analyse disparities. Meetings to explore any issues in policing have not yet been embedded. Furthermore, out-of-court disposal disproportionality data has not been consistently broken down by ethnicity to consider any differences in outcome for different groups of children.

The YJS has developed its own self-assessment tool to better understand the voice of children. This is a positive initiative and will support the child-first approach to enable children to flourish.

Does the YOT partnership provide the volume, range and quality of services and interventions required to meet the needs of all children?

There is good access to specialist and mainstream services and interventions, in particular health and education, to meet the desistance needs of children. Each child subject to a YJS intervention, both statutory and non-statutory, is on the roll at a school and has an education officer, who tracks all YJS children (pre- and post-16) to ensure their education and training needs are met. Advocacy for children at risk of exclusion or reduced timetables is good.

¹⁵ Data supplied by YJS but may be inaccurate.

The YJS is part of a wider London resettlement pathway development initiative and is involved in the pilot for the London accommodation resettlement pathway supporting children leaving custody. This work will enhance the resettlement needs of children.

The Compass Safe East drugs service is valued by staff, and children are referred appropriately. We found evidence of this work in our case reviews. The Safe East worker is present in the Mulberry YJS town hall office every Monday. This visibility has increased referrals to the service and provided staff with active support.

The Step Forward counselling service is used well. The counsellor is able to see children in custody and the community. This provides continuity of care to address safety and wellbeing needs. The speech and language therapy (SaLT) and children and adolescent mental health services (CAMHS) provisions within the YJS are both accessible and strong.

The Ether programme, supporting black and minority ethnic young men, and the Streets of Growth¹⁶ initiative provide meaningful and targeted interventions for children. These programmes are evaluated to measure impact.

The Breaking the Cycle of Youth Violence project, which uses the whole-family model, adds value and is a promising initiative with a strong evidence base. Given the worrying pattern of youth violence in the localities covered by Tower Hamlets and City of London YJS, this is a timely initiative.

There is a lack of evidence of consistent meaningful victim work, and reparation projects are limited. The review and evaluation of service provision across the YJS is underdeveloped, but children are asked to provide feedback on the services they have received. For example, when they begin a health intervention, their needs are rated and then reviewed regularly to see what change has occurred. This helps children to appreciate the progress they are making so that they can build on their strengths and protective factors.

Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?

The YJS is part of a national task force pilot, in collaboration with the Department for Education, in which a dedicated multidisciplinary team works with children attending the pupil referral unit (PRU) – London East Alternative Provision (LEAP). The team consists of a YJS case manager, SaLT, CAMHS, social worker, family worker, and other service providers. The aim of the project is to provide a robust support network to work directly with children at LEAP. Here, partnership arrangements are well established and work well.

The YJS police officers provide daily briefings, but inspectors noted little evidence of their footprint in the casework we reviewed. This gap needs to be examined.

The information-sharing agreement document relating to Multi Agency Public Protection Arrangements (MAPPA) requires updating. This needs to be reviewed urgently to ensure that information-sharing arrangements are fit for purpose.

The education worker and health staff are actively involved in working with and supporting children. Case managers appreciate the input they provide. Relationships with children's social care are described as not always positive, although they are improving. There is a sense that thresholds are too high when considering YJS

¹⁶ <http://www.streetsofgrowth.org>

children whose vulnerability is not always recognised. Some YJS staff report that they are not consistently invited to strategy meetings, which makes the management of risk difficult.

The YJS does not have its own risk management panel or process to address safeguarding and public protection concerns. This impacts negatively on risk management planning and YJS oversight of the management of risk. While there are procedures to engage YJS operational staff with meetings where safety and wellbeing (children's social care) and risk of harm (exploitation team) are addressed, these have not been communicated or understood well by staff. This means that not all staff know what they are required to do. It is the responsibility of managers to communicate expectations effectively and monitor how well actions are being applied. Given the number of serious further incidents in the past 12 months, it is essential that learning is captured and applied.

The YJS is part of the court users' group. There have been opportunities for YJS staff to deliver presentations to group members on a range of topics affecting the children they are working with.

Involvement of children and their parents or carers

The YJS uses a range of formal and informal processes to collect and analyse the views of children and their parents or carers. Notably, the self-assessment tool that has been internally developed provides dynamic information and enables staff to respond to the needs of children in 'live' time. Practitioners are enthusiastic about using feedback to inform their interventions.

As part of the inspection process, children are invited to participate in a text survey, and those whose cases are inspected are offered the opportunity to speak to an inspector to give their feedback. Inspectors spoke to nine children. They all knew what the YJS was trying to do to help them and felt that their workers had the right skills to do the work. Our findings showed that, while most of the children were happy with their workers and the services they were receiving, there were areas of development for the YJS.

- Young people who were working would prefer late evening reporting.
- Children would like their workers to be punctual.
- Children would like better consistency in their scheduling of appointments and venues.

More positively, children reported that their workers were respectful, kind, knowledgeable, and spent time talking with them and understanding them. Additionally, staff were polite, flexible, and helpful.

One child said:

"She says positives to help me think positively."

And another child said:

"She done awesome. She done a good job. I was previously incarcerated and she referred me to intensive supervision. It really helped me and I worked at Amazon for a bit and got other jobs. I'm really pleased."

1.4. Information and facilities



Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all children.

Inadequate

In making a judgement about information and facilities, we take into account the answers to the following four questions:

Do the policies and guidance in place enable staff to deliver a high-quality service, meeting the needs of all children?

The YJS does not have comprehensive up-to-date policies to support staff to deliver effective services to children, and the policies it does have, have not always been communicated well. Just under half of the staff (five out of 11) who completed our survey expressed a lack of robust clarity in their understanding of some policies and, in particular, what was expected of them.

The YJS does not have a policy register to record all policies available and their required review dates. This has contributed to some policies being out of date.

The safety and wellbeing and risk of harm policies are in draft and do not, in their current design, set out effective processes for managing safety and wellbeing and risk of harm. These policies were produced very recently, in March 2022. Some staff do not understand their role in relation to the exploitation team, even though a high number of YJS children will be experiencing or at risk of exploitation. Staff were unclear about thresholds and criteria for referral to the exploitation team and the Multi Agency Risk Panel (MARP).

The policy on lone working and personal safety is clear but again it is not current, dating from 2019. A management oversight guide was produced in March 2022, but this is not comprehensive and needs to be reviewed.

Staff are mostly able to access the right services from partners and providers where there are good historic relationships. Many, however, were unsure about access to the exploitation team. Additionally, although the director of education reported that staff could access the services of an educational psychologist, staff were unaware of this pathway.

Does the YOT's delivery environment(s) meet the needs of all children and enable staff to deliver a high-quality service?

Staff meet and see children in a variety of settings and raised no concerns about these arrangements. The amalgamation of the Youth Service and the YJS has made more venues available, and this is appreciated by staff, children, and their parents or carers alike. Referral order panels are always held in the town hall.

The YJS uses a document 'Safe areas vs dangerous areas' to determine the best and safest places to see children. In our case reviews, we found several examples of children being seen in different venues given their vulnerabilities and anxieties about safety.

Do the information and communications technology (ICT) systems enable staff to deliver a high-quality service, meeting the needs of all children?

Access to the ChildView 5.1.0 case management system is quick and staff can find case material easily. This enables them to make timely entries, plan and use information to deliver services. They also have access to MOSAIC, the case management system used by children's social care. However, management information about individual casework delivery and performance has not been available for the past four months following the departure of the data analyst. Staff had been advised that this information was critical in monitoring their work and they had to use it. They are now puzzled that this information is no longer available, and it is not clear when it will be. Any gaps could mean risk of harm work not receiving effective oversight and thus potentially leaving children and victims at risk.

Youth justice case managers have access to the Microsoft Office suite (Teams, Outlook, Word, Excel etc). All 11 YJS staff in our survey believed the ICT they were provided with was helping them to deliver quality services to children. Partners within the YJS can access each other's case management systems and where this is not possible alternative arrangements, for example emails, are used well.

Are analysis, evidence and learning used effectively to drive improvement?

Performance is not understood well given the unreliability of data and the absence of live performance information. It is disappointing that this business area had not been identified as a high priority until after this inspection.

With the exception of the countersigning of work and pre-sentence report (PSR) assurance, there are very few robust quality assurance and auditing processes to support service improvement. Until February 2022, and most worryingly, there was no process or framework for responding to serious incidents or further serious offences.

No audits had been undertaken until March 2022, when Wardell Associates reviewed out-of-court disposal work. It is too early to assess any impact from the findings of this review, but there is demonstrable commitment to using the findings from our inspection to create a baseline for improvement with, for example, immediate reviews of the street community resolution offer, the effectiveness of the scrutiny panel, data on FTEs, communications with staff, and consolidating safety and risk policies and procedures.

Diversity

Throughout our standards, we expect a personalised and responsive approach for all children, which includes taking account of their diversity and protected characteristics. Those factors may influence our judgements in specific standards. Here, we present an overall summary of the approach to diversity that we found in this YJS.

The YJS has introduced a new written PSR format for courts. This focuses on giving the background and personal circumstances of the child at the beginning of the report before introducing their offending behaviour. This promotes better attention to their individual circumstances, lived experience, and diversity needs.

The annual Ronke Martins-Taylor Memorial Award, set up after the death of the council's divisional director of children's services in 2021, recognises young people working with the YJS who have achieved change through their strength of character and support offered to them. The YJS submits nominations to celebrate achievements.

The YJS has a disproportionality action plan and practice guide. It has made the tackling of disproportionality a strategic priority and has agreed to focus on a range of topics, including the language used in court reports, prevention, links to Early Help, and building stronger connections with community organisations.

YJS staff have completed an ethnicity disproportionality deep-dive analysis to better understand the structural barriers experienced by the children they are supervising. The review found variable treatment in the receipt of free school meals and exclusion, for example.

Given the unreliability of data that we found during this inspection, it is not possible to be fully confident about the YJS's disproportionality data and progress made at a strategic level.

The translation and interpreting services are impressive and used appropriately to support engagement with children and their parents or carers. The YJS has access to several information leaflets that have been translated into different languages.

An improved self-assessment tool, which is completed by children, has been introduced. This includes more targeted questions on diversity and has given practitioners new information to respond better to the diversity needs of children.

Trauma-informed practice (linked to experiences of prejudice) and cultural awareness training modules are now more aligned with the specific needs of children from different backgrounds.

We found several examples in our case reviews where practitioners had held sensitive conversations about racism and the impact prejudice had had on the children they were supervising. These conversations had resulted in better engagement and had been valued by children.

The Ether programme for black and minority ethnic young men is being used well and there has been some evaluation (in June and December 2021) to consider its impact.

The Tower Hamlets Inequality Commission was set up in 2020 following the death of George Floyd in the USA to help improve the life experiences of black, Asian, and minority ethnic residents. It has generated an increase in conversations about inequality and experiences of children from different backgrounds. Staff have used self-disclosure appropriately to speak with children about their own experiences of trauma and the impact on them following the death of George Floyd. This has empowered children to talk about their own lived experiences of racism.

2. Court disposals

We took a detailed look at 16 community sentences managed by the YJS. We also conducted 16 interviews with the relevant case managers. We examined the quality of assessment; planning; implementation and delivery of services; and reviewing. Each of these elements was inspected in respect of work done to address desistance, keeping the child safe and keeping other people safe.

Our key findings about court disposals are as follows.

Strengths

- Assessment work to understand why children had offended was strong.
- Practitioners took account of the child's strengths and protective factors, as well as their level of maturity and willingness to change.
- Planning to support the child's desistance was good.
- Case managers engaged children and their parents or carers meaningfully in planning.
- Case managers focused on developing and maintaining an effective relationship with children and their parents or carers.
- Attention to and response to diversity needs was a strength in casework.

Areas for improvement

- When assessing a child's safety and wellbeing and risk of harm to others, staff need to be much more disciplined in identifying and analysing the risks to and from the child.
- The concerns and risks relating to actual and potential victims were not consistently considered when planning to address the risk of harm to others, leading to victim work being overlooked.
- Not enough services were delivered to prevent children from causing harm to others.
- Staff did not consistently set out contingency arrangements to manage the child's safety and wellbeing and their risk of harm to others.
- Guidance to support safety and wellbeing work was incomplete.
- There was not enough effective joint working to support risk of harm work.
- Managers' oversight of work was often not effective.

Work with children sentenced by the courts will be more effective if it is well targeted, planned, and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

2.1. Assessment



Assessment is well-informed, analytical and personalised, actively involving the child and their parents or carers.

Good

Our rating¹⁷ for assessment is based on the following key questions:

	% 'Yes'
Does assessment sufficiently analyse how to support the child's desistance?	88%
Does assessment sufficiently analyse how to keep the child safe?	75%
Does assessment sufficiently analyse how to keep other people safe?	81%

Does assessment sufficiently analyse how to support the child's desistance?

Assessment work to support children in desisting from further offending was well embedded. Practitioners took a forensic approach, and this gave them good access to current and historical information. Diversity needs and personal circumstances were understood well. Notably, we found that practitioners had made positive use of information held by other agencies in 15 out of the 16 cases we inspected. The accessing of information from partners within the YJS was particularly good. Additionally, practitioners had properly reviewed the child's level of maturity.

Practitioners included the voice of children and their parents or carers to inform what they believed were the reasons behind the child's offending and other behaviours.

One inspector noted:

"The assessment details the index offence of the theft of bicycles as part of a wider pattern of acquisitive offending. This is useful in terms of the context. The case manager outlines a previous triage for theft (again stealing a bicycle) as well as pending offences for further thefts. There is good analysis of offending around the child's attitude to money. The assessment of desistance includes all of the areas I would expect to see, including his disengagement from school, with a preference for seeking employment to earn money."

Does assessment sufficiently analyse how to keep the child safe?

Assessment activity sought to identify the child's safety and wellbeing needs in 11 out of the 16 inspected cases. Practitioners gathered relevant assessment information held by other agencies appropriately in 14 out of the 16 reviewed cases. Inspectors did not agree with three out of 16 classifications by practitioners of safety and wellbeing. Furthermore, not all assessments included an analysis of controls and interventions to promote the safety and wellbeing of the child. Attention to vulnerability was often overlooked.

¹⁷ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annex 2 for a more detailed explanation.

Does assessment sufficiently analyse how to keep other people safe?

Assessments to identify all relevant factors linked to keeping other people safe were stronger. We found that in 12 out of 15 cases, practitioners had explained the nature of the risk and who was at risk of harm to others. This helped children to recognise the potential harm they could cause to others. Assessment work did not always draw on information held by other agencies, especially external partners. This meant that critical information was often missed. We agreed with all the risk classifications in the 16 reviewed cases, which was reassuring.

2.2. Planning



Planning is well-informed, holistic and personalised, actively involving the child and their parents or carers.

Requires improvement

Our rating¹⁸ for planning is based on the following key questions:

	% 'Yes'
Does planning focus sufficiently on supporting the child's desistance?	88%
Does planning focus sufficiently on keeping the child safe?	56%
Does planning focus sufficiently on keeping other people safe?	63%

Does planning focus on supporting the child's desistance?

Planning to support children to not commit further offences was positive. In 14 out of the 16 cases reviewed, there were timely plans that robustly identified what work needed to be delivered. In 15 out of the 16 cases, planning had taken account of the child's personal circumstances, including their broader familial environment. More account should have been taken of the child's strengths and level of maturity to engage with the services identified.

Does planning focus sufficiently on keeping the child safe?

Planning to keep children safe was variable and weak. Too often case managers did not understand what was expected of them. This confusion meant that not all children received the most suitable plans to keep them safe. In seven out of 15 cases, planning did not sufficiently promote or address safety and wellbeing risks to children. Additionally, much more liaison was needed with other agencies to ensure that planning activity was aligned with clear areas of responsibility identified. It was disappointing to find that the necessary controls and interventions to support safety and wellbeing were absent in five out of the 15 inspected cases. Furthermore, contingency planning was poor in too many cases. Children's circumstances can change very rapidly, and it is essential that this is understood when determining the work that will be delivered.

¹⁸ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does planning focus sufficiently on keeping other people safe?

Planning to keep other people safe was marginally better but, again, practice was not consistent. In five out of 15 cases, not enough attention had been given to promoting the safety of other people and addressing risk of harm factors. Equally, the needs of victims did not feature as a high enough priority in far too many cases. This omission runs the risk that important work is not carried out. Additionally, there was an absence of controls to manage risk of harm in five out 15 cases, and contingency planning was similarly poor.

One inspector noted:

“The plan involves work around conflict resolution, use of weapons and risk of violence. However, it does not include any controls to protect the victim and refers to previous bail conditions which had expired on sentence. Furthermore, the contingency arrangements are too generic and overlook measures to address any arising conflict situations.”

2.3. Implementation and delivery



High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child.

Requires improvement

Our rating¹⁹ for implementation and delivery is based on the following key questions:

	% 'Yes'
Does the implementation and delivery of services effectively support the child's desistance?	88%
Does the implementation and delivery of services effectively support the safety of the child?	69%
Does the implementation and delivery of services effectively support the safety of other people?	63%

Does the implementation and delivery of services effectively support the child's desistance?

The implementation and delivery of work to help children not reoffend was an area of strength. We found that in 14 out of the 16 inspected cases, the delivered services were the most appropriate ones to support desistance. Pleasingly, case managers had considered the diversity needs of children, which we do not always find across our inspections. Attention paid by practitioners enabled greater participation and ensured that services were tailored to meet the specific needs of children. There was good involvement with parents or carers, and this enabled the wider familial context to be better understood. Interventions were delivered from a position of building on strengths, and opportunities for community integration were maximised.

¹⁹ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annex 2 for a more detailed explanation.

Does the implementation and delivery of services effectively support the safety of the child?

Work in this area was not consistent. Inspectors found that in four out of 15 reviewed cases, services delivered were not always contributing to keeping children safe. This was in part due to practitioners often being unclear about what was expected of them, especially in working with statutory partners. Leaders and managers need to do much more to help practitioners recognise their responsibilities.

One inspector noted:

“It is unclear how well supported the child was regarding exploitation and this appears to have been an oversight. Gaps in this area at an earlier stage meant that concerns around the child's continued exploitation were not responded to and this may have contributed to the further offence. The child's family were very open to parenting support, but this was not offered. There was a missed opportunity to involve parents.”

Does the implementation and delivery of services effectively support the safety of other people?

The delivery of services to support the safety of others was again not consistent. Too often, the practitioner had not paid adequate attention to protecting the needs of victims. This failure is a worry and needs to be rectified urgently. In six out of 15 cases, the involvement of other agencies to manage the risk of harm to others was not coordinated well. This was in part due to some information-sharing and joint working protocols being out of date.

2.4. Reviewing



Reviewing of progress is well-informed, analytical and personalised, actively involving the child and their parents or carers.

Requires improvement

Our rating²⁰ for reviewing is based on the following key questions:

	% 'Yes'
Does reviewing focus sufficiently on supporting the child's desistance?	94%
Does reviewing focus sufficiently on keeping the child safe?	56%
Does reviewing focus sufficiently on keeping other people safe?	56%

Does reviewing focus sufficiently on supporting the child's desistance?

The reviewing of work to judge the impact of interventions on reducing reoffending was comprehensive. Practitioners carried out both formal and informal reviews.

²⁰ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Consideration of protective factors and diversity needs, as well as a robust examination of personal and familial circumstances, were all evident in casework.

In 13 out of 14 inspected cases, children's motivation was consistently reviewed and the barriers that were identified were addressed appropriately. Discussion with children and their parents or carers was generally facilitated well. This helped practitioners to better understand the children's wider experiences and empowered parents or carers to become involved in their children's supervision.

One inspector noted:

"The plan was reviewed and has been condensed from seven objectives to four. The language used is more child friendly and is clear in terms of what is expected of the child, using 'I will' sentences. The case manager informed me that the child had picked most of the objectives and that she encouraged him to include the ETE [education, training, and employment] objective. He is portrayed as motivated to attend his impending college course, but feedback was given in interview to think about what additional support he might need to make college a success."

Does reviewing focus sufficiently on keeping the child safe?

The quality of reviewing activity in keeping children safe was inconsistent in the cases reviewed. Where necessary, reviewing did not routinely respond to changes linked to safety and wellbeing, information was not gathered from other agencies that were involved, and plans were not adjusted to support the continuity of work. This meant that case managers had limited understanding of the changing wellbeing needs of the children.

Does reviewing focus sufficiently on keeping other people safe?

Reviewing did not consistently respond appropriately to changes in the personal and wider circumstances of children, which did not support informed changes in plans to protect others from harm. Of particular concern was the absence of effective information gathering and sharing, particularly with the police.

3. Out-of-court disposals

We inspected nine cases managed by the YJS that had received an out-of-court disposal. These consisted of seven youth conditional cautions, one community resolution and one other disposal. We interviewed the case managers in nine cases.

We examined the quality of assessment; planning; and implementation and delivery of services. Each of these elements was inspected in respect of work done to address desistance, work to keep the child safe and work to keep other people safe. The quality of the work undertaken for each factor needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

We also inspected the quality of policy and provision in place for out-of-court disposals, using evidence from documents, meetings, and interviews.

Strengths

- Assessment activity analysing and supporting desistance was largely done well in the inspected cases.
- Attention to diversity needs and personal circumstances in most aspects of casework was good.
- Work carried out built on the strengths and protective factors of children.

Areas for improvement

- The current out-of-court disposal policy was produced in March 2022 and needs to be embedded into practice.
- Planning for work to support the safety and wellbeing of the child and keep others safe was poor.
- The quality of work that supports desistance was variable.
- The delivery of work to keep children safe and prevent them from causing harm to others was poor.
- The coordination of work by YJS practitioners where other agencies were involved was not effective.
- Contingency planning needs to be evident so that the arrangements for managing a child's risk of harm to others is clear.

Work with children receiving out-of-court disposals will be more effective if it is well targeted, planned and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

3.1. Assessment



Assessment is well-informed, analytical and personalised, actively involving the child and their parents or carers.

Requires improvement

Our rating²¹ for assessment is based on the following key questions:

	% 'Yes'
Does assessment sufficiently analyse how to support the child's desistance?	78%
Does assessment sufficiently analyse how to keep the child safe?	56%
Does assessment sufficiently analyse how to keep other people safe?	56%

Does assessment sufficiently analyse how to support the child's desistance?

Overall, assessment work analysing why children had offended was variable. In three out of the nine inspected cases, practitioners had not fully assessed the child's acknowledgment of responsibility, attitudes towards, and reasons behind their offending behaviour. This meant that practitioners did not always understand how adverse childhood experiences and experiences of trauma may have contributed to children's offending.

The level of attention practitioners paid to the role that diversity had played in the children's offending was encouraging. They had invested time in building a clearer picture of the child's lived experience and cultural background. The pace of interaction was good, and children were made to feel comfortable in disclosing personal information. This was evidenced in our interviews with children.

Case managers did not actively seek information from external agencies, which we found in three out of the nine inspected cases. In these instances, vital information was overlooked, and this led to practitioners having only a partial picture of the child. They missed information relating to patterns in previous behaviour, links to significant life events, and responses to services received.

Assessment activity to understand levels of maturity, capacity, and motivation to change was primarily done well (seven out of nine inspected cases). Here, self-assessment questionnaires, information from parents or carers, and education records were used to identify the likelihood that a child would and could respond to different interventions. Motivation to change was an area that was particularly well explored. Not only did practitioners ask children and their parents or carers questions, but we also found evidence that their views had been included in the assessment process. This was illustrated in all nine inspected cases.

²¹ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does assessment sufficiently analyse how to keep the child safe?

Assessment work that clearly identifies and analyses risks to the child's safety and wellbeing was weak and needs to improve. We found that in four out of nine inspected cases, this area of work had failed to take accurate account of risks to the safety and wellbeing of the child. This may have been due to some staff having variable knowledge and skills, but we expect managers to provide effective oversight to highlight these gaps. While practitioners generally commented that they had the right skills, we found that this was not the case in safety and wellbeing work.

Not all assessment activity involved gathering, analysing, and integrating information held by other sources, particularly from statutory partners. We found this to be the case in five out of the nine inspected cases. This area of work needs to be improved, because if critical information is missed, this is likely to lead to a child experiencing further harm.

One inspector noted:

“Information within the safety and wellbeing plan provided by children’s social care is not fully incorporated by the case manager. While issues around potential exploitation are mentioned, the full impact of these risks is not fully analysed or understood. Safety and wellbeing concerns are underestimated and therefore assessing to keep the child safe is insufficient.”

Encouragingly, we agreed with eight out of nine decisions that case managers made about their risk classification of safety and wellbeing. However, the gaps in information led to 'non-comprehensive' safety and wellbeing assessments.

Does assessment sufficiently analyse how to keep other people safe?

In four out of seven inspected cases, assessments did not clearly identify and analyse the risk of harm to others posed by the child. This included a failure to identify who was at risk and the nature of that risk. This is concerning, and attention is needed to ensure that others are protected from harm. Too often assessments lacked depth and breadth. Once again, information from other sources, including plans held by children's social care, had not been accessed in four of the nine inspected cases. This meant that information remained too descriptive and not sufficiently analytical to support the protection of actual and potential victims from harm properly.

One inspector noted:

“Assessment identifies most offending behaviours but fails to analyse who is at risk, the nature of the risk and circumstances around when harm could occur. Assessment mainly focuses on the child’s needs around substance misuse and driving under the influence of alcohol, rather than the risk of serious harm that could be inflicted on others, for example, using a weapon to make threats, this being the reason for the making of a youth conditional caution (YCC).”

3.2. Planning



Planning is well-informed, analytical and personalised, actively involving the child and their parents or carers.

Inadequate

Our rating²² for planning is based on the following key questions:

	% 'Yes'
Does planning focus on supporting the child's desistance?	67%
Does planning focus sufficiently on keeping the child safe?	33%
Does planning focus sufficiently on keeping other people safe?	56%

Does planning focus sufficiently on supporting the child's desistance?

Planning to support the child's desistance was variable. Not all plans included the key interventions, who would deliver these services, and the expected timescale for completion. We found these gaps in four out of the nine inspected cases. The sequencing of services was often chaotic. However, a range of interventions had been identified and these had been modified and personalised during the pandemic. For example, some activity was completed independently, and some casework was delivered through 'walking and talking'.

Again, planning that incorporated information on diversity and personal circumstances was good. This ensured that plans were meaningful and directly relevant to meeting the children's needs.

In eight out of the nine inspected cases, practitioners had explained clearly how the interventions would build on the child's strengths and achievements and support personal growth. This was mostly determined jointly with children and their parents or carers.

Practitioners had spent meaningful time with most of the children they were supervising, which gave them access to considerable amounts of information. This helped them to assess how likely children were to comply with interventions and how willing they were to engage with specific services. While this practice was not evident in all the inspected cases, it showed that most practitioners' engagement skills were well developed.

The identification of mainstream services in the community was encouraging. In all nine inspected cases, this work had been done well. While the pandemic presented difficult challenges to all practitioners, they nevertheless worked creatively to ensure that children and their parents or carers knew what was available.

Does planning focus sufficiently on keeping the child safe?

Planning for work to support the safety and wellbeing of children was insufficient. It did not promote and address safety and wellbeing risks adequately in four out of the nine inspected cases. In these cases, there was not enough evidence to satisfy inspectors that all staff fully understood the need for comprehensive plans that would support keeping children safe. The information in plans often lacked detail. Additionally, practitioners had not always accessed information held by other

²² The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annex 2 for a more detailed explanation.

agencies. This was poor practice and again created gaps in critical knowledge to keep children safe. This needs to be addressed urgently.

Contingency planning is essential in keeping up with the quickly changing circumstances of children. We were disappointed to find that contingency arrangements were limited. More attention is needed to ensure that all plans include measures that can be quickly introduced when circumstances change.

Does planning focus sufficiently on keeping other people safe?

Planning for work to keep other people safe was not consistently done well. We found that in three out of eight cases inspected, not enough priority was given to addressing the risk of harm to others. This inconsistency needs to be overcome to ensure that others are kept safe from potential harm. The involvement of other public protection agencies in planning, for example the police and the exploitation team, needs to be much better coordinated.

Contingency planning in four out of eight inspected cases was poor and too often the absence of arrangements led to the potential for further harm to be caused to others. Given the earlier deficits in the assessment of safety and wellbeing and risk of harm to others, it is unsurprising that similar deficits were repeated in this area. More comprehensive assessments are likely to support better planning to manage harm to actual and potential victims.

3.3. Implementation and delivery



High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child.

Inadequate

Our rating²³ for implementation and delivery is based on the following key questions:

	% 'Yes'
Does service delivery effectively support the child's desistance?	56%
Does service delivery effectively support the safety of the child?	44%
Does service delivery effectively support the safety of other people?	67%

Does service delivery focus sufficiently on supporting the child's desistance?

Services delivered to support desistance were not consistent. In four of the nine inspected cases, interventions were not addressing the desistance needs of children. Much of the contact involved reviewing and updating information on personal circumstances. There was some evidence that worksheets were completed, and examination of offending behaviour took place, but the range of interventions used was limited. Understanding behaviour work needs to be more central to supervision, and broader familial and social context considerations need to be acknowledged. Not enough attention was paid to exploring the impact that other services were having, for example, drugs and alcohol services.

²³ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annex 2 for a more detailed explanation.

Does service delivery focus sufficiently on keeping the child safe?

Service delivery failed to support keeping the child safe in four out of the nine inspected cases. Work with partners to keep children safe was limited and coordination of this work was done well in only three out of nine cases. This is a worrying finding and needs urgent attention. Earlier shortfalls in assessment and planning for this work were having a negative impact on service delivery. The YJS does not have a comprehensive range of assurance and gatekeeping systems. Managers did not always use the countersigning process effectively to alert practitioners to gaps in this area of work. This needs to be improved.

Does service delivery focus sufficiently on keeping other people safe?

In four out of eight inspected cases, not enough services were delivered to keep other people safe. The attention paid to the needs of potential and actual victims was worryingly weak.

3.4. Out-of-court disposal policy and provision



There is a high-quality, evidence-based out-of-court disposal service in place that promotes diversion and supports sustainable desistance.

Inadequate

In making a judgement about out-of-court disposal policy and provision, we take into account the answers to the following questions:

Is there a policy in place for out-of-court provision that promotes appropriate diversion and supports sustainable desistance?

There is a locally agreed out-of-court disposal policy with the police, supported by operational procedures. The policy was revised in March 2022 and now needs to be embedded into practice. While there is a commitment to joint decision-making, some staff believe that the process has been driven by the police historically, and this is seen as a concern moving forward. Panel members have been able to provide information they hold about children, but it is not clear how much this has influenced decision-making.

The out-of-court disposal eligibility criteria in the revised arrangements are clearly defined, but historical evidence shows that the YJS has primarily used youth conditional cautions (YCCs). It is not clear why this has occurred and what motivated this. Far too many children (first-time entrants) enter statutory supervision directly when diversion may have been more suitable.

There is no recorded escalation process in the out-of-court disposal policy, although we were advised what happens operationally when there is disagreement. No staff could recall that an issue had been escalated in the past 12 months. A formal escalation process is needed to ensure fair outcomes for all children.

The policy distinguishes between community resolutions (triage) and formal out-of-court disposals, but the application of the former to date is not fully understood or implemented well.

The principles and reasons behind diverting children into the most appropriate care and support services are contained in the policy, although more detail on fairness would be helpful. Attention to diversity is good, but more guidance is needed to

ensure that the right information is gathered to support the most appropriate personalised interventions.

Arrangements to ensure safety and wellbeing and safety of others are now explicit. However, the findings from our case reviews showed that this area of work was at present by far the weakest and most concerning.

Does out-of-court disposal provision promote diversion and support sustainable desistance?

The YJS has an out-of-court disposal panel consisting of the police, YJS managers, case prevention officers, and staff from education, the youth service, early help, and health. This arrangement has been in place for some time.

Given the absence of accurate reporting data, it is not possible to conclude with confidence whether decisions are made in a timely manner and leading to effective diversion supporting a child-first approach.

While there are arrangements at a strategic level to ensure that out-of-court disposals are applied consistently, there are significant gaps in the implementation of triage disposals. For example, we were advised that all children stopped for being in possession of cannabis were referred to Safe East for an intervention. Safe East told us that they had not received a single referral from the police since they were commissioned to provide this service in August 2021. This has meant that children have not been receiving the interventions they need to support their desistance and safety and wellbeing.

All the interventions available to children on statutory orders are available to those receiving out-of-court disposals. Interventions are mostly strengths-based and there is a screening process to ensure children receive services that build on their strengths and protective factors.

Provision does not pay enough attention to keeping children and other people safe. This is a serious concern and practice needs to improve immediately.

Are the out-of-court disposal policy and provision regularly assessed and updated to ensure effectiveness and maintain alignment with the evidence base?

The out-of-court disposal provision has not been assessed or evaluated for effectiveness in a timely manner. Given the unreliability of data, with some exceptions (such as education), it is not possible to conclude with confidence what difference out-of-court work is making for all children.

Partners can provide casework information on the progress children are making with their agencies.

Outcomes linked to ethnicity are not evaluated systematically. This means that there is a gap in management information, and it is not always known what disproportionality issues may be present.

The first out-of-court disposal panel under the new arrangements was due to meet in May 2022.

There is an urgent need to review the work of the scrutiny panel and we are pleased that this was due to take place in May 2022. Currently, its effectiveness is unclear. The guidance notes for the process of managing scrutiny panels date from November 2020.

4. Resettlement

4.1. Resettlement policy and provision



There is a high-quality, evidence-based resettlement service for children leaving custody.

Requires improvement

We inspected the quality of policy and provision in place for resettlement work, using evidence from documents, meetings, and interviews. To illustrate that work, we inspected two cases managed by the YJS that had received a custodial sentence. Our key findings were as follows.

Strengths

- The YJS has a 'custody and resettlement procedures and good practice' guidance document which includes the Youth Justice Board's seven resettlement pathways.
- There was a positive focus on developing a prosocial identity, especially cultural identity.
- Suitable accommodation for children being released from custody was available.
- There are effective relationships between YJS and custodial staff.
- A YJS practitioner has a designated responsibility for overseeing resettlement work.

Areas for improvement

- Guidance to support effective resettlement work needs to be enhanced. For example, in addressing structural barriers.
- More clarity was needed to enable practitioners to carry out effective safety and wellbeing and risk of harm work.
- The needs of victims were not covered well.
- Escalation procedures were underdeveloped.
- Information exchange between the police and the YJS did not always take place and was not timely.
- Reviewing of resettlement arrangements needs to be better organised and implemented.
- There needs to be wider consultation with children and their parents or carers to understand the impact of resettlement arrangements.
- A strategic plan is needed to ensure that the policy meets the resettlement needs of all children.

We gathered evidence for this standard from documents and meetings and inspected two cases to allow us to illustrate the qualitative standards. We do not provide a separate rating for the quality of work in resettlement cases inspected under this standard. In making a judgement about resettlement policy and provision, we take into account the answers to the following three questions:

Is there a resettlement policy in place that promotes a high-quality, constructive and personalised resettlement service for all children?

The YJS has a 'custody and resettlement procedures and good practice' guidance document, which was reviewed in March 2022. The resettlement policy sets out the YJB's seven pathways, which include accommodation, education, training, and employment, healthcare and other services. The YJS has access to the London accommodation pathway finder manual (March 2022), but most staff were largely unaware of this.

There was reference to structural barriers a child may have or is experiencing, but there is limited guidance on how these should or could be overcome. There is a good focus on prosocial identity, especially the need to promote and consolidate cultural identity. Attention to raising and acknowledging diversity needs is good but there is not enough guidance on what actions should or could be taken to support children from diverse backgrounds.

Resettlement work promotes an individualised approach, is strengths-based and future-oriented. Arrangements for effective information exchange with partners and stakeholders are integrated into the policy and we found some evidence of this in the casework we reviewed.

Safeguarding and public protection concerns are identified in the policy, but the language and guidance notes need to be more tailored to the needs of children, specifically their safety and wellbeing. The needs of victims are not covered well in the policy. This is a concerning omission and was evident in the cases we reviewed.

There is no escalation guidance to support staff achieve positive outcomes for all children when partners fail to respond as they should.

Does resettlement provision promote a high-quality, constructive and personalised resettlement service for all children?

In the casework reviewed, we found that suitable accommodation was in place for those children who were about to leave custody. There had been good liaison with parents or carers throughout the custodial period. This ensured that housing needs were given a high priority.

The continuity of education provision from custody to community was encouraging. In one case, the education worker had met and liaised with the child in custody to secure a college interview on release. There had been good advocacy, and this led to a placement being secured. Similarly, in the same case, counselling that had taken place in custody was continued by the same practitioner on release.

Staff involved in resettlement work maximised continuity of work started in custody. For example, working on goals identified by the child through completing interventions, such as the A-Z goal-setting programme.

Resettlement panel meetings add value to the needs of children. There is good representation and actions are agreed and generally implemented well. This helps children to progress through their sentence.

In the past 12 months, staff have received specific resettlement training. This has included inputs into examining the resettlement policy, seven pathways to resettlement, and victim needs. More work is needed in the latter area, as we found little evidence of priority to victim needs.

There needs to be more timely information exchange between the YJS and the police regarding all children to ensure that public protection issues are consistently managed appropriately.

Are resettlement policy and provision regularly assessed and updated to ensure effectiveness and maintain alignment with the evidence base?

The YJS has assigned a case manager to lead on resettlement work. The policy has recently been produced but with very little consideration given to the evaluation of the current provision. Additionally, children and their parents or carers need to be consulted about the impact that the provision has had on them. This will lead to informed change.

Annexe 1: Methodology

HM Inspectorate of Probation standards

The standards against which we inspect youth offending services are based on established models and frameworks, which are grounded in evidence, learning, and experience. These standards are designed to drive improvements in the quality of work with children who have offended.²⁴

The inspection methodology is summarised below, linked to the three domains in our standards framework. We focused on obtaining evidence against the standards, key questions, and prompts in our inspection framework.

Domain one: organisational delivery

The youth offending service submitted evidence in advance and the Chief Executive delivered a presentation covering the following areas:

- How do organisational delivery arrangements in this area make sure that the work of your YOS is as effective as it can be, and that the life chances of children who have offended are improved?
- What are your priorities for further improving these arrangements?

During the main fieldwork phase, we conducted 25 interviews with case managers, asking them about their experiences of training, development, management supervision, and leadership. We held various meetings, which allowed us to triangulate evidence and information. In total, we conducted 14 meetings, including with managers, partner organisations, and staff. The evidence collected under this domain was judged against our published ratings characteristics.²⁵

Domain two: court disposals

We completed case assessments over a one-week period, examining case files and interviewing case managers. Sixty per cent of the cases selected were those of children who had received court disposals six to nine months earlier, enabling us to examine work in relation to assessing, planning, implementing, and reviewing. Where necessary, interviews with other people significantly involved in the case also took place.

We examined 16 court disposals. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of five), and we ensured that the ratios in relation to gender, sentence or disposal type, risk of serious harm, and risk to safety and wellbeing classifications matched those in the eligible population.

Domain three: out-of-court disposals

We completed case assessments over a one-week period, examining case files and interviewing case managers. Forty per cent of cases selected were those of children who had received out-of-court disposals three to five months earlier. This enabled us to examine work in relation to assessing, planning, and implementation and delivery.

²⁴ HM Inspectorate's standards are available here:
<https://www.justiceinspectors.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

Where necessary, interviews with other people significantly involved in the case also took place.

We examined nine out-of-court disposals. The sample size was set based on the proportion of out-of-court disposal cases in the YJS.

Resettlement

We completed case assessments over a one-week period, examining two case files and interviewing case managers, in cases where children had received custodial sentences or been released from custodial sentences four to 12 months earlier. This enabled us to gather information to illustrate the impact of resettlement policy and provision on service delivery. Where necessary, interviews with other people significantly involved in the case also took place.

In some areas of this report, data may have been split into smaller sub-samples – for example, male/female cases. Where this is the case, the margin of error for the sub-sample findings may be higher than five.

Annexe 2: Inspection data

In this inspection, we conducted a detailed examination of a sample of 16 court disposals and nine out-of-court disposals. In each of those cases, we inspect against standards regarding assessment, planning and implementation/delivery. For court disposals, we also look at reviewing. For each standard, inspectors answer a number of key questions about different aspects of quality, including whether there was sufficient analysis of the factors related to offending; the extent to which young offenders were involved in assessment and planning; and whether enough was done to assess the level of risk of harm posed, and to manage that risk. We reviewed a further two cases to obtain data to illustrate our findings about resettlement policy and provision.

To score an 'Outstanding' rating for the sections on court disposals or out-of-court disposals, 80 per cent or more of the cases we analyse have to be assessed as sufficient. If between 65 per cent and 79 per cent are judged to be sufficient, then the rating is 'Good' and if between 50 per cent and 64 per cent are judged to be sufficient, then a rating of 'Requires improvement' is applied. Finally, if less than 50 per cent are sufficient, then we rate this as 'Inadequate'. Resettlement cases are not separately rated; the data is for illustrative purposes only.

The rating for each standard is aligned to the banding at the key question level where the lowest proportion of cases were judged to be sufficient, as we believe that each key question is an integral part of the standard. Therefore, if we rate three key questions as 'Good' and one as 'Inadequate', the overall rating for that standard is 'Inadequate'.

Lowest banding (proportion of cases judged to be sufficient key question level)	Rating (standard)
Minority: <50%	Inadequate
Too few: 50-64%	Requires improvement
Reasonable majority: 65-79%	Good
Large majority: 80%+	Outstanding ☆

Additional scoring rules are used to generate the overall YOT rating. Each of the 12 standards are scored on a 0–3 scale in which 'Inadequate' = 0; 'Requires improvement' = 1; 'Good' = 2; and 'Outstanding' = 3. Adding these scores produces a total score ranging from 0 to 36, which is banded to produce the overall rating, as follows:

- 0–6 = Inadequate
- 7–18 = Requires improvement
- 19–30 = Good
- 31–36 = Outstanding.

Domain one standards, the qualitative standard in domain three (standard 3.4) and the resettlement standard (standard 4.1) are judged using predominantly qualitative evidence.

The resettlement standard is rated separately and does not influence the overall YOT rating. We apply a limiting judgement, whereby any YOT that receives an 'Inadequate' rating for the resettlement standard is unable to receive an overall 'Outstanding' rating, regardless of how they are rated against the core standards. Where there are no relevant resettlement cases, we do not apply a rating to resettlement work.

Data from inspected cases:²⁶

2.1. Assessment (court disposals)	
Does assessment sufficiently analyse how to support the child's desistance?	
a) Is there sufficient analysis of offending behaviour, including the child's attitudes towards and motivations for their offending?	88%
b) Does assessment sufficiently analyse diversity issues?	75%
c) Does assessment consider personal circumstances, including the wider familial and social context of the child?	88%
d) Does assessment utilise information held by other agencies?	94%
e) Does assessment focus on the child's strengths and protective factors?	88%
f) Does assessment analyse the key structural barriers facing the child?	56%
g) Is enough attention given to understanding the child's levels of maturity, ability and motivation to change, and their likelihood of engaging with the court disposal?	81%
h) Does assessment give sufficient attention to the needs and wishes of victims, and opportunities for restorative justice?	69%
i) Are the child and their parents or carers meaningfully involved in their assessment, and are their views taken into account?	81%
Does assessment sufficiently analyse how to keep the child safe?	
a) Does assessment clearly identify and analyse any risks to the safety and wellbeing of the child?	69%
b) Does assessment draw sufficiently on available sources of information, including other assessments, and involve other agencies where appropriate?	88%
c) Does assessment analyse controls and interventions to promote the safety and wellbeing of the child?	69%
Does assessment sufficiently analyse how to keep other people safe?	

²⁶ Some questions do not apply in all cases.

a) Does assessment clearly identify and analyse any risk of harm to others posed by the child, including identifying who is at risk and the nature of that risk?	75%
b) Does assessment draw sufficiently on available sources of information, including past behaviour and convictions, and involve other agencies where appropriate?	81%
c) Does assessment analyse controls and interventions to manage and minimise the risk of harm presented by the child?	69%

2.2. Planning (court disposals)

Does planning focus sufficiently on supporting the child's desistance?

a) Does planning set out the services most likely to support desistance, paying sufficient attention to the available timescales and the need for sequencing?	88%
b) Does planning sufficiently address diversity issues?	63%
c) Does planning take sufficient account of the child's personal circumstances, including the wider familial and social context of the child?	94%
d) Does planning take sufficient account of the child's strengths and protective factors, and seek to reinforce or develop these as necessary?	88%
e) Does planning take sufficient account of the child's levels of maturity, ability and motivation to change, and seek to develop these as necessary?	75%
f) Does planning give sufficient attention to the needs and wishes of victims?	50%
g) Are the child and their parents or carers meaningfully involved in planning, and are their views taken into account?	88%

Does planning focus sufficiently on keeping the child safe?

a) Does planning promote the safety and wellbeing of the child, sufficiently addressing risks?	50%
b) Does planning involve other agencies where appropriate, and is there sufficient alignment with other plans (e.g. child protection or care plans) concerning the child?	63%
c) Does planning set out the necessary controls and interventions to promote the safety and wellbeing of the child?	63%
d) Does planning set out necessary and effective contingency arrangements to manage those risks that have been identified?	69%

Does planning focus sufficiently on keeping other people safe?	
a) Does planning promote the safety of other people, sufficiently addressing risk of harm factors?	63%
b) Does planning involve other agencies where appropriate?	75%
c) Does planning address any specific concerns and risks related to actual and potential victims?	44%
d) Does planning set out the necessary controls and interventions to promote the safety of other people?	63%
e) Does planning set out necessary and effective contingency arrangements to manage those risks that have been identified?	63%

2.3. Implementation and delivery (court disposals)

Does the implementation and delivery of services effectively support the child's desistance?	
a) Are the delivered services those most likely to support desistance, with sufficient attention given to sequencing and the available timescales?	88%
b) Does service delivery account for the diversity issues of the child?	88%
c) Does service delivery reflect the wider familial and social context of the child, involving parents or carers, or significant others?	100%
d) Does service delivery build upon the child's strengths and enhance protective factors?	94%
e) Is sufficient focus given to developing and maintaining an effective working relationship with the child and their parents or carers?	100%
f) Does service delivery promote opportunities for community integration, including access to services post-supervision?	94%
g) Is sufficient attention given to encouraging and enabling the child's compliance with the work of the YOT?	88%
h) Are enforcement actions taken when appropriate?	69%
Does the implementation and delivery of services effectively support the safety of the child?	
a) Does service delivery promote the safety and wellbeing of the child?	69%
b) Is the involvement of other organisations in keeping the child safe sufficiently well-coordinated?	63%

Does the implementation and delivery of services effectively support the safety of other people?	
a) Are the delivered services sufficient to manage and minimise the risk of harm?	56%
b) Is sufficient attention given to the protection of actual and potential victims?	50%
c) Is the involvement of other agencies in managing the risk of harm sufficiently well-coordinated?	56%

2. 4. Reviewing (court disposals)	
Does reviewing focus sufficiently on supporting the child's desistance?	
a) Does reviewing identify and respond to changes in factors linked to desistance?	88%
b) Does reviewing focus sufficiently on building upon the child's strengths and enhancing protective factors?	81%
c) Does reviewing include analysis of, and respond to, diversity factors?	63%
d) Does reviewing consider the personal circumstances, including the wider familial and social context of the child?	88%
d) Does reviewing consider motivation and engagement levels and any relevant barriers?	81%
e) Are the child and their parents or carers meaningfully involved in reviewing their progress and engagement, and are their views taken into account?	81%
f) Does reviewing lead to the necessary adjustments in the ongoing plan of work to support desistance?	75%
Does reviewing focus sufficiently on keeping the child safe?	
a) Does reviewing identify and respond to changes in factors related to safety and wellbeing?	56%
b) Is reviewing informed by the necessary input from other agencies involved in promoting the safety and wellbeing of the child?	63%
c) Does reviewing lead to the necessary adjustments in the ongoing plan of work to promote the safety and wellbeing of the child?	50%
Does reviewing focus sufficiently on keeping other people safe?	
a) Does reviewing identify and respond to changes in factors related to risk of harm?	63%

b) Is reviewing informed by the necessary input from other agencies involved in managing the risk of harm?	44%
c) Does reviewing lead to the necessary adjustments in the ongoing plan all of work to manage and minimise the risk of harm?	44%

3.1. Assessment (out-of-court disposals)

Does assessment sufficiently analyse how to support the child's desistance?

a) Is there sufficient analysis of offending behaviour, including the child's acknowledgement of responsibility for, attitudes towards and motivations for their offending?	67%
b) Does assessment sufficiently analyse diversity issues?	89%
c) Does assessment consider personal circumstances, including the wider familial and social context of the child?	78%
d) Does assessment utilise information held by other agencies?	67%
e) Does assessment focus on the child's strengths and protective factors?	89%
f) Does assessment analyse the key structural barriers facing the child?	56%
g) Is sufficient attention given to understanding the child's levels of maturity, ability and motivation to change?	78%
h) Does assessment give sufficient attention to the needs and wishes of victims, and opportunities for restorative justice?	33%
i) Are the child and their parents or carers meaningfully involved in their assessment, and are their views taken into account?	100%

Does assessment sufficiently analyse how to keep the child safe?

a) Does assessment clearly identify and analyse any risks to the safety and wellbeing of the child?	56%
b) Does assessment draw sufficiently on available sources of information, including other assessments, and involve other agencies where appropriate?	44%

Does assessment sufficiently analyse how to keep other people safe?

a) Does assessment clearly identify and analyse any risk of harm to others posed by the child, including identifying who is at risk and the nature of that risk?	33%
b) Does assessment draw sufficiently on available sources of information, including any other assessments that have been completed, and other evidence of behaviour by the child?	56%

3.2. Planning (out-of-court disposals)

Does planning focus on supporting the child's desistance?

a) Does planning set out the services most likely to support desistance, paying sufficient attention to the available timescales and the need for sequencing?	56%
b) Does planning sufficiently address diversity issues?	89%
c) Does planning take sufficient account of the child's personal circumstances, including the wider familial and social context of the child?	89%
d) Does planning take sufficient account of the child's strengths and protective factors, and seek to reinforce or develop these as necessary?	89%
e) Does planning take sufficient account of the child's levels of maturity, ability and motivation to change, and seek to develop these as necessary?	67%
f) Does planning take sufficient account of opportunities for community integration, including access to mainstream services following completion of out-of-court disposal work?	100%
g) Does planning give sufficient attention to the needs and wishes of the victims?	22%
h) Are the child and their parents or carers meaningfully involved in planning, and are their views taken into account?	88%

Does planning focus sufficiently on keeping the child safe?

a) Does planning promote the safety and wellbeing of the child, sufficiently addressing risks?	56%
b) Does planning involve other agencies where appropriate, and is there sufficient alignment with other plans (e.g. child protection or care plans) concerning the child?	33%
c) Does planning include necessary contingency arrangements for those risks that have been identified?	67%

Does planning focus sufficiently on keeping other people safe?

a) Does planning promote the safety of other people, sufficiently addressing risk of harm factors?	56%
b) Does planning involve other agencies where appropriate?	56%
c) Does planning address any specific concerns and risks related to actual and potential victims?	22%

d) Does planning include necessary contingency arrangements for those risks that have been identified?	44%
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3.3. Implementation and delivery (out-of-court disposals)

Does service delivery effectively support the child's desistance?

a) Are the delivered services those most likely to support desistance, with sufficient attention given to sequencing and the available timescales?	56%
b) Does service delivery account for the diversity issues of the child?	67%
c) Does service delivery reflect the wider familial and social context of the child, involving parents or carers, or significant others?	78%
d) Is sufficient focus given to developing and maintaining an effective working relationship with the child and their parents or carers?	78%
e) Is sufficient attention given to encouraging and enabling the child's compliance with the work of the YOT?	78%
f) Does service delivery promote opportunities for community integration, including access to mainstream services?	89%

Does service delivery effectively support the safety of the child?

a) Does service delivery promote the safety and wellbeing of the child?	56%
b) Is the involvement of other agencies in keeping the child safe sufficiently well utilised and coordinated?	33%

Does service delivery effectively support the safety of other people?

a) Are the delivered services sufficient to manage and minimise the risk of harm?	44%
b) Is sufficient attention given to the protection of actual and potential victims?	22%

Tower Hamlets & City of London Youth Justice Service Improvement Plan 2022



1. Youth Justice Improvement Plan Introduction

The Tower Hamlets and City of London Youth Justice Improvement Plan has been informed by the outcome from the HMIP Inspection that took place in April 2022. This improvement plan focuses on strengthening the Youth Justice Management Board and the Youth Justice Service to ensure there is a child first approach to meet the needs of children and to protect the public.

The inspection raised seven recommendations that need to be implemented to impact positively on the quality of the Youth Offending Service of Tower Hamlets and the City of London.

The Tower Hamlets and City of London Youth Justice Management Board should:

- Recommendation 1.** Review its membership to ensure that the right people, at the right level of seniority, are included to engage actively in achieving better outcomes for YJS children
- Recommendation 2.** Ensure that there are comprehensive quality assurance arrangements to understand performance and respond to the profile and needs of all children supervised by the YJS
- Recommendation 3.** Make sure that all data and management information is accurate, reliable, and enables informed decision-making
- Recommendation 4.** Review its out-of-court provision to ensure that the arrangements are effective and support diversion.

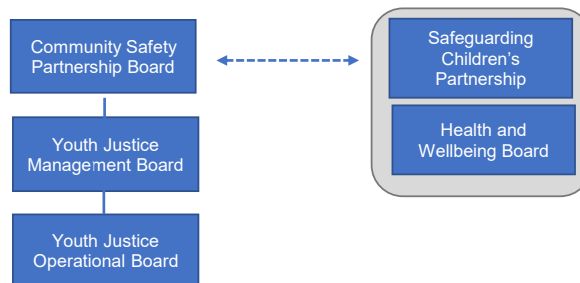
The Tower Hamlets and City of London Youth Justice Head of Service should:

- Recommendation 5.** Improve the quality of assessment, planning, and service delivery work to keep children safe and manage the risk of harm they present to others
- Recommendation 6.** Ensure robust contingency plans are in place for all children that address their safety and wellbeing, and risk of harm to others
- Recommendation 7.** Make sure safeguarding and public protection arrangements are comprehensive and understood by all staff.

This plan and aims to address the areas highlighted via the HMIP inspection. It has been developed with the involvement of the Youth Justice Management Board and the Youth Justice Service.

2. Governance

The governance of the Youth Justice Service is provided by the bi-monthly Youth Justice Management Board which has direct accountability to the Community Safety Partnership Board, as well as strong links to the Safeguarding Children Partnership and the Health and Wellbeing Board. Below the YJMB a new monthly Youth Justice Operational Board has been set up chaired by the Director of Supporting Families to oversee the delivery of the Youth Justice Improvement Plan delivery and operational practice.



3. Overview of the Plan

The Youth Justice Improvement plan is broken down into the following eight areas, please see tabs at the bottom of this page:

1. Governance
2. Leadership
3. Prevention
4. APIS
5. Risk
6. Custody and Resettlement

Governance - James Thomas

HMIP specific detail	Progress update	Actions	Expected outcomes	Linked to Recommendation	Suggested Leads	Date to be completed by
<ul style="list-style-type: none"> Review of the Board Membership 	<ul style="list-style-type: none"> Report has been prepared for the Board on 23.06.22. New chair has been appointed and reviewed board member and structure. New governance arrangements are in place with a new Operational Board reporting into YJMB. Dates for the next 6 months have been scheduled into calendars. ToR agreed 	<ul style="list-style-type: none"> Internal review of the membership in 3 months to determine effectiveness - Dec 22 External review of the new processes to be completed by March 2023 	<ul style="list-style-type: none"> The membership of the board ensures that it is effective at a strategic level and delivers improved outcomes for young people allocated to Youth Justice Service. The Operational Board will scrutinise and deliver the Youth Justice Improvement Plan. 	Recommendation 1	Chair of YJMB	Mar-23
<ul style="list-style-type: none"> Systems for identifying, capturing and managing issues and risk 	<ul style="list-style-type: none"> Risk register template is in place. Risk agenda item to be discussed and agreed at the September Operational Board meeting. Interim Senior Data Officer is in post 	<ul style="list-style-type: none"> Development and implementation of a YJMB Risk register to ensure risks to the service are identified and addressed strategically. Operational Board to provide updates in advance to YJMB. Recruitment of a perm Senior Data Officer. Base our KPIs and datasets to ensure they are accurate Development of an audit framework to ensure quality and compliance is assessed across the service and partnership to identify strengths and well as areas for improvement as a learning organisation 	<ul style="list-style-type: none"> To ensure there is a clear understanding of risks to the service and measures in place to address these at a strategic and operational level. Board members will have confidence in the data and have a clear understanding of the cohort to enable decision making - specifically regarding FTEs, Disproportionality and horizon scanning. There is a greater understanding of performance in relation to compliance with national standards and overall practice. Introduction and embedding of audits brings a learning culture and supports the improvement of standards and outcomes. 	Recommendations 2 & 3	Divisional Director	Mar-23
<ul style="list-style-type: none"> The leadership is not sufficiently focused or sighted on safety and risk of harm 	<ul style="list-style-type: none"> Introduction of Risk register related to areas of concern Introduction of Serious Incidents notification in the borough involving the cohort Re-design of the CSPPi process Attending the weekly intel meeting and the tasking meeting 	<ul style="list-style-type: none"> Management Board Report to be comprehensive and to include partnership updates regarding higher risk children allocated within the YJS i.e. data, case examples etc.. Task and finish group to be set up to develop a Risk Management Protocol Training to be given to the team on serious incidents, when and how to report them Arrange attendance to the daily intel 	<ul style="list-style-type: none"> YJMB has better oversight of the incidents occurring within the cohort and can support development of the service with regards to this Learning from serious incidents will be embedded within the team, and shared to the wider Supporting Families division An additional focus will be given on the risks to our children from Black and Global Majority communities who may be experiencing greater risk 	Recommendation 2	Divisional Director	Mar-23
<ul style="list-style-type: none"> Decisions to be communicated and explained by Senior Leaders to staff and partners 	<ul style="list-style-type: none"> Monthly meetings with the Deputy HoS, Case Managers and the Case Prevention Officers to discuss concerns or issues Weekly meetings with the Team Managers to discuss pertinent issues and ensure key messages are filtering to the staff groups and partners. 	<ul style="list-style-type: none"> Development of communication plan to ensure decisions and messages are effectively communicated to staff teams and partners. Monthly team meetings to have an agenda item relating to the Board Board papers to be shared with the team as a matter of interest 	<ul style="list-style-type: none"> Staff have specifically requested having a comms plan everyone will be commuted the right messaging at the right time. Operational Board will bridge that gap between the staff and the YJS Management Board Staff members will report feeling more informed and having their voices heard via a number of different forums and opportunities. 	Service improvement	HoS	Mar-23
<ul style="list-style-type: none"> The YJMB to undertake a review of Out of Court provision to support Out of Court provision. 	<ul style="list-style-type: none"> Deputy Head of Service is now chairing the Out of Court Decision Making Panel. 	<ul style="list-style-type: none"> Review of the out of court decision making panel to ensure correct multi-agency representation and decision making is in place Embed Out of Court decision making panel policy to be devised and implemented with staffing team and partnership with a focus on safety and wellbeing. Training on non statutory and statutory disposals with the staffing team and partnership. Improve intervention offer for young people subject to out of court disposal to support their distance and safeguard them from 	<ul style="list-style-type: none"> Embedded into practice an out of court disposal policy. Interventions will support the distance of young people. Safeguard young people from harm. There will be improved co-ordination of intervention plans for young people who are subject to out of court disposal utilising Team Around the Family meetings. 	Recommendation 4	•DHOS YJS	Mar-23

Leadership - Kelly Duggan

	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
Staff	<ul style="list-style-type: none"> Staff feel that morale is poor and they feel that their voices are not heard There are weaknesses in the strategy for identifying and developing fully the potential of individual staff to support succession planning Supervisory support is not consistent 	<ul style="list-style-type: none"> A specific Training Needs Analysis of the staff has been completed and liaising with the Learning Academy is under way Appraisals are currently being completed Staff have been included in the development of the Youth Justice Improvement Plan A review of the Group Reflective Supervision period 2021-2022 has taken place 	<ul style="list-style-type: none"> Development of a Workforce Development Strategy as well as identifying opportunities within the directorate for staff to take on acting up responsibilities. Appraisal targets to be collaborated and considered at monthly Management meetings Group Clinical Supervision to be reviewed and checked that it is meeting the needs of the staff Staff Charter to be created Staff state they would like to have caseload weighting 	<ul style="list-style-type: none"> Evidence of staff from Black and Global Majorities being supported in more direct ways to ensure that they are able to progress Staff meet appraisal targets and feel more satisfied in their roles Feedback from Staff Survey reflecting the changes that have been made Staff state that better retention will demonstrate success and that they would like better opportunities in career progression 	Service Improvement	HOS	Apr-23
	<ul style="list-style-type: none"> Staff feel that the merge of Youth Justice and Young People's Service is in name only 	<ul style="list-style-type: none"> Joint 'anchor day' of YJS and YPS staff has been introduced to build personal relationships Development of the management team to include DHOS and Team Managers from YPS and YJS Joint opportunities to work together informally - Cherry Blossom event as well as end of inspection lunch 	<ul style="list-style-type: none"> Opportunities for Youth Justice and Young People's Service staff to work closer together are being developed (reparation opportunities and Referral Order panels in the Youth Hubs) Whole Service development opportunities (Team meetings and Team Building) 	<ul style="list-style-type: none"> Better joined up working between the service as a whole Greater inclusion of the YPS team - specifically in relation to targeted work (BTC, CLICC and Young Carers) Evidence of Universal Offer in exit plans YJS see themselves as part of the wider Adolescent Offer and understand where they fit in the model 	Service Improvement	HOS	Mar-23
Services / Statutory Partners	<ul style="list-style-type: none"> The YJS does not consistently review and evaluate the quality of all services and does not always take remedial actions where required 	<ul style="list-style-type: none"> Review of the BTC offer was completed prior to the inspection Review of the OOC system was completed prior to the inspection 	<ul style="list-style-type: none"> Review of the Prevention offer needs to be completed - incorporating BTC, street community resolutions and the formal OOC. Review to be completed of all partnerships involved with the YPS+YJS - including Safer East, Step Forward, SALT and CAMHS to identify where our strengths and weaknesses are. Development of joint protocols setting out partnership's role in Youth Justice 	<ul style="list-style-type: none"> Spotlight session to be offered to the Board in Spring 2023. Decisions to be made in regards to amending, developing and changing services as deemed appropriate. 	Service Improvement	DHOS - YJS	Aug-23
	<ul style="list-style-type: none"> The YJS staff face challenges in regards to relationships with children social care and the exploitation team 	<ul style="list-style-type: none"> Development and sharing of the Harm Outside the Home offer from Exploitation Changes to information sharing sessions which Case workers now attend Weekly and Daily information sharing meetings have been agreed but yet to be embedded 	<ul style="list-style-type: none"> Embedding of new practices and review in 12 months time 	<ul style="list-style-type: none"> Greater working relationship between YJS and Exploitation 	Recommendation 5 & 7	TM YJS (CO)	Mar-23
	<ul style="list-style-type: none"> The YJS Police officers provide daily briefings but inspectors noted little evidence of their footprint in the casework we reviewed. 	<ul style="list-style-type: none"> Liaison with the exploitation team in attending daily intel briefings with the police. 	<ul style="list-style-type: none"> Review of the service provided by the YOT Police - comparisons made with other YOTs and what is needed at TH+CoL Duty process to be developed. 	<ul style="list-style-type: none"> YJS Police to undertake training for staff YJS Police to lead on appropriate interventions - for example driving interventions 	Recommendation 7	TM YJS (NS)	Nov-22
	<ul style="list-style-type: none"> Staff are unaware of the pathway to the Educational Psychologist 	<ul style="list-style-type: none"> Initial meeting has taken place on developing a clear pathway 	<ul style="list-style-type: none"> Education to create guidance in relation to the pathway and share at a team meeting 	<ul style="list-style-type: none"> Greater understanding of resources Evidence on Childview of children accessing Educational Psychologist 	Service Improvement	Head of Virtual Schools	Nov-22
	<ul style="list-style-type: none"> Relationships with children's social care are described not always positive, although they are improving. There is a sense that thresholds are too high when considering YJS children whose vulnerability is not always recognised. Some YJS staff report that they are not consistently invited to strategy meetings which makes management of risk difficult 	<ul style="list-style-type: none"> Use of Practice week to share learning amongst the teams Development of the YJS Training Offer to Children Social Care Changes in language in documents across Supporting Families, recognising that not everyone is a Social Worker in the service 	<ul style="list-style-type: none"> Development of the Adolescent Offer will be embedded the YJS+YPS into the mindset of the wider Supporting Families All cases on Mosaic and Childview to have the relevant named co-worker on the system YJS to be invited to strategy meetings etc as a matter of course. This will be reflected and included in the QA process for both CSC and YJS 	<ul style="list-style-type: none"> Better working relationships between the services, including YJS involvement to be included and reflected in the CSC audit process Evidence of shared plans and interventions 	Recommendation 7	Principle Social Worker	Mar-23
Volunteers	<ul style="list-style-type: none"> Volunteers are used well in Referral Order Panel work 	<ul style="list-style-type: none"> Volunteers receive regular supervision and training. 	<ul style="list-style-type: none"> It is recognised that our Volunteers are a strength, however, we should continue to develop this in order to achieve outstanding Recruitment to target specifically the Bengali and Somali communities Developing the Volunteers opportunities to assist in other parts of the service - possibly the YPS or the OOC Scrutiny Panel 	<ul style="list-style-type: none"> The volunteers voice being observed throughout the service 	Service Improvement	Referral Order Coordinator	Mar-23

Leadership - Kelly Duggan

	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
Data	<ul style="list-style-type: none"> Access to the CACI Childview case management system is efficient and supports timing recording of information 	<ul style="list-style-type: none"> CACI training days have been arranged for the BSO team CACI training days have been arranged for the Data team CACI will be sitting with the YJS team one day a month to offer on hands support and training. 	<ul style="list-style-type: none"> All training to be embedded into practice Greater use of Childview when recording specific details regarding ethnicity, service access, exploitation etc Redesign of the CACI support documents in the shared drive so that staff feel enabled to seek information when they need it 	<ul style="list-style-type: none"> Greater recording accuracy More in-depth information relating to data analysis and identifying trends 	Service Improvement	YJS+YPS Data Analysis	Dec-22
	<ul style="list-style-type: none"> FTE data needs to be explored by ethnic breakdown 	<ul style="list-style-type: none"> Data cleaning with CACI has taken place to ensure that the FTE data is correct Data team have been requested to provide a report in relation to this 	<ul style="list-style-type: none"> Once full data is provided, we will be able to explore any disparities between ethnicities and outcomes 	<ul style="list-style-type: none"> Potential changes in delivery for children from a Black or Global Majorities background Greater drive for the Deferred Prosecution scheme 	Service Improvement	YJS+YPS Data Analysis	Dec-22
	<ul style="list-style-type: none"> The YJS has access to a range of management information, but it's reliability is questionable...This leads us to question the accuracy of other management information used and held by the YJS such as analysis linked to desistance needs, safety and wellbeing, diversity, and patterns of sentencing 	<ul style="list-style-type: none"> Recruitment has started for a permanent YJS+YPS Data Analysis (funded from YJB Core Grant). An experience temporary member of staff has been recruited in the interim and will start in September 2022 Work is being completed with the current Data team and the YJS+YPS Management team about what information they want on performance for the Board as well as the staff The Police have started to provide the under-18 Stop and Search data 	<ul style="list-style-type: none"> Performance reports need to be provided on a monthly basis A deep dive needs to be completed, along with guidance on maintenance, for recording data on Childview 	<ul style="list-style-type: none"> Better understanding of the cohort Greater ability to horizon scan and understand patterns Greater ability to performance manage and develop training plans Greater understanding of where resources need to be put in place 	Recommendation 2 & 3	YJS+YPS Data Analysis	Dec-22

Prevention - Kelly Duggan

Out of Court Disposal Policy and Provision	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
	<ul style="list-style-type: none"> Review of the OOCDC Policy developed in March 2022 with a view to update, communicate and embed across YJS and Partnership 	<ul style="list-style-type: none"> Initial review of the process and policy has been completed. Children are now assessed prior to the OOCDC Decision Making Panel therefore enabling the panel to have a better understanding of the child's needs. HoS has been sitting on the panel to review every decision made to ensure that we are minimising children's exposure to the wider CJS. Escalation processes is included within the policy 	<ul style="list-style-type: none"> The Policy and Process to be reviewed with the OOCDC partnership team to obtain their opinions and plan next steps to improve Communicate updated policy across YJS and Partnership As part of induction for new starters within the YJS and partnership panel members Development of an escalation tracker to track themes Comms to be available in different languages 	<ul style="list-style-type: none"> Greater use of triage as a disposal More consistent decisions made with regards to risk across the partnership Lower number of children becoming a FTE Clear understanding of escalation processes that has a clear 'Child First' focus. 	<p>Recommendation 4</p>	<ul style="list-style-type: none"> Deputy HOS 	<p>Mar-23</p>
	<ul style="list-style-type: none"> Improved understanding of the Community Resolution Offer 	<ul style="list-style-type: none"> Our Break the Cycle Intervention Team have completed the intervention for children that have received Community Resolutions. 	<ul style="list-style-type: none"> Process of intervention for children that receive a street Community Resolution Processes to be reviewed on a quarterly basis and informed and amended by data 	<ul style="list-style-type: none"> Improvement of pre-court offer to children Higher numbers of children engaging on CR Lower number of children 	<p>Recommendation 4</p>	<ul style="list-style-type: none"> Deputy HOS YPS 	<p>Dec-22</p>
	<ul style="list-style-type: none"> Data with regards to understanding the entry point of children in the OOCDC and FTEs need to be understood more effectively 	<ul style="list-style-type: none"> Analysis has already started with regards to our understanding of FTEs, including outcomes broken down by ethnicity. We need to understand our re-offending rate with this cohort specifically in order to see if there is an opportunity to intervene earlier or where to place resources 	<ul style="list-style-type: none"> Next steps in analysis - looking at the reoffending rates of these children, looking at the types of offences committed by children as FTEs who are dealt with at Court Assessment for Triage and Break the Cycle to be incorporated into datasets Report outlining themes and trends to intervene earlier - and will be regularly included within the YJMB report. Deep dive into the data to be scheduled into take place in January 	<ul style="list-style-type: none"> Greater understanding of the cohort Greater focus on the disproportionate outcomes for Black and Global Majority communities 	<p>Recommendation 3 & 4</p>	<ul style="list-style-type: none"> YJS + YPS Data Officer 	<p>Dec-22</p>
	<ul style="list-style-type: none"> OOCDC Scrutiny Panel to be reviewed. 	<ul style="list-style-type: none"> Agreement made with Hackney YJS and the TH YJMB that we will work together to scrutinise each other's panels in order to provide a 'critical friend' and outside expert knowledge. This has been agreed by both TH and Hackney HoS 	<ul style="list-style-type: none"> October's scrutiny panel will be addressed in this way, followed by a reflective session to understand learning that can be gained from this. 	<ul style="list-style-type: none"> Greater oversight and scrutiny of disproportionate outcomes for Black and Global Majority children Opportunity to learn from Hackney YJS whose OOCDC service has been deemed as exemplary by 	<p>Recommendation 4</p>	<ul style="list-style-type: none"> Chief Superintendent 	<p>Sep-22</p>

Assessment, Planning, Intervention and Supervision - Kelly Duggan

	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
Assessment	<ul style="list-style-type: none"> When assessing a child's safety and wellbeing and risk of harm, staff need to be much more disciplined in identifying and analysing the risks to and from the child as well control measures to effectively manage risk and safety. Assessments do not fully capture the child's acknowledgement of responsibility, attitudes towards, and reasons behind their offending behaviour. This meant that practitioners did not always understand how adverse childhood experiences and experiences of trauma may have contributed to the child's offending Information from external providers was not sought out enough and therefore information was missed in regards to understanding patterns of behaviour 	<ul style="list-style-type: none"> Training Needs Analysis has been completed Training budget has been identified in order to look into appropriate support Auditing process and procedures need to be firm up allowing us to identify any trends that we are missing etc. Development of the Harm Outside the Home processes 	<ul style="list-style-type: none"> Development of the links between the Police and the YJS in order for Police to have a greater footprint in the casefile. Staff to look towards other YJS and YJB Basecamp in order to identify what is 'good practice' Data team to meet with the Team in order to identify what is needed from the Monthly Caseworker Tracker to assist in ensuring that caseworkers have an overview of the work that is needed Training to be included in the workforce development plan Case file audits and in-depth data analysis to be undertaken considering safety and wellbeing themes and identifying trends Ensuring that CSC are aware of the purpose of the YJS and what services we offer Holistic health screening by health care professional (Spotlight/KitKat) 	<ul style="list-style-type: none"> Better risk assessments with evidence of information relating to the Police. Assessments and Plans are clear with improvement trends happening. Better outcomes for children Peer Review to be booked in which will show that we are completing the APIS in a more efficient way. Greater involvement of the Police in casework Greater involvement of up to date evidence in relation to risk Greater information sharing between the YJS and Exploitation Police with the team Reduction in the number of FTEs Welfare of the child is evident throughout assessments, plans and is captured in audits Better co-working between Children Social Care and Youth Justice Services 	Recommendation 5, 6 & 7	HOS	Dec-23
Planning	<ul style="list-style-type: none"> Greater account of the child's strengths and levels of maturity to engage with the services provided Plans need to be clearer with a greater focus on sequencing and aligned with clear areas of responsibility identified - what are the key interventions, who will deliver this and the expected timescale. Planning needs to support the safety and wellbeing of children. There is not enough evidence to demonstrate comprehensive plans that would support children in staying safe and promote wellbeing There was a lack of necessary controls and interventions to support safety and wellbeing Contingency planning was poor in too many cases 	<ul style="list-style-type: none"> Training Needs Analysis has been completed Training budget has been identified in order to look into appropriate support Auditing process and procedures need to be firm up allowing us to identify any trends that we are missing etc. A Workshop with the staff team has been completed identifying the aspects of intervention that are needed. 	<ul style="list-style-type: none"> Training to be identified and commissioned in order to refresh staff's knowledge and understanding Staff to see examples of what 'good' looks like Team Managers to use Basecamp as a way of finding support Regular audits undertaken to ensure that the child's voice is being captured Thematic auditing will be taken on Contingency planning in March 2023 	<ul style="list-style-type: none"> Assessments of risk in all contexts is considered better and results are shown in audits and Learning Reviews Children understand their risk and why certain elements of plans have been chosen Audits will demonstrate the improved planning for children Evidence to be collated via the Referral Tab screen 	Recommendation 5, 6 & 7	TM YJS (NS)	Dec-23
Interventions	<ul style="list-style-type: none"> Services being delivered are often not contributing to keeping children safe. Greater clarity is needed in ensuring the roles and responsibilities of services working with children 	<ul style="list-style-type: none"> Start of the Adolescent Offer Review of the Management and operational Board to help understand people's roles and responsibilities 	<ul style="list-style-type: none"> Information sharing and joint working protocols to be refreshed Review of all of the services and reflecting on the success of external contracts to see if it is working effectively Further development of the local offer across the partnership Staff requested a Family worker, which will be developed with Early Help with the current provisions 	<ul style="list-style-type: none"> Better value for money and a greater oversight Staff have requested further development of the Local Offer Staff requested a Family worker 	Recommendation 5, 6 & 7	DHOS YJ	Aug-23
	<ul style="list-style-type: none"> Range of interventions used is too limited Better understanding of broader familial and social context considerations needs to be given 	<ul style="list-style-type: none"> Funding has been received in order to commission an Identity programme for children from all backgrounds. Work has started happening with regards to what 'good' is and how to improve upon this 	<ul style="list-style-type: none"> Increase in specialist staff who are able to provide specialist provision Increase in the number of reparation projects Increase in cross working with the Youth Service in relation to exit planning, projects and accredited and recorded outcomes Consideration of accessing needs for children is tailored to the child and family Evidence of the child's voice and input in their intervention plan. 	<ul style="list-style-type: none"> Audits will demonstrate the improved planning for children Evidence to be collated via the Referral Tab screen 	Recommendation 5, 6 & 7	YJS TM (NS)	Mar-23
	<ul style="list-style-type: none"> The availability and variety of reparation projects is limited 	<ul style="list-style-type: none"> Start of links being made with YPS and Reparation RJ & Victims Worker recruited into the service July 2022. 	<ul style="list-style-type: none"> Reparation offer to be significantly increased - looking at the offer that we from our volunteers and how to improve it Reparation offer to be developed with the Young People's Service, local religious organisations and community groups. 	<ul style="list-style-type: none"> Greater involvement within the community Using accredited outcomes to hang reparation on; i.e. AQAs and Duke of Edinburgh Awards Staff have requested a better range of reparation projects for children Staff have requested an additional staff member. 	Recommendation 5, 6 & 7	RJ & Victims Worker	Dec-22
Reviews	<ul style="list-style-type: none"> Where and when required, reviewing did not consistently respond appropriately to changes in the personal and wider circumstances of children, which did not support informed changes in plans to pretext others from harm. Of particular concern was the absence of effective information gathering and sharing, particularly with the Police 	<ul style="list-style-type: none"> Attendance at the weekly intel partnership briefing, tasking meeting and daily intel meeting - dynamic risk is being shared with the partners. 	<ul style="list-style-type: none"> Reviews to be captured in the monthly data updates and on significant incidents that impact the child A review process is created and developed with staff to ensure that they are capturing all of the information that is needed Training identified Introduction and use of the High Risk Panel 	<ul style="list-style-type: none"> Reviews are completed more regularly and with better information used in them. Staff review ASSETS+ not just at the National Standards timeline but also when significant incidents occur for the child. 	Recommendation 5, 6 & 7	DHOS YJ	Dec-22
unc	<ul style="list-style-type: none"> Staff feedback would be to strengthen our ISS offer particularly for NEET children 		<ul style="list-style-type: none"> Development of education offer with Education Service Build upon the ISS 5 core elements Utilising the VCS 	<ul style="list-style-type: none"> More robust delivery offer Reduction in the youth remand Continue with low custody numbers 	Staff Feedback	DHOS YJ	Mar-23

Assessment, Planning, Intervention and Supervision - Kelly Duggan

	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
Supervision	Risk assessment when working with children to be more structured e.g. home visits, reparation		<ul style="list-style-type: none"> Refresh and launch of lone working policy ensuring it is fit for purpose across the partnership Staff wellbeing survey Exploration of check in out devices when on visits Review of safe spaces procedures for children 	<ul style="list-style-type: none"> Staff and children report they feel safer 	Staff Feedback	Police Sergeant	Mar-23
	To ensure the voice of children are captured throughout their journey and to move towards co-production through out all aspects of the Youth Justice Service	<ul style="list-style-type: none"> Child feedback forms are in place and operational receiving good feedback. Child already co-develop their intervention plan 	<ul style="list-style-type: none"> Involving the Youth Participation Team to create a Youth Justice Young Peoples Board 	<ul style="list-style-type: none"> Co-produced Youth Justice Plan - 2023/24 	Service Improvement	DHOS YPS	Mar-23

Risk - Kelly Duggan

	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Links to recommendations	Suggested Leads	Date to be completed by
Risk Page 134	<ul style="list-style-type: none"> Management Oversight is not consistently effective. The YJS does not have its own Risk Management panel or process to address safeguarding and public protection concerns. This impacts negatively on risk management planning and YJS oversight of the management of risk 	<ul style="list-style-type: none"> Training is being sourced by the Learning Academy to tackle this area Initial discussions with the team regarding a Risk Panel has been held Staff have been attending Gangs Panel to present on their cases 	<ul style="list-style-type: none"> Training to be delivered as a matter of urgency Risk of Serious Harm policy and practice guide to be completed Fortnightly Risk Management Panel meeting to be set up ensuring there are clear minutes and actions This needs to be in line with the change of auditing processes Greater involvement of partners in the risk management Greater oversight of the children that give us the most concern Responsibility of risk is shared amongst the team Greater management oversight 	<ul style="list-style-type: none"> Greater management oversight, better understanding of risk evidence via case audits and learning reviews 	Recommendation 5 & 6	DHOS YJS	Dec-22
	<ul style="list-style-type: none"> There are significant gaps in up-to-date and effective policies 	<ul style="list-style-type: none"> A policy tracker has been developed and been presented at the next YJS Management Board in June 2022 	<ul style="list-style-type: none"> Policies to be updated and launched with the service and partnership. Policies to be presented at YJMB and Ops Board Use of Senior Leadership, partnership, service and team meetings to ensure that they are being embedded. 	<ul style="list-style-type: none"> Policies will provide the service with clear guidance and processes to support greater service delivery YJS Management Board will have greater oversight of practice All policies will include an Anti-Racist statement and be explicit in how these policies are inclusive of all staff, families and the communities needs All policies will be updated and signed off in the next financial year 	Recommendation 7	HOS	Aug-23
	<ul style="list-style-type: none"> Learning from Serious Incidents is not harnessed 	<ul style="list-style-type: none"> CSPPPI processes have been updated YJS Management team have been made aware and have started to complete these already Serious incidents now have a clearer process within the wider Supporting Families and tracked by the Service Lead 	<ul style="list-style-type: none"> Training to be provided to staff on CSPPPI Process to be developed regarding how learning is shared Auditing process to be developed and include CSPPPI 	<ul style="list-style-type: none"> On all serious incidents in the YJS+YPS, the case will be audited for learning which will be shared at YJS Board, Management Team and with the wider teams at Team Meeting. Process guide to be created and shared with the team 	Recommendation 7	HOS	Dec-22
	<ul style="list-style-type: none"> The absence of a consistent probation resource in the YJS for 4 years is unacceptable 	<ul style="list-style-type: none"> Probation services are currently recruiting Invoice has been raised in order to back fill this post 	<ul style="list-style-type: none"> The Probation Service to recruit to the YJS post Transition resource and processes to be put in place asap 	<ul style="list-style-type: none"> Smoother transitions between YJS and Probation 	Recommendation 5, 6 & 7	Head of Service Probation Tower Hamlets	ASAP
	<ul style="list-style-type: none"> Staff were unclear about the thresholds and criteria in relation for referral to the exploitation team and the Multi-Agency Child Exploitation Panel (MACE) 	<ul style="list-style-type: none"> The Harm outside the Home processes have been redesigned and developed. Training around referral processes, and the new Harm Outside the Home processes has been completed 	<ul style="list-style-type: none"> Ensure the training and processes have been embedded via feedback from staff and audits. Sharing of daily and weekly information from the exploitation team 	<ul style="list-style-type: none"> Greater oversight of risk Better working practices between teams 	Recommendation 7	TM YJS (CO)	Dec-22
	<ul style="list-style-type: none"> There are very few robust quality assurance and auditing processes to support service improvement 	<ul style="list-style-type: none"> Work completed with regards to serious incident notifications and linking that into the wider Supporting Families system Work is being completed to create data to support managers with performance oversight 	<ul style="list-style-type: none"> Introduction of the High Risk panel which will be based on trauma informed practices Development of an Audit tool that takes into account the concerns raised in the inspection Development of group supervision and case discussion away from the Clinical Supervision 	<ul style="list-style-type: none"> Staff feel more supported and listened to and risk is shared Management oversight is increased and evidenced on Childview Trends in practice brought into line and highlighted in the audit reports YJS Board is updated about trends in practice - positive and negative 	Recommendation 2	Principal Social Worker	Dec-22

Custody and Resettlement - Kelly Duggan

Policy and Procedures	HMP specific detail	Work completed so far	Actions	Expected outcomes	Links to Recommendations	Suggested Leads	Date to be completed by
	<p>•Guidance to support effective resettlement work needs to be enhanced and to include escalation - for example in addressing structural barriers for those children from Black and Global Majorities</p>	<p>•London Accommodation Resettlement Programme has been agreed to and should support us in addressing some of the structural barriers for boys aged 16-17</p>	<p>•Review the Policies and Guidance (inc when young people go into/out from custody) inc 1 min guides •Ensure once the LARP House is open, staff to visit •Once new policy and procedure is in place, refresher training to be undertaken</p>	<p>•Better re-offending rates for the children that have been in custody •A possible reduction in our custody figures (our figures are very low so this project may not have a statistical impact on these figures) - particularly with regards to use of remands</p>	Service Improvement	TM YJS (CO)	Jun-23
APIs	<p>Information exchange between the police and the YJS did not always take place and was not timely</p>	<p>•Initial conversations have begun with regards to our expectations from the Police and ensuring that the whole team are aware of this.</p>	<p>•Policies and practices document to be reviewed, disseminated and shared amongst the network</p>	<p>•Staff are confident in the information that they receive being timely and appropriate</p>	Recommendation 5, 6 & 7	TM YJS (CO)	Dec-22
	<p>Reviewing of resettlement arrangements with relevant partners to be more effective in delivery</p>	<p>•Greater working together in relation to the LARP with YJS and Placements and Resources to ensure that the needs of the YJS cohort are being met</p>	<p>•LARP to be jointly completed with the Placements and Resources Service to ensure better working together and greater oversight •Launch to LARP will be in October •Evidence how resettlement process are working and impacting • Lived experience and feedback from children • Partnership to attend resettlement meeting and be part of the planning arrangements</p>	<p>•Greater reduction in the number of remand bed nights used •Greater reduction in the use of custody as a sentencing option •Greater reduction in the re-offending rates of those children who have previously been in custody.</p>	Service Improvement	TM YJS (CO)	Mar-23

Victims - Kelly Duggan

Victims	HMIP specific detail	Work completed so far	Actions	Expected outcomes	Suggested Leads	Date to be completed by
	<ul style="list-style-type: none"> •A more consistent approach needs to be taken with regards to attention given to promoting the safety of other people and addressing risk of harm factors •The needs of victims needs to be more of a consistent priority •Greater attention to be given to internal and external controls used to manage risk of harm and contingency planning, especially in regards to actual and potential victims. 	<ul style="list-style-type: none"> •RJ and Victims worker has been appointed and the process is being worked through 	<ul style="list-style-type: none"> •RJ worker to have a solid and formal induction to the team, allowing for those relationships to be made •Table top discussion with the team once the RJ worker is in post regarding what information they need •Programme of work to be developed by the RJ worker to ensure that we capture the victim's voice throughout the different stages of the Criminal Justice System •Training to be identified and good practice from other areas to be looked into •Greater involvement of direct victims in the 	<ul style="list-style-type: none"> •Greater evidence of the voice of the victim and how this has influenced intervention •Greater use of RJ principles within the service •Understanding of the child's experience as a victim and how this has impacted on their offending behaviour 	RJ & Victims Worker	Mar-23
<ul style="list-style-type: none"> •A greater understanding of the impact of being a victim upon the children that we work with 		<ul style="list-style-type: none"> •Better recording of victims on Childview - including for children who are on orders and have been victimised previously •Greater understanding of the information exchange between the Police and the YJS 	<ul style="list-style-type: none"> •Better understanding of a child's journey so that we can identify more effective early intervention opportunities. •Better evidence of 'child first' including understanding children who commit offences as victims 	•YJS+YPS Data Analysis	Aug-23	

Disproportionality - Kelly Duggan

Detailed of expected service delivery	What steps have been taken/are planned to achieve objective and who will lead these?	Agreed date for completion	Suggested Lead
<p>Local and national disproportionality data to be continuously analysed. That senior leaders within Tower Hamlets and the City have disproportionality high on the corporate agenda to support with systemic change.</p>	<p>Information Team to incorporate disproportionality evidence in routine reporting. This data will include the following:</p> <ul style="list-style-type: none"> • Ethnicity group breakdown of pre-court decisions • Ethnicity group breakdown of post-court decisions • Postcode breakdown of pre-court decisions • Postcode breakdown of post-court decisions 	Dec-22	*YJS+YPS Data Analysis
	<p>YJS to ensure that Nationality and Ethnicity information is taken from the child's self-definition rather than the Police or Court</p> <ul style="list-style-type: none"> • BSO to be updated that this information needs to come from the child's self-definition rather than the Court or the Police 	BSOs have been trained next step is to include in the audit process in December 22	*YJS+YPS Data Analysis
	<p>Disproportionality with regards to breach and compliance is proportionality relating to compliance and enforcement in the monthly YJS Management Board. This will then feed into the report for the Youth Justice Board.</p> <ul style="list-style-type: none"> • There is some evidence that BAME children are being disproportionately breached or appear not to comply as efficiently as their white counterparts. This information needs to be interrogated further • Initial evidence to be found to support the theory and then to cross reference with SALT / Education / life experiences to see if the children that are being breached have the same support offers as their white counterparts. • New compliance and engagement policy to be completed once the data is provided - potentially with the HoS having to agree all breach appearances if deemed appropriate. 	Report will be provided to Board in December 2022 reviewing the figures for the first 3 quarters to identify any patterns. Any improvements/good practice will be adapted and amended following results	*YJS+YPS Data Analysis
	<p>Victim data to be analysed annually through a disproportionality lens to identify trends and barriers to their participation in youth justice processes</p> <ul style="list-style-type: none"> • Data to explore the ethnic breakdown of victims • Data to track children that are victims as this is an indicator that they may go on to demonstrate similar behaviours themselves if they do not receive any appropriate support or intervention 	Reporting is reviewed annually. The lead will be the new RJ and Victim's worker - August 23	*RJ & Victims Worker
	<p>Data analysis to review the correlation between deprivation and criminal activity.</p> <ul style="list-style-type: none"> • Recording of Free School Meals to be captured on Childview • Postcode data in Childview to be used to identify particular areas of deprivation within the borough • If initial data reflects that certain areas have high numbers of children from these areas committing offences, further work will be completed in order to identify youth offers around these areas 	Monitored quarterly at Tower Hamlets Management Board - June 23	*YJS+YPS Data Analysis * Public Health
	<p>YJS Management Board to review welfare indications and how data can be used to shape decisions;</p> <ul style="list-style-type: none"> • Review what is being done in other boroughs • Review with CACI about good practice being completed in other boroughs • Review with CACI about what can be recorded on Childview and how this data may assist 	Initial Feedback provided in the Service Manager's report in Dec 2022	*YJS+YPS Data Analysis
<p>Stop and Search data to be analysed to understand the experiences of children according to their recorded ethnicity</p>	<p>Board Police representatives to prepare a performance report on children who are stopped and searched to include:</p> <ul style="list-style-type: none"> • Breakdown of positive search findings for children, including what the outcomes of positive searches were and the ethnic appearance of these children • Information about what work is done with children who do not have a positive search and have not committed an offence; • Information about decision making process and criteria to undertake a stop and search 	Bi-annual feedback	*Chief Superintendent
<p>Disproportionality and links to contextual safeguarding</p>	<p>Stronger partnership links between the YOT and the Exploitation Team to ensure that the new Harm Outside the Home strategy and pathway is understood and embedded within the service:</p> <ul style="list-style-type: none"> • YJS and YPS to be physically sat near the Exploitation team in the move to the New Town Hall • YJS to be a part of any data analysis work that Exploitation team creates. • Exploratory work to establish how case-holding staff work with the Exploitation Team and to establish pathways for shared learning. • Links to be established between YOT and the recently created Context Intervention Unit set up to embed practice in addressing extra-familial harm. Exploratory work to establish how case-holding YOT practitioners work with the Context Intervention 	Presentation to the YJS Management Board in Winter 2022 once the new pathway is embedded - March 23	*TM YJS (CO)

Disproportionality - Kelly Duggan

	Detailed of expected service delivery	What steps have been taken/are planned to achieve objective and who will lead these?	Agreed date for completion	Suggested Lead
Improve the evidence base around disprop	An understanding of evidence around disproportionality in the outcomes for children who offend	Continuing the OOC Scrutiny Panel: •Working with the Police to ensure that the Scrutiny Panel is fit for purpose and supports our interrogation of working with children who have potentially received disproportionate outcomes •Consideration of completing the panel on a quarterly basis to enable scrutiny of more cases, especially with the introduction of our new OOC process and new YJS Police officer •KD to speak with LS to discuss the availability of this	Initial discussion around the increased number of scrutiny panels to be held between LS and KD by June 2022 - completed Scrutiny Panel is confirmed to take place in September 2022.	+HOS
		Using the Court Users Group and the meeting of the local YJS leaders to explore the possibility of compiling regular data reports for local courts detailing disproportionate outcomes for children from Black and Global Majority communities. •KD to discuss with HoS from Hackney, Waltham Forest and Newham about the possibility of this happening; •Introduction of individual Information Officers and an agreement of who will take this piece of work forward; •Consideration as to how to provide this information to the Court needs to be considered - KD to speak with Dapo (Lead Court Officer at Stratford Youth Court)	Update provided at Winter Management Board - Dec 22	+HOS
		Disproportionality with regards to Knife Crime Prevention Offers and Criminal Behaviour Orders •There is growing evidence suggesting that KCPO's are disproportionately targeting black boys. This is despite the programme being subject to an ongoing Equalities Assessment •The management team will begin to track KCPO applications, as well as that of CBO	Dec-22	+DHOS YJS
		In-depth analysis into the OOC and their reoffending from the last 5 years •The Lammy Report was published in 2017. We need to understand if the findings of this, and the changes that we have made, have made a difference and if so, how much •Consideration to be given to potentially working with a University to explore this further and understand our data	General update provided by Autumn Board - Nov 22	+YJS+YPS Data Analysis
		In order to increase understanding of the impact of school exclusions; •YJS and Education to review information about exclusion rates on a school by school basis	Education service to undertake the analysis and present to YJEB in March 23	+Virtual Schools Head Teacher
Improve the awareness of disproportionality within the Youth Justice System and the wider partnership	School exclusions data analysed in context of disproportionality	•YJS and YPS Deputy Heads of Service both attend the Board as standing members. •YJS and YPS Team Managers to attend the Board when required	Completed Aug 22	+HOS
	YJ Service attendance at key strategic boards to produce presentations on the YJS disproportionality data	YJS to ensure that disproportionality data is shared with the team via All Service Meetings	October	+YJS+YPS Data Analysis
		Creation of Anti-Racist Practice statement in Supporting Families Service	To be completed by Autumn 2022	+Divisional Director
		All YJS Management Strategic Board partner agencies to submit their anti-racist practice statements to the Board	To be raised as an agenda item at the next Board meeting	+Divisional Director
	YJS work linked to MOPAC disproportionality action plan	Review MOPAC plan and London Councils action plan and present paper to YJS Management Board	Jun-22	+HOS Exploitation
	YJS to explore a deferred prosecution scheme		To be raised at YJEB for decision Nov 22	+HOS
Improve outcomes for BAME children in relation to Out of Court Disposals and Low Level offences being heard at Court	NFA Intervention Offer: •Due to the high levels of Youth Violence recorded by the Met in Tower Hamlets, we have been approached to be a pilot in offering intervention to children after they have received two No Further Action (NFA) results following arrests; •This intervention will be offered by the Break The Cycle team in order to keep children away from the Youth Justice Service and recognising that a Youth Work approach will be more effective for a child at this moment of their lives; •The programme will run for a minimum of 12 weeks with a review and will be children will be reviewed at the end of the programme.	To be raised at YJEB for decision Nov 22	+HOS	
awareness improve Youth Justice Service.	Training for the Youth Justice Services Board Members in Cultural Competencies/Unconscious Bias, Anti-Racist Practices, Anti-Oppressive Practices and the Adultification of Children	All partners to attend some type of training that covers this information. We will try and offer this to the Board members as an additional piece of training or it can be accessed through individual organisations	March 2023	+Principal Social Worker
	Training for partners - magistrates, district judges. Key areas are around sentencing for children and understanding trauma. There is also a potential knowledge gap in the judiciary around speech and language issues for children. Court reports are becoming more trauma-informed and include detail around identity. It would be helpful for the judiciary to have a greater understanding of these issues.	We are unable to offer the Court 'training' and it has to be named as 'updates'. This can be a hindrance but we should use it to our advantage to push the boundaries with the information that we provide to them. Newham YJS are currently leading on the first 'update' and will feed back to the 4 Borough meeting once this is completed. We will continue to utilise the Stratford Youth Court Users Group in order to have our voices heard and be able to influence changes to practice.	Youth Court Users Meeting monthly where this is reviewed.	+DHOS YJS

Disproportionality - Kelly Duggan

	Detailed of expected service delivery	What steps have been taken/are planned to achieve objective and who will lead these?	Agreed date for completion	Suggested Lead
Training for staff and partners to increase practice around disproportionality in the	Increase staff knowledge of disproportionality, Conscious and Unconscious Bias, structural racism, culture and demographics	Ongoing staff training on the trauma informed approach, unconscious bias and contextual safeguarding should be undertaken to ensure these approaches are embedded and inform and add value to interventions. Staff should use Scaled Approach intervention levels in alignment with the trauma informed approach and measure progress.	Nov-22	•DHOS YJS
	Training for other practitioners (Social Workers, Youth Workers, 3rd Sector) around the commonly used Police Powers and what is appropriate	This will be a 2 day training programme that will be online <ul style="list-style-type: none"> •Day 1 - training provided by Bhatt Murphy Solicitors who will explore the following areas: Commonly Used Police Powers, What is Acceptable, What to do when it is not acceptable •Day 2 - training provided by the Youth Justice Service Management Team regarding the Prevention and OOCd offer and how to explain this process to children and their families 	Completed May 22	•Learning Academy
	Hate Crime Champion Training	YJS to have four members of staff trained in this area and to act as leads for the rest of the team. This will include one member of the OOCd team, one member of the Post-Court team and one member of the management team	Dec-22	•DHOS YPS
Providing additional support for young people and families, and improving trust and engagement	To engage young people who are BAME with interventions that inspire, educate, and gives them a voice Boosting parental trust and engagement. Parenting provisions for BAME parents is crucial to rebuild trust and support. A safe space is what is needed to create a new culture of support Investment to promote parental understanding and engagement so that parents of children from black and minority ethnic backgrounds feel more supported.	Ether programme	Mar-23	•TM YJS (NS)
		Summer Arts	Mar-23	•TM YJS (CO)
		I.am... Identity Programme	Mar-23	•TM YJS (NS)
		ASDAN accredited reparation projects	Mar-23	•TM YJS (CO)
		Parenting offer to be developed and explored	Mar-23	•TM YJS (CO)
		Parenting offer to link with other developments across Early Help	Mar-23	•TM YJS (CO)
		Clinical Service and YOT to provide concrete proposals on Parental Engagement, and submit a report to the Board for consideration at a future meeting	SYH Board Update March 2023 and service offer starts in April 2023	•TM YJS (CO)

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Steps to Adulthood

City of London's transition guide for parents and carers of children and young people with special educational needs and disabilities (SEND) aged 0-25





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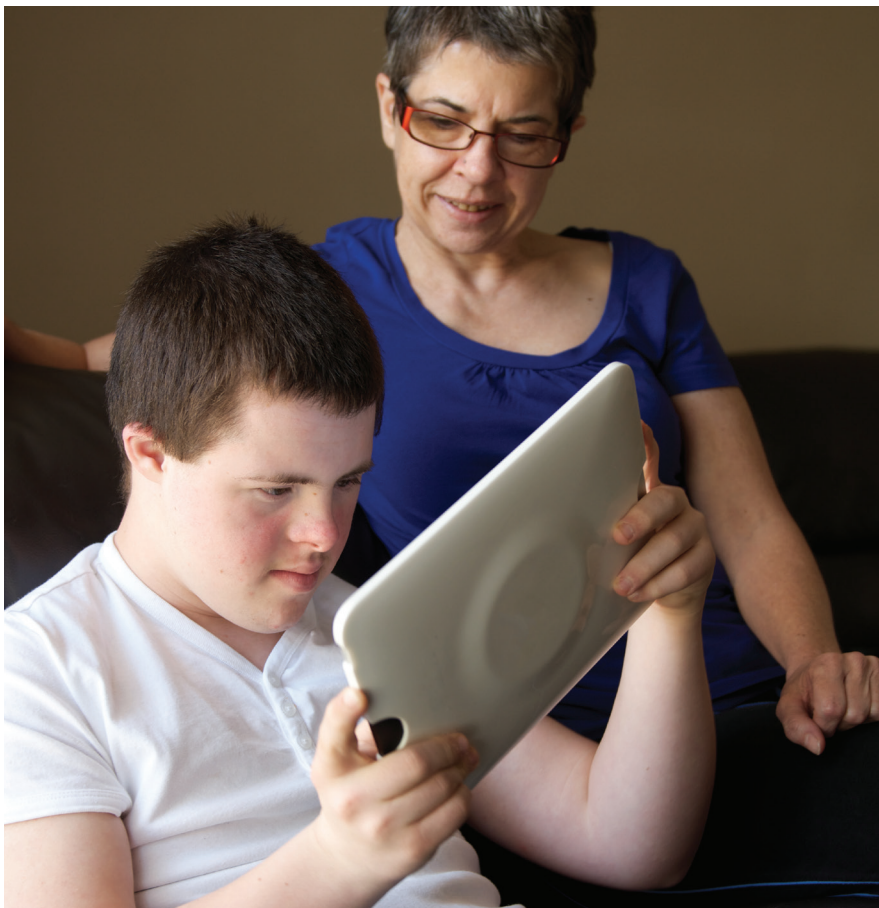
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Welcome

Welcome to the Transition Guidance from the City of London on preparing children and young people with SEND for adult life from the earliest years. It has been co-produced by professionals and families and will support us all in ensuring that we have an effective transition for all our children and young people in the City. It is a useful guide for both professionals and families. Transition is a challenging time for all, but this document should give a 'common language' to guide us all through the best and most effective practice. If families feel that they are not being listened to or are unhappy about the process of transition, then they should contact:

- SENDIASS
<https://www.towerhamletsandcitysendiass.com/>
020 7364 6489
- The City Parent Carer Forum
<https://www.cityparentcarers.org/>
info@cityparentcarer.org
- Contact a Family
<https://contact.org.uk/>
0808 808 3555



SECTION 1

Introduction to Preparation for Adulthood

This guide is for parents of all children and young people aged 0 to 25 who have SEND; those receiving additional SEN support in school and those with an education, health and care (EHC) plan, except where it states that it is only for those with an EHC plan. It explains the different things to consider as your child moves into their teenage years and the types of support available from education, health and social care services to help them achieve and succeed in their lives.

The move from being a child to growing into an adult is a significant change for all young people as they gain increased independence and make plans for the future. For young people with disabilities, this transition is crucial.

For families who have a young person with special educational needs and/or disabilities (SEND) it can also be an anxious and challenging time which needs more careful preparation and planning together than for other young people of a similar age.

If you are one of these parents/carers, you will have to start talking to your young person about their wishes and aspirations. We begin to do this from the earliest years. Nursery, school staff, health workers and social workers will seek to understand your child's interests and aspirations and begin to encourage this right from the start. As your child approaches the teenage years, you will get to know new systems of support as your family moves from services which have focused on children, to those designed for adults.

In this document there may be some unfamiliar terms. To help you, there is a glossary at the end. If you would like a paper copy of this guide, please contact the City of London Education and Early Years Team on 020 7332 1002 or email EEYService@cityoflondon.gov.uk

What does preparing for adulthood (transition) mean and when does it start?

Preparing for adulthood is about a focus on outcomes and taking steps to ensure that young people with SEND receive the right level of care and support to enable them to live as full and active an adult life as possible. The Preparing for Adulthood (PfA) programme sets out four main areas that young people with SEND say are important to them:

- Employment, education and training
- Independent living
- Community inclusion
- Health

These areas will start to be discussed as part of transition planning, which usually starts in Year 9 (13 or 14 years old) with the annual review/transition review of a young person's EHC plan. However, we will start to discuss these four areas from the early years. Following the year 9 annual review, an action plan will be drawn up which will be reviewed on an annual basis.

Transition planning should include personalised support in the following areas:

- Identifying suitable post-16 pathways that lead to employment options or higher education
- Training options such as supported internships, apprenticeships and traineeships
- Support to find a job and learn how to do a job (for example, through work experience opportunities or the use of job coaches)
- Help in understanding any welfare benefits that might be available when in work
- Support to help the young person develop a lifestyle that is based on their hobbies, leisure activities, access to community

facilities, meeting friends and having fun

- Support to help the young person participate in society, including activities, having friends, maintaining relationships and being a part of, and contributing to, the local community and voluntary opportunities
- Information about lifestyle choices based on the young person's interests and personal requests
- Travel advice to enable young people to get around independently
- Advice about continuing health care services so that young people understand which professionals may be supporting them in adulthood. This should include the production of a Health Action Plan and prompts for annual health checks for young people with learning disabilities
- Preparation for independent living, including where the child or young person wants to live in the future, who they want to live with and what support they may need
- Local housing options, including housing benefits and social care support
- Information about personal budgets and direct payments

Role of school and professionals

Your child's person-centred review meeting is very important, and you should invite teachers, educational psychologists, therapists, social workers family members and friends. Your child's school will organise this annual meeting on your behalf. The school will inform you about the options available and support your child through the transition process. This includes providing material in a suitable format such as Braille or large print etc. If a professional, such as a health care worker or teacher, cannot attend a review meeting, they can provide the school with a written report to support the review meeting.



Planning for the future: Pupil Voice

Helping your child to start thinking about their future is an exciting but also daunting process and it might seem confusing and worrying. Whatever you and your child are feeling, the most important thing to remember is that your child should be at the centre of these discussions, focusing on their needs, hopes and aspirations for their future.

It is always helpful if the school and other agencies who know your child well (for example, health, psychologists, social care and careers services) support them to make decisions and voice their feelings, wishes and views, regardless of their level of SEND.

Many children and young people will struggle to participate in review meetings and discussions, and so it is important that alternative methods of communication and strategies are explored prior to these conversations, such as using videos and pictures, to ensure that the child's voice continues to be central.

The City of London offers informal person-centred planning meetings to young people with EHC plans and their families, separate from their review meeting. This provides focused time with friends, family and professionals to capture young people's dreams and aspirations and plan for how we can support them to achieve this. This will then feed into their annual review meeting. An independent company, Inclusive Solutions, is commissioned by the City of London to facilitate these meetings.

For more details, please visit their website at: <https://inclusive-solutions.com/person-centred-planning/>

I LOVE BEING WITH PEOPLE

I want to play the piano

I can't wait to have my own flat

My cat is my best friend

THESE ARE SOME QUESTIONS YOU MIGHT LIKE TO DISCUSS WITH YOUR CHILD:

What does your child enjoy? (either at school or home)

Does your child have any hobbies/interests?

What kind of activities does your child show an interest in?

When you think of your child, what sort of person are they?

Do they like being with people?

Do they like working with animals?

Do they prefer working outside or indoors?

Are they creative/musical?

Do they show an enterprising attitude?

Do they like working with their hands?

Do they like order, detail or numbers?

Are they outgoing or do they like to keep to themselves?

How do they like to learn?

What is important to them? (e.g. staying near home or being independent)

Do they want to discover new places and people?

What kind of environment suits them, busy and noisy or quiet?

Have they any ideas about what sort of work they would like to do?

ONE-PAGE PROFILE

All young people with SEND will benefit from some a 'one-page profile'. The one-page profile is a good example of a person-centred tool to be completed with your child, together with the people who know them well. The tool is strengths-based, quick to read and should be used for a specific situation and your child's specific needs. If your child has an EHC plan, this will form Section A where their views are captured.



SECTION A: XXX's VIEWS, INTERESTS AND ASPIRATIONS

What's Important to Me:

I communicate by:

What People Like and Admire About Me:

INSERT PICTURE HERE

Likes and Dislikes

I like:

I don't like:

How Best to Support Me

My interests, favourite activities and hobbies

My aspirations

Co-Production: Families & Professionals Working Jointly Together

Co-production with families, young people, friends, schools, health and social care professionals etc. is key in preparing young people for adult life. For co-production to work, your views and pupil views should be central to all review meetings and any decision making, and there should be close communication between yourself, those who are close to you and those working with you. Planning for your child's future together is essential for their successful transition into adult life.

Personal budgets

Personal budgets are changing the way that education, health and social care services work with families and young people with SEND. For some areas of provision, such as education, health and social care, a budget is identified, following an assessment, for parents and young

people to buy their own package of support. The personal budget would either be provided to parents of a child with SEND, or directly to the young person with SEND if they are over 18 years old. Work then takes place to identify how this budget can be used to meet some or all of the needs that are set out the EHC plan, or their assessed social/health or care needs.

A parent or young person can request a personal budget as part of the assessment and planning process for the EHC plan, or at the annual review. By having a say in the way this budget is used, it gives parents and young people greater control and choice over elements of their support. The budget can be used to buy a range of services that your family or young person with SEND is currently receiving, including equipment, transport, respite and assistance with accessing community activities. It can also be used to buy new support and provision, as long as it helps to meet the outcomes that have been agreed in their EHC plan. You will be told what funding is available as part of a personal budget. Should you decide to consider the option of having one, a 'costed plan' will be drawn up. There will be personal budgets from education, health and social care if you meet the criteria.

Once a personal budget has been agreed and drawn up, you will have the option of receiving a direct payment to you or the young person, asking the Local Authority (LA) to manage this budget, or a third party. These options will be discussed with you by the relevant team when drawing up your plan.

For further information on personal budgets, please visit:
<https://www.fis.cityoflondon.gov.uk/send-local-offer/personal-budgets>

and for direct payments from Adult Social Care, please visit:
<https://www.cityoflondon.gov.uk/services/social-care-for-adults/direct-payments>



SECTION 2

Further Education, Employment and/or Training

Young people with an EHC plan and those on SEN support in school will have access to careers advice from within the school, whether it is a mainstream or special school. Those with an EHC plan will also have access to regular information, advice and guidance on career pathways from the Prospects service from Year 9. Preparations for 'moving on' should start in Year 9 at the first transition review. It is important for families and young people to discuss whether there are any work experience or work placement opportunities. Many will have access to courses/experiences at a local college as part of a 'taster session' to see what the young person likes or dislikes.

Further Education Colleges

There are two main routes that the young person will need to consider: college mainstream courses with support or specialist SEND courses at various colleges. For example, the College of North West London, City of Westminster College, East London Advanced Technology Training (Ellatt) College, City and Islington College, New City College Tower Hamlets/Hackney. It will be important for you to discuss the options with the staff at your child's school, Prospects and with other parents/young people. Many colleges are part-time. This means that the young person will only attend up to three or four days a week. You may need to contact social care to help and/or give you advice on the days when they are not at college. They could be doing things in the local community, leisure activities or meeting friends. If they would like to consider applying for part-time work, the Prospects service will be able to support the young person with this. You could draw up a mock timetable, so your son or daughter will have an idea of what their lifestyle could look like.

There is only one college in the City of London, David Game College, which is a fee-paying private college. For non-fee paying colleges, you will need to refer to the websites of neighbouring boroughs, and so you will need to refer to the websites of neighbouring boroughs such as Islington, Westminster, Southwark, Hackney and Tower Hamlets. Here are some links:

Islington

<https://directory.islington.gov.uk/kb5/islington/directory/advice.page?id=vbSK2sjuE8U>

Southwark

<https://www.southwark.gov.uk/schools-and-education/16-education-employment-and-training/further-and-higher-education>

Hackney

<https://education.hackney.gov.uk/content/find-sixth-form-or-college>

Tower Hamlets

https://www.towerhamlets.gov.uk/lgnl/jobs_and_careers/employment_and_training/initia/Workpath/Young-workpath/College-sixth-form-provider-list.aspx

Hammersmith & Fulham, Westminster and Kensington & Chelsea

https://www.lbhf.gov.uk/sites/default/files/section_attachments/14_-_19_admissions_brochure_2017_09_07.pdf

Camden

<https://www.camden.gov.uk/post-16-choices>

Apprenticeships

Another route that young people may want to consider are apprenticeships where, young people are employed to do a real job, earning a wage, while studying for a formal qualification - usually for one day a week either at a college or training centre. The apprenticeship should provide the young person with the skills and knowledge needed to either succeed in their chosen career or progress onto a higher apprenticeship level.

Apprenticeships are available in a range of sectors such as retail, IT and construction. These are advertised throughout the year, but mostly become available towards the end of the academic year, therefore most young people will be advised to apply for college courses as a back-up option.

Employers who are part of the 'Disability Confident' scheme (mentioned further below) will guarantee disabled candidates an interview if they meet the basic apprenticeship criteria.

Supported Internships

There are opportunities for many young people to do a supported internship. These are work placements with support, or work placements, voluntary work or work experience. A work placement is a more considered full-time placement like an internship, whereas work experience can be any length of time and is a more general type of experience. Some young people will be able to have a paid job. There are schemes that support young people in undertaking practical activities such as gardening, catering and retail, where every young person has an opportunity to try out various activities regardless of their needs.

Universities

For some young people with SEND, it will be their aspiration to attend university. Schools and colleges will support young people in advising on whether they have the required



grades and if so, guiding them through the process for applying. Universities will have open days in October and November.

For young people with an EHC plan, the EHC plan will come to an end once they leave school or college. Universities have their own processes and arrangements for supporting young people with SEND.

Young people with disabilities can also consider applying for the Disabled Students Allowance (DSA) from the Government. This provides financial support for study-related costs because of a mental health problem, long term illness or any other disability. Schools and colleges can help with applying for this. For more details, please visit <https://www.gov.uk/disabled-students-allowance-dsa>

Employment

Many young people with SEND will be keen to enter employment and start earning their own money, whether this is through part-time work whilst at college or full-time paid employment. When young people enter full-time paid employment and leave education, their EHC plan will come to an end. The Careers Advisor at schools and colleges will be able to help young people with searching for employment, creating a CV, interview skills and applying for roles. The Prospects Service will also be able to guide young people through this process.



Paid employment should be the long-term aim for all young people with SEND, but this may be unrealistic or a significant challenge for a small number. The City of London would always encourage and support young people with SEND towards the goal of employment, whether this is paid or voluntary, as we know that this has a positive impact on long-term physical and mental health in adult life. The Careers Advisor and Prospects Service will be able to advise young people and support them with finding appropriate pathways to their desired employment that is tailored to their meet their individual needs. For those with complex needs, it is important that planning for this starts early, at least from their year 9 transition review.

There will be a very small number of young people with complex and multiple needs, where employment may not be a realistic goal. For these young people, planning for adult life from an early age is essential and will require considering a bespoke package of support in line with their interests and what they enjoy doing in their community. A transition assessment from the City of London Adult Social Care team will be required to identify the support that these young people will need as adults.

Prospects Service

The City of London has commissioned Prospects to provide independent and impartial advice and guidance in planning for next steps in education or training for young people with SEND. This includes attending EHC reviews from year 9 into further education, if required. The service can provide support with apprenticeships, CV and interview support, alternative training provision, school sixth forms and colleges, higher education and help sourcing provision.

The service is available for all young people with SEND aged 13 to 25 and can be accessed directly with no referral process required.

Name: Matilda Newman-Smart
Position: Prospects Information, Advice and Guidance (IAG)
Telephone: 07585 401280
Email: matilda.newman-smart@prospects.co.uk
Website: www.prospects.co.uk/

'Disability Confident' Organisations

By law, all employers must treat all job applicants equally regardless of any health conditions they may have. Some employers make it clear that they want disabled people to apply. One thing to look out for are 'Disability Confident' organisations, a scheme run by the Government.

All Disability Confident organisations:

- have committed to offer an interview to disabled people who meet the minimum criteria for a job
- can use the Disability Confident symbol on their websites and job adverts.

If you want to get an interview under Disability Confident, you will need to say that you are disabled in your job application.

For more information, please go to <https://www.gov.uk/government/publications/disability-confident-employers-that-have-signed-up>

Ceasing an EHC plan

A local authority can decide to take away, or end, a young person's EHC plan if it decides that it is no longer necessary because:

- The young person has taken up paid employment (excluding apprenticeships)
- The young person has started higher education (university)
- A young person aged 18 or over has left education and no longer wishes to engage in further learning
- The young person has turned 25

- The child or young person has moved abroad
- The young person has met the outcomes as specified in their EHC plan

The local authority will issue a 'cease to maintain notice' in writing to the parent or young person, stating the reasons why, after consulting with the young person/their parents and head teacher of their school or college. The young person can appeal if they disagree with the local authority's decision. For further information visit www.ipsea.org.uk

Resources

Researching Career ideas

<https://nationalcareersservice.direct.gov.uk>
www.icould.com
www.careersbox.co.uk

Apprenticeships & Training

www.apprenticeships.gov.uk (including Traineeships)
www.notgoingtouni.co.uk
http://careermap.co.uk
www.thebigchoice.com
www.schoolleaverjobs.co.uk

Volunteering & Self Employment

www.do-it.org
www.volunteeringmatters.org.uk

Special Needs

www.disabilityrightsuk.org

Researching and making choices 16+

www.ucasprogress.com
www.russellgroup.ac.uk/informed-choices
www.choiceslondon.com

University

www.ucas.com
www.ukcoursefinder.com
www.whatuni.com
www.bestcourse4me.com
www.thecompleteuniversityguide.com
www.push.co.uk
www.unistats.com
www.prospects.ac.uk
www.opendays.com

Work

www.gov.uk/browse/working
www.indeed.co.uk

Finance

www.gov.uk/student-finance (Higher Education)
www.gov.uk/1619-bursary-fund

Useful Contacts and Websites

16- 19 Bursary Fund a bursary to help with education-related costs if you're aged 16 to 19 and studying at a publicly funded school or college in England (not a university) or on a training course, including unpaid work experience. If you continue this course post 19 years old and have an EHCP, you could also get a bursary.

www.gov.uk/1619-bursary-fund

Access to Work a grant that can pay for practical support for people with a disability or health/mental health conditions to help them start working, stay in work or move into self-employment or start a business.

www.gov.uk/access-to-work

Blind in Business helps people who are blind or have partial sight into work. They offer help and support with finding work, the interview process, and obtaining equipment to help you succeed. <https://blindinbusiness.org.uk/>

British Association for Supported Employment (BASE) supports, promotes and develops supported learning opportunities for people with disabilities. www.base-uk.org/

City of London Adult Education, Skills and Learning Team

City of London Local Offer information about services that support children and young people with SEND in education settings, as well details about local schools, colleges and FE providers, local employment and training opportunities. www.cityoflondon.gov.uk/localoffer

Central London Works an employability programme designed for people with disabilities and health conditions to gain sustainable employment. Can be referred from Job Centre Plus or via the council and will be assigned a dedicated caseworker who will support with all areas of employability including CVs, applications, interview support, motivation and confidence.

www.centrallondonworks.co.uk/

Employ Me London (MENCAP) offers skills training, employment workshops, work experience and other activities to support young people with a disability in London on their journey to work. <https://www.mencap.org.uk/advice-and-support/employment/employ-me-london>

Independent Parental Special Education Advice (IPSEA) offers independent legally-based advice, support and training to help get the right education for children and young people with special educational needs and disabilities. www.ipsea.org.uk/

Job Centre Plus Disability Employment Advisors can help disabled people find work, gain new skills and look for disability friendly employers in the local area. They can also refer people to a specialist work psychologist, if appropriate, or carry out an employment assessment. www.gov.uk/looking-for-work-if-disabled/lookingfor-a-job

MENCAP offers supported internship programmes. <https://www.mencap.org.uk/advice-and-support/employment/supported-internships>

Princes Trust is a charitable organisation that can help young people with the skills, tools and training to develop self-confidence and move forward to employment. There are a range of courses across the capital. www.princes-trust.org.uk/help-for-young-people

Project Search offer supported internships programme. <https://www.dfnprojectsearch.org/>

Project Choice is an independent specialist college that helps young adults gain work experience and improve employability and independence skills through supported internship programmes. <https://www.hee.nhs.uk/our-work/talent-care-widening-participation/project-choice-supported-internships>

Prospects offers information, advice and guidance on education, employment and training options available to young people aged up to 25 with SEND living in the City of London.

Work Choice can help disabled people get and keep a job. The type of support you get depends on the help that is needed and includes training and developing skills, building confidence and interview coaching. www.gov.uk/work-choice/overview



SECTION 3

Social and Community Inclusion

Preparing for adulthood: community inclusion and participation

Friendships, relationships, being a part of the community and feeling comfortable in their neighbourhood are important to a young person's quality of life. Therefore, it is crucial that the young person's transition planning should also look at the support needed to achieve these outcomes. Discussions should include:

- Maintaining friends and having supportive relationships
- Contributing to, and being part of, the local community
- Having a 'voice'
- Volunteering
- Independent travel
- Staying safe

Short break services

Short breaks provide opportunities for children and young people with SEND up to 18 years old to take part in fun activities, new experiences and be with friends. They can also provide positive experiences for children and young people by enabling them to develop new skills, boost confidence and encourage friendships and give parents a well-deserved break from caring and some quality time with their other children or each other.

Short breaks allow children and young people with disabilities to access mainstream and specialist activities. This could include an after-school club, a few hours at a leisure or sports activity group, or an overnight stay at the child or carer's home or a residential centre. Many of our short break and leisure services can be accessed directly. Children and young people with more complex needs, who might be eligible to receive both day and overnight provision, will need to have a child

and family assessment from a Social Worker from the Children's Social Care Team who will recommend an appropriate support package which will be agreed through the Short Breaks Panel.

If you would like to access a short break in the City or have an informal chat about our offer, please contact the City of London Children's Social Care and Early Help Team on 020 7332 3621 or email short.breaks@cityoflondon.gov.uk

For further details about applying for short breaks and details of providers, please visit <https://www.fis.cityoflondon.gov.uk/send-local-offer/short-breaks>

Transition from City of London Children's and Adult's Social Care Services

The Children's Social Care Service supports families with children aged 0 to 18 who have a severe, permanent and substantial disability or long-term complex health problem, which impacts on their everyday living. Along with their family and other support services, the team works with the child/young person to meet their assessed needs by developing a person-centred approach at every stage of its involvement with them. The team takes a multi-agency approach, which includes health/mental health, education and social care.

From 14 years of age, young people with SEND that are open to be the children's social care team will be presented at the City of London's Transition Forum with children's and adult's services to ensure a good understanding of the young person's story, needs, support and current arrangements. This meeting will decide when co-working between children's and adult's services will start to take place for these children up until they turn 18.



- Independent living
- Participating in society

Consideration will be given to the young person's preferences in terms of the date, time and location of their Care Act assessment. It will be carried out face-to-face, unless the young person prefers a different method of assessment.

If the young person appears to have difficulties with engaging in the assessment process, then an advocate will be arranged, this could be a family member but does not need to be.

If the young person has eligible care and support needs, then a support plan will be drawn up in partnership with them and their family/carers or advocate. The options of how care and support can be provided and managed will be discussed. Decision will be transparent. A financial assessment will be completed to see whether the young person financial contributes towards their care and support. For further information visit <https://www.cityoflondon.gov.uk/services/social-care-for-adults>

Once the young person turns 18, they will transfer to adult social care services and, in some cases, children's social care will remain involved to support with the transition where required, for a short period of time. These decisions are made on an individual basis taking into consideration the young person's level of needs and support required.

If someone is not known to the Children's Social Care Service, then a referral should be made via City of London Adult Social Care Team by email adultsduty@cityoflondon.gov.uk or on 020 7332 1224.

An assessment will take place under the Care Act 2014. The assessment will focus on the person's needs, how they impact on their wellbeing and the outcomes they want to achieve in their day-to-day life. It will also focus on the priorities:

- Good health and wellbeing
- Education and/or employment

If following the assessment, the young person does not meet the eligibility criteria for care and support, they will be provided with information and advice, with consideration to any preventative work that might be relevant.

If a young person lacks or appears to lack capacity, then this will be formally assessed, and decisions taken under best interest. (See The Mental Capacity Act (MCA) section). If they do lack capacity, then their care and support plan will be devised for them.

People who identify themselves as a carer for the young person are entitled to a carers assessment. Carers can be eligible to support if they are deemed eligible. Eligibility is based on the consequences of providing necessary care and the impact on the carer.

Adult Social Care

The Adult Social Care Team provides advice, information and care services to City residents over the age of 18 with community care needs such as:

- Learning disabilities
- Physical disabilities
- Mental health difficulties
- Sensory impairment
- Long-standing illness
- Age-related conditions including dementia

Call our duty line number below if you are concerned about the welfare of an adult in the City of London.

Telephone:

duty line: 020 7332 1224

Email:

adultsduty@cityoflondon.gov.uk

Outside office hours call the City and Hackney Emergency Duty Team on 020 8356 2300 (emergencies only)

Mental capacity/power of attorney

The Mental Capacity Act (MCA) relates to people aged 16 and over. People are assumed to have capacity unless an MCA assessment has deemed otherwise. Assessing mental capacity involves a two-stage functional test. The principles of the MCA are that those that lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken on their behalf, is done so in their best interest. If a young person lacks capacity to make decisions, their parents or carers can apply for a Court of Protection order to make decisions on financial and welfare matters after they reach 18. The Court of Protection is responsible for:

- Deciding whether a person has the mental capacity to make a particular decision for themselves
- Appointing deputies to make decisions for people

Sex and Relationships

All children and young people have the right to understand the importance of safe and healthy relationships with their peers, those younger than themselves and those who are their elders. Some children and young people with complex needs and disabilities are more vulnerable than their peers when either making choices or becoming victims of abuse. It is vital that parents' carers and those staff who are responsible for children and young people are aware of the dangers without causing unnecessary fears. This can be overwhelming for parents and carers who are naturally protective.

Teaching and supporting children to have their voice heard is best practice when teaching about healthy relationships and sex education. All children are entitled to learn what a safe, healthy and loving relationship looks like and to be taught how to protect themselves and to be confident in asking for help and being heard. Young people with complex needs should be supported to use a range of alternative communication aids and strategies to support them with developing their own voice and ways of communicating their needs and aspirations

For children and young people with SEND, changes as they grow up can be distressing, especially puberty, and so it is important that they are prepared for this and there is opportunity for these sensitive matters to be covered by schools within their learning. For instance, in the early years, sex and relationship education is most likely to focus on healthy relationships and teaching children about what is 'private' and who trusted adults might be. Where young people display unusual behaviours, this can be a sign of disquiet and anxiety as a result of the changes in their hormones and body. Remaining calm and seeking advice at these times is recommended.

In addition to establishing positive relationships with schools, therapists and social care and health, young people can access support and advice on these sensitive topics from organisations such as The National Autistic Society, Mencap, NSPCC. Kooth also offers a free online counselling service to young people aged 11 – 25.

E-Safety

Some young people with complex needs and disabilities are advanced in navigating technology but may be less alert to the dangers. As a starting point, learn about the parental controls available on technology and find out what the 'dos and don'ts' regarding e-safety are from your school or college.

As children and young people grow up, their use and understanding of media platforms and the use of technology increases. For many young people with complex needs, technology provides a levelling of the playing field for them, depending on the extent of their needs. In this way, the use of technology can enhance communication skills and expression of wants, needs, opinions and aspirations, and so is an important tool for empowerment. Ensuring that young adults with complex needs understand the risks and dangers is vital but equally supporting them to use technology safely so that they can get the most out of being connected and fulfilled is just as important.

There are incidents where children have been bullied online and via social media and therefore ensuring you have parental control and an understanding of how these social media platforms work is an important way in which you can keep your child safe. Reporting incidents of bullying or inappropriate communications immediately is also vital, either to the school, social care, online organisations and when it is criminal to the police.

Advice on this will be available from schools and colleges but also voluntary organisations such as The National Autistic Society, Mencap, NSPCC.

City Youth Forum

The City Youth Forum is an opportunity for any young person, aged 11-19 (or up-to 25 with SEND) who lives, works or studies within the Square Mile to:

- Represent the views of young people living, working or studying in the City
- Help shape future services within City and feedback on existing services
- Get involved in campaigns, community initiatives and volunteering
- Build friendships with other young people in the City
- Earn time credits that can be spent in selected shops, cinemas, museums etc.
- Link with other like-minded young people nationally via British Youth Council activities

For more information contact Prospects on 07585 401280 or email city@prospects.co.uk or <https://www.cityoflondon.gov.uk/services/children-and-families/city-youth-forum>

Short Breaks providers are detailed on the City of London SEND Local Offer. <https://www.fis.cityoflondon.gov.uk/send-local-offer/short-breaks>

Targeted Health Outreach Team can provide 1:1 or small group support for young people with SEND aged 14 to 19 on areas such as relationships, e-safety, and a healthy wellbeing. <https://www.homerton.nhs.uk/targeted-health-outreach-team/>

Volunteering Matters works in partnership with local organisations and businesses to help disabled people actively volunteer (via supported volunteering if necessary) and contribute to their community. www.volunteeringmatters.org.uk

Useful Contacts and Websites

City of London's Family Information Service has details about activities, sports and things to do for children and young people with SEND. <https://www.fis.cityoflondon.gov.uk/whats-on>

SECTION 4

Good Health

Transitioning from children's health services to adult health services

Health pathways vary depending on the needs of the young person and which professionals from across community and hospital settings they will need to ensure that appropriate support is in place. In health care, the word transition is used to describe the process of preparing, planning and moving from children's to adult services. We understand that moving away from a team of doctors and nurses that you have been with for many years can be scary, but hopefully by being involved in the transition process, you will feel more confident and happier about the move.

A key aim with transition for these young people is to ensure that a consistent and continuous package of support is provided for them both during the years before, and after, the move to adulthood. The nature of the package may change because the young person's needs or circumstances change. Services or funding should not be withdrawn unless a full needs assessment has been carried out in respect of both adult health and social care services.

CAMHS Disability

Young people with ongoing mental health needs **and** moderate to severe learning/intellectual disability, will be transferred to the Integrated Learning Disability service (ILDS) at age 18. A smooth, planned handover of care takes place within a "transitions clinic" involving the young person, parents/carers, and members of both the CAMHS and ILDS teams.

CAMHS Disability uses tailor made resources such as an emoji-based transition passport and a proforma for documenting hopes and goals for transition. Feedback from families before and after transition helps the service adapt to support families.

Nursing

Young people may receive nursing care from the 'complex care' team or the 'generic' team. If a young person receives a 'continuing care package' from complex care, they will have an assessment when they are 16-17, to see if they are eligible for adults NHS Continuing Healthcare. The teams will work closely to support this transition.



If the young person receives nursing support in the home from the 'generic' team (this might be wound care, phlebotomy or palliative care), transition is supported to the adult's district nursing team or Learning Disability Team.

Therapies

The Speech and Language Therapy Service works with Young People who have an identified communication or eating, drinking or swallowing need. The Speech and Language Therapist will work with young people, families and professionals to consider the young person's aspirations and views on their transition to adulthood and to make sure that they are able to communicate those views to others effectively. Areas of focus include self-management, education and independent access and independence within the community. Goals are agreed and monitored with the young person.

The Information and advice worker within the **Hackney Ark Resource Centre** can assist young people with Special Educational Needs and their families to link with other teams to support transition.

Targeted Health Outreach Service (THOT)

THOT provides support to young people aged 14 to 19 with SEND who don't necessarily meet the criteria for support from social services. THOT helps to develop their independence through both individual and group work activities and as part of this process assist young people to identify and settle into further education and work-based programs. For further information, please go to: <https://www.homerton.nhs.uk/targeted-health-outreach-team/>

Your GP

It is important that young people are registered independently with a GP. If you have a Learning Disability (LD) you should make sure you are on your GP's LD register and attend an annual LD health check at the practice. This will check your physical health, talk about how you can stay well, and any help you need with this. As community paediatricians only see young people until they are 18, your GP will have all the information about any NHS services you access.

Useful Contacts and Websites

Annual health checks

information about annual health checks for young people and adults with learning disabilities. www.nhs.uk/conditions/learning-disabilities/annual-health-checks/

Community and Adolescent Mental Health Services (CAMHS)

provides support for the emotional wellbeing and mental health of children and young people in City of London. <https://cityandhackneycamhs.org.uk/>

City of London Local Offer

information and advice about local mainstream health and wellbeing services and specialist support and provision for children and young people with SEND. <https://www.fis.cityoflondon.gov.uk/send-local-offer/preparing-for-adulthood/health>

Kooth is a free, safe and anonymous online counselling and emotional well-being platform available to all children and young people. <https://www.kooth.com/>

NHS information care, support and an A-Z of services near you. www.nhs.uk

National Institute for health and Care Excellence (NICE)

guidance on transitioning for young people using health or social care services. www.nice.org.uk/guidance/ng43

The North East London Clinical Commissioning Group (CCG)

is the NHS organisation that is responsible for planning and buying healthcare services for City of London residents. <https://northeastlondonccg.nhs.uk/>

SECTION 5

Independent Living

Because of the need for additional considerations, young people with SEND should be encouraged to think about where they might live in the future as part of their transition planning from Year 9 onwards.

The year 9 annual review (or transition review) is a good opportunity to get information from professionals about housing options so an understanding of what may be possible for young people with SEND is developed. Discussions should include where they would choose to live in the future - with friends, on their own or with a partner?

As they get older and your child's transition plans develop, help them think about becoming independent adults and how they may eventually want to move out of the family home. Some young people may already receive direct payments or a personal budget, which can be used to help prepare for living as independently as possible.

As part of their transition plan, young people who are being supported by City of London's Children's and Adult's Social Care Teams will be given advice about housing options. They include:

- Supported living schemes
- Support at home, such as adapting the home environment to promote the young person's independence
- The Shared Lives scheme, which involves finding a home with a carer
- Residential and nursing care services
- Social housing – renting a council or housing association property

Information and advice about benefits, grants and funding streams that are available to support people to live independently should also be shared with

the young person and their family. For further information about housing options visit: <https://www.fis.cityoflondon.gov.uk/send-local-offer/preparing-for-adulthood/independence-and-living-independently>

Benefits

Benefits for a parent carer of a disabled child, but also benefits that a disabled young person when they reach 16, 17, 18+ can access for themselves as well.

Universal Credit (UC)

A means tested benefit for people over 18 and under pension age. Some 16/17-year-olds may be eligible. A monthly benefit payment for working age people offering financial support to anyone on a low income or who is out of work. How much someone receives depends on your personal circumstances and if you have any other income or savings. You can claim if you have a salaried job or are self-employed. UC replaced Child Tax Credit, Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Housing Benefit and Working Tax Credit.

New Style Employment and Support Allowance (ESA)

A contributory benefit if you are unable to work because of ill health. You usually need to have been working within the last 2 to 3 years and have made (or been credited with) Class 1 or Class 2 National Insurance contributions. Your (or your partner's) savings will not affect how much New Style ESA you're paid. If your partner works, it does not affect your claim. You can claim it on its own or at the same time as UC. You cannot get New Style ESA if you're getting Statutory Sick Pay (SSP) from an employer.

Disability Living Allowance (DLA)

A non means tested benefit for people who have health problems and need help with getting around and/or need supervision or attention. New claims for DLA can only be made for children under 16. DLA has two parts, a mobility component and a care component. Your child can get one or both components. An award of DLA can entitle you to other benefits or an increase of existing benefits.

Personal Independence Payment (PIP)

A non means tested benefit for people aged over 16 years who have health problems and need help with getting around and/or daily living activities. A point-based test is used to assess how your health conditions affect your ability to do specific tasks. There are two parts, a daily living component and a mobility component. You can get one or both components. An award can entitle you to other benefits or an increase of existing benefits.

Carer's Allowance (CA)

A non means tested benefit and is paid to someone who cares for a disabled person.

The disabled person must be in receipt of PIP, DLA (middle or higher rate care) or AA. You must be caring at least 35 hours a week. You can work and claim CA but your earnings will need to be below the amount set by CA.

Child Benefit

A benefit for people who are responsible for a child under 16 (or under 20 if they stay in approved education or training.) You do not have to be the child's parent to claim. Child benefit is taxable for anyone earning more than £50,000.

Council Tax Reduction

A means tested benefit for anyone who has to pay council tax. Council tax reduction is claimed from the local authority you live in and entitlement is based on your circumstances and income and savings.

Legacy Benefits

Legacy benefits such as **Child Tax Credit, Working Tax Credit, Employment and Support Allowance, Job Seekers Allowance and Housing Benefits** can only be made in limited circumstances. Please seek advice to see if you are eligible to claim.

If you are currently receiving a legacy benefit and there has been a change of circumstance, please seek advice to find out how these changes will affect your claim.

Grants and other financial support

Contact us if you have any questions about other financial support that might be available to families with disabled children and individuals with disabilities. City Advice can help check eligibility and entitlements and help you claim.

You can email City Advice anytime:
city.advice@toynbeehall.org.uk
Ring us on 020 7392 2919
Or check their website: <https://www.toynbeehall.org.uk/cityadvice/>



Useful Contacts and Websites

City Connections will be able to help you find the support and information that you need. https://cityconnections.org.uk/app/WebObjects/CMS.woa/cms/cityconnections_home

Bus and Tram Discount Card People who receive Income support, Employment and Support Allowance or Jobseeker's Allowance, may be eligible for a bus and tram discount photo card. www.tfl.gov.uk/fares/

Dial-a-ride London is a door-to-door multi-occupancy transport service for people with disabilities who cannot use public transport. It can be used for all sorts of journeys such as shopping, visits to friends, appointments, and going out at night. www.tfl.gov.uk/modes/dial-a-ride/?cid=dialaride

Disabled Person's Freedom Pass allows disabled people free travel across London and free bus journeys nationally. <https://www.londoncouncils.gov.uk/services/freedom-pass/disabled-persons-freedom-pass/eligibility>

Disabled Person's Rail Card gives people with disabilities one third off adult rail fares. www.disabledpersons-railcard.co.uk/

Housing in the City of London information about the options that are available for City of London residents. <https://www.cityoflondon.gov.uk/services/housing/housing-estates>

Learning Disability England provides information and advice about housing and supported living. www.learningdisabilityengland.org.uk/

Living made easy offers impartial advice and information about independent living for young people and adults. www.livingmadeeasy.org.uk/

London Travel Watch (LTW) is the independent, statutory watchdog for transport users in and around London. www.londontravelwatch.org.uk/home/

Taxi Card Scheme provides subsidised transport for people who have serious mobility impairment and difficulty in using public transport. Taxi Card holders make journeys in licensed London taxis and private hires vehicles and the subsidy applies directly to each trip. www.londoncouncils.gov.uk/services/taxicard/

The Blue and Red Badge scheme is for people with severe mobility problems

and holders to park close to where they need to go. The badge is registered to a person and not to a vehicle. <https://www.cityoflondon.gov.uk/services/parking/disabled-badge-holders>

Toynbee Hall provides free and expert advice on debt and money problems, legal issues and a wide range of other concerns. <https://www.toynbeehall.org.uk/>

Transport for All has been championing the cause of accessible transport in London for over two decades. www.transportforall.org.uk/

Transport for London (TfL) provides a free travel mentor scheme that supports people with being able to travel independently on public transport. <https://tfl.gov.uk/transport-accessibility/learn-to-use-public-transport>

Unity Works provides independent travel training for children and young people with disabilities. <https://www.base-uk.org/about/members/unity-works>



SECTION 6

Planning for Adult Life from the Earliest Years

Helping young people to move forward

Transition into adulthood does not start just at Year 9 when the young person is 13 years old; it starts at the earliest age. Children develop at different rates. For some young people, areas identified for action in early childhood may continue to be the outcomes that they are progressing towards as they get older. Therefore, it is important that each new age/stage continues to develop and build on the previous ones.

In this section we describe the PfA outcomes (long term targets) from early years to primary so that parents and professionals can start preparing children by using these ideas creatively to embed activities in the curriculum and at home.

They can be incorporated in EHC plan reviews and for children who are on SEN support but do not have a plan. They can also be helpful when the child is transferring to a new setting or class. It is important that there is a focus on outcomes that are transferable to the real world and are personalised to the young person. These ideas will also be useful for other professionals working in health and social care, and those that are involved in running short breaks, so that they may focus some of their support in these areas.



Early years to Primary 0-11 years

PfA outcome – employment, education and training

Early Years 0 to 4 years old	Reception - Y2 (Key Stage 1) 5-7 years old	Primary Y3-Y6 (Key Stage 2) 6-11 years old
<ul style="list-style-type: none"> • Following instructions – consider any specifics around sensory impairment • Adapting to new environments • Playing with other children 	<ul style="list-style-type: none"> • Numeracy • Real world visits • What do you want to be when you grow up? • Meeting role models 	<ul style="list-style-type: none"> • Talk about different careers and education options – look at what the child wants and aspires to • Build into literacy and personal, health and social education (PHSE) curriculum • Start to build a personal profile of interests and ambitions

PfA outcome – independence

Early Years 0 to 4 years old	Reception - Y2 (Key Stage 1) 5-7 years old	Primary Y3-Y6 (Key Stage 2) 6-11 years old
<ul style="list-style-type: none"> • Feeding and drinking • Toileting • Real world play (kitchens, DIY, cleaning) • Getting dressed on own • Making choices • Promoting independence and the 'voice' of the child 	<ul style="list-style-type: none"> • Washing/brushing teeth • Telling the time • Paying in shops and using simple money (supervised) 	<ul style="list-style-type: none"> • Sleepovers and residential trips • Cooking at school and home – with parents and family/friends • Understanding money – paying for snacks in school • Shopping • Moving around the school independently • Travel training • Transport and road signs • <i>The above tips are really helpful for families to work on at home.</i>

PfA outcome - community inclusion

Early Years 0-4 years old	Reception - Y2 (Key Stage 1) 5-7 years old	Primary Y3-Y6 (Key Stage 2) 6-11 years old
<ul style="list-style-type: none"> • Making friends • Social interaction • Visits/day trips 	<ul style="list-style-type: none"> • Team playing • After school activities • Weekend activities • Developing friendships/friendship groups 	<ul style="list-style-type: none"> • After school clubs • Learning to be safe on and offline • Knowing the local area • Walking short distances alone • Friendships • Understanding bullying • Managing change – what does this look like for the child?

PfA outcome – health

Early Years 0 - 4 years old	Reception - Y2 (Key Stage 1) 5-7 years old	Primary Y3-Y6 (Key Stage 2) 6-11 years old
<ul style="list-style-type: none"> • Checks at birth (hearing etc) • Developing a healthy diet • Ensuring that the two-year-old developmental check takes place • Ensuring immunisations are up-to-date • Visiting dentist for regular check ups 	<ul style="list-style-type: none"> • Making sure that child obesity checks are in place where appropriate • Children making choices about their diet • Dentist school visit • Ensuring immunisations are up-to-date • Learning about the importance of physical exercise 	<ul style="list-style-type: none"> • Children managing their minor health needs e.g. asthma • Starting puberty immunisations • Ensuring obesity check is in place where appropriate • Children being able to articulate pain/health problems • Support for children and their families around puberty • Good health embedded into the Year 5/6 curriculum

TRANSITION GUIDE AGE 13-14

Year 9: Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
<p>Preparation for Adulthood (PFA) Review co-ordinated by the school includes 'voice of the child'</p> <p>EHC plan is reviewed and new outcomes agreed in line with the PFA areas</p> <p>Review of support in school for those with additional needs but no EHC plan</p> <p>Family and young person fact find about post-16 provision</p> <p>Adult social care and health services work together for those young people who may be eligible for these services as an adult (e.g. those who have complex needs) to prepare for the next stage into adulthood</p>	<p>Think about young person's friendship group, closest friends and other key people in their school and local community – circle of support</p> <p>All to think about how these friendships can be kept and developed –using social media and the curriculum</p> <p>Family has access to all the local community facilities and support services that they need</p> <p>Think about any out of school activities the young person does or would like to access</p> <p>Think about how the family can support building friendships</p>	<p>Begin to plan how resources/services will be accessed in adult life e.g. equipment, therapies, specialist support, accessing GPs, prescriptions, dentist, opticians</p> <p>Ensure that the curriculum, young person and family are thinking about promoting good diet, exercise and sexual health</p> <p>People with learning difficulties are entitled to an annual health check from age 14 – ask at GP surgery</p> <p>Think about starting the Health Passport which brings all health needs together in one place</p>	<p>Start talking about the skills needed for independence in the future</p> <p>Work with the school to think about the curriculum opportunities that might be available to develop independent travel training, managing their budget/money and learning domestic skills</p> <p>Family and young person to think how they can develop these at home and during the holidays</p> <p>Explore ideas of where the young person may live and know how to access information about range of potential housing</p>	<p>Start discussing with school interests, favourite subjects/activities, emerging aspirations about work and lifestyle in the future</p> <p>Agree with the young person who will help support them in developing a career profile and/or vocational profile</p> <p>Think about how the school can provide opportunities for work placements, work experience, volunteering and to meet others who have had similar opportunities</p>

<p>Local authority SEND services to update EHC plan</p> <p>Think about the need for personal budgets or direct payments to support the move into adulthood</p>				
Responsibility	Responsibility	Responsibility	Responsibility	Responsibility
<ul style="list-style-type: none"> • School and the SENCO • Local authority SEND officer and SEND service • Parents/carers/ young person 	<ul style="list-style-type: none"> • School • Social care • Health • Parents/carers/young person 	<ul style="list-style-type: none"> • School • School nurse • GP • Parents/carers/young person 	<ul style="list-style-type: none"> • School/lead professional • Local authority to ensure that all the information is on the Local Offer and easily available • Parents/carers/ young person 	<ul style="list-style-type: none"> • School • Prospects/post-16 providers • Parents/carers/ young person

If the young person does not have an EHC plan but it is felt that they need additional support, please talk to the school and the SENCO in the first instance to identify needs and possible support strategies. Schools do have funding within their budgets to help and support young people with lower level SEND.

TRANSITION GUIDE AGE 14-15

Year 10: Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
<p>Year 10 annual review. Think about the update of the PFA outcomes</p> <p>Review of the support in school for those with additional needs but no EHC plan</p> <p>Family and young person to visit post-16 options</p> <p>Young people to have experienced work placements/vocational opportunities and to have talked to a careers specialist and to have the beginning of a plan in place</p> <p>If likely to have a change of environment post-16 e.g. move from school to college, consider what might be needed for a smooth transition</p>	<p>Begin to talk about what is important to the young person about friends/social life in the future and how this might be achieved</p> <p>Support the young person to talk about their aspirations, hopes and fears for their future</p> <p>How often is the young person going out or mixing with friends? Is this enough? Is more advice or support needed?</p> <p>Is the family accessing any information, is there support that they may need?</p> <p>Have the pathways been identified for the young person to engage in local community activities?</p>	<p>Ensure health professionals i.e. practice nurse and community nurse share information</p> <p>The NHS Ready Steady Go protocol is in place where required</p> <p>Health plan is underway and there is input from parents and young people</p> <p>Annual health check via GP if eligible and GP surgery is participating in the scheme</p> <p>Identifying and informing carers</p> <p>Consider carer assessment</p>	<p>Ensure skills for travelling as independently as possible are being practiced at home and at school</p> <p>Consideration is given to what young people might need for the future i.e. accessing college, the community and employment</p> <p>Public transport routes and shared travelling arrangements to be considered</p> <p>Ensure that young people and families are accessing information about potential housing and accommodation options</p>	<p>What are the pathways that I can follow? What is on offer? What do I like doing? What support do I need?</p> <p>Identify job coaches to support young person into supported employment/ apprenticeships</p> <p>Have clear employment/ volunteering pathways</p> <p>Update career plan and/or vocational profile</p> <p>Identify aims, goals and outcomes for the future i.e. learning opportunities, increased independence skills, meeting ongoing care and support needs</p>

Adult social care referral for transition to be considered – timeliness for assessment taken into consideration	Are plans in place to keep the network of friends in touch through social media apps? Has anyone considered a buddy scheme with other young people to accompany to social events?	Are there opportunities for the young person to purchase and cook healthy food options?	Have families been able to come together to discuss this as a group? Are there opportunities to develop innovative approaches to accommodation with social care and housing associations?	Plan visits to taster sessions and invite post-16 providers to review meetings
Responsibility	Responsibility	Responsibility	Responsibility	Responsibility
<ul style="list-style-type: none"> School to convene a meeting with representatives from transition staff Parents/carers/young person 	<ul style="list-style-type: none"> School Social care Parents/carers/young person 	<ul style="list-style-type: none"> School School nurse GP CAMHS Social care Parents/carers/ young person 	<ul style="list-style-type: none"> School/lead professional Local authority to ensure that all the information is on the Local Offer and easily available Parents/carers/ young person 	<ul style="list-style-type: none"> School Prospects/post-16 providers Parents/carers/young person

Consider how the EHC annual review can be joined up with any other reviews the young person has e.g. Child Looked After (CLA), Child in Need (CIN) etc. Year 10 review is the beginning of the process for choosing post-16 options. However, the PFA outcomes should be part of the annual review process from the earliest stage i.e. in early years and primary. It will be important for post-16 and post-19 providers to be consulted so provision/support can start to be discussed.

TRANSITION GUIDE AGE 15-16

Year 11: Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
Responsibility	Responsibility	Responsibility	Responsibility	Responsibility
<ul style="list-style-type: none"> • School to convene a meeting with representatives from transition staff and multi-disciplinary team • Local authority SEND team • Parents/carers/ young person 	<ul style="list-style-type: none"> • School • Adult social care and the Disabled Children and Young People's Service (0-25) • Health lead • Parents/carers/young person 	<ul style="list-style-type: none"> • School • School nurse • GP • CAMHS • Social care • Parents/carers/young person 	<ul style="list-style-type: none"> • School/lead professional • Local authority to ensure that all the information is on the Local Offer and easily available • Parents/carers/ young person 	<ul style="list-style-type: none"> • School • Prospects/post- 16 providers • Parents/carers/ young person



TRANSITION GUIDE AGE 16-17

Year 12: Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
<p>Consider how the annual review can be joined up with other reviews</p> <p>Families and young person discuss potential post-19 options with school, key workers, social care and health workers</p> <p>Adult assessments are taking place to ensure eligibility to appropriate services including adult care packages and informal carers</p> <p>Carers assessment as appropriate and consider transitional arrangements</p> <p>Full information to be available on personal budgets and direct payments</p>	<p>Talk about the young person's social group, making sure they are able to remain in touch with friends and make arrangements for socialising</p> <p>Is any additional advice or support required to develop or maintain friendships and/or social life?</p> <p>Is the young person able to:</p> <ul style="list-style-type: none"> • Access local services • Travel/get out when they choose either on their own with friends or with support? • Use a telephone, mobile, email, social networking, public transport, learning to drive, using taxis etc? <p>If not, explore possible solutions</p>	<p>Ensure young person/family are in control of financial support for keeping healthy</p> <p>Relevant professionals work together and share information/understand how to communicate with the young person</p> <p>Annual health check is in place if eligible</p> <p>Mental Capacity Act to be considered in relation to the specific decisions included in the PFA pathway</p> <p>Continuing health care (adults) assessment – consider whether this is appropriate and agree who is best placed to complete it</p>	<p>Think about personal budgets and how these might be used to personalise a young person's support</p> <p>All housing options to be clearly articulated to the young person and their family</p> <p>Benefits advice is available and support is in place to access this</p> <p>The young person has travel arrangements in place, where appropriate</p> <p>Local taxi drivers and local community employers/businesses are aware of the needs of young people with SEND</p>	<p>Ensure career plan/vocational profile continues to be updated</p> <p>Plan to spend progressively more time in work-related learning or employment that the young person is interested in</p> <p>Continue to explore all possible options including supported employment, apprenticeships, work-based learning, work related learning at college, paid work, self-employment, higher education and volunteering</p>

Discuss any potential transport arrangements	Identify out of school/ college activities the young person does or wants to access, including time spent away from home and area	Identify post-18 support available and pathways for accessing these If educated out of area, plans to be made for accessing City of London health services on return	
Responsibility	Responsibility	Responsibility	Responsibility
<ul style="list-style-type: none"> School/college/lead professional to convene a meeting with representatives from transition staff and multi-disciplinary team Local authority SEND team Parents/carers/young person 	<ul style="list-style-type: none"> School/college Adult social care and the Disabled Children and Young People's Service (0-25) Health lead Parents/carers/young person 	<ul style="list-style-type: none"> School/college Health GP CAMHS Social care Parents/carers/ young person 	<ul style="list-style-type: none"> School/ college/lead professional Local authority to ensure that all the information is on the Local Offer and easily available Parents/carers/ young person
			<ul style="list-style-type: none"> School/college Prospects/post-16 providers Employers Parents/carers/ young person

TRANSITION GUIDE AGE 17-19

Year 13 – Year 14: Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
<p>Mental Capacity Act: ensure that the young person has support to make informed decisions</p> <p>Young person, where appropriate, is able to articulate their hopes, aspirations and fears</p> <p>Personalised planning is in place which will consider:</p> <ul style="list-style-type: none"> The content of any future study programme and how it will enable outcomes to be achieved Which professionals to be involved in future meetings A lead professional who will monitor the delivery of actions <p>Adult social care and the Disabled Children and Young People's Service (0-25) confirm:</p>	<p>Think about the young person accessing mainstream activities and social settings with or without support.</p> <p>Can the young person access specialist social clubs and activities via the voluntary sector?</p> <p>Is the young person keeping contact with friends – what does the young person want?</p> <p>Does the family feel supported in letting their son/daughter access local community facilities?</p> <p>If not what are the solutions and who can support?</p> <p>How are personal budgets and direct payments being used?</p>	<p>Think about whether the young person can access health care independently or with support from specialist settings</p> <p>Ensure that the relevant health professionals are in contact with each other</p> <p>If the medical condition is ongoing into adulthood – complete the Ready Steady Go transition protocol</p> <p>Young person, family and professionals to have knowledge of the Children and Young People's Continuing Care National Framework to see if they are eligible</p> <p>Health lead invited to attend annual reviews</p>	<p>Ensuring arrangements are in place for managing the young person's money benefits – check required just prior to 19 years. This is critical to ensure that the family income is maximised</p> <p>Benefit advice is clear and forthcoming</p> <p>The young person is involved, where appropriate, in an independent travel programme with and without support</p> <p>There is a buddy system with friends in place to take the young person to social activities and facilities</p>	<p>Ensure career plan/vocational profile continues to be updated</p> <p>Plan to spend progressively more time in work-related learning or employment that the young person is interested in</p> <p>Continue to explore all possible options including supported employment apprenticeships, work-based learning, work related learning at college, paid work, self-employment, high education and voluntary work</p> <p>Continue to explore the facilities in social care day services or independent day time activities and travel training</p>

<ul style="list-style-type: none"> • Eligibility for support • Assessment of needs and indicative budget • Create care and support <p>The annual review clearly articulates the PfA outcomes highlighted in this section. Particular reference to employment and training</p> <p>Consideration as to whether to cease the EHC plan – this is where the young person is:</p> <ul style="list-style-type: none"> • Accessing higher education • Accessing paid work • Aged 18 or over and has left education and no longer wishes to engage in further learning • Leaving the local authority and moving to another area <p>The young person can appeal if they disagree with the local authority's decision</p>	<p>Ensure family is accessing any information or support they need, including carer's assessments to explore their own needs</p> <p>Ensure that the Local Offer informs the young person and family of all the information is available</p> <p>Transition to adult respite services if eligible</p> <p>Is the young person able to:</p> <ul style="list-style-type: none"> • Access local services • Travel/get out when they choose either on their own with friends or with support? • Use telephone, mobile, email, social networking public transport, learning to drive etc? <p>If not explore possible solutions</p>	<p>Is the young person living and accessing a healthy lifestyle?</p> <p>Have they access to, and are they able to purchase healthy food?</p> <p>Have they access to supported cooking facilities and support?</p>	<p>There are a number of housing/living/ accommodation options available for the young person</p> <p>Families are in touch with other families in similar situations and can jointly discuss practical accommodation solutions</p>	<p>There are a range of voluntary opportunities available in the local area</p>
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<p>Agree information sharing protocols/joint assessments or support plans and regularity of review</p> <p>Identify key transition points in the pathway for adulthood - consider actions for transitions and funding arrangements</p>				
<p>Education, health and care plan (EHC) process</p>	<p>Friends, relationships and my community</p>	<p>Good health</p>	<p>Developing independence</p>	<p>Education, training and finding employment</p>
<p>Responsibility</p> <ul style="list-style-type: none"> • School/college/lead professional to convene a meeting with representatives from transition staff and multi-disciplinary team • Local authority SEND team • Parents/carers/young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • School/college • Adult social care and the Disabled Children and Young People's Service (0-25) • Health lead • Parents/carers/young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • School/college • Health • GP • CAMHS • Social care • Parents/carers/ young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • School/ college/lead professional • Local authority to ensure that all the information is on the Local Offer and easily available • Parents/carers/ young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • School/college • Prospects/post-16 providers • Employers • Parents/carers/ young person

Preparing for adulthood pathway

Helping young people move towards adult life

Throughout the transition process

Agree with current services who will need and can be sent information about me including adult services. I will need to let my GP have information about me. Ask for each meeting to be recorded shared with the services I use/will use in adult life

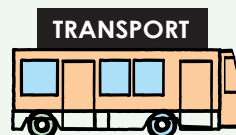
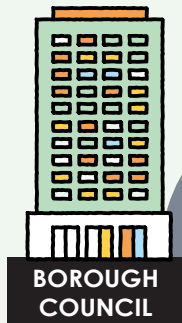
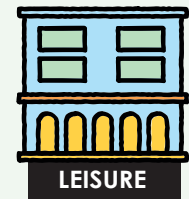
Age 13-14

- What do I want to do in the future
- During Year 9 at school I need to think about my goals for the future and what I need to achieve them
- Who will be able to help?
- Which services need to be involved?
- Who needs to attend review meetings or send reports
- I may need a Continuing Health Care assessment
- Reviews and those involved will use person centred tools such as My Transitions plan



Age 19-25

- I have friends
- I am independent
- I have good health
- I am in employment or training



Age 18-19

- At 18 I am an adult
- I may choose a higher education or employment pathway
- I should check my benefits for entitlements
- I can use community services to build relationships

Age 15

- For my next review I need to plan who I want to attend or to send a report and how I want to make my views known. What is working? Have my goals changed?
- What needs to happen?
- Who needs to help?
- Which providers do I need to visit?
- Do I need a benefits check?



Age 17.5

- Has a referral to adult social care been made?
- Has a continuing health care assessment been done?
- Involve my GP
- Are my benefits in the right name?
- Will I have a personal budget; who will help me with this?
- What further learning do I need?
- Where do I go for signposting and support?

Age 16

- This could be my final year at school. I will have new rights at the end of year 11: I can make some decisions. What job I want? What skills do I need? How can I be independent? Do I want to stay at school or go to college?
- What support will I have when I am an adult?

Age 17

- At my next review, update actions, think about referral to adult social care for assessment and indicative budget to help with my support planning

TRANSITION GUIDE AGE 19-25:

Preparation for adulthood – developing my lifestyle

Education, health and care plan (EHC) process	Friends, relationships and my community	Good health	Developing independence	Education, training and finding employment
<p>The EHC plan will cease where the young person moves onto higher education, paid work, volunteering or social care services (without education)</p> <p>If EHC plan continues an annual review needs to be updated by college staff for the college setting and by the provider for training programme or supported apprenticeship/traineeships</p> <p>Where a young person has an EHC plan and leaves education but then decides they wish to return (and are still under 25 years) the local authority will consider whether the previous EHC plan</p>	<p>Ensure the young person's social group is being maintained make sure they are able to remain in touch with friends and make arrangements for socialising</p> <p>Check if there is any additional advice or support required to develop or maintain friendships</p> <p>Continue to review the young person is developing skills to access local services, focusing on local travel and communication</p> <p>Ensure the family has information about support they can access including carer's assessment to review needs</p>	<p>Annual health check via GP if eligible and GP surgery is participating in the scheme</p> <p>Ensure that the young person knows how to keep healthy and has access to healthy food</p> <p>Ensure that the young person/family are in control of any financial support for keeping healthy</p> <p>If the young person is educated out of the area, plans about accessing City of London health services on their return should be made</p> <p>Health service professionals are in contact with each other</p>	<p>The young person may live at home, independently or in supported living setting and receiving housing benefits. Young person and family need to be aware of the various options and be supported by the relevant professionals</p> <p>Some may live in college or a residential care setting – it is essential that the young person and family is able to access information about potential options with the Local Offer being the starting point</p> <p>Ensure that there is access to an advocate for the young person to aid greater independence, if there is a need</p>	<p>Ensure career plan/vocational profile continues to be updated</p> <p>Continue to explore all possible options including supported employment apprenticeships, work-based learning, work related learning at college, paid work, self-employment, high education and voluntary work</p> <p>Consider support required for young person to access services via Job Centre Plus e.g. disability employment advisor and Access</p>

<p>ments in place to secure appropriate provision and outcomes</p> <p>Job applications, work experience or further study are planned as required by the young person</p> <p>Identify key transition points in the pathway and journey – consider actions required to make these transitions as smooth as possible</p>	<p>Review the young person's access to social media and update/support as necessary</p> <p>Investigate any specialist social groups/youth groups that the young person may want to attend and/or buddy up with others who are in the same position to create their own groups supported by personal budgets/direct payments etc</p>	<p>The young person may rely on family for good access to health care – ensure that the family has the appropriate support.</p> <p>Steps in place to encourage more independence</p>	
<p>Responsibility</p> <ul style="list-style-type: none"> • Education provider to host/ lead professional to convene a meeting with representatives from transition staff and multi-disciplinary team • Local authority SEND case worker team • Parents/carers/ young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • College • Adult social care and the Disabled Children and Young People's Service (0-25) • Health lead • Parents/carers/ young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • College • Health transition lead • GP • CAMHS • Social care • Parents/carers/ young person 	<p>Responsibility</p> <ul style="list-style-type: none"> • College/lead professional • Local authority to ensure that all the information is on the Local Offer and easily available • Adult social care and the Disabled Children and Young People's Service (0-25) • Parents/carers/young person <p>Responsibility</p> <ul style="list-style-type: none"> • College • Prospects/post-16 providers • Career support advisor • Employers • Voluntary groups • Parents/carers/young person

Where to get local independent help and support

You can get support and advice for you and your family on a wide range of SEND-related issues from:

- City of London Family Information Service (CFIS) and SEND local offer website holds information about a wide range of services and activities for children and young people aged 0 to 19 years old (up to 25 years for young people with SEND) including childcare, children's centres, play schemes and leisure opportunities. <https://www.fis.cityoflondon.gov.uk/>
- Tower Hamlets and City of London SEND Information, Advice and Support Service (SENDIASS) provides confidential and impartial advice about education, health and social care for families of children and young people with SEND up to the age of 25. The service can also support and advise in relation to an EHC plan needs assessment. <https://www.towerhamletsandcitysendiass.com/>
- City and Hackney Carers Centre offers information and support to carers across the borough and advises them about their rights and needs, as well as support for mental wellbeing and help to access respite support and grants. <https://www.hackneycarers.org.uk/>
- Some families like to speak to other parents/carers about their experiences. City of London Parent Carer Forum (CPCF) is the main network for parents/carers of children with SEND in the borough. For more information about the group visit <https://www.fis.cityoflondon.gov.uk/send-local-offer/city-parent-carer-forum>



City of London Local Offer

City of London's Local Offer www.cityoflondon.gov.uk/localoffer has information about health, education and social care services for children and young people with SEND aged from 0 to 25. It allows parents, carers and young people to find out about what services are available - and how to access them - all in one place. The information on our Local Offer is reviewed regularly with parents, carers, young people, professionals in education, children's and adult social care, health, third sector and private institutions, charities and employers as part of our co-production process. These stakeholders are invited to take part in forums or contact us directly with comments and suggestions. The information included on the Local offer is listed here:

- Early years provision, childcare providers, schools and children's centres
- Local health services
- Information about education, health and care (EHC) plans
- How children without an EHC plan are supported in school
- Council services that support children and young people with SEND
- Targeted services for children and young people with additional needs including speech and language therapy, occupational therapy, physiotherapy and CAMHS
- Information about how to get a diagnosis of SEND
- Leisure, sports and arts opportunities for children and young people with SEND
- Specialist services for children and young people with high needs, including continuing health care and specialist community nursing
- Information about grants and benefits that you may be entitled to



- Support to help you and your child prepare for adulthood
- Local and national organisations that support families of children with SEND

Also included on the Local Offer is a 'hub' dedicated to young people with SEND. We've called this the Transitions Hub but known nationally as Preparing for Adulthood. <https://www.fis.cityoflondon.gov.uk/send-local-offer/preparing-for-adulthood> To make it easier for you to search, the services in this section have been divided into the four preparing for adulthood areas.

- My education
- My health
- My job (employment)
- Independent living

Checklist for moving on

Checklist	Tick box	Notes
Attend Transition reviews held at young person's school from Year 9 onwards	<input type="checkbox"/>	
Visit the Haringey Local Offer website for information and how to get involved with the local Parent Carer Forum	<input type="checkbox"/>	
Visit the Haringey information and advice website for support when young person turns 18	<input type="checkbox"/>	
Has an Annual health check been completed by the GP?	<input type="checkbox"/>	
Make sure young person has a health action plan and hospital passport if required	<input type="checkbox"/>	
Attend Transition events	<input type="checkbox"/>	
Ensure you know the names and contact details of professionals involved in the transitions arrangements for the young person	<input type="checkbox"/>	
Gain careers advice about prospective training	<input type="checkbox"/>	
Visit colleges and providers that the young person may be interested in attending	<input type="checkbox"/>	
Check the Education and Health Care Plan is up to date and that the adult support plan has been agreed if eligible	<input type="checkbox"/>	
If not eligible for Adult social care and the young person is not continuing education, ensure SEND or Adult social care refers young person to employment pathways	<input type="checkbox"/>	
If in receipt of Continuing Care (via NHS) check for Continuous Health Care assessment at age 17.5	<input type="checkbox"/>	
Contact Citizens Advice Haringey to check benefits entitlement	<input type="checkbox"/>	
Does young person need to consider housing options for independent living?	<input type="checkbox"/>	

Useful acronyms

AAC	Augmentative and Alternative Communication
AAD	Adaptive, Assistive Devices
ALP	Alternative Learning Provision
ANSD	Auditory Neuropathy Spectrum Disorder
ARC	Additionally Resourced Centre
ARP	Additional Resource Provision
ASD	Autism Spectrum Disorder (also known as Autistic Spectrum Condition (ASC))
AWPU	Age-weighted Pupil Unit (funding related)
BOO	Basket of Opportunities
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Service
CLDD	Complex Learning Difficulties and Disabilities
CVI	Cerebral Visual Impairment
CYP	Child or Young Person
CSE	Child Sexual Exploitation
DAF	Disability Access Fund
dB HL	Decibels Hearing Level
DfE	Department for Education
DLA	Disability Living Allowance
DSA	Disabled Students Allowance
EAL	English as an Additional Language
ECAT	Every Child a Talker
EHA	Early Health Assessment
EHCP	Education, Health and Care Plan

ELKLAN	Training by Speech and Language Specialists to Education Staff
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychology
EYFS	Early Years Foundation Stage
FE	Further Education
FRIENDS	An intervention programme underpinned by the principles of Cognitive Behaviour Therapy with the primary aim of reducing participant anxiety levels.
HI	Hearing Impairment
LA	Local Authority
LI	Language Impairment
LINS	Low Incidence Needs Service
LPS	Liberty Protection Safeguards
MSA	Midday Supervisory Assistant
MSI	Multi-Sensory Impairment
MAPPA	Multi-Agency Public Protection Arrangements
NatSIP	National Sensory Impairment Partnership
NPSLBA	National Programme for Specialist Leaders of Behaviour and Attendance
NVC	Non-Verbal Communication
OT	Occupational Therapist
PECs	Picture Exchange Communication System
PHSE	Personal, Social, Health and Economic Education

QFT	Quality First Teaching
QTMSI	Qualified Teacher of the Multi-Sensory Impaired
QTVI	Qualified Teacher of Children and Young People with Vision Impairment
SALT	Speech and Language Therapy
SEAL	Social and Emotional Aspects of Learning
SILVER SEAL	An early intervention for children who need additional support in developing their social, emotional and behavioural skills.
SEMH	Social, Emotional and Mental Health
SENAP	Special Educational Needs Advisory Panel
SENCO	Special Education Needs Co-ordinator
SEND	Special Education Needs and Disability
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SLT	Speech and Language Therapist
SMART	Specific, Measurable, Achievable, Relevant, Timebound (relating to targets)
SSE	Sign Supported English
TA	Teaching Assistant
TAF	Team Around the Family
ToD	Teacher of the Deaf
VI	Visual Impairment
VOCA	Voice Output Communication Aids
YOS	Youth Offending Service

Top tips

Benefits

Check child is receiving all the benefits that they may be entitled to. Consider getting a benefits check at your local Benefits Agency office, Citizen Advice City of London, or City of London Carers Centre.

Communication

Make sure providers are kept up-to-date with the young person's preferred way of communication.

Get involved

Attend your child's transition review meetings, information evenings and job fairs.

Information and advice: Visit websites including City of London's Local Offer, City of London Children and Families Information Service (CFIS) and City of London SENDIASS.

Life skills and independence

Encourage your child to be involved with cooking, laying the table and other household chores.

Money management

Encourage your child to pay for items when out shopping and aim to increase their knowledge of the value of money.

Network

Join City of London Carer Parent Forum (CPCF) to exchange information and get mutual support.

Plan for change

Practise what to do in emergencies i.e. make sure your child has telephone numbers of who to contact, address of where to go and what to do because of a sudden change in routes, i.e. bad weather.

Post-16 options

Visit possible local provision such as 6th form centres, college open days and job fairs.

Socialising

Talk about making friends, boyfriends, girlfriends /relationships. Encourage the young person to go out and about. Talk to your child about leaving school. What they are interested in and what do they want to do?

Travel

Encourage independence as much as possible. Plan and practise routes and get a valid Oyster Travel card.

19-25 options

Explore options such as employment (The Job Centre's Central London Works programme), supported internship opportunities or local apprenticeships.



If you would like this information in another language or another format such as Braille, Large Print or Audio Tape, please contact the Family Information Service on 020 7332 1002, or email us at eeyservice@cityoflondon.gov.uk



Family Information Service
Education and Early Years' Service
Department of Community and Children's Services
City of London Corporation
PO Box 270
Guildhall
London EC2P 2EJ

In order to prepare a comprehensive approach to our response to the green paper, the City of London held an all-day event with key partners across, education (including representatives from schools outside the local area which are attended by City of London children and young people with EHC plans), health, social care (children's and adult's) representatives from the City Parent Carer Forum, SENDIASS, commissioning, policy, and the homeless services. The response to the consultation represents the views of partners across these areas. 30 people participated in the event.

List of consultation questions and responses/ideas

1. What key factors should be considered when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how the standards apply across education, health, and care in a 0-25 system.

The majority of children and young people in the City of London attend schools outside of the City local area as there is only one maintained primary school, no maintained secondary schools, special schools or alternative provision. The City of London, therefore, welcomes the proposal for standards on how needs are identified and met across education, health and care, the appropriate provision which should be made available, the process for accessing and reviewing support, the process for co-production, and standards for transitions which should be consistent which will give greater clarity for families, universally what they can expect, and from who, therefore transparency across all areas, including understanding of thresholds, achieving uniformity but recognising local differences. Whilst the City of London welcomes the proposal of national standards, the current legislation and guidance is clear but, it appears, not always followed. Therefore, the City of London questioned how the national standards would be monitored, measured, and moderated.

Some of the ideas and questions around this process:

- Ensure that these standards are age appropriate and contextualised locally
- There needs to be a minimum standard for communication across the stakeholders
- Challenge on how to bring the health, education and care standards framework together to address the individual needs of the children and young people.
- How will Academies be held to account for these standards?
- There will be common and specific training needs across education, health and social care and training for the early years will be of paramount importance.
- There needs to be a mechanism for parents and families to feedback and have their voices heard on a regular basis.
- Identify what progress means for individual children and young people – how can you expect that every child to meet a standard when every child is different and how do you measure these outcomes. These outcomes to be focused on life skills and PfA.

- We need to consider the role of SENDIASS and those that offer independent advice, support, and advocacy in this process.
- How will the national standards fit in with the Children and Families Act? The law around SEND is very clear.

2. How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?

With only one maintained primary school, no secondary schools, special schools or FE provision, the City will have to consider what local means and how partnerships are developed outside of the City boundaries.

The following will need to be considered:

- Develop the current good practice which is in place –The City currently has a SEND Programme Board. This has a strategic overview function. The representatives are from Education (including the one maintained school), Health, Social Care and the City Parent Carer Forum, Commissioning, SENDIASS and other City support services such as data & performance, policy & Strategy.
- Ensure that meaningful engagement and participation in coproduction takes place to avoid tokenism
- A requirement for all SEND Partnerships to include parent carer and young person representatives and have ways and means of ensuring their participation.
- Need to consider the Joint Strategic Needs Assessment (JSNA) and how this informs commissioning. The City is a small local area and health data is not always disaggregated and available for the City local area.
- Subgroups to the SEND Programme Board are established as task and finish groups to develop operational/practical approach to developing specific areas of work. A recent example is our work on transitions.
- Mapping exercise led by commissioners – for the provision of services that are practical and realistic opportunities for children and young people with SEND. Analysis of gaps in provision also required, so JSNA and local data is essential.
- Training for all, including commissioners regarding their role in SEND delivery
- Have a nationally centralised documentation system and portal for all LAs, external agencies, schools, and colleges to use.
- How to improve/develop communication systems between partners, some of which will be outside of the local area

3. What factors would enable local authorities to successfully commission provision for low-incidence high-cost need, and further education, across local authority boundaries?

This is something we have to do regularly in the City due to the size of our local area. It is a resource demanding process on staff and the costs of placements. The following would be worth considering. The LA and partners would like to make the following general comments:

- Regional brokerage systems and commission partnerships to create better purchasing power
- Cooperative working between LA's/MAT's and joint mapping exercises involving all parties
- Consistency across the proposed academies trust in their provision to support children and young people with high-cost needs
- Regional "register" of provision – kept live
- Increase capacity in the maintained sector
- National standards - Commissioning in the same way across boroughs to gain consistency
- Clear information for parents on what is available
- Post 16 and employer representation on local authority panels where appropriate
- Standardisation of funding - funding bands
- To have sixth form and college representation on decision panels
- Work with our FE sector colleagues on training staff, developing supported internships etc

4. What components of the EHCP should we consider reviewing or amending as we move to a standardised and digitised version?

The LA and partners consider that the sections in the EHC plan remain appropriate and that these work well, except for section H1 and H2 regarding social care provision which perhaps could be merged and with better clarification of what a high quality social care input to the plan looks like.

Section F – broader than the name and type of school – should include more details on the breadth of provision.

How will the standardised form be developed? Will parents and carers be part of this? A strength of the current arrangement is the flexibility to personalise these.

The City of London currently uses a person-centred planning tool to develop plans and at key transition stages which is very effective. We would like to retain this approach and have some flexibility to be able to include approaches such as this in the future.

The LA and partners would like to make the following general comments:

- There should be a requirement in terms of the length of the EHC plans – information must be succinct/length of the EHC plan to be managed.
- A guide for parents and carer and young people on the EHCP and how they should use the information.
- Training/guidance for parents and professionals on the new system
- Easy read/visual version would be helpful - also additional languages
- Clear indication of when it's being reviewed or updated

- Specialist plan writers in every local authority/training for EHC plan writers
- National system for hosting EHC/who will be responsible for the system. Health and social care have different systems – how will it fit onto one system
- Will it include a resource allocation system to fit into the proposal for banding and regional commissioning?
- Are there any proposals for a standardised annual review form?
- Need to ensure that digitised system is accessible to all

5. How can parents and local authorities most effectively work together to produce a tailored list of placements that is appropriate for their child, and gives parents confidence in the EHCP process?

The LA and partners would like to make the following general comments:

- Complex area – differing views amongst the participants
- Will parents feel they can fully contribute to the list? (Power balance/imbalance)
- Hold meetings to listen to the voice of parents or the students themselves if they are older and their concerns, take advice from advocating charities, carry out research questionnaires
- Need to consider families personal reviews of provision – it is not all about inspection outcomes
- Professionals and parents have different views on the quality of placements
- Clear information on the quality/What is on offer for each provision
- Partnering with parents as experts of child's needs
- Shared understanding with parents on their child's progress and what progress means for each individual child
- Child centred and everyone working together in the child's interests
- Focus on the content of the provision, "what do we need to provide"
- Have an established relationship with parents managing expectations
- How to include the voice of young person – post 16 – sometimes different to parents
- Listen to young person even when in conflict with parents
- Is this duplicating the local offer?
- Rename the local offer
- A central and accessible directory for parents/partners/students that providers would regularly update
- Accountability to keep it updated – there needs to be resource attached to this
- Improve transition process
- Pan London family information list

6. To what extent do you agree or disagree with our overall approach to strengthen redress, including through national standards and mandatory mediation? Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why, specifying the components you disagree with and alternatives or exceptions, particularly to mandatory mediation.

Agree

7. Do you consider the current remedies available to the SEND Tribunal for disabled children who have been discriminated against by schools effective in putting children and young people's education back on track? Please give a reason for your answer with examples, if possible.

Difficult question to answer as not clear what the remedies are. These remedies can include training of school staff and ordering a change to school policies.

We have not had a SEND Tribunal case where a disabled child has been discriminated against by a school.

8. What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?

This should be an integrated process and is a critical and essential early preventative approach.

The LA and partners would like to make the following general comments:

- Have annual health checks from the moment children are diagnosed. Should not start at age 14 and also should include neurodivergent communities.
- A coherent and centralised assessment system where all agents involved have one reporting portal. This includes the education sector, the NHS and social services.
- There needs to be effective data sharing agreements between Health and Education to facilitate this process
- There should be additional funding in the EY DSG to set up a statutory early years' inclusion fund pot for 2-year-olds to align with the statutory duty to provide this for 3- & 4-year-olds
- There should be additional EY DSG funding to include funding to cover additional cost of qualified SEND practitioner.
- There needs to be an expansion of the 2-year-old free early education criteria to include children known to/or referred to Specialist Services, who do not have an EHCP so that they can regularly attend an early years setting EYFS curriculum (for 15 hours per week).

9. To what extent do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo? Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree
– If you selected Disagree or Strongly Disagree, please tell us why. Schools, SENDCO Network

Agree

- But what will this achieve?
- How will this address the lack of staff already?
- What is wrong with current training?

10. To what extent do you agree that we should strengthen the mandatory SENCo training requirement by requiring that headteachers must be satisfied that the SENCo is in the process of obtaining the relevant qualification when taking on the role? Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why Schools, SENDCO Network

Agree but we need to add the following comments:

- Will this make hiring new staff more difficult?
- Should we add 'or willing to complete the training'?
- There should also be a mandatory requirement for practitioner in Ofsted registered setting to hold a SEND qualification (at least Level 3 SENCO qualification).

11. To what extent do you agree or disagree that both specialist and mixed MATs should be allowed to coexist in the fully trust-led future? This would allow current local authority maintained special schools and alternative provision settings to join either type of MAT. Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree – If you selected Disagree or Strongly Disagree, please tell us why Schools, SENDCO Network, City of London Academies Trust

The LA and partners would like to make the following general comments:

While some partners neither agreed or disagreed with this statement, some disagreed and made the following comments:

- MATs encourage profit led education
- Will specialist provision be less of a priority for MATs?
- LAs already doing a better job than private academies
- I don't agree with handing responsibility of SEN provision to MATs

- MATs have too much power and too often invested in one person (CEO) whose personal view/ethos is to control the future of a hugely diverse range of pupils needs. It is impossible to create an inclusive culture in this way.

12. What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including through access routes like traineeships?

The LA and partners would like to make the following general comments:

	Employers	Providers	Government
Access	<p>Ensure onboarding processes include assessments of need from relevant specialists and other departments within the business such as Human Resources and Occupational Health.</p> <p>Advertise openly what is available for learners with SEND.</p> <p>Offer information in a variety of formats.</p> <p>Offering employment so young people with special educational needs are seen as succeeding in local jobs</p> <p>Local authorities need to work closely with employers</p> <p>Offering work placements and work experiences in City institutions</p> <p>Training for staff around inclusion, equity, SEND/equality laws and regulations</p>	<p>Regular review programme of courses to ensure delivery meets local demand.</p> <p>Clear pathways for children and young people with SEND.</p> <p>Audit courses to produce an accurate assessment of what is on offer for SEND learners i.e. teaching, facilities, resources, wider support, progression etc.</p> <p>Improve early and accurate identification of needs by screening for neurodiversity on arrival.</p> <p>Improve understanding of Neurodiversity and tackle unconscious bias. Be more proactive in offering assisted apprenticeships.</p> <p>Have in place a robust transition programme that begins before a</p>	<p>Improve transition at further education by introducing common transfer files, adjustment passports that include information on exam access arrangements.</p> <p>Apprenticeships that are more accessible to young people with special educational needs (entry requirements are high).</p> <p>More apprenticeships or preserving some for young people with SEND</p> <p>The government should give incentives to employers who should also receive training on SEND</p> <p>Funding for supported internships</p> <p>Setting up a national framework (offer), that businesses can tap into</p> <p>National campaign for post 16 opportunities/ National drive – big delivery plan</p> <p>National standard to further embed around preparing for adulthood from the earliest years.</p> <p>Financial incentives to employers</p> <p>Develop ways of engaging more local employers in the process</p>

		<p>learner finishes their previous course and includes a transition onwards post-course completion.</p> <p>More training around inclusion, equity, SEND/equality laws and regulations</p>	<p>Need to invest in creating more opportunities, including volunteering opportunities for young people with SEND.</p>
Participate in	<p>Manage expectations of both employee and line manager by encouraging an initial meeting where regular work tasks are explored in terms of what the learner feels able to do, what they require help with and the source of the support for this.</p> <p>Consider what further training and awareness is required by the department to ensure learner is supported by all colleagues.</p> <p>Develop a consent form that allows learners to agree what information will be shared, with whom and by whom regarding their needs.</p> <p>Build a network of specialists that can be tapped into for advice and guidance regarding a range of SEND needs.</p>	<p>Ensure all mainstream tutors complete initial training in teaching learners with SEN.</p> <p>Ensure all tutors access regular CPD following the initial training.</p> <p>Agree provision with learner and build in regular review points to accommodate any changes in their needs.</p> <p>Explaining more clearly what opportunities are available by assessing apprenticeships</p> <p>Better careers advice</p> <p>Mentoring support</p>	<p>Make available funding that accurately covers the costs of providing for learners' needs.</p>
Be supported to achieve	<p>Carefully manage learner growth – introduce regular line manager and learner meetings to ensure challenge increases when the learner is ready.</p> <p>Employers could offer learners more flexibility in their time use as</p>	<p>Adopt a holistic approach – build into the curriculum and daily delivery opportunities to develop a learner's social and emotional understanding, help learners grow in confidence, social communication and</p>	<p>Build expertise and leadership by extending national professional qualification (NPQ) for SENCos not in adult education settings, with a focus on ensuring high quality support provision for education and the workplace.</p>

	learners may need to attend extra support sessions, meetings and medical appointments during the week.	social interaction skills.	
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13. To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people? Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree – If you selected Disagree or Strongly Disagree, please tell us why

Agree

14. What needs to be in place in order to distribute existing funding more effectively to alternative provision schools, to ensure they have the financial stability required to deliver our vision for more early intervention and re-integration?

The LA and partners would like to make the following general comments:

- Consider how the 6K to schools is allocated – could some of this be allocated to spend on AP's?
- Clear guidance on how the 6k to schools should be spent
- AP To be properly funded to deliver this vision plan, but schools should have the funding to retain and support pupils, so they do not need to go to AP's. An inclusive approach to universal education.
- Ensure quality first teaching and SEN support is in AP
- More mainstream capacity/special units -More inclusive schools – need to keep children and young people in mainstream schools
- Provide more specific funding for SEMH
- More money in mainstream schools to avoid alternative placement – this needs to be accounted for and monitored
- National standards for mainstream schools and reasonable adjustments to ensure that there is quality provision and that it is equitable

15. To what extent do you agree or disagree that introducing a bespoke alternative provision performance framework, based on these 5 outcomes, will improve the quality of alternative provision? Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree – If you selected Disagree or Strongly Disagree, please tell us why

Agree

16. To what extent do you agree or disagree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision? Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree – If you selected Disagree or Strongly Disagree, please tell us why

Agree with the following comments

- Quality of oversight will depend on the framework

17. What are the key metrics we should capture and use to measure local and national performance? Please explain why you have selected these.

The LA and partners would like to make the following general comments:

- Types and number of exclusions from schools – selected because will show successful inclusion
- Numbers of children in a particular MAT's AP
- Number of children returning from AP to mainstream
- Rate of progression of SEN pupils – success of strategies
- Outcome star – distance travelled
- Case studies – thematic education
- Health diagnostic rates – ASD, ADHD, DLD
- Number of EHC plans
- EHC outcomes – consistent between LA's
- Measuring child, parent, staff views and alignment
- Qualitative - Case studies, voice of young person, voice of parent/carer
- Achievement data; case studies on social and emotional development
- Value for money on costs of services and provision

18. How can we best develop a national framework for funding bands and tariffs to achieve our objectives and mitigate unintended consequences and risks?

The LA and partners would like to make the following general comments:

- The funding formulae must be regional, not national as this will not work. This would need to assimilate with the school national funding formula and the Early Years funding formula
- National standards that are monitored and moderated are required to make sure that there is consistency
- Best value for money – must be a golden thread throughout and how do we measure this? This will include financial, human and physical resources
- There needs to be recognition of other funding routes coming into schools and LAs

- There will be specific inner city and rural areas that will have bespoke needs including the local cost of living
- We need to share best practice and not re-invent the wheel
- The funding formula needs to reflect the age and developmental stage of the CYP and their needs
- The cost of transport must be a factor for consideration
- Consult those working on the chalk face

19. How can the National SEND Delivery Board work most effectively with local partnerships to ensure the proposals are implemented successfully?

The LA and partners would like to make the following general comments:

- What is the governance of this board?
- How representative is it?
- Is it proportionate/supportive/punitive?
- Should reflect local governance arrangements
- Effective communication between partners
- Ringfenced money with accountability checks
- Children and parents will need understanding of what this board is and how they can contribute to it
- Please don't hang inspections over Heads of local partnerships
- Is this really a consultation?
- Communicate effectively, carry out surveys and hold consultation meetings

20. What will make the biggest difference to successful implementation of these proposals? What do you see as the barriers to and enablers of success?

The LA and partners would like to make the following general comments:

Barriers

- Not listening to the outcome of the consultation
- Inconsistencies
- Lack of confidence in the process
- Not enough funds to undertake the reforms
- Jargon – inaccessible to parents
- Communication between health, education and social care not effective
- Not enough understanding between and across all parties
- Lack of centralisation and guidance on all aspects of these reforms

Enablers

- Inclusive practice in place at early stages
- More inclusive schools
- Better funding for parent carer forums
- Building trust – building understanding
- Tackling unconscious bias
- Shift in culture – understanding and acknowledging the issues

- White Paper – need to see the links and consistency between the two papers
- Less need for EHCP's and AP
- Banding system will stop outpricing and OA placements in the long run
- Learning from mistakes of the 2014 reforms
- Project managers for all LA's to embed
- Resources to be transparent and targeted

21. What support do local systems and delivery partners need to successfully transition and deliver the new national system?

The LA and partners would like to make the following general comments:

- Better and centralised communication and documentation repositories
- Training to support the new system
- Clear guidance/Code of practice
- Clarity of commissioning responsibilities
- Clear parameters
- Training and support for parents and carers
- Recognition of parent carer input - take parents/carer with you
- Consistent standards for co-production
- Additional targeted resources
- Transformation process – keep what is working

22. Is there anything else you would like to say about the proposals in the green paper?

The LA and partners would like to make the following general comments:

- A big document – overwhelming for parents and carers and not easy for families to navigate and the questions are sometimes very difficult to understand
- Too much jargon and what do you do if English is an additional language
- It pays lip service to early years
- Proposals to fix a broken system – national AP framework will not fix it
- Only says 'inclusion' once in questions!
- 2014 was about inclusion
- 'What do we mean by inclusive schools?'
- There is a view that academies focus on academic achievement rather than inclusion. How will this be addressed?
- The governments vision as set out in the White Paper for 90% of primary school children to achieve the expected standard in Key Stage 2 reading, writing and maths by 2030 – concern that this is an unrealistic target which will lead to schools not wanting to accept children with SEND
- "Narrow understanding of what it means to be human" – a quote from one of the schools that resonated
- There is a view that academies focus on academic achievement rather than inclusion. How will this be addressed?

- The governments vision as set out in the White Paper for 90% of primary school children to achieve the expected standard in Key Stage 2 reading, writing and maths by 2030 – concern that this is an unrealistic target which will lead to schools not wanting to accept children with SEND
- ‘What’s gone wrong’ should be the focus
- Funding isn’t there
- Banding is about suppressing budget increases
- Emphasis is on alternative provision – worry about funding
- Need to mediate is beneficial
- Improve communication between different departments within a LA e.g., funding and case workers, SEND and social services
- Even though the consultation mentions that “high quality early years provision for children significantly decreased the likelihood of a child being identified with SEND later”, there is a current push by the government to increase adult- child ratio (to attempt to reduce childcare cost). This goes against improving quality, particularly for children with SEND who need additional support and for targeted intervention.
- The SEND Code of Practice should be aligned to the Early Education and Childcare Statutory guidance for local authorities which states that local authorities are required (i.e., must) secure information, advice and training for providers in meeting the needs of children with special educational needs and disabilities, vulnerable and disadvantaged children. This reinforces the point made in question 8 about all SENCOs in early years settings needing to be qualified for their role.
- Workforce development – consideration of a recognised qualification for SEND Caseworkers
- How are LAs going to be held account to deliver the outcomes of the Green Paper?
- A barrier to successful meeting of needs and inclusion is the structural separation of “behaviour” policies, SEND provision, and “wellbeing”/pastoral care policies within school structures. Policies and practices for each need to be integrated and mindful of the interactions. Poor behaviour may reflect inadequate SEND identification and provision, and life stressors (e.g., ACE’s for children AND parents) which need to be considered together, not in silos dictated by traditional within-school and with partner service structures. Clinical experience suggests this is a frequent factor in exclusions and poor engagement with educational opportunities.
- Given the huge increase in demand for neurodiversity support, it is unrealistic to expect timely diagnosis with current health investment and workforce challenges. Support must be based on assessment of need if it is to be provided in a timely fashion. Information collected from this needs assessment and timely provision will speed up later diagnosis if warranted, release funds for health interventions, and thereby improve health, mental health, social and educational outcomes.

Biggest Challenges:

- With most City of London children and young people attending schools outside of the City, the City is not able to access data in terms of those on SEN support. The DfE needs to provide pupil level data on where City

children who are on SEN support attend school – currently City children attend over 80 schools in other LA's

- There should be a mandatory requirement for schools to share SEND data with home LA's
- Shared understanding of how data is used
- Parents better informed from the beginning and giving consent early for data sharing
- Data sharing agreements between LA's and across health
- A consistently available dataset
- A central database that is used by education, health and social care (made a requirement to keep up to date)
- SEND CoP is very blue-sky thinking – system not well equipped to cope with the demands of expectations the code brings
- Make data sharing a statutory requirement across agencies and partners
- Be clear what difference access to data would make? What would the local system look like if access worked perfectly
- Then, present this to City of London governance and move it into place-based partnership and then NEL
- Access to services – Long waiting lists for services such as CAMHS and delays in diagnosis
- Exclusions from academies
- Tribunals 95% against LA's - not fit for purpose and should be reviewed as this is really complicating the role of LAs in holding schools to account
- NQT's expected to be responsible for 30 pupils including SEN pupils with little support. Need for more resources and training for NQT's in mainstream schools
- Not enough SEN funding
- Lack of funding for the parent/carer voice and various groups
- Not enough local health provision
- Too many EHC assessments so time diverted from support and early intervention
- Lack of disabled people in employment
- Not much going on in terms of job opportunities
- Available places in special schools and AP when we need them

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