



## **Safeguarding Sub (Community & Children's Services) Committee**

**Date:** THURSDAY, 26 JANUARY 2017  
**Time:** 1.45 pm  
**Venue:** COMMITTEE ROOM 1 - 2ND FLOOR WEST WING, GUILDHALL

**Members:** Gareth Moore (Chairman)  
Deputy Elizabeth Rogula (Deputy Chairman)  
Randall Anderson  
Marianne Fredericks  
Professor John Lumley  
Deputy Joyce Nash  
Dhruv Patel

**Enquiries:** Julie Mayer  
tel. no.: 020 7332 1410  
[julie.mayer@cityoflondon.gov.uk](mailto:julie.mayer@cityoflondon.gov.uk)

**Lunch will be served in the Guildhall Club at 1pm**

**John Barradell  
Town Clerk and Chief Executive**

# AGENDA

## Part 1 - Public Agenda

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**  
To approve the public minutes and non-public summary of the meeting held on 17<sup>th</sup> November 2016.  
**For Decision**  
(Pages 1 - 6)
4. **OFSTED IMPROVEMENT PLAN**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 7 - 22)
5. **SERVICE IMPROVEMENT PLAN**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 23 - 38)
6. **CITY AND HACKNEY SAFEGUARDING CHILDREN BOARD**  
Report of the City and Hackney Safeguarding Children Board.  
  
*Appendix 1 to this report is a very large document and therefore Members will be provided with a link, with their electronic versions of this agenda, which will also be available on the City of London Corporation's web page for this agenda.*  
**For Information**  
(Pages 39 - 44)
7. **INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT 2015/2016**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 45 - 72)
8. **EARLY YEARS SAFEGUARDING REPORT 2016**  
Report of the Director of Community and Children's Services.  
  
*Colour copies of the appendix to this report will be provided at the meeting.*  
**For Information**  
(Pages 73 - 78)
9. **CHILDREN AND YOUNG PEOPLE ANNUAL CONSULTATION 2016**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 79 - 116)

10. **CORPORATE PARENTING ANNUAL REPORT**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 117 - 126)
11. **SAFEGUARDING CHILDREN FROM THE EXPERIENCE OF DOMESTIC ABUSE**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 127 - 140)
12. **UPDATE ON THE WORK ON CHILDREN MISSING EDUCATION**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 141 - 144)
13. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE**
14. **ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**
15. **EXCLUSION OF THE PUBLIC**  
MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.  
**For Decision**
- Part 2 - Non-Public Agenda**
16. **NON-PUBLIC MINUTES**  
To agree the non-public minutes of the meeting held on 17<sup>th</sup> November 2016.  
**For Decision**  
(Pages 145 - 146)
17. **FAMILY FEEDBACK ON CHILDREN AND FAMILIES SERVICE**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 147 - 154)
18. **CHILDREN'S SAFEGUARDING REPORT FOR QUARTER 2**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 155 - 170)
19. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
20. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

This page is intentionally left blank

## **SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE**

**Thursday, 17 November 2016**

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services)  
Committee held at Committee Room 1 - 2nd Floor West Wing, Guildhall on  
Thursday, 17 November 2016 at 11.30 am

### **Present**

#### **Members:**

Gareth Moore (Chairman)  
Deputy Elizabeth Rogula (Deputy  
Chairman)  
Randall Anderson  
Marianne Fredericks

Professor John Lumley  
Deputy Joyce Nash  
Dhruv Patel

### **In Attendance**

#### **Officers:**

Chris Pelham	- Community and Children's Services
Pat Dixon	- Community and Children's Services
Marion Willicome-Lang	- Community and Children's Services
Rachel Green	- Community and Children's Services
Monica Patel	- Community and Children's Services
Elizabeth Malton	- Community and Children's Services
Julia Hodson	- Community and Children's Services
Julie Mayer	- Town Clerk's
Craig Simpson	- Town Clerk's

#### **1. APOLOGIES**

There were no apologies.

#### **2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

There were no declarations.

#### **3. MINUTES**

The public minutes and non-public summary of the meeting held on 2 June 2016 were approved.

#### **4. OFSTED INSPECTION REPORTS**

The Sub Committee received two of reports of the Director of Community and Children's Services in respect of the recent Ofsted Inspections. Members were very pleased to note that Children's Services had been judged as 'Good' with a number of 'Outstanding' features and the City and Hackney Safeguarding Children Board had been rated 'Outstanding'. The Audit and Risk Management Committee had received this report at their last meeting and had asked for their

congratulations to be passed on to both Officers and Members of the Sub Committee.

*A very good report. What will be the oversight and reporting mechanism to ensure recommendations from the inspection are followed up?*

Members noted that there had been six recommendations arising from the inspections. The recommendations had been included in an action plan, which would be a standing item on future Safeguarding Sub Committee agendas.

*One recommendation was to look at how Members could have more opportunities for engagement with Looked After Children (LAC) and Care Leavers. How would the young people like to see our Members engaging more with them?*

Officers suggested that Members might like to visit the Children in Care Council (CICC) and/or offer shadowing opportunities. The Chairman and Deputy Chairman offered to assist and it was also suggested that LAC and care leavers be invited to events at the City of London Academies, when Members were due to attend.

In response to other questions, Members noted that the Children's Service Manager had written to the Director of the Whittington Health Service in respect of record keeping on education and health matters. Records were now being audited every 6 months and there had been an improvement since June 2016. All LAC in the City had received their medicals on time but the health histories were taking a little longer. Officers suggested, and Members agreed, that Whittington Health Service be invited to attend the Safeguarding Sub Committee when their Annual report was presented.

RESOLVED, that – the outcome of the Ofsted Inspections in respect of the Children's Services and City and Hackney Safeguarding Board be noted.

**5. ANNUAL UPDATE ON CUSTODY (YOUNG PERSONS, CHILDREN AND MENTAL HEALTH) AND USE OF FORCE**

The Sub Committee received a joint report of the Town Clerk and the Commissioner, City of London Police, which provided an overview and update on three key areas of policing; young persons and children in custody, mental health crisis in custody and use of force. Members noted that this was the first report on youth custody which had been presented to the Safeguarding Sub Committee. The new Custody Manager was working on baselines in order to improve the commentary and provide comparative data in future reports but Members noted that, anecdotally, the City was performing well when compared to neighbouring boroughs.

*Given the majority of children detained in custody are not City of London (CoL) children, do the CoL Police share information with local areas regarding the young people regarding the detention?*

Members noted that a Child Coming to Notice Report was raised for all children coming into custody and this was cross checked monthly. The reports were reviewed daily by the Public Protection Unit and the information about all children (City or non-City) was shared with the City's Children's Services Team. In addition, the Police made direct referrals to the Borough where the child resided and the City's Children's Service Team followed this up. The numbers were also shared with the Local Safeguarding Board, as part of performance reporting. The Children's Service Manager confirmed the very high standards of the above procedures and their additional benefit in identifying patterns and vulnerability from a social work point of view. For example, there had been occasions where child sexual exploitation risks had been identified.

*The report highlights the role of the Professional Standards Department in respect of governing complaints and conduct matters. Have there been any LADO referrals from Custody via the PSD?*

There had been no LADO referrals in respect of custody staff this financial year.

In response to further questions from Members, it was noted that the concept of the 'bubble room' met the Home Office standard for this type of custody and young people were detained for as short a time as possible. However, Members were concerned that it could take up to 2 and a half hours for an appropriate adult to reach a young person. Officers advised that they met with the Appropriate Adult Service regularly and delays were often due to the late arrival of the parent or carer. In addition, forensic and medical services, which were commissioned by the CCG, had lost some of their resources and, as they worked on a rota, this also contributed to delays which were beyond the control of the City of London Corporation. Whilst understanding the circumstances and noting that this was a national issue, Members asked that their concerns be shared with the Police Committee and asked if officers could instigate a strategic challenge. Finally, Members asked if a Police representative could be in attendance at future meetings, when required.

RESOLVED, that – the report be noted.

#### 6. **ANNUAL QUALITY ASSURANCE REPORT 2015 TO 2016**

The Sub Committee received a report of the Director of Community and Children's Services in respect of quality assurance activity which had taken place within Children's Social Care between April 2015 and March 2016.

*A very good report. The QA work of the service was complimented in the Ofsted inspection. Ofsted also recommended the need to engage children and families more directly in QA work. How will the service go about implementing this?*

An audit has been taking place during November. As part of this, all children and families open to the service have been written to in order to seek their views about the service. The findings from this will feed into the overall quality assurance analysis and service improvement planning.

RESOLVED, that – the report be noted.

7. **SELF NEGLECT (AND CHRONIC HOARDING) PROTOCOL**

The Sub Committee received a report of the Director of Community and Children's Services, which summarised the City and Hackney Safeguarding Adults Board Self-Neglect (and Chronic Hoarding) Protocol.

*A helpful report introducing the new protocol. To what extent is this an issue for the City and what impact has the new protocol and panel had on supporting vulnerable adults?*

The Protocol had engaged all of the City's Estates, including the Guinness Trust and there had been subsequent referrals by housing officers. Officers had also been working with City Solicitors and Environmental Health Officers. Members noted that, anecdotally, self-neglect and hoarding had been a big issue in the City and now formed part of multi-agency safeguarding work.

8. **SUFFICIENCY AND COMMISSIONING STRATEGY FOR CHILDREN IN CARE**

The Sub Committee received a report of the Director of Community and Children's Services which summarised the proposed commissioning strategy and how this would ensure sufficient capacity to meet the diverse cultural and ethnic needs of the City of London's LAC population. In response to a question about opportunities for young people leaving care, this had been covered under agenda item 4 (Ofsted Inspection Reports).

RESOLVED, that – the report be noted

9. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

10. **ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

There were no items.

11. **EXCLUSION OF THE PUBLIC**

**RESOLVED** - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of the Schedule 12A of the Local Government Act.

**Item**

12-17

**Paragraph**

1&2

12. **NON-PUBLIC MINUTES**



The non-public minutes of the meeting held on 2<sup>nd</sup> June 2016 were approved.

**13. CHILDREN'S SAFEGUARDING REPORT FOR QUARTER 4 2015/16 AND QUARTER 1 2016/17**

The Sub Committee received a report of the Director of Community and Children's Services, which updated Members on the performance of the City's safeguarding function.

**14. QUARTER 1 ADULT SAFEGUARDING REPORT PERFORMANCE INDICATOR OUTCOMES**

The Sub Committee received a report of the Director of Community and Children's Services in respect of the level and nature of adult safeguarding concerns received by the City of London Corporation during the first quarter of 2016/17.

**15. ANNUAL REPORT VIRTUAL SCHOOL HEADTEACHER ACADEMIC YEAR 2015/16**

The Sub Committee received a report of the Director of Community and Children's Services which summarised the achievement of the Virtual School for the Academic Year 2015/16.

**16. NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions

**17. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There were no items.

**The meeting ended at 12.45 pm**

-----  
Chairman

**Contact Officer: Julie Mayer**  
**tel. no.: 020 7332 1410**  
**julie.mayer@cityoflondon.gov.uk**

This page is intentionally left blank

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub-Committee	26.01.2017
<b>Subject:</b> City of London Ofsted Improvement Plan	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Chris Pelham, Assistant Director, People Services	

## Summary

Following the Ofsted inspection of the City of London's services for children in need of help and protection, children looked after and care leavers in July 2016, the City of London Corporation submitted a post-inspection action plan to the Secretary of State for Education and Her Majesty's Chief Inspector under the Education and Inspection Act 2006 (Inspection of Local Authorities) Regulations 2007.

This action plan outlines how the City of London intends to address the recommendations made in the report, as well as areas for improvement identified during consultation with Early Help and Children's Social Care services and multi-agency partners. The actions from this improvement plan are embedded in the wider Children and Families Service Improvement Plan, which supports the Children and Young People's Plan 2015–2018 and the Department of Community and Children's Services Business Plan 2015–2017.

Its progress will be monitored by the Children's Service Improvement Board and updates will be provided to the Safeguarding Sub Committee to ensure timeliness in addressing the recommendations, as well as providing appropriate scrutiny and challenge.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

## Background

1. The City of London's services for children in need of help and protection, children looked after and care leavers were inspected under the Ofsted single inspection framework in July 2016.

2. The effectiveness of children's services in the City of London was judged overall to be 'Good' with a number of 'Outstanding' features. The individual judgements were as follows:
  - The experience and progress of children who need help and protection is 'Good'.
  - The experience and progress of children looked after and achieving permanence is 'Good'.
  - The experience and progress of care leavers is 'Good'.
  - Leadership, management and governance in the City of London is 'Outstanding'.
3. A report was submitted to the Safeguarding Sub Committee in November 2016 outlining the headline recommendations in the Ofsted report and the Department for Community and Children's Services' (DCCS's) plans to address these recommendations.

### **Current Position**

4. The City of London Ofsted Improvement Plan was submitted to the Secretary of State for Education and Her Majesty's Chief Inspector in December 2016 under the Education and Inspection Act 2006 (Inspection of Local Authorities) Regulations 2007.
5. The improvement plan was developed in consultation with the Early Help and Children's Social Care service and multi-agency partners. In addition to the headline recommendations, this Improvement Plan also includes actions drawn from the narrative body of the report, lessons learnt during the inspection and areas for improvement identified during the consultation process that took place from September to November 2016. Each recommendation in the action plan has expected outcomes, relevant actions and measures to determine success.
6. The actions from the improvement plan are embedded in the wider Children and Families Service Improvement Plan, which supports the Children and Young People's Plan 2015–2018 and the DCCS Business Plan 2015–2017.
7. The progress of the Ofsted improvement plan will be monitored on a quarterly basis by the Children's Service Improvement Board. Updates will be provided to the Safeguarding Sub Committee and to the City and Hackney Safeguarding Children Board (CHSCB) to ensure timeliness in addressing the recommendations, as well as providing appropriate scrutiny and challenge.

### **Corporate & Strategic Implications**

8. The City of London is committed to providing effective Early Help and Children's Social Care services, as demonstrated in the Corporation's strategic aims of:
  - providing modern, efficient and high-quality local services, including policing, within the City for workers, residents and visitors; and

- providing valued services, such as education, employment, culture and leisure, to London and the nation.
9. Early Help and Safeguarding are key priorities in the Children and Young People's Plan 2015–2018, the DCCS Business Plan 2015–2017 and the City of London Corporation Safeguarding Policy.

## **Conclusion**

10. The DCCS leadership team is committed to working with the CHSCB and multi-agency partners to ensure that the actions in the Ofsted Improvement Plan are completed in a timely manner and support exceptional outcomes for children and young people accessing services in the City of London.

## **Appendices**

- Appendix 1 – City of London Ofsted Improvement Plan

### **Chris Pelham**

Assistant Director, People Services, Department of Community and Children's Services

T: 020 7332 1636

E: [chris.pelham@cityoflondon.gov.uk](mailto:chris.pelham@cityoflondon.gov.uk)

This page is intentionally left blank

# City of London Ofsted Improvement Plan



September 2016 – September 2017

## Introduction

The City of London was inspected under Ofsted's single inspection of services for children in need of help and protection, children looked after and care leavers from 4 - 28 July 2016. The report published on 20 September gave the following judgements:

Children's services in the City of London are good	
1. Children who need help and protection	Good
2. Children looked after and achieving permanence	Good
2.1 Adoption performance	Not judged
2.2 Experience and progress of care leavers	Good
3. Leadership, management and governance	Outstanding

## Aim

This improvement plan outlines the improvement work that the City of London will undertake to address the recommendations made in the Ofsted report.

## Development of the plan since September 2016

This improvement plan has been developed in consultation with the early help and children's social care service and our multi-agency partners. Action planning sessions took place between September to November 2016 to ensure that the recommendations and broader findings from the Ofsted single inspection are built into the action plan.

## Governance

The progress of the Ofsted improvement plan will be monitored on a quarterly basis by the Children's Service Improvement Board. Updates will be provided to the Safeguarding Sub-Committee and to the City and Hackney Safeguarding Children Board (CHSCB) to ensure timeliness in addressing the recommendations, as well as providing appropriate scrutiny and challenge.

The actions from the improvement plan are embedded in the wider Children and Families Service Improvement Plan, which supports the Children and Young People's Plan 2015 – 2018 and the Department of Community and Children's Service Business Plan 2015 - 2017. The monitoring of the improvement plan is built into our Business Planning and Review cycle.

## Structure

Ofsted identified 6 areas for improvement for the City of London:

Recommendation
<b>The experiences and progress of children who need help and protection</b>
1. Further improve the quality and consistency of written plans for children, including early help plans, child in need plans, personal education plan (PEP)s and pathway plans. These should be clear and simple, fully integrate the views of children and young people and clearly state what is to be achieved by when.
2. When families disengage from services and the threshold is not met to escalate the case further, ensure that any on-going work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support
<b>The experiences and progress of children looked after and achieving permanence</b>
3. Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions
<b>The experience and progress of care leavers</b>
4. Expedite the provision of health histories for all care leavers
<b>Leadership, Management and Governance</b>
5. Increase opportunities for direct contact between children looked after, care leavers and councillors, and between these children and the chief executive, in order to establish even more meaningful personal relationships
6. Strengthen the inclusion of the perspective of children, families and partners in case auditing, in order to improve services



In addition to the headline recommendations, this Improvement Plan also includes actions drawn from the narrative in the main body of the report, lessons learnt during the inspection process and actions recommended by the early help and children's social care team, wider services and multi-agency partners.

Each recommendation in the action plan has expected outcomes, relevant actions and measures to determine success. Although the actions are not RAG-rated in this version of the document, they are being progressed and are RAG-rated as follows:

Red	There are significant issues with the action/ the matter needs to be escalated
Amber	Problems/risks have been identified that are slowing progress on the action (usually something that can be dealt with by the lead officer, but it is good practice to notify the responsible plan owner/board)
Green	Action is progressing as expected and on time
Blue	Action is completed and no further action is required

**Key leads and those responsible for completing actions:**

Job title	Current job holder (correct as of December 2016)
Acting Director, Community and Children's Services	NH
Assistant Director, People's Services	CP
Early Help and Children's Social Care Service Manager	RG
Children and Families Team Manager	IA
Safeguarding and Quality Assurance Service Manager	PD
Independent Reviewing Officer	SK
Early Help Coordinator	JF
User Engagement Lead	RdP
Senior Commissioning Manager	SG
Commissioning Manager	MP
Senior Performance Analyst	SGill

The experiences and progress of children who need help and protection					
1. Further improve the quality and consistency of written plans for children, including early help plans, child in need plans, personal education plan (PEP)s and pathway plans. These should be clear and simple, fully integrate the views of children and young people and clearly state what is to be achieved by when ( <b>Ofsted recommendation 1</b> )					
Lead:	RG				
DLT Lead:	CP				
Relevant plan(s):	Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017				
<b>Expected outcomes:</b> <ul style="list-style-type: none"><li>- Templates have been reviewed, revised and signed-off by Children and Families Team, Children's Senior Management Team (CSMT) and Service Improvement Board (SIB)</li><li>- Pilot of new plan templates to begin in February 2017</li><li>- Evaluation of new plan templates in September 2017</li></ul>					
<b>Measure of success:</b> <ul style="list-style-type: none"><li>- Written plans for children are consistently SMART, clear and simple</li><li>- Children and young people's views are incorporated</li><li>- Annual quality assurance audits of all cases confirm that actions on written plans have timescales, are achievable and reflect the voice of the child</li><li>- Partner agencies are able to contribute to plans where appropriate</li></ul>					
Ref	Actions	End date	Lead Officer	RAG	Comments
Page 14	Review and revise layout of Early Help plans in partnership with Multi-Agency Practitioner Forum (MAPF)	February 2017	RG		
	Consultation with CYP/families and their partners on the CAF	February 2017	RG/JF		
	Review and revise layout of Child Protection Plans	February 2017	RG		
	Review and revise layout of Care Plans and ensure that they are implemented in practice	February 2017	RG		
	Virtual Head to ensure the language in the Personal Education Plan (PEP) is simple, SMART and that children and young people's views are incorporated in every PEP	February 2017	JH		
	Service Manager to develop an example Pathway Plan with simple targets. Staff to use group supervision to look at SMART targets and simple writing for Pathway Plan	February 2017	RG		
	Sign-off the relevant plan templates through Children and Families Team, CSMT and SIB	February 2017	RG		
	Initiate pilot of new plan templates in March 2017	February 2017	RG		
	Begin evaluation of new plan templates in September 2017	September 2017	RG		

## The experiences and progress of children who need help and protection

2. When families disengage from services and the threshold is not met to escalate the case further, ensure that any on-going work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support (**Ofsted recommendation 2**)

<b>Lead:</b>	RG
<b>DLT Lead:</b>	CP
<b>Relevant plan(s):</b>	Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017

### Expected outcomes:

- No drift on cases
- Annual quality assurance and thematic audits demonstrate evidence of clearly recorded rationale for ceasing or continuing support, as well as up-to-date case records and plans
- Lower re-referral rates into children's social care

### Measures of success:

- Clarity in management rationale for CIN cases that are not engaging
- Families that disengage are signposted to other services/provided information for accessing other services

Ref	Actions	End date	Lead Officer	RAG	Comments
2.1	All open cases to children social care where the family disengages will activate the triple-lock mechanism to support decision-making regarding closure or continuation of case	January 2017	RG		
2.2	If case continues, review and revise the plan with clear timescales with a further review at no later than 3 months to determine case status	January 2017	RG		
2.3	Review Practice Standards and revise accordingly to reflect: <ol style="list-style-type: none"> <li>1) requirement for chronologies to be updated every 3 months</li> <li>2) triple lock mechanism</li> </ol>	January 2017	RG		
2.4	Thematic audit on closed cases	September 2017	PD		
2.5	Update report on compliance to go to the SIB in 2017	March 2017	RG		



Page 17

<b>The experiences and progress of children looked after and achieving permanence</b>					
4. Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions <i>(Ofsted recommendation 3)</i>					
<b>Lead:</b>	RG				
<b>DLT Lead:</b>	CP				
<b>Relevant plan(s):</b>	Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017				
<b>Expected outcomes:</b>					
<ul style="list-style-type: none"><li>- Permanency planning records include a clear record of decisions and rationale about legal permanence for children</li></ul>					
<b>Measures of success:</b>					
<ul style="list-style-type: none"><li>- All case discussions from panel to be attached to child's file</li><li>- QA process will evidence that the records are in place and that the decision and rationale about legal permanence is clearly documented</li></ul>					
<b>Ref</b>	<b>Actions</b>	<b>End date</b>	<b>Lead Officer</b>	<b>RAG</b>	<b>Comments</b>
4.1	Legal representation on the Panel will confirm appropriate legal position and rationale for each case discussed	January 2017	RG		
4.2	Minutes of Permanency Planning Tracking Meetings to clearly and consistently record decisions relating to legal permanence and make explicit why a decision was made and why certain orders were not pursued	January 2017	RG		
<b>The experiences and progress of children looked after and achieving permanence</b>					
5. Explore provision of a range of placement options available for children looked after <i>(Executive Summary - pg. 16)</i>					
<b>Lead:</b>	SG/MP				
<b>DLT Lead:</b>	NH				
<b>Relevant plan(s):</b>	Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017				
<b>Expected outcomes:</b>					
<ul style="list-style-type: none"><li>- Completion of research into potential placement options</li><li>- Children in care to be matched with the most appropriate placement</li></ul>					
<b>Measures of success:</b>					
<ul style="list-style-type: none"><li>- Reduction in placement breakdown or placement moves</li><li>- Potential alternative model(s) to facilitate increased range of placement options subject to research completion</li><li>- Potential identification and achievement of savings through increased range of options</li><li>- Evidence of satisfaction with placements</li></ul>					

Ref	Actions	End date	Lead Officer	RAG	Comments
5.1	Commissioning service to complete review of sufficiency strategy options	February 2017	MP		
5.2	Review at CSMT, SIB and Safeguarding Sub-Committee in early 2017	March 2017	MP		

### The experiences and progress of children looked after and achieving permanence

6. Ensure all initial health assessments are done promptly (*Paragraph 39*)

<b>Lead:</b>	RG
<b>DLT Lead:</b>	CP
<b>Relevant plan(s):</b>	Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017

#### Expected outcomes:

- All statutory health assessments (initial and review health assessments) are done promptly and to a good standard
- Tight contract monitoring arrangements are in place and highlight clear indications of poor performance

#### Measures of success:

- Practitioners make referrals for health assessments on time
- No statutory health assessments fall out of timescales
- Children in care have their health needs met and appropriately monitored

Ref	Actions	End date	Lead Officer	RAG	Comments
6.1	Build internal operational oversight process to track pathway of referrals	March 2017	RG		
6.2	Review interpreting service responsibilities and clarify in Practice Standards	March 2017	RG		
6.3	Monitor arrangements regarding health assessments and the implementation of the City and Hackney CCG's LAC CQC inspection improvement plan through LAC/CL Service Improvement Group	March 2017	RG		
6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	June 2017	RG		

Page

The experience and progress of care leavers					
7. Expedite the provision of health histories for all care leavers ( <i>Ofsted recommendation 4</i> )					
Lead:		RG			
DLT Lead:		CP			
Relevant plan(s):		Children and Families Service Improvement Plan, Children and Young People's Plan 2015 - 2018, DCCS Business Plan 2015 - 2017			
Expected outcomes: <ul style="list-style-type: none"><li>- All Care Leavers are in possession of their Health Passport</li></ul>					
Measures of success: <ul style="list-style-type: none"><li>- All Care Leavers are able to clearly articulate how it is used to assist their healthcare</li></ul>					
Ref	Actions	End date	Lead Officer	RAG	Comments
7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework	January 2017	RG		
7.2	Thematic audit on impact of provision of health histories for care leavers	September 2017	PD		
7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	September 2017	PD		





Ref	Actions	End date	Lead Officer	RAG	Comments
9.1	Safeguarding and Quality Assurance to contact all families whose cases are subject to QA activity and seek their input into case audit process	March 2017	PD		
9.2	Evidence this feedback as part of the audit findings and feedback into the Service Improvement Plan	March 2017	PD		
9.3	Update the QA strategy to reflect this additional activity	March 2017	PD		

This page is intentionally left blank

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	26012017
<b>Subject:</b> Service Improvement Plan	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Rachel Green, Service Manager, Children's Social Care and Early Help	

## Summary

The Service Improvement Plan, as appended, sets out the direction and goals for the forthcoming work of the Children's Social Care Service. The report below details progress to date, and key areas to address in the short and longer term. The plan will be refreshed by the end of March 2017, and incorporates recommendations from the recent Ofsted report.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

The Children's Social Care and Early Help Service is committed to continual improvement in our support and safeguarding of children and their families. The Service Improvement Plan (SIP) sets out detailed specific aims, with corresponding actions, and measures to evidence progress and completion.

The SIP incorporates views of children and families who receive services within all tiers of provision: early help, children in need, child protection, looked-after children and those leaving care. Views are formally sought through independent consultation on a yearly basis. The SIP also incorporates recommendations from our Quality Assurance Service, as well as ideas from staff within the service. Of note, this December update of the SIP includes both the explicit recommendations and those contained within the narrative of the recent Ofsted report on our Children's Services (July 2016).

The SIP is scrutinised at our Service Improvement Board, with progress review and the benefit of multi-disciplinary generation of ideas and feedback.

Notable progress April to December:

- Pathway plan timeliness is now very good.
- Sexual health – the Children In Care Council held a sexual health session, and social workers are routinely undertaking support in this area.

- All pathway plans now include parallel plans if young people have to consider a return to their home country.
- All young people are offered a Return Home Interview in time after going missing.
- Excellent use of Vulnerable Victims Advocate (domestic abuse) by social workers, meaning that victims have independent support.
- A specialist domestic abuse social worker has been appointed, which has enhanced the team's knowledge and practice with children and families.
- All annual medical reviews are in timescale.
- Each sibling within a household is now offered an assessment of their individual needs.
- All children are offered mentors or advocates.

#### Key challenges:

- Early Help Common Assessment Framework (CAF) completion by partner agencies has not been sustained since summer 2016. Our Early Help Co-ordinator is offering support to partners to help but this has not been successful to date.
- We need to be consistent across the service on ensuring that plans for children are specific, measurable, achievable, realistic and time-bound (SMART)
- Addressing loneliness of our care leavers is a long-term challenge. We are seeking to help children and young people build sustaining relationships with peers and other adults.
- The immigration process remains long and complex, leaving our young people looked after experiencing fear and anxiety, and in one situation, unable to lawfully access education, training or employment.
- The Ofsted recommendations are new to the SIP, and are therefore in the 'amber' category to be progressed.

#### Appendices

- Appendix 1 – Service Improvement Plan

#### **Rachel Green**

Service Manager, Children's Social Care and Early Help

T: 020 7332 3501

[rachel.green@cityoflondon.gov.uk](mailto:rachel.green@cityoflondon.gov.uk)

<b>Name:</b>	Children & Families Service Improvement Plan
<b>Duration:</b>	July 2016 to April 2017
<b>Relevant Strategies</b>	Corporate Parenting Strategy/Children & Young People's Plan
<b>Previous version(s) of action plan /relevant plans:</b>	
<b>Board responsible for monitoring action plan:</b>	Service Improvement Board/Executive Group/DLT
<b>Owner:</b>	Service Manager Children's Social Care and Early Help
<b>Implementation Date:</b>	01/07/2016 (starts)
<b>Review Date:</b>	This review December 2016, next review March 2017
<b>Frequency of monitoring/reporting</b>	Quarterly
<b>Aims:</b>	The aim of this plan is to improve services for children, young people and their families.

<b>Priority 1: Safeguarding &amp; Early Help - Close the gap in outcomes for children, young people and families in vulnerable groups.</b>									
<b>Specific aim: Gain a clear understanding of the needs of the community.</b>	<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End date</b>	<b>Measure/outcome:</b>	<b>Lead officer:</b>	<b>DLT lead:</b>	<b>Comments:</b>	<b>RAG status:</b>
The Early Help service to receive CAFs from partner agencies on a consistent basis.	1.1	Partners to complete CAFs without prompt from social care and further training to be offered to agencies.	30/07/2016	30/04/2017	There will be an increase in CAFs being completed by partners on a consistent basis and this is evidenced through the EH sub-group and case file audits. The Early Help data set has been developed to demonstrate the take up of the service and evaluate impact.	JF/RG	CP	Rachel update December: the increase in partner CAFs has not been maintained. One CAF was undertaken by City Gateway but was not reported by the agency. We are about to transfer one CAF to St John Cass. We need to review the strategy of co location.	Amber
Parental consent to be obtained and recorded for CAF assessments, case recording and for Audit.	1.1.1	Consent form to be designed. All early help practitioners to use form.	01/07/2016	30/09/2016	Form to be circulated with all partners. Every case to have consent form present.	JF/RG	CP	Achieved for all new cases.	Green
Develop links with community based groups in order to raise further awareness of what services are available.	1.2 (QA)	Identify community groups and other channels to engage the range of City communities in order to promote services and shape their delivery.	Mar-16	Feb-17	We will have a clear understanding of the communities needs and there will be a strong relationship between the community and the local authority. There will also be an increase in referrals from residents.	RG	CP	RG has presented interactive session using the threshold document to Domestic Abuse Forum, including community services. <b>RG update December: we have started working with Islamic organisations on two of our cases, and seek to involve these organisations more.</b>	Green
Ensure that partners remain involved in promoting the EH offer in the City.	1.3	MAPF to take place quarterly and for partners to contribute to the development of the service.	Jul-16	Sep-16	Partners and families will be more aware of the EH offer and this will be evidenced through an increase in referrals.	JF/RG	CP	<b>RG update December:</b> MAPF meetings are well established and are quarterly. To promote the offer across the partnership, JF is co-locating with partners. The MAPF Annual Report will include referral rate outcome measure. We have not seen an upturn in referrals to EH, but we have seen an upturn in referrals to children's social care.	Green
Improve cross border intelligence sharing and working with colleagues from Tower Hamlets	1.4	CSC Service Manager to hold quarterly intelligence sharing and practice meetings to discuss issues and cases.	Mar-16	Jun-16	Children & Families have a seamless service between the City and other LAs bordering the City. This will be evidenced through case work.	RG	CP	RG has attended Tower Hamlets and Hackney MASE and Tower Hamlets YOS board on two occasions, to gain intelligence and share information. Social Workers attended Tower Hamlets risk panel on rota basis. RG update December: we continue to have involvement with the YOS board. I am in a practice reflection group with the principal social worker at Tower Hamlets, and a service manager for child protection, which helps the cross borough learning.	Green

Work with Strategic Communications Manager in developing ways to engage with the community.	1.5	Establish what work is currently being done with the community and where the gaps are - and develop a communications plan in response.	Mar-16	Feb-17	There is regular feedback from the community about what they see as being the priority in relation to children's services. Also, develop innovative ways of engaging the community.	RG/RM	CP	<b>RG update December:</b> RG has met with Comms Strategic Manager, who attends quarterly CSMT to review strategies linked to 1.2 and 1.5 above. Currently working on early help comms. This is in the comms plan.	Green
Early Help QA auditing framework to be reviewed	1.6 (QA)	Review and implement revised auditing template	Mar-16	Mar-17	Audits will be completed within the agreed timescales and reports produced for the EH sub-group.	PD	CP	PD - QA framework to reflect changes in the auditing process. SK and JF have agreed the auditing framework, and agreed this with the Early Help Sub-Group. RG update December: This task is complete.	Green
Early Help procedures and standards to be reviewed.	1.8	Early Help procedures and standards to be reviewed and reflect the procedures within the service.	Apr-16	Dec-16	Practice Standards will be revised and compliance will be evidenced through case audits, supervision and performance meetings.	SA	CP	<b>RG update December:</b> The practice standards will be updated in February 2017 to include transitions and the updated placement sufficiency strategy. The practice standards for early help have been shared with the early help worker and team manager, and they are working through compliance in their casework.	Green
In EH cases where parents do not consent to services, ensure the Threshold of Need document is used and cases are stepped up appropriately	1.9	In such cases the Team Manager will assess the information and make a decision on either stepping the case up/down within 1 working day.			All open cases will have active engagement.	IA	CP	<b>RG Update December:</b> The November audits show threshold is right on step up and step down - we need to work on the timeliness of allocation post decision.	Green
	1.9a	Set-up Virtual MASH.	Mar-16	Apr-17	Effective application of thresholds and information sharing arrangements inform timely assessment process.	SA	CP	<b>RG update December:</b> MASH publicity information ready to go, once approved by partners	Green
	1.9b	Review Virtual MASH arrangements.	Jun-16	Mar-17	Review how effective application of thresholds and information sharing arrangements are.	RG	CP	<b>RG update December:</b> review is set up for February 2017 with partners	Green
Ensure the Early Help offer is led by the partnership, so that a child coming into any of the partner agencies is able to access services quickly and consistently.	1.10.	JF to be co-located across the partnership to provide information and advice. Clear flowchart on process with concise guidance.	Jun-16	Mar-17	Partners feedback at the MAPF forum. Increase in partners taking lead role in CAF process.	JF	CP	<b>RG update December:</b> JF is sending a one page info to partners on the service she offers and the strategy will be re-evaluated by March 2017	Green
To ensure children are safeguarded when parents are not consenting to children's social care intervention.	1.11	Case discussion between social worker, team manager and service manager, on every case where consent is withheld and consideration given to a strategy meeting.	Jul-16	Dec-16	Reviewing number of strategy meetings per quarter. Triple lock management.	IA	CP	<b>RG update December:</b> Fully complete and embedded in practice.	Green
To ensure learning is embedded from Serious Case Reviews.	1.12	SCRs from CHSCB to be discussed formally at team meetings	Sep-16	Dec-16	Team meeting minutes will reflect SCR discussion.	IA	CP	<b>RG update December:</b> the team has continued to look at new SCRs, and will continue to review learning points.	Green

**Priority 2: Close the gap in outcomes for children, young people & families based on their localities.**

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
That all children/young people and their families are given sufficient information when they are first referred to the service.	2.3 (A4C) (QA)	Develop an information pack and ensure that all families receive one with relevant information i.e. reason for involvement, assessment process, complaints procedures etc.	Mar-16	Jun-16	Through the QA process and surveys families will report a clear understanding of why the department was involved.	RG/RM	CP	<b>RG update December:</b> we now have an information pack	Green

A review of all children's plans to be undertaken to ensure they are of a good quality and capture all relevant information.	2.4	Review the current templates for CP plans, CLA plans, TAC, Care Plan, CP visits, CLA visits.	Jun-16	Apr-17	Evidenced by revised templates being available.	IA	CP	<b>RG update December:</b> Senior SW led on reviewing the risk assessment, and this has now been completed. The staff team rejected the revised standalone CP plan. We will work instead on separating the CP core group episode to have the plan separated out. The templates will be further reviewed in Jan/February as per the OFSTED report actions.	Amber
	2.4.1	Review the current template for IRO decisions and recommendations, chair's report, IRO visit.	Mar-16	Dec-16	Evidenced by revised templates being available.	SK	CP	see above	Green
	2.4.2 (QA)	Review of the current templates for Private Fostering visits, Private Fostering assessments.	Mar-16	May-16	Evidenced by revised templates being available.	PD	CP	No further action needed. Review complete the private fostering template for visit follows national guidelines.	Green
	2.4.3	Templates to be amended to reflect new plans and workflow requirement	Mar-16	Dec-16	Evidenced by revised templates being available.	IA/KW/EM	CP	<b>RG update December.</b> templates are being operationalised by Fwi.	Green
That recordings on Fwi evidence what action has taken place, especially re: strategy meetings.	2.5 (QA)	Training to be offered to staff if necessary.	Mar-16	Dec-16	Through auditing of cases, supervision and performance monitoring identify compliance.	RG/IA/PD	CP	<b>RG Update December</b> recordings: consistently good. Great improvement in pathway planning timeliness. The case recording is good, the challenge is the timeliness of recording and having that be consistent across the service.	Green
That all children/young people who go missing continue to be offered a return home interview in a timely way as per guidance and intelligence from the interview feeds into the care planning arrangements.	2.6	Training to be offered to staff if necessary.	Mar-16	Sep-16	Through auditing of cases, supervision and performance monitoring identify compliance.	RG/IA/PD	CP	<b>RG Update December</b> our RHIs are taking place, and every child who goes missing, for even part of the day is discussed at the MASE/vulnerable adolescents steering group. One child declined a RHI, declined to the IRO and to the SW. [I've left this on as a rolling item, so we continue to monitor, and so we capture continued practice whilst staffing changes happen]	Green
The risk of children/young people going missing from home/care/education is minimised.	2.7 (QA)	Offer all children/young people with repeat episodes of missing to be offered a return home interview.	Mar-16	Sep-16	Intelligence from return home interviews is discussed at MASE meetings to identify learning opportunities.	RG/IA/PD	CP	<b>RG Update December:</b> This remains a standing item at the MASE to share intelligence/themes arising from return interviews. Thematic issues arising from this intelligence will support the shaping of future services for the CoL and wider London.	Green
Practitioners to be proactive in thinking of DV when working with families.	2.8	TM to review all cases during supervision and ensure practitioners are thinking about specialist support for families where DV is a feature.	Mar-16	Jun-16	Issues of domestic violence are identified as early as possible. Thematic audit to measure effectiveness	IA/PD	CP	<b>RG Update December:</b> we are better linked in with the voluntary sector now, and our specialist DV worker is in post. Workers are using the VVA well and every case has specific thought out support.	Green
Children who have witnessed domestic abuse to be supported by a specialist agency.	2.9	Where appropriate a referral to a specialist agency is made on the current cases. Where the decision is that such a referral is not necessary then a management decision to be placed on the file, which offers a rational of why this decision has been made.	Mar-16	Sep-16	Children will receive specialist support.	IA	CP	<b>RG update December:</b> the IDVA (VVA) has undertaken joint work with SWs on our highest risk DA cases. The specialist DA social worker is in place	Green
Re: Domestic violence cases: practitioners to be aware of what support agencies are available and refer children when appropriate.	2.10	TM and SM to form links with agencies/organisations offering DV support to families.	Mar-16	Sep-16	There will be identified resources for families.	IA	CP	<b>RG update December: this is excellent now and consistently so.</b> RG will present the DA strategy at the DA forum for feedback and VVA sits within team to enhance team knowledge fortnightly (.5 hour). See above.	Green

Management to be aware of the level of knowledge/experience amongst practitioners in the area of DV.	2.11	Reflective group session to discuss best practice when working with domestic abuse cases.	Mar-16	Sep-16	Staff will have sufficient training in the area of DV so they can support children/young people and their families.	IA	CP	<b>RG update December: specialist DA worker now in team. She is providing training and coaching to the team.</b>	<b>Green</b>
In domestic violence cases families are clear of the expectations if change isn't achieved and there is a robust response where there isn't.	2.12 (QA)	TM to ensure that any plans (child protection or child in need) have a clear contingency plan if the aims are not achieved	Mar-16	Mar-16	Thematic audit to be undertaken to ensure compliance.	IA	CP	<b>RG update December:</b> robust review by IA and RG on Domestic Abuse cases - one PLO has completed, one PLO has led to care proceedings - in a timely way.	<b>Green</b>
Assessments, case recording, statutory visits etc. are completed within the prescribed timescales as set out in the Practice Standards Document.	2.13	Develop 'traffic light system' in Fwi so managers can be informed of forthcoming deadlines.	Mar-16	Dec-16	Managers will be sighted on deadlines.	IA	CP	<b>RG Update December:</b> compliance is now run within the team (began 1 Nov) and has led to pathway plans now being on time, and alerts well in advance of CLA medicals (for example). Next element is the early help monitoring.	<b>Green</b>
A wide range of assessment and intervention options be available for workers to support children and families.	2.14	Managers from the Children and Families Team, Safeguarding and Quality Assurance Service and the Director of Community and Children's Services to explore the best methodologies for the City of London.	Jul-16	Dec-16	Meeting to take place.	CP	CP	<b>RG Update December: social workers have a range of options, and this has been extended to include VIG.</b> A social work model meeting took place between DCS, AD, QA, TM and myself. We are working on Relationship Based Practice.	<b>Green</b>

<b>Priority 3: Improve physical and emotional health and wellbeing from conception to birth and throughout life</b>									
<b>Specific aim:</b>	<b>Ref:</b>	<b>Action:</b>	<b>Start:</b>	<b>End:</b>	<b>Measure/outcome:</b>	<b>Lead officer:</b>	<b>DLT lead:</b>	<b>Comments:</b>	<b>RAG status:</b>
All children and young people are familiar with the role of the VSH	3.1a	The social worker will introduce all CLA and CL to the VSH as part of the coming into care process. This will take place within 28 days of being received into care and no later than the first PEP meeting.	Jul-16	Dec-16	All PEPs will have the contribution from the VSH and it will be to a high level	JH/IA	CP	removed as complete, and annual feedback shows YP 100% aware	<b>Green</b>
That all children in our care and care leavers who are subject to immigration control have care plans that consider short term and long term health in both this country and their country of origin.	3.2 (QA)	The VSH will introduce short and long term goals and take immigration control into consideration in PEPs.	Mar-16	Mar-17	All PEPs will have contribution from VSH on short/long term plans.	PD	CP	<b>RG update December:</b> all children now have short and long term goals in their pathway plans, and this is considered in every PEP.	<b>Green</b>
All children in care have life story work completed with them.	3.3 (QA)	The allocated social worker will complete life story work for all children who are in care.	Mar-16	Mar-17	Evidence of life story work being initiated and/or completed is on file for all cases and thematic audit to be undertaken to test compliance. A record to be kept of the percentage of children who have life story work on their files.	IA	CP	<b>RG Update December:</b> all children have life story work taking place. We have been creative in evidencing this work. The social workers led on life story work at our away day, looking at immigration and identity.	<b>Green</b>
All young people who go missing have a risk assessment completed, which evidences that they have been spoken to about their reason for going missing.	3.3a	Deliver training to all staff to ensure they are compliant with procedures in relation to children missing from care, home and education.	Jul-16	Mar-17	There will be risk assessments on all children/young people's files who have had a missing episode. This will be verified from audits.	IA	CP	complete	<b>Green</b>
Risk assessments on file will be specific and relevant.	3.4	Improve standalone risk assessment template & link to other subject specific risk assessments	Mar-16	Dec-16	Risk assessment on Fwi.	IA	CP	<b>RG update December:</b> Senior Social Worker JH has now completed this assessment template with peers. It needs to be added to Fwi.	<b>Green</b>



Supervision to be given within the guidelines set out in the practice standards reflecting the decision making and the process that has led to the decision.	3.5	All case files to show a record of supervision. Records to be updated within 5 working days.	Mar-16	Sep-16	There will be clear evidence on each file of the decisions and rational for those decisions.	SA	CP	<b>RG update December:</b> supervision is of good quality and happens regularly. The speed of updating Fwi needs to improve, and some actions need to be SMARTer (see OFSTED actions below).	Green
Ensure that the social work practice standards are up to date	3.6	Review the practice standards every 6 months and make any amendments required.	Mar-16	Oct-16	Social work practice will be contemporary and in line with current thinking/research.	JH/RG	CP	<b>RG update September:</b> these have been updated. At the next review - transitions will be considered.	Green
Explore opportunities for SDQ links with targets in PEPs	3.7	VSH will review SDQs and discusses with social workers opportunities for using information at PEPs. This will be recorded on Fwi.	Mar-16	Nov-16	Strategy developed for using SDQs in PEPs	JH	CP	<b>RG update December:</b> each CLA has an SDQ, these are being updated again, and will be checked by our compliance officer.	Green
Ensure all CLA are attending schools that will provide a good education	3.8 (A4C)	CLA allocated school that are judged to be good or better. A risk assessment completed for schools which have been judged at requiring improvement	Mar-16	Sep-16	CLA in schools which provide a good education.	IA	CP	<b>RG update December:</b> Complete. One exception - JH has written an exception report as to why the provision is right for the child.	Green
All care leavers are in education, employment and/or training.	3.9	Review care plans at AVS and implement necessary changes	Jul-16	Dec-16	Education, training and employment needs are consistently recorded and actioned in care plans.	IA	CP	<b>RG Update December:</b> Two care leavers, one we are supporting post 21 despite not being in ETE - we are offering home based mentoring, and the other is not entitled to ETE (we are keeping open to 24 above and beyond our statutory requirements).	Green
All looked after children and care leavers have access to sexual and relational health services and a clear understanding of law on consent.	3.10.	Social workers and foster carers to be trained to deliver this. CICC to have sessions on sexual health.	Jul-16	Dec-16	CLA review reports and pathway plans to detail work undertaken.	IA	CP	<b>December 2016:</b> The CICC had a session on sexual health. All staff now aware of Come Correct service. Staff know that they can drop in to Hackney service centre for help with discussing sexual health with young people.	Green
All children and young people to have access to sport/music/leisure activities, including structured activities, to assist in healthy lifestyles and preventing loneliness.	3.11	Social workers to clearly look at organised/structured activities with their young people. Foster carers to promote extra curricular activities.	Jul-16	Dec-16	Evidenced in CLA review reports and pathway plans.	IA	CP	<b>December 2016:</b> 13 cla and care leavers went on the summer holiday. Structured leisure opportunities are being discussed with each child, most are involved in activity. We could use refugee organisations better, for long term support and friendship.	Green
Building confidence and self esteem.	3.12	All children to be offered a mentor.	Jul-16	Dec-16	Evidence in CLA review reports and pathway plans	IA	CP	All CLA have been offered an independent visitor or mentor. In addition, <b>December 2016</b> we are setting up a peer mentoring service with Rose.	Green
All children will have up to date medical information on their files.	3.13	CLA medical reports will be uploaded within 7 days of receipt.	Jul-16	Mar-17	Administrator will check on a monthly basis.	RG	CP	Medicals are on file. <b>December:</b> all are on time, and all medicals due before March 2016 have been referred..	Green
Looked after children receive robust high quality care	3.14	Team manager will consider all CLA review recommendations, and review in supervision	Jan-17	Mar-17	Fwi report to be run on episode for manager agreement/disagreement with IRO recommendations	IA	CP	This needs to be a manually run report, as there is not a standalone episode for the decisions. In the meantime, social workers to print off all review recommendations and bring to supervision for consideration.	Green
Care leavers to have at least one trusted friend or adult they can talk to (Annual Consultation)	3.14	Social workers to link young people with refugee groups and care leavers groups, to help with making sustained relationships	Jan-17	Mar-17	Every pathway plan to consider friendships and risk of loneliness.	IA	CP	<b>New additional action in December:</b> new action arising from annual consultation	Amber

**Priority 4: Ensure that children and young people are well prepared to achieve in adulthood, through high quality learning and development.**

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Staying Put to be encouraged to young people can go into higher education and remain in a supportive household.	4.1 (A4C)	Staying Put to be formally discussed with the young person during the reviewing process and also subsequently as part of the Pathway Planning process.	Mar-16	Mar-17	Young people are staying put in foster placements if they wish post 18 and case recording indicates that it has been considered for all young people.	IA	CP	<b>RG Update December:</b> all prospective carers are asked to consider staying put. FA is a new staying put arrangement. Commissioning is supporting negotiation of cost for staying put for each new arrangement.	Green
Practitioners to have an understanding of all children and young person 's mental health needs when coming into care.	4.2	All children and young people will be offered the enhanced CAMHS assessment within 6 months of coming into care.	Mar-16	Mar-17	We have early recognition of children/young people who may have mental health issues in the future.	RG/IA	CP	<b>complete. RG update September:</b> one SW is going on 12 week training in respect of emotional health needs of CLA and care leavers.	Green
Our additional mental health assessment offer to lead to shorter waiting time for intervention	4.2a	CAMHS enhanced assessments to be accepted by services local to our CLA foster placements.	Jul-16	Mar-17	Children do not have to have a second CAMHS assessment.	IA	CP	LAC health nurse agreed to help negotiate with local services to avoid duplication. <b>December: we have not yet had the need to use this service - we have one new LAC who may need this in March/April 2017.</b>	Amber
	4.2.1	CAMHS will report to CSMT & SIB on service delivery output and outcomes.	Mar-16	Oct-16	There is good intelligence on the work that is being offered and delivered to our children/young people.	PR	NH	RG: CAMHS have reported on their last year's activity and outcomes. Commissioning is tightening the contract and reporting requirements.	Green
Social Workers will offer all children and young an advocate and are reminded regularly that this is available.	4.3 (A4C) (QA)	Social workers to offer children the advocacy service and make them aware of how they can access it at any point and record on case file.	Mar-16	Dec-17	Children/young people will be supported by an advocate. There will be evidence of this through the reviewing process and the work of the Safeguarding & QA team. Commissioning will also report on this quarterly.	IA/SG	CP	<b>RG update August</b> evidence that advocates are being used can be seen in CP conferences and in CLA work.	Green
All children looked after and care leavers will be informed of their entitlements i.e. given care leaver packages, through CiCC and the impact of the pledge report.	4.4 (QA)	Procedures manual to be amended and local protocols to be completed, if required, and placed in the procedures manual.	Mar-16	Mar-17	This will be embedded into practice and measured through the work of the Safeguarding & QA Service. All procedures and local protocols will be located on TriX and social workers will be able to access them readily.	IA	CP	RG: we have amended TriX for children in custody, and are doing so in respect of delegated authority. <b>December:</b> this is a very big piece of work, and we need to work through dividing each subject area so we can review the entire manual. This was discussed at CSMT in November.	Green
	4.4a	Entitlement Sheet to be created, so YP can see what they receive.	Jul-16	Mar-17	Sheet produced.	IA	CP	RG update December: this work is well underway on target for March 2017. There is a sheet in place, but is being extended to cover costs associated with immigration and SWs will be able to make their own needs assessments and we can respond beyond core provision.	Green
	4.4b	Consistency of foster carer allowances and provision.	Jul-16	Mar-17	A set of expectations to be drawn up, to be used in commissioning placements.	RG/IA	CP	<b>RG update December</b> this is being drawn together by Commissioning and is underway by a consultant we await feedback - meeting in diary in January 2017	Amber
Bursary's to be offered to young people wanting to stay in full-time education.	4.5 (QA)	Ensure that those young people who wish to stay in education are aware of this offer.	Mar-16	Mar-17	There will be an increase in the number of young people accessing higher education.	PD/IA	CP	<b>complete and on-going.</b>	Green
When a young person is placed in independent/semi-independent accommodation they are visited within 1 week, then within 28 days and at least every six weeks thereafter to support them.	4.6 (QA)	Social workers are to practice standards regarding visiting patterns.	Mar-16	Jun-16	Young people will feel supported when making the transition to independence.	IA	CP	complete and on-going.	Green
Children to be aware of their plan and the most recent assessment/pathway plan completed.	4.7 (QA)	Social workers will explain their assessments and pathway plans to them and ensure they have an opportunity to contribute.	Mar-16	Mar-17	All young people have an understanding of the most recent assessments of them and what the agreed tasks are.	IA/PD	CP	RG: pathway plans are not classed as 'completed' until the plan has been explained and signed by the young person. Audits show pathway plans of a consistently good quality.	Green

Pathway Plans should commence when the young person is 15 years and six months of age and still in care. It must be reviewed thereafter every 6 months, or sooner if the young person requests this.	4.8 (QA)	Social workers to track pathway plans to ensure they are completed within timescales. If young person requests, then pathway plan to be completed earlier than the statutory timescale.	Mar-16	Mar-17	This will be evidenced through the auditing process.	IA	CP	<b>RG December:</b> all pathway plans are up to date and on file. Compliance is now within the team, and prompts are recorded on Fwi and emailed to workers.	Green
If a young person has lost touch with their social worker but then gets in contact then they will be offered support.	4.9 (QA)	Social workers have clear guidance around supporting young people post care.	Mar-16	Mar-17	This will be evidenced through the auditing process.	PD/IA	CP	<b>RG update September:</b> we have one young person who has gone underground following rejection of asylum claim. We have offered contact.	Green
Young people will have access to leaving care grants to support them in becoming independent.	4.10 (A4C) (QA)	Young people are offered a £2000 grant to help them establish independency. This to be recorded on the case file.	Mar-16	Mar-17	This will be evidenced through the auditing process.	IA/PD	CP	complete	Green
Information sharing with families and partner agencies to be improved.	4.11 (QA)	Practitioners to be clear within the case files who they are sharing information with, ensuring they have consent when required adhering to data protection.	Mar-16	Mar-17	Audits will evidence compliance.	IA/PD	CP	RG: clear in case recording. MASE is improving information sharing. <b>December:</b> virtual MASH is now available. We will need to evidence rationale for using MASH on the case file.	Green
Pathway Plans must identify needs that impact on the young person, such as mental health issues	4.12	Social workers to ensure all the information about the young person's health and well-being is included in the pathway plan.	Mar-16	Jun-16	Pathway Plans evidence the needs and potential risks to the young person and the interventions that are taking place.	IA	CP	RG: pathway plans are consistently of good quality and feedback from the audits and from the team manager shows these have improved. Health and well being is covered in every pathway plan.	Green
Pathway Plans must clearly consider immigration rules and potential deportation, including short term and longer term plans, and parallel plans in case of return.	4.12a	Social workers and VSH and IRO to offer clear advice around most useful ETE, health, mental health if returned to their country. Social workers to support emotional health by offering support and not avoiding this subject.	Jul-16	Mar-17	Pathway Plans and Care Plans to record independent living options if returned to country of origin and to record support available if immigration difficulties arise.	IA	CP	<b>RG Update December: every pathway plan now looks at the impact of possible return home.</b>	Green
Care Leavers and older children looked after are empowered to be self determining about their medical needs.	4.13	Social workers ensure that support i.e. advocacy is available and can support the young person in expressing their views.	Mar-16	Jun-16	Young people feel confident to express their wishes/feelings around medical interventions.	IA	CP	<b>RG update December:</b> Advocacy services are offered in every case	Green
Ensure that all Care Leavers files hold their birth certificate, passport, NI No, ID Card and Home Office number	4.14 (QA)	Social Workers to ensure they obtain these documents on behalf of the young person.	Mar-16	Jun-16	Audits will evidence compliance.	IA	CP	RG: this is up to date. Admin undertake weekly updates.	Green
	4.14a	CLA medical information to be with the young person, but also their GP, to support with medical needs.	Jul-16	December 206	CLA review report to show this has happened. CLA medical paediatrician to confirm the report has gone to child's GP.	IA	CP	<b>RG update December:</b> All CLA medical reports have now been received. We are working on getting these in a more timely way. We now have the health passports, and these were presented to the CLA and care leavers steering group. They are better than expected. RG will chair a health review in March 2017	Green
The risk of CLA placement breakdowns is minimised.	4.15	The processes relating to disruptions is improved so there is earlier intervention.	Mar-16	Sep-16	Children/young people will have fewer placement changes/breakdowns.	PD/RG	CP	<b>RG Update December:</b> We are working with commissioning on placements to meet the additional needs of UASC, to prevent placement breakdown - this is on track. In the meantime, we are using placement disruption/stability meetings well.	Green

	4.15.1 (QA)	Sufficiency strategy to be written.	Mar-16	Apr-16	Case files will evidence through auditing that detailed work was done prior to a placement being agreed for a child/young person.	PD	CP	complete	Green
	4.15.2 (QA)	Safeguarding & QA to carry out a six monthly review on all IFAs where a child/young person is placed.	Mar-16	Dec-16	Report to CSMT on provider standards.	PD	CP	complete	Green
	4.15.3	Practice in relation to matching should be robust and take into consideration the child/young persons strengths, needs, identity and any other significant requirements.	Mar-16	Mar-17	There will be a reduction in placement breakdowns/changes and much more detailed work will take place to include the involvement of the advocacy service when matching.	IA	CP	Performance will report on this regularly and highlight any emerging trends/patterns. RG: note there will likely be two placements for UASC, as the first will offer an assessment of need/strengths and look at permanency options. The first placement may well not be the long term placement option for the child.	Amber

#### Priority 5: improvements following from the OFSTED Report - July 2016

The experiences and progress of children who need help and protection									
Recommendations:	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 1: Further improve the quality and consistency of written plans for children, including early help plans, child in need plans, personal education plans and pathway plans. These should be clear and simple, fully integrate the views of children and young people and clearly state what is to be achieved by when.	1.1	Review and revise layout of Early Help plans in partnership with Multi-Agency Practitioner Forum (MAPF)	Jan-17	Feb-17	1) Written plans for children are consistently SMART 2) Children and young people's views are incorporated 3) Annual quality assurance audits of all cases confirm that actions on written plans have timescales, are achievable and reflect the voice of the child 4) Partner agencies are able to contribute to plans where appropriate	RG	CP		
	1.2	Consult families/CYP and partners on the CAF	Jan-17	Feb-17		RG/JF	CP		
	1.3	Review and revise layout of Child Protection plans	Jan-17	Feb-17		RG	CP		
	1.4	Review and revise layout of Care Plans and ensure that they are implemented in practice	Jan-17	Feb-17		RG	CP	Children and Families Social Care and Early Help Away day on 30.09.16 included review of CP Plan.	Amber
	1.5	Virtual Head to ensure the language in the Personal Education Plan (PEP) is simple, SMART and that children and young people's views are incorporated in every PEP	Jan-17	Feb-17		JH	CP		
	1.6	Service Manager to develop an example Pathway Plan with simple targets. Staff to use group supervision to look at SMART targets and simple writing for Pathway Plan	Jan-17	Feb-17		RG	CP		
	1.7	Sign-off the relevant plan templates through Children and Families Team, CSMT and SIB	Feb-17	Feb-17		RG	CP		
	1.8	Initiate pilot of new plan template	Mar-17	Mar-17		RG	CP		
	1.9	Begin evaluation of new plan tem	Sep-17	Sep-17		RG	CP		

The experiences and progress of children who need help and protection									
Recommendations:	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	2.1	All open cases to children social	Jan-17	Jan-17	1) Chronologies are updated every 3 months and maintain a clear record of significant	RG/PD	CP		
	2.2	In case continues, review and revise the plan with clear	Jan-17	Jan-17		RG	CP		
	2.3	Review Practice Standards and	Jan-17	Jan-17		RG	CP		

Ofsted recommendation 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any on-going work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support	2.4	Thematic audit on closed cases	Sep-17	Sep-17	Clear record of significant incidents, themes and patterns in children's lives. 2) Families that disengage are signposted to other services/provided information for accessing other services	PD	CP		
	2.5	Update report on compliance to g	Mar-17	Mar-17		PD	CP		
All Children in Need cases, regardless of engagement or disengagement, to have up-to-date chronologies on file		Ensure that an up-to-date chronology is on file and has been reviewed by the Team Manager as part of the sign off process (RG to lead)	Sep-16	Mar-17	1) No drift on cases 2) Chronologies are updated every 3 months and this is reflected in the Practice Standards	RG	CP	Report on compliance to be presented to future SIB in 2017	
		November audits to review evidence that the plan is updated to reflect continuation of work and plan meets requirements as set out above in A1 (PD to lead)	Sep-16	Mar-17	1) Measure compliance through audits and supervision	PD	CP		
Research on neglect linked to affluence draws on practitioner experience and identifies strategies and practice methods to address non-engagement from these families.	3.1	Present findings of Goldsmith research to the SIB and CEB	Sep-17	Sep-17	1) Clearer planning and risk evaluation with clear outcomes 2) Multi-agency approach to identify risk/decision-making and who is best placed to work with the families 3) Co-produced research between City of London and Goldsmiths University is completed and published in 2017	CP	CP		
	3.2	Develop and implement single-agency training and support for social workers and managers alongside CHSCB training offer to address non-engagement from families where neglect linked to affluence is evident	Sep-17	Sep-17		IA	CP		
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17					
	3.4	Include a session on neglect linked to affluence at the next Multi-Agency Partnership Event in 2017 to support practitioners in working with these families	Jun-17	Jun-2017		CP	CP		
Increase the number of families taking up Early Help services, building on existing partnership working at a strategic and operational level (Paragraph 8)	A5.1	Develop a user-friendly leaflet/poster explaining how families/young people can access early help services using a simple process	Sep-16	Jun-2017	Number of new early help assessments completed over the last year	RG/JF	CP		
	A5.2	Develop outreach strategies/methods to increase uptake such as strengthening links with local community services/religious institutions	Sep-16	Jun-2017	Increased number of families taking up EH services	RG/JF	CP		
	A5.3	Continue to strengthen links with EH practitioners and outreach staff	Sep-16	Jun-2017	SEF/CAF evaluation from partners	RG/JF	CP		
	A5.4	Specific targets for commissioned services re. referrals/completing EH plans and performance management (City Gateway and Youth Offending Services (YOS))	Sep-16	Jun-2017	1) Invite commissioning to join EH sub-group 2) Bring commissioned services into conversation with partners re. future plans/development at an earlier stage	RG/JF	CP		

	A5.5	Early Help roadshow to key partners currently not referring or completing CAFs	Sep-16	Jun-2017	Increased number of families taking up EH services	RG/JF	CP		
Agree a suitable Early help assessment tool for partner agencies to measure family improvements so that they can be aggregated and reported on (Paragraph 9)	A6.1	Consider the possible assessment tools available, and decide on one as a partnership, with oversight of the Early Help Sub-Group.	Sep-16	Jun-2017	1) An agreed assessment tool is in place and shared with partners 2) Reporting on family improvements captured in Frameworki 3) Share tool with commissioning to feed into	RG/JF	CP		
	A6.2		Sep-16	Jun-2017		RG/JF	CP		
	A6.3		Sep-16	Jun-2017		RG/JF	CP		
	A6.4	Include children accessing Early Help services in Annual Consultation to identify areas for improvement	Sep-16	Jun-2017	Children accessing Early Help services are included in Annual Consultation	RG/JF	CP		
Ensure that children's diverse needs resulting from disability, ethnicity and religion are well considered in all cases (Paragraph 16)	A7	Children's diverse needs are consistently well considered	Sep-16	Jun-2017	1) Audits confirm that children's diversity needs are well considered in all cases 2) FWi sub-group to develop a section on the file to reflect children and families' self-reported identities	RG	CP		
Ensure that case records are up-to-date and comprehensive, including case chronologies being kept up to date on children's files to maintain a clear record of significant incidents, themes and patterns in children's lives.	A8	Case chronologies are kept up-to-date every 3 months in line with Practice Standards	Sep-16	Jun-2017	Audits confirm that case records are up-to-date and comprehensive, including chronologies	RG	CP		

The experiences and progress of children looked after and achieving permanence									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	4.1	Legal representation on the Panel will confirm appropriate legal position and rationale for each case discussed	Jan-17	Jan-17	1) All case discussions from panel to be attached to child's file 2) QA process will evidence that the records are in place	RG	CP	This action was considered at the October Panel	Amber



Ofsted recommendation 3: Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions		Minutes of Permanency Planning Tracking Meetings to clearly and consistently record decisions relating to legal permanence and make explicit why a decision was made and why certain orders were not pursued	Jan-17	Jan-17	1) All case discussions from panel to be attached to child's file 2) QA process will evidence that the records are in place	RG	CP		
		Social worker to inform young people of the Permanency Tracking Meeting process. This will ensure that social workers and managers have access to these decisions in future so that children can fully understand why these judgements are made.	Sep-16	Nov-16	1) CYP able to articulate understanding of why decision is made re. permanence 2) Visit records and supervision confirm that discussions are taking place.	RG	CP		
		Independent Reviewing Officer to check young person's understanding of their legal status at LAC reviews	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK	CP		
		Draft child/language friendly version of process which will be led by practitioners and IRO	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK	CP		
		A presentation to the CiCC to explain the permanency planning process and to receive further feedback from LAC on what they would need	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK/RdP	CP		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
5. Explore provision of a range of placement options available for children looked after (Executive Summary - pg. 16)	5.1	Commissioning service to complete review of sufficiency strategy options	Sep-16	Feb-17	1) Reduction in placement breakdown or placement moves 2) Potential alternative model(s)	RG/MP	CP		Amber
	5.2	Review at CSMT, SIB and Safeguarding Sub-Committee in early 2017	Feb-17	Mar-17	to facilitate increased range of placement options subject to research completion	RG/MP	CP		Amber

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ensure all initial health assessments are done promptly (Paragraph 39)	6.1	Build internal operational oversight process to track pathway of referral	Jan-17	Mar-17	1) Practitioners make referrals for health assessments on time 2) No statutory health assessments fall out of timescales 3) Children in care have their health needs met and appropriately monitored	RG	CP		
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP		
	6.3	Monitor arrangements regarding health assessments and the implementation of the City and Hackney CCG's LAC CQC inspection improvement plan through LAC/CL Service Improvement Group	Jan-17	Mar-17		RG	CP		
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP		

Ensure all initial health assessments are done promptly (Paragraph 39)		Review Whittington provision	Sep-16	Jun-2017		RG	CP		
Ensure all initial health assessments are done promptly (Paragraph 39)		Review roles, responsibilities and communication between CoL commissioning/service managers/providers	Sep-16	Jun-2017		RG	CP		

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
<b>Ofsted recommendation 4: Expedite the provision of health histories for all care leavers</b>	7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework	Jan-17	Jan-17	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP		
	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17		RG	CP		
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	Sep-17	Sep-17		RG	CP		
Ensure that Pathway Plans are shared with care leavers (Paragraph 55)		Build requirement into Practice Standards. Management sign off of Pathway Plan to be undertaken on the basis that the plan has been shared with young person. Audits to monitor compliance and quality as per QA strategy.	Sep-16	Dec-16	All young people are able to evidence that they have a Pathway Plan that they have signed off. Audit to evidence compliance in this area.	RG	CP		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
<b>Ofsted recommendation 5: Increase opportunities for direct contact between children looked after, care leavers and councillors, and between these children and the chief executive, in order to establish even more meaningful personal relationships</b>	8.1	Add this recommendation to a future Children in Care Council (CiCC) agenda so that children and young people can contribute to identifying opportunities to meet the Town Clerk and Members	Jan-17	Mar-17	1)Children and young people are regularly consulted on opportunities for direct contact with councillors and the chief executive 2) Annual Consultation demonstrates that children looked after and care leavers have had opportunities to meet senior leaders in the local authority	RdP	CP		
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP		
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
<b>Ofsted recommendation 6: Strengthen the inclusion of the perspective of children, families and partners in case auditing, in order to improve services</b>	9.1	Safeguarding and Quality Assurance to contact all families whose cases are subject to QA activity and seek their input into case audit process	Nov-16	Mar-17	1) 100% of children and families subject to audit activity are contacted during case auditing 2) 50% of audits demonstrate triangulation with user feedback 3) QA audits report explicitly reference that families are seen and their feedback	PD	CP		Amber
	9.2	Evidence this feedback as part of the audit findings and feedback into the Service Improvement Plan	Nov-16	Mar-17		PD	CP		



	9.3	Update the QA strategy to reflect	Nov-16	Mar-17	or contacted and their feedback is recorded as part of process	PD	CP		
--	-----	-----------------------------------	--------	--------	----------------------------------------------------------------	----	----	--	--

This page is intentionally left blank

<b>Committee</b>	<b>Dated:</b>
Safeguarding Sub Committee - Community and Children's Services	27 <sup>th</sup> Jan 2017
Community and Children Services Committee	17th Feb 2017
Health and Wellbeing Board	27 <sup>th</sup> Jan 2017
Safer City Partnerships	2 <sup>nd</sup> Feb 2017
<b>Subject:</b> City and Hackney Safeguarding Children Board	<b>Public</b>
<b>Report of:</b> Jim Gamble Independent Chair - City and Hackney Safeguarding Children Board	<b>For Information</b>
<b>Report author:</b> Rory McCallum Senior Professional Advisor - City and Hackney Safeguarding Children Board	

## Summary

As part of its statutory functions, the City & Hackney Safeguarding Children Board (CHSCB) is required to produce an annual report that reflects a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

The annual report for 2015/16 provides a comprehensive review of the following:

- The arrangements and achievements of the CHSCB itself.
- The context of safeguarding activity within the City of London.
- The progress made in the City of London with regards to defined CHSCB priorities.
- An analysis of the lessons learnt and the improvements made as a result of the CHSCB's learning and improvement framework.
- An analysis of the impact of the CHSCB training and development offer and the impact of this on improving front-line practice.
- An analysis of the impact of the CHSCB's functions in respect of child deaths within its jurisdiction.

## Recommendation(s)

Members are asked to:

Note the report and the CHSCB's analysis of the effectiveness of local arrangements.

Note the progress and areas for improvement required by the City partnership in respect of their activities to safeguard and promote the welfare of children and young people.

## Main Report

### Background

1. The CHSCB is the key statutory body overseeing multi-agency child safeguarding across the City of London and the London Borough of Hackney. Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board (LSCB) Regulations 2006, the CHSCB comprises senior leaders from a range of different organisations.

2. It has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective.

3. Each year, the CHSCB is required to produce an annual report and provide a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

4. The report covers the following areas:

- **Governance and accountability** arrangements for the CHSCB, providing information about local leadership and the structures in place that support the partnership to do its work effectively.
- The safeguarding **context and the progress** made in the City of London, providing an analysis of key trends and the impact that City partners have made in regards to CHSCB priorities.
- The safeguarding context and the progress made in Hackney, providing an analysis of key trends and the impact that Hackney partners have made in regards to CHSCB priorities.
- **The lessons** that the CHSCB has identified through its Learning & Improvement Framework **and the actions** taken to improve child safeguarding and welfare as a result of this activity.
- The **range and impact of the multi-agency safeguarding training** delivered by the CHSCB and a brief account of the single agency training delivered by partners.
- The **priorities going forward** and the **key messages** from the Independent Chair of the CHSCB to key people involved in the safeguarding of children and young people.

5. Over 2015/16, the CHSCB's comprehensive business plan and underpinning strategies accelerated a range of improvements to both the safety and welfare of children and young people.

6. Key to this success has been the partnership's 'laser-like' focus on the different safeguarding contexts that exist across the City of London and Hackney, with an acute emphasis being placed on children and young people being safeguarded in the context of their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and on-line.

7. Context is key and the leadership by the CHSCB in this regard has ensured the successful translation of the Board's vision into tangible actions that have made children and young people safer: *"children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together."*

### **Current Position**

8. In 2016, as part of the inspections by Ofsted in the City of London and the London Borough of Hackney, the CHSCB was judged to be outstanding in both areas. To put this judgment into context, no other LSCB has been awarded an outstanding grading from the 112 Single Inspection Framework (SIF) inspections undertaken to date.

9. In respect of the CHSCB's work in the City of London, Ofsted noted; *"The LSCB is a highly accomplished safeguarding board, supported by solid governance arrangements. It demonstrates exemplary effectiveness in holding partners to account to ensure that they safeguard children."*

10. **Leadership & Governance** - Lines of accountability, oversight and cooperation have been strengthened and improved through the CHSCB setting up specific City focused Inter-Board Chairman's meetings and through the regular and on-going interface with other key leaders and strategic forums, such as the Town Clerk, Lead Member, Health and Wellbeing Board and the Community Safety Partnership.

11. The CHSCB has significantly strengthened the governance arrangements for safeguarding children and young people in the City, driving a sharper focus – **The City Focus**.

12. This has critically heightened oversight and driven collaboration. This means that the City is no longer the less visible partner in the CHSCB. Regardless of the number of resident children and young people, an unswerving rigour is applied across the dual footprint of the CHSCB in coordinating and ensuring the effectiveness of safeguarding arrangements based on the local context in which children and young people live and grow up.

13. The improvements in leadership and governance reflect the CHSCB developing to become a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children in the City.

**Early Help** - Children in the City of London who need help are identified early. They are supported by a range of services that make a tangible difference to their lives. Increasing the number of children who benefit from early help has been a priority for the City and partners.

**14. Domestic Violence and Abuse** - Multi-agency risk assessment arrangements to support vulnerable victims and children affected by domestic abuse are effective. Meetings are convened when required, are well attended and lead to appropriate support plans. The CHSCB has challenged the City to ensure a clear focus remains on children in the context of this work. City have produced a distinct section for the revised strategy covering this aspect.

**15. Neglect** - In response to the recognition that abuse and neglect within affluent families can be harder to recognise and address, the DCS, the chair of the CHSCB and the chief executive have worked together to commission a research project in partnership with Goldsmith's University of London.

**16. Child Sexual Exploitation** - Extensive work has been undertaken through a City-specific children sexual exploitation working group. The group coordinated a targeted City campaign with hoteliers, alongside multi-agency training and support for children, together with research and intelligence.

**17. Missing Children** – The response to missing children has been further strengthened, particularly in regard to children missing education. The report details one instance where a young person asked the independent person who visited him after he had gone missing from his placement to sort out a worry about his placement. This was quickly resolved, leading to the 'missing' episodes ceasing.

**18. FGM & Harmful Practices** - The board has made substantial progress in raising awareness of female genital mutilation, forced marriage and child abuse through faith, belief or culture. The board has worked closely with public health services to influence and monitor the multi-agency response to female genital mutilation.

**19. Prevent** - The board closely monitors the City's 'Prevent' duty and holds agencies to account for driving their response, including awareness raising and recognition.

**20. The Management of Allegations against Professionals and Volunteers Working with Children** - Effective work has been completed in relation to raising agencies' awareness of their responsibilities in relation to allegations against adults who work with children. This has led to an increase in the number of referrals received."

## **Corporate & Strategic Implications**

**21.** Contributes to strategic goal of City being safe place to live.  
Contributes to meeting corporate risk regarding safeguarding and is consistent with the safeguarding objectives set out in the Children and Young People's Plan.

## **Conclusion**

22. Partners in the City, particularly those on the front-line should be proud of the progress made over 2015/16. Whilst significant challenges are ahead, the strength of partnership working in the City

## **Appendices**

- Appendix 1 – CHSCB Annual Report (*to be provided electronically*)

Rory McCallum

T: 0208 3564042

E: rory.mccallum@hackney.gov.uk

This page is intentionally left blank



<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	26 January 2017
<b>Subject:</b> Independent Reviewing Officer (IRO) Annual Report 2015/2016	<b>Public</b>
<b>Report of:</b> Director Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Sham Kidane, Independent Reviewing Officer, Safeguarding and Quality Assurance Service	

## Summary

This report presents to Members the *Independent Reviewing Officer (IRO) Annual Report 2015/2016*. The report provides evidence of the effectiveness of IRO services provided to and on behalf of the City of London's children in care between April 2015 and March 2016.

The positive impact of the IRO service during this reporting period is evident in the following list of achievements:

- all statutory reviews held within timescales
- increased participation of children in review meetings
- all children seen alone by the IRO outside of review meetings
- active monitoring of children's care plans and needs between review periods
- review minutes, contacts and alerts recorded on children's files
- the development of the permanency tracking and approval process
- the development and promotion of the Children's Rights services
- the development of a local dispute resolution process
- the development of review meetings between the IRO, virtual school head teacher and the designated nurse.

In addition to direct work with the local authority and the 17 children who were looked after during this review period, the IRO took part in the London IRO Practitioner Network and serves as a practitioner representative to the London IRO Managers' Group. Engagement in these pan-London groups facilitates the IRO's access to information and the experience of colleagues from larger authorities. It also ensures that the experience and needs of the City's children in care are represented in forums that have the potential to influence the direction of practice and statutory guidance about the services and support they receive.

The IRO service has been alert to safeguarding issues for children in care and continues to monitor care plans closely to include actions that address the known risks of all forms of exploitation and aims to build safety and stability according to the needs of each child.

The IRO service's recommendations to the local authority for development in 2016/2017 include a focus on:

- the quality and timeliness of written care plans and pathway plans
- financial planning for children
- the management and oversight of quality and timeliness of statutory health assessments
- knowledge and practice of contingency planning for unaccompanied asylum seeking children's immigration outcomes
- understanding and responding to the equality and diversity needs of unaccompanied asylum seeking children in all aspects of care planning.

The annual review resulted in the identification of the following development areas for the IRO service:

- timely distribution of review meeting records
- timing of midway reviews
- reducing the length of review meetings
- clearer boundaries between reviewing and case managing
- enabling all review participants to contribute to discussions in meetings.

### **Recommendation(s)**

- Members are asked to note the report.

## **Main Report**

### **Background**

1. The IRO service is set within the framework of the IRO Handbook and linked to the revised Care Planning Regulations and Guidance that were introduced in April 2011. The responsibility of the IRO changed from the management of the review process to a wider overview of the case, including regular monitoring and follow-up between reviews. The IRO has a key role in the improvement of care planning for children in care and for challenging drift and delay.
2. The IRO's primary task is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents, each local authority should act for the children they look after as a responsible and conscientious parent would act.
3. In carrying out the monitoring function, the IRO's duty extends beyond a focus on individual cases to include the collective experience of and services to looked after children. Where concerns about the local authority's services to its children in care are identified, the IRO is obligated to immediately alert senior managers.

4. The City of London commissioned Reconstruct, an external agency, to provide IRO services to its children in care and children in need of protection between August 2011 and March 2015. A service review conducted in 2014 resulted in the local authority's decision to bring the IRO service back in-house from April 2015 onwards.

### **Current Position**

5. There is now one full-time IRO who is responsible for carrying out the functions of the role to all children in the care of the City. The IRO service sits within the Safeguarding and Quality Assurance Service (S&QA) and is managed by the S&QA Service Manager who reports directly to the Assistant Director People.
6. The IRO's independence is assured by the fact that the position is held by someone who is not involved in the preparation of the child's care plan or the management of the child's case, and who has no control over resources allocated to or required by the child. The IRO sits away from the Children's Social Care Team in order to further reinforce the independence of the role.
7. In the unforeseen and unlikely event that the in-house IRO is unavailable to fulfil the duties and function of the role, Aidhour (an external provider) has agreed for its IRO associates to be spot-purchased to offer cover. This cover arrangement was not used during this reporting period as the IRO has not had any period of unplanned absences. The IRO service provided has been stable and reliable for each child who has been in care throughout this year and this consistency has supported the development of positive relationships between the children and the IRO.
8. The IRO fulfils its statutory duties by:
  - chairing and co-chairing statutory review meetings
  - visiting children in care
  - taking part in case discussions with allocated social workers and the management team
  - consulting with foster carers and parents
  - reviewing case file records
  - participating in any additional meetings required by the needs of the child
  - maintaining up-to-date knowledge of legislation and practice developments.
9. Additionally, the scope of the IRO service includes:
  - chairing child protection conferences
  - core membership of: permanency tracking meetings, permanency panels, service improvement groups, quality assurance review meetings, Early Help Sub Group and ICS-Framework I Sub Group
  - commissioning reviews of all children's rights services
  - management of the Annual Consultation of Children and Young People
  - participation in the quality assurance process of independent fostering agencies (IFAs).

## **Corporate & Strategic Implications**

10. The IRO role is a statutory requirement that supports the City of London to fulfil its legal responsibilities towards looked after children and to promote their safety and ability to achieve their full potential. The work of the IRO contributes to the local authority's fulfilment of the priorities it has set out for itself in the Department of Community and Children's Services Business Plan, the Children and Young People's Plan, the Corporate Parenting Strategy, and the Pledge to Children Looked After and Care Leavers.
11. The IRO service is required to produce annual reports for the scrutiny of the members of the Corporate Parenting Board. It is deemed good practice to publish the annual IRO report on the local authority's website so that children in care can easily access their corporate parent's assessment of the quality of its parenting.

## **Implications**

12. There are no financial implications associated with this report.

## **Conclusion**

13. The IRO service has made significant contributions to quality assuring and improving services for children in care throughout 2015/2016. The monitoring and challenge functions of the role have been strengthened and the IRO's knowledge of and relationships with the children in care is a positive feature of the in-house service.
14. The IRO service notes the strong commitment of the local authority, in particular the hard work and care of social workers, towards the children in their care and the constructive working relationships that have developed between the social care and S&QA services this year.

## **Appendices**

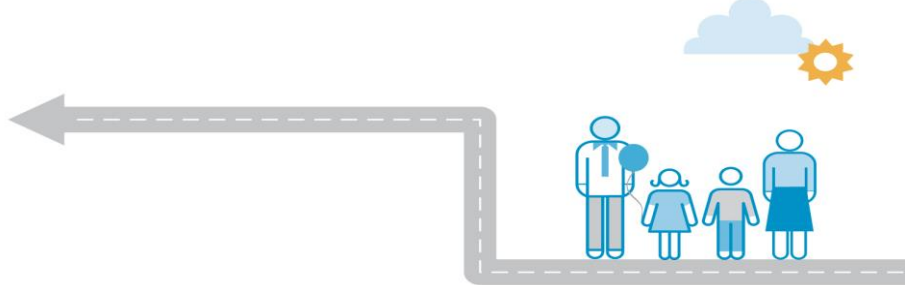
- Appendix 1: City of London Corporation Department of Community and Children's Services Independent Reviewing Officer (IRO) Annual Report 2015/2016

## **Sham Kidane**

Independent Reviewing Officer, Safeguarding and Quality Assurance Service  
Department of Community and Children's Services

T: 0207 332 3919

E: [sham.kidane@cityoflondon.gov.uk](mailto:sham.kidane@cityoflondon.gov.uk)

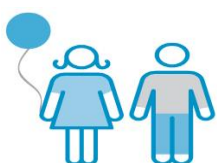


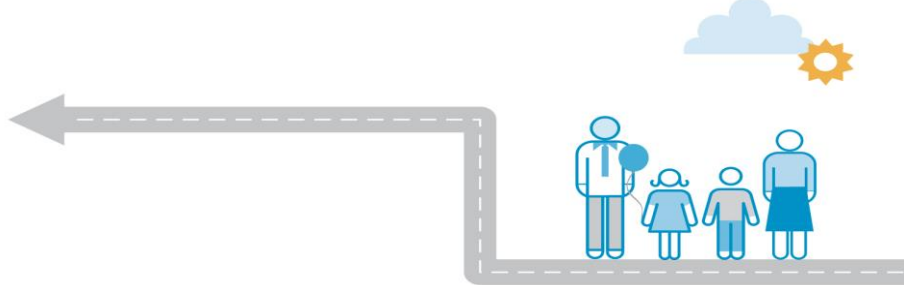
**City of London Corporation  
Department of Community and Children's Services**

**Independent Reviewing Officer (IRO)  
Annual Report 2015/2016**

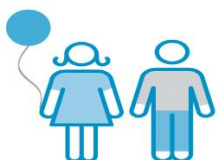
***The Contribution of the Independent Reviewing Officer to Quality  
Assuring and Improving Services for Children in Care***

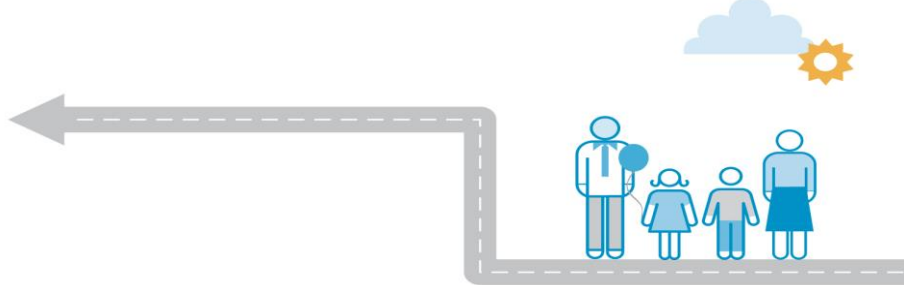
**June 2016**





<b>CONTENTS</b>	<b>PAGES</b>
<b>1 Purpose of Service &amp; Legal Context</b>	<b>3</b>
<b>2 The IRO Service</b>	<b>4</b>
2.1. Local Arrangements	
2.2. Professional Profile	
2.3. Scope of the Service	
<b>3 Service Activity</b>	<b>6</b>
3.1. Children in Care	
3.2. Statutory Reviews	
3.3. Consultation and Participation in Reviews	
3.4. Children's Rights	
<b>4 Quality Assurance of Services to Children in Care</b>	<b>14</b>
4.1. Care Planning	
4.2. Placement Stability	
4.3. Education	
4.4. Health	
4.5. Achieving Permanency	
4.6. Practice Recognition and Dispute Resolution	
<b>5 Quality Assurance of the IRO Service</b>	<b>19</b>
5.1. Supervision and Management Oversight	
5.2. Performance Monitoring	
5.3. Case File Auditing	
5.4. Children's Views	
5.5. Social Workers' Views	
<b>6 Overview</b>	<b>22</b>
6.1. Achievements	
6.2. Areas for Improvement	
6.3. Conclusion	
<b>7 Planned &amp; Recommended Improvements for 2016/2017</b>	<b>23</b>





## 1. PURPOSE OF SERVICE & LEGAL CONTEXT

The Independent Reviewing Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to the revised Care Planning Regulations and Guidance that were introduced in April 2011. The responsibility of the IRO has changed from the management of the review process to a wider overview of the case including regular monitoring and follow-up between reviews. The IRO has a key role in relation to the improvement of care planning for children in care and for challenging drift and delay.

Specifically, the statutory duties of the IRO are to:

- ❖ Monitor the performance by the local authority of their functions in relation to the child's case;
- ❖ Participate in any review of the child's case; and
- ❖ Ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the authority.

The IRO's primary task is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents each local authority should act for the children they look after as a responsible and conscientious parent would act.

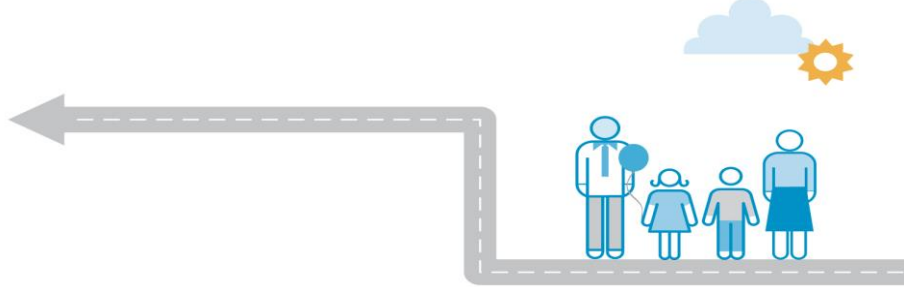
In carrying out the monitoring function, the IRO's duty extends beyond the focus on individual cases to include the collective experience of and services to looked after children. Where concerns about the local authority's services to its children in care are identified, the IRO is obligated to immediately alert senior managers.

The National Children's Bureau research 'The Role of the Independent Reviewing Officers in England' (March 2014) provides a wealth of information and findings regarding the efficacy of IRO services. Mr Justice Peter Jackson, the author of the foreword in the research report, makes the following comment about the significance of the IRO function:

The Independent Reviewing Officer must be the visible embodiment of our commitment to meet our legal obligations to this special group of children. The health and effectiveness of the IRO service is a direct reflection of whether we are meeting that commitment, or whether we are failing.

This annual report provides evidence of the effectiveness of IRO services provided to and on behalf of the City of London's children in care between April 2015 and March 2016





## 2. THE IRO SERVICE

### 2.1. Local Arrangements

The City of London commissioned Reconstruct, an external agency, to provide IRO services to its children in care and children in need of protection between August 2011 and March 2015. A service review conducted in 2014 resulted in the local authority's decision to bring the IRO service back in-house from April 2015 onwards.

There is now one full time IRO who is responsible for carrying out the functions of the role to all children in the care of the City. The IRO service sits within the newly established Safeguarding and Quality Assurance (S&QA) Service and is managed by the S&QA Service Manager who reports directly to the Assistant Director of the People's Division.

The IRO's independence is assured by the fact that the position is held by someone who is not involved in the preparation of the child's care plan, management of the child's case, or the control over resources allocated to or required by the child. The IRO sits away from the Children's Social Care Team, which serves to reinforce the independence of the role.

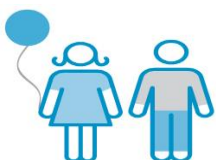
In order to ensure that the needs of children in care are met at all times, the City engaged Aidhour, an external provider, in an agreement for their IRO associates to be spot-purchased in the unforeseen and unlikely event that the in-house IRO becomes unavailable.

There was consideration given to entering into reciprocal arrangements with neighbouring local authorities but due to significant resource limitations, this was not found to be a feasible option. Aidhour was selected as the most reliable and appropriate contingency plan because of their access to experienced and reputable IRO associates that can be called upon at short notice and because the company directors are already familiar with the local children in care population through the independent auditing work they do for the City.

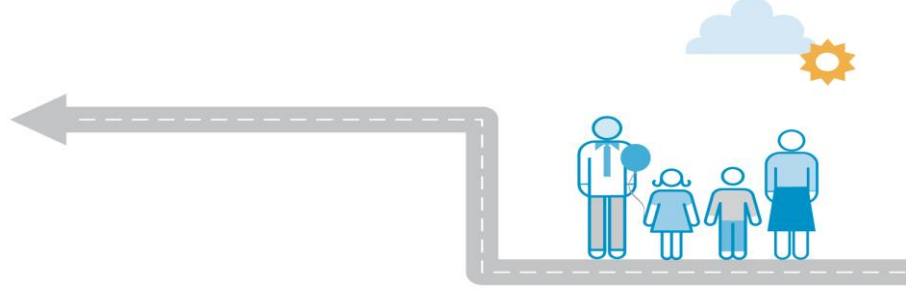
The IRO has not had any periods of unplanned absence and therefore has not had to call upon the back up support of Aidhour. The service provided has been stable and reliable for each child that has been in care at any point throughout this reporting year and this consistency has supported the development of positive relationships between the children and IRO.

The Children's Social Care Team ensures the IRO is notified of all children received into care within 72hrs and the IRO assumes immediate responsibility for monitoring the child's care planning and ensuring the statutory reviews takes place within timescales from the point of allocation onwards.

While there has been minimum need throughout this period, where relevant, the IRO service has been guided by the CAFCASS and Independent Reviewing Officer Good Practice for Public Law Work protocol to ensure cases in proceedings are subject to robust analysis and challenge about the matters of critical importance to children's safety, wellbeing and permanency needs.







## 2.2. Professional Profile

The IRO is a qualified and experienced social work practitioner and manager who has the requisite expertise for this role. The IRO is registered with the Health and Care Professions Council (HCPC) as well as being DBS checked on an annual basis.

The IRO is a black African female of dual Canadian and British nationality. She shares the same ethnic and linguistic identity as one of the children in care; reflects the ethnicity of another; and the gender of three other children who have been looked after during this period. However, given that the vast majority of the children in care population in the City are male Unaccompanied Asylum Seeking Children (UASC), the nationality, language, ethnic, religious and cultural identities within the population are diverse and the sole IRO does not reflect the full range of this diversity.

The IRO is committed to understanding the identity needs of individual children through her direct contact with them, independent study, and care reviews with their allocated social workers and foster carers.

The IRO adopts and advocates Anti Oppressive Practice as part of all aspects of service delivery including direct contact with children, foster carers, and the Children's Social Care Team.

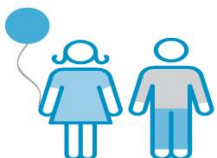
## 2.3. Scope of the Service

The IRO service fulfils its statutory duties by:

- ❖ Charing and co-chairing statutory Reviews
- ❖ Visiting children in care
- ❖ Case discussions with allocated social workers and the management team
- ❖ Consulting with foster carers and parents
- ❖ Reviewing case file records
- ❖ Participating in any additional meeting required by the needs of the child
- ❖ Maintaining up to date knowledge of relevant legislation and practice developments

Additionally, the scope of the IRO service includes:

- ❖ Chairing Child Protection Case Conferences
- ❖ Core Membership in Permanency Tracking Meetings
- ❖ Core Membership in Permanency Panels
- ❖ Core Membership in the Children Looked After & Care Leavers Service Improvement Group
- ❖ Core Membership in the early years and social care Service Improvement Board
- ❖ Core Membership in Quality Assurance Review Meetings
- ❖ Core Membership in the commissioning and review of all Children's Rights Services
- ❖ Management of the Annual Consultation of Children and Young People
- ❖ Participant in the quality assurance process of Independent Fostering Agencies
- ❖ Core Membership in ICS – Framework I – Sub Group
- ❖ Training delivery





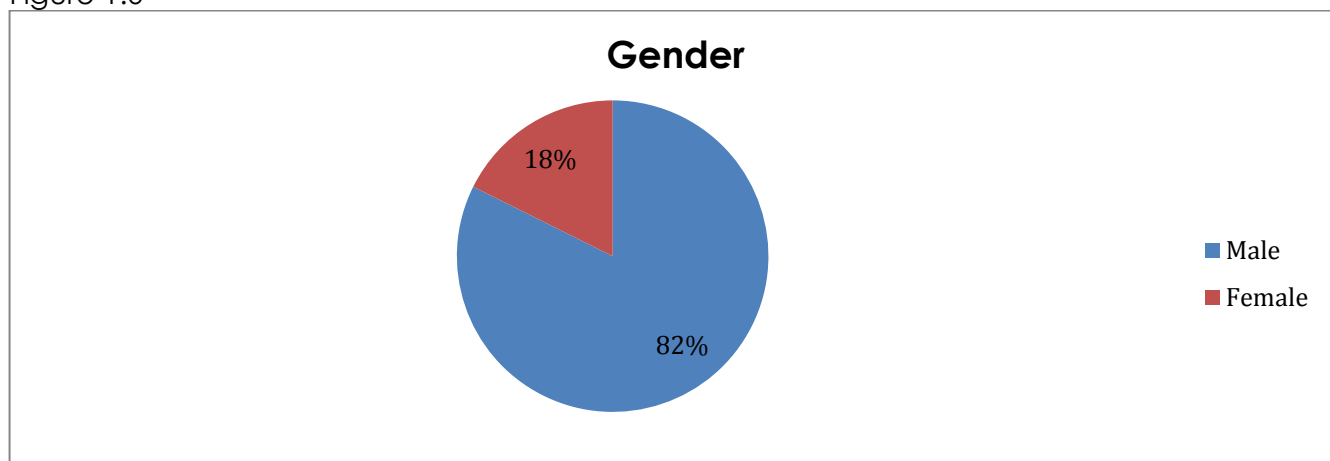
### 3. SERVICE ACTIVITY

#### 3.1. Children in Care

There were 10 children looked after on 1<sup>st</sup> April 2015, 11 as of 31<sup>st</sup> March 2016, and 17 in total throughout the year.

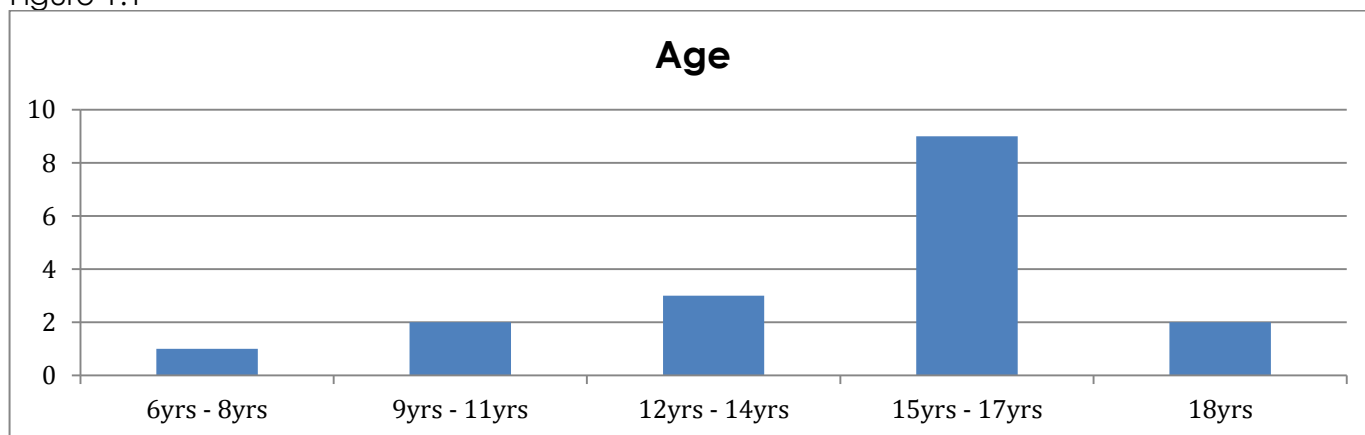
The following illustrates the profile of the individual children, reason for accommodation, legal status, and placement arrangements.

Figure 1.0

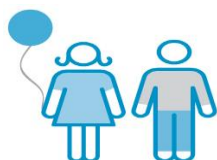


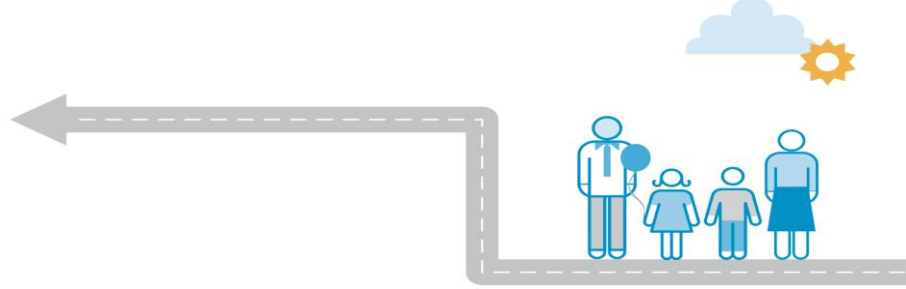
Of the 17 children looked after during this period, only 3 were female.

Figure 1.1



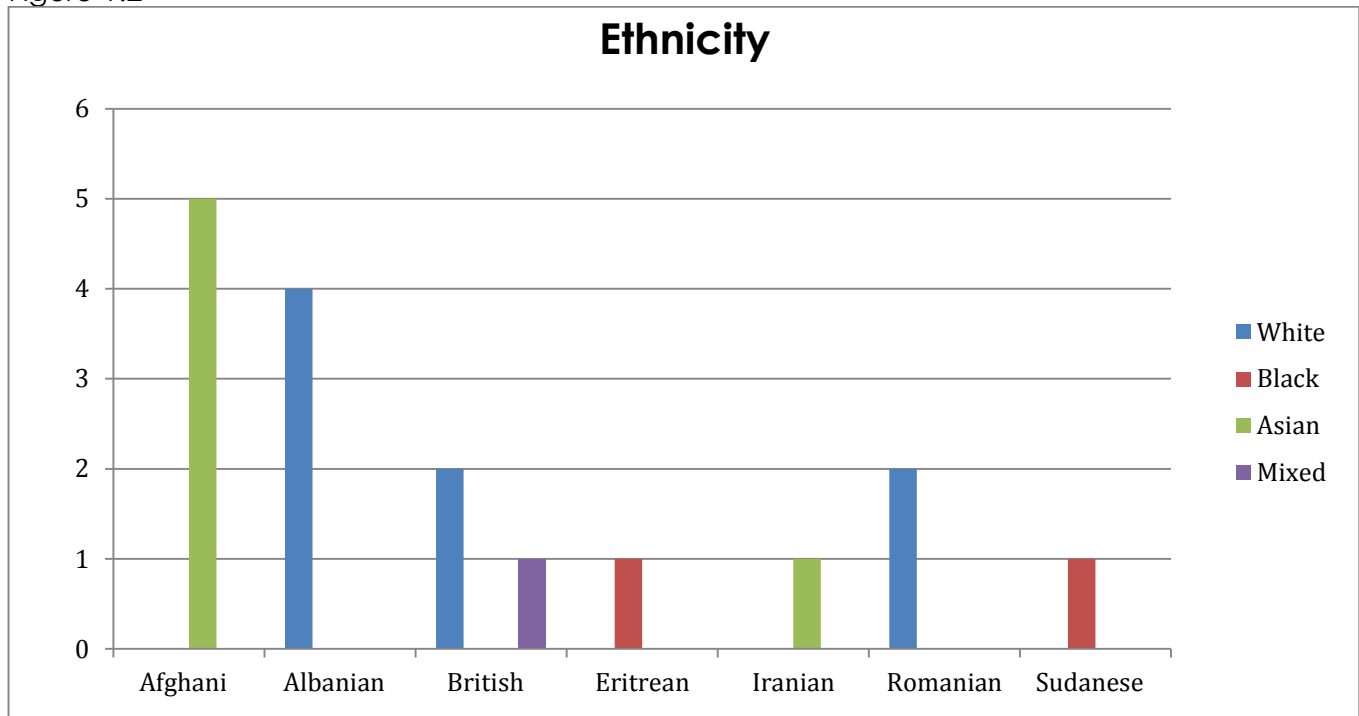
The ages reflected in Figure 1.1 refer to the age of each of the 17 children as of 31<sup>st</sup> March 2016 or the date when they ceased to be looked after.





Of significance, 65% of the children cared for during this period were 15years or older and none of the 3 that were 10years or younger were still in care by 31<sup>st</sup> March 2016, which means that 82% of children in care at the end of this reporting period were 15years old or older.

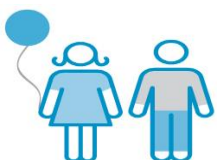
Figure 1.2



The countries of origin illustrated in the above also account for the nationality of each child. In the case of the two children from Romanian, their specific identity is Roma/Gypsy. Of note, of the 3 British children that were in care throughout the year, only one remained looked after as of 31<sup>st</sup> March 2016 thereby increasing the percentage of non-British children from 82% to 91% at year end.

The only communication need identified throughout this year was interpretation and translation services given that English was an additional language for the 82% of children who were not born or raised in Britain.

The need for interpreters was reduced from 65% to 55% by year end due to positive English language development for 2 children and because the remaining 3 ceased to be looked after during this reporting period.



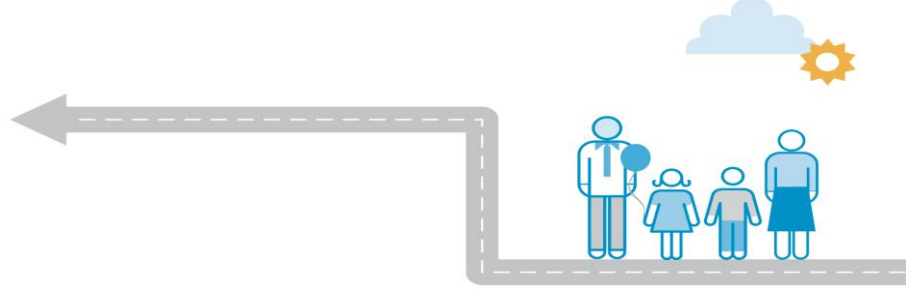


Figure 1.3a

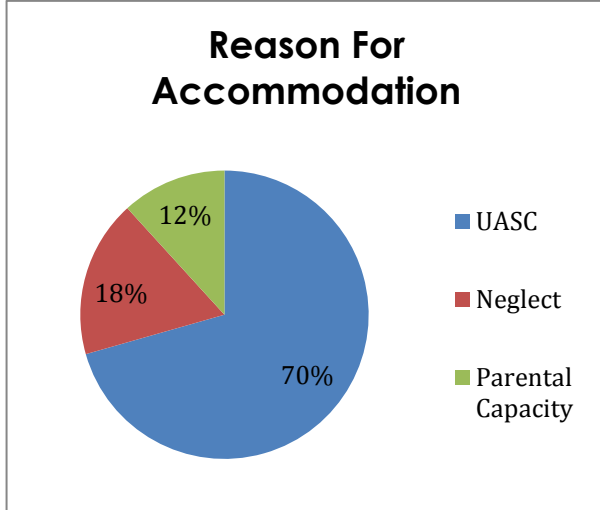
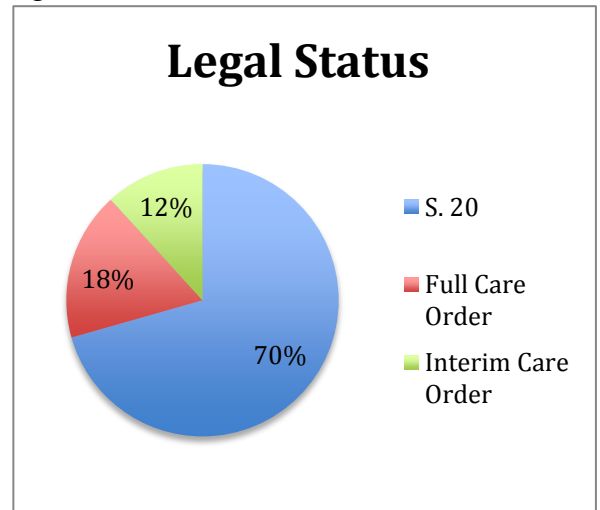


Figure 1.3b



Twelve of the 17 children looked after during this period required accommodation due to being unaccompanied asylum seeking children (UASC) and in each of these cases, they were received into care under S.20 and appropriately remained looked after under this legal status throughout the year. Two of the 12 UASC became care leavers upon reaching the age of 18 during this reporting year and are being supported by the local authority accordingly.

The two children who were subject to interim care orders ceased to be looked after when they were returned to their parents' care and of the three children who were in care under full care orders, Special Guardianship Orders were granted to the foster carers of two of the children during this period leaving 1 child in care under S.31 as of 31<sup>st</sup> March 2016.

The profile of children in the care of the City at year end is unique for the following reasons:

- ❖ 91% are UASC; and
- ❖ 82% are male

It is also worth highlighting that:

- ❖ The total number of children in care during this reporting period is 55% higher than the last two years and in all but two cases, this increase is accounted for by the rise in UASC;
- ❖ There has not been any City of London resident child accommodated throughout 2015/2016; and
- ❖ None of the children in care during this period have presented with or been assessed as having a disability.



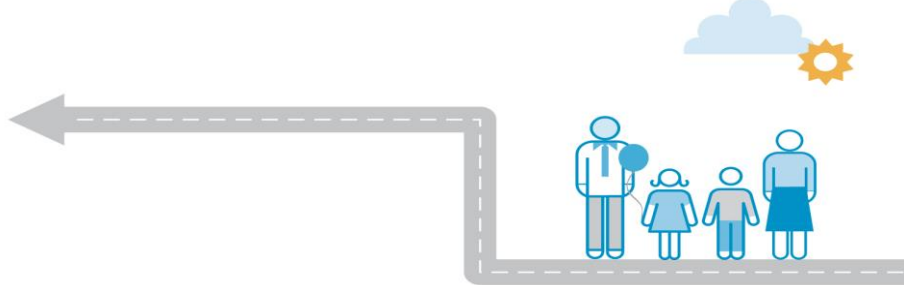
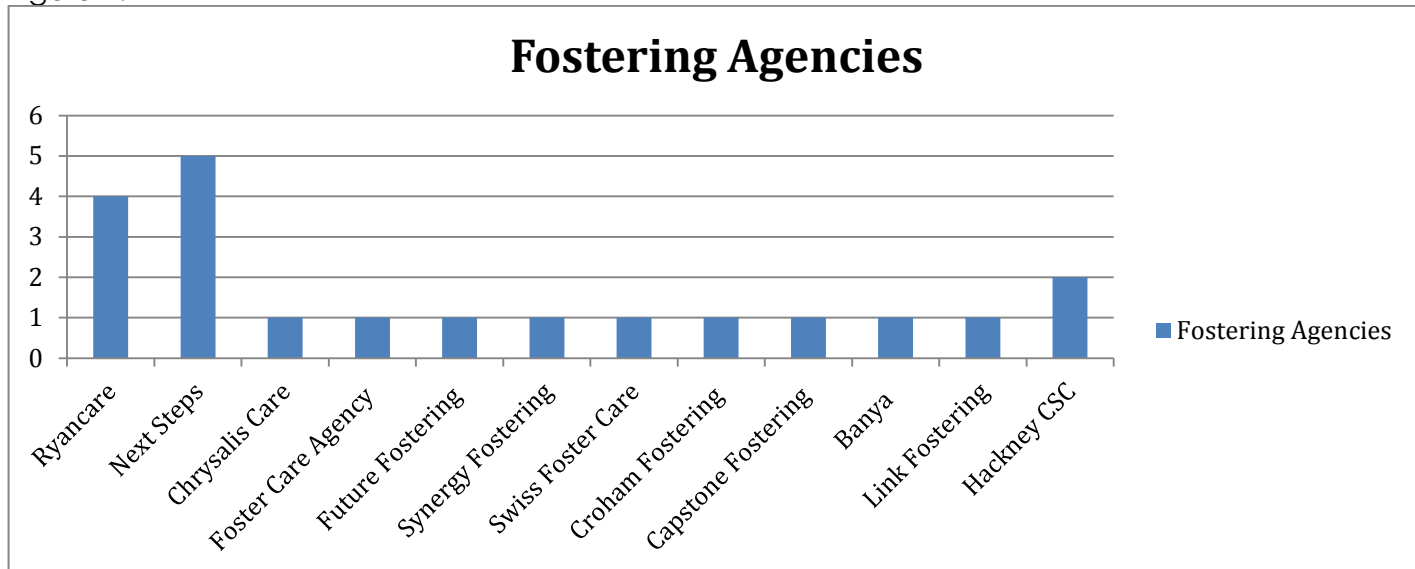
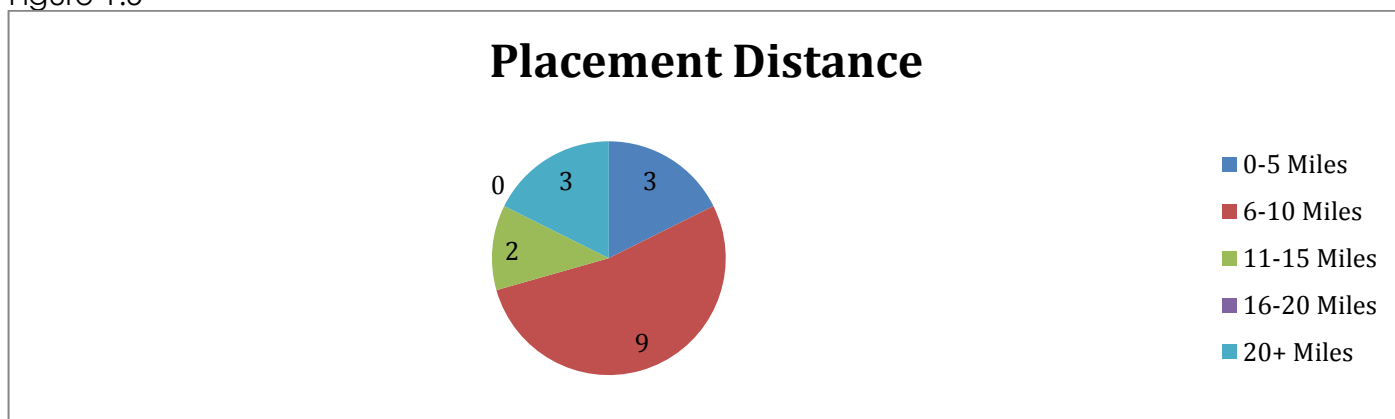


Figure 1.4

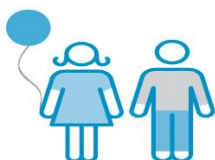


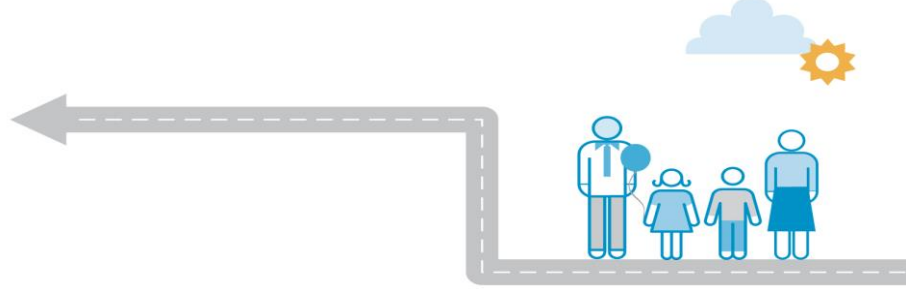
The City of London does not have an in-house fostering service and therefore commissions placements from external agencies for each child according to their individual needs. Throughout this year, the City's children in care were placed with 11 different independent fostering agencies (IFAs) and one placement was the internal resource of a neighbouring local authority. The 11 children in care as of 31<sup>st</sup> March 2016 were placed across 8 different IFAs. Each agency used was rated Good in their most recent Ofsted inspection.

Figure 1.5



As of 31<sup>st</sup> March 2016 82% of placements were within 15 miles of the City with 12 of the 14 children living within the 0-10 mile range. Of the 18% that have been placed further away, two of the young people were 17years old at the time of placement and matched with foster families in line with their identity needs and expressed wishes.

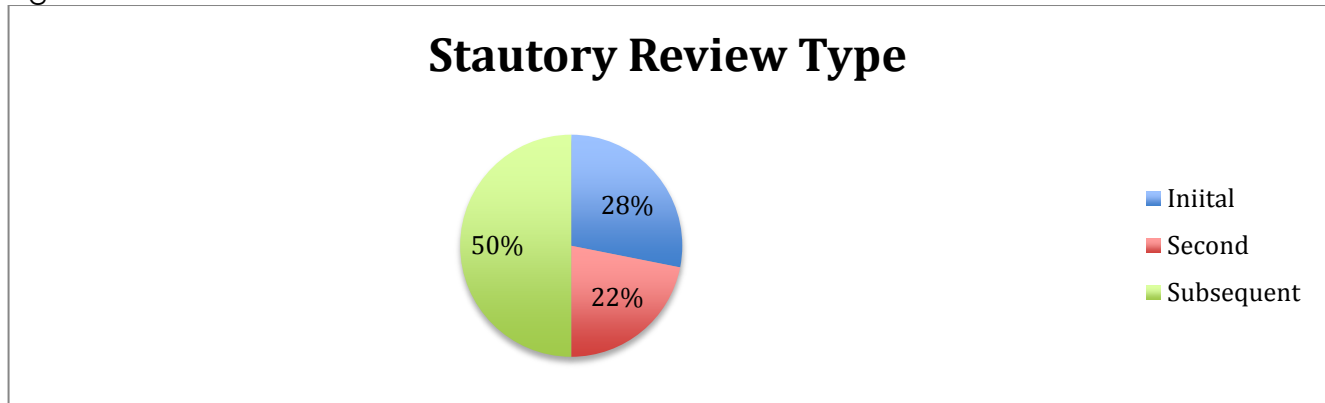




### 3.2. Statutory Reviews

Thirty-two statutory reviews were held in 2015/2016. Nine were initial reviews, 7 were second reviews, and 16 were subsequent reviews as illustrated below.

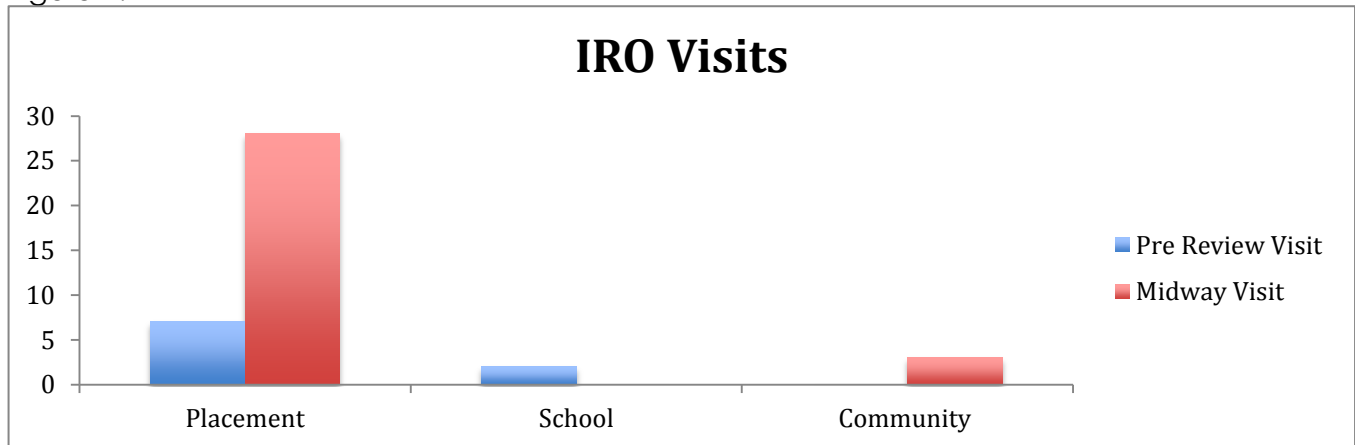
Figure 2.0



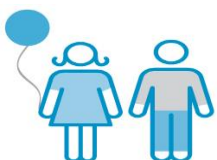
Twenty-nine reviews occurred as single meetings this year. The three reviews that took place over a series of meetings were so arranged to facilitate children's participation and to support the completion of pathway planning activity.

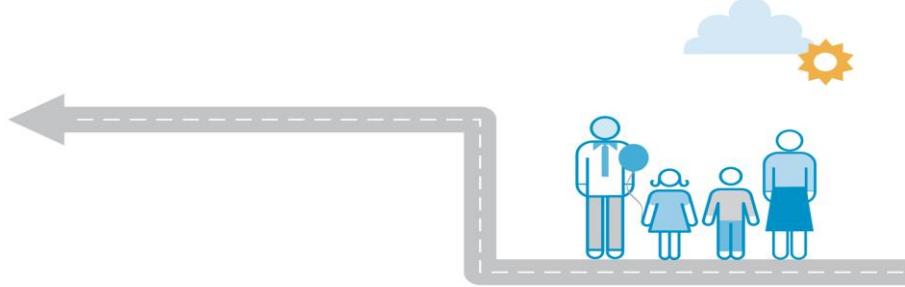
Statutory review meetings took place within timescales 100% of the time across all review types.

Figure 2.1



The IRO conducted 40 visits to meet with children during this reporting period. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and in all cases, to consult children and monitor the quality and progress of their care plans.





The difference between a Pre Review Visit and a Midway Visit refers to whether it was a distinct contact or one arranged on the same day as a statutory review meeting. In all but 1 of the 9 Pre Review Visits, the children were newly accommodated and the IRO arranged to visit with them just before their initial statutory review meetings. In the one case, a Midway Visits did not take place because the child declined the offer and indicated a preference to meet on the same day as the review meeting instead.

The majority of visits took place in the children's placements at 87.5% with the remaining 12.5% occurring at the children's schools, the local authority office, a park, and a café. Even in the cases where visits took place in various community settings, the IRO has met with the foster carers and children in each case in their placements on at least one occasion.

In 90% of the visits conducted, the IRO met with children on their own. The three visits where this did not take place concerned two children and in all cases they declined the offer to meet in private. The IRO has met with each of those children on their own in at least one other visit.

### 3.3. Consultation and Participation in Reviews

The IRO service is committed to and guided by the duty to ascertain the wishes and feelings of children in care and to ensure that these are given due consideration by the local authority.

Children's views about all aspects of their care planning and review processes are sought after by the IRO during Pre Review and Midway Visits, by reviewing completed Have Your Say consultation booklets, and during review meetings where children are given the space to express their wishes and feelings, encouraged to ask questions, and supported to raise issues when needed.

The IRO also ensures that the views of the children's foster carers are established during placement visits, through consultation forms and during review meetings.

The IRO contacted and consulted directly with the parents of 4 out of the 5 children whose parents' whereabouts the local authority knew. In the one case where this was not achieved, the parent had long since disengaged from the child's care planning and review processes and the social worker's efforts to reach the parent were incorporated in to the child's care plan.

Consultation with any of the parents or family members of the 12 UASC in care has not been achieved due to either the children indicating that this is not possible or social workers' reporting that they have not been able to reach the parents for whom they had been given contact details. The IRO service acknowledges the complicated nature of family relationships for UASC and is sensitive to the safety considerations required as a result.



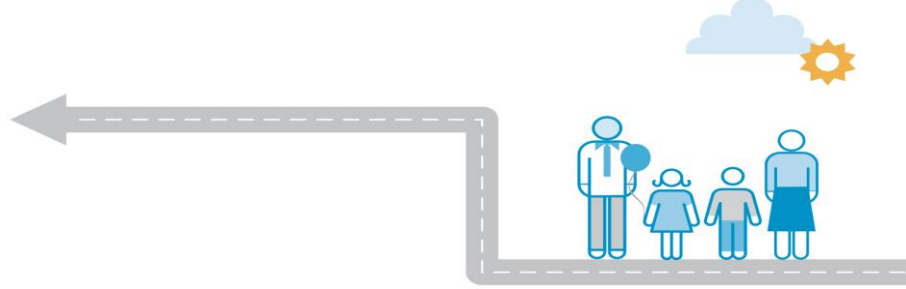
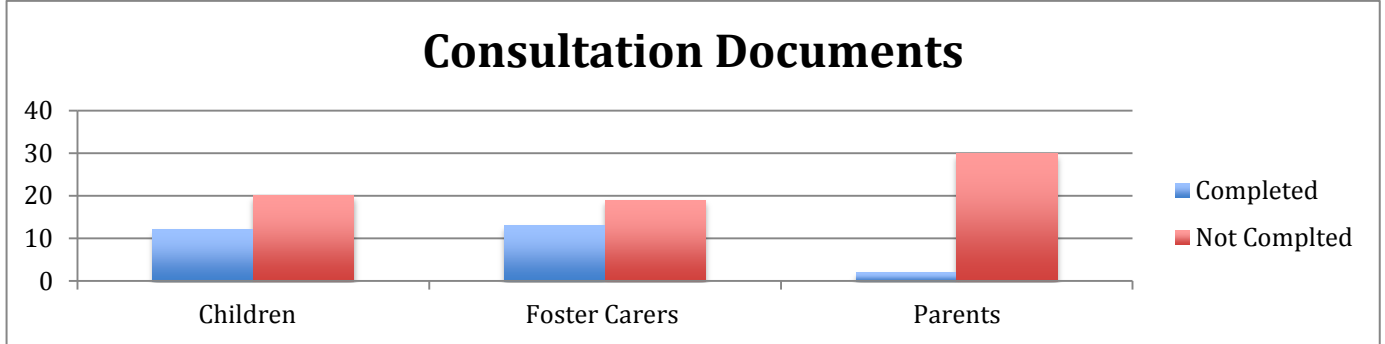


Figure 3.0

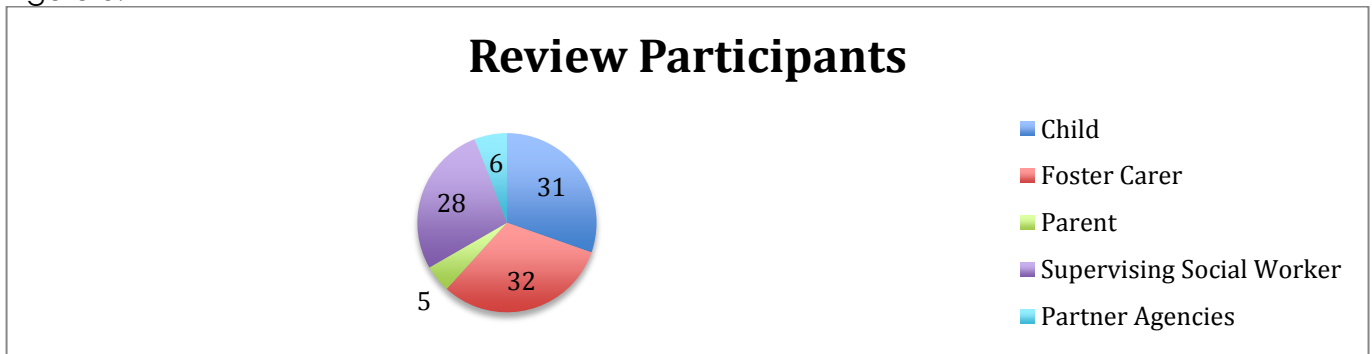


Of the 32 reviews that took place during this reporting period, consultation documents were completed by children 38% of the time, by foster carers 40% of the time and twice by a parent or significant family member\*.

The children who received the Have Your Say consultation booklet ahead of their reviews and chose not to use it shared that they did not find the document useful and preferred to express their views verbally during their review meetings.

While the low rate of completion is likely to have been effected by the fact that consultation documents were not distributed ahead of all the reviews that took place this year, the feedback received from children, one parent and two foster carers, suggests that the quality of the booklets being used and the method of consultation are also contributing factors and should therefore be reviewed.

Figure 3.1

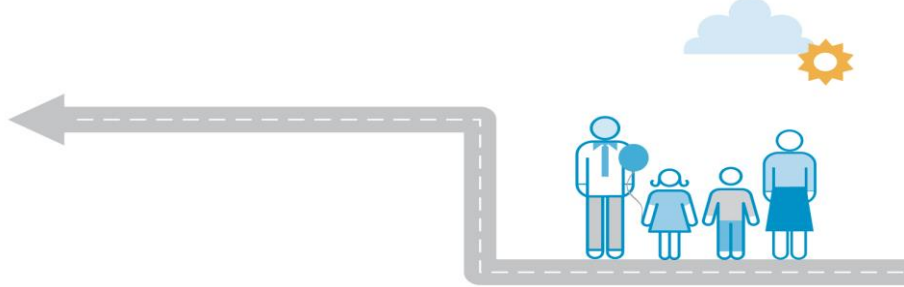


As illustrated in Figure 3.1, foster carers attended 100% of the 32 reviews that took place during this reporting period; children were present in 97% of the reviews; a parent or significant family member was present in 16% of review meetings; supervising social workers attended 88% of the meetings; and partner agencies participated in 19% of the reviews.

\* The high number of UASC explains the low rate of consultation with parents and significant family members.







In the one review where the child did not attend, the IRO is satisfied based on her own contact with him that this was his choice and that his wishes and feelings were adequately expressed in the Have Your Say consultation document he completed and through the representations made on his behalf by his social worker and foster carer.

The IRO works with social workers to promote children's participation by ensuring that review meetings are arranged at a time and place that best suits the child and that they are consulted about who should be invited.

In keeping with children's expressed wishes, review meetings have taken place in placements, at schools and once, in the local authority's office; meetings have excluded a parent in one case and included education professionals in three cases and a nurse in one.

Of the three children who expressed an interest in co-chairing their reviews with the IRO, one did so successfully this year and the other two have indicated a wish to try again another time. The IRO offers children this opportunity to promote their active participation in the decision making processes of their lives and to empower them through increased self-esteem.

### **3.4. Children's Rights**

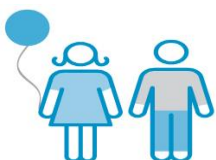
Action For Children provide the full range of children's rights services for the City's children in care.

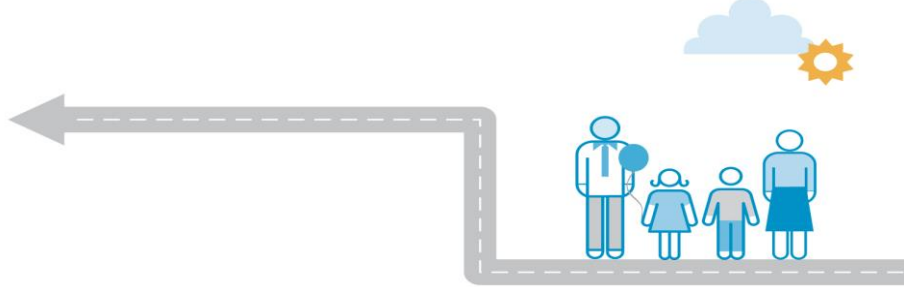
The IRO works hard to ensure that children in care understand, have access to, and make use of their right to independent advocacy, independent visiting services (IV), and the complaints process by maintaining this topic as a standing agenda item for each review meeting and contact the IRO has with children.

While there hasn't been any use of the independent advocacy service or the complaints process during this reporting period, there have been examples of children escalating their concerns to the IRO, to their Independent Return Interviewers, and directly with their social workers.

Examples of the issues raised by children include: unhappiness in placement, wish for a change in social worker, need for more education support, wish to engage in leisure activities, confusion about financial entitlements, contact related support needs, and immigration related concerns. In all cases the local authority has responded appropriately and where possible, the issues raised have been resolved.

With respect to independent visiting, 2 of the 5 children who have expressed an interest in this service have been successfully matched and are actively receiving IV services. Through the IRO's involvement in the Action for Children contract monitoring meetings, issues have been identified with the pace of IV matching and since February 2016, there has been evidence of positive progress. It is expected that the remaining 3 children will have IVs by May 2016.





Every child in care has a copy of the City's Pledge in English and in their native language. The IRO ensures that all children's rights information is routinely shared with foster carers specifically so that they are equipped to support the children in their care to exercise their rights.

## 4. QUALITY ASSURANCE OF SERVICES TO CHILDREN IN CARE

### 4.1. Care Planning

Services and supports provided to looked after children in the City are very often of a high quality. The size of the looked after population is such that each child in care is known to all members of the team and senior management group and there is clear time and resource commitments made to ensuring their needs are met. However, the absence of a clear and comprehensive care plan has a potential negative impact on the coordination, timeliness and ability to measure the impact of the care provided against the assessed need.

The existing care plan document does not adequately address how the local authority intends to meet the full range of children's needs. The need for an improved care plan document was agreed and the IRO service' proposed template has been accepted and is awaiting implementation within ICS.

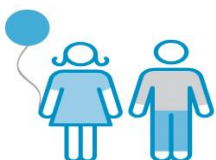
The IRO service has also identified transition planning to be a challenging area of work as indicated by the need for improvement with both the quality and the timeliness of pathway plans for 6 of the 9 Eligible Children during this reporting year. The feedback to the local authority regarding this area of need has led to specific pathway planning development actions to be included in the children's teams' 2016/2017 service improvement plan.

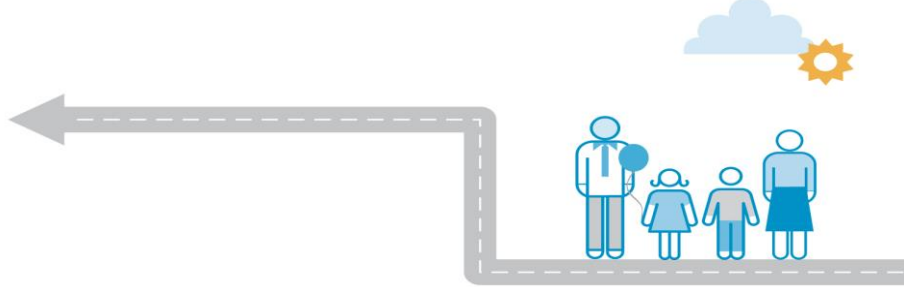
Given the age range of the children who become looked after by the City, there is often limited pathway planning time ahead of their transition into adulthood. The local authority has therefore invited the IRO service to expand its remit to include independent reviews of pathway plans for care leavers. The service acknowledges that there is no legal mandate for IROs and care leavers but we have developed a post 18 independent review protocol that sets out the circumstances when this could be arranged as an enhanced service to offer independent oversight of pathway plans for care leavers. The progress and impact of this enhanced service will be reviewed and reported upon at the end of the 2016/2017.

### 4.2. Placement Stability

Of the 17 children looked after during this reporting period, 7 were newly accommodated UASC and 5 of them have experienced placement breakdown within the first 6 months. The 6<sup>th</sup> placement breakdown concerned a child who was in a stable placement for 17 months.

Given the City's care population of predominately UASC and there being no planned accommodations throughout this year, the initial placement of children is either an emergency arrangement or through London Asylum Seekers Consortium duty rota system. This means that all





placement searching activity is done with little information about the child, is always time pressured, and significantly limited by the shortage of foster carers experienced in looking after the needs of UASC in this current climate of increased migration.

Where the social work team have had the opportunity to plan placement moves, the quality of the search and matching process is good. Children are involved in the process, the application of learning from the breakdown is evident, and the search is informed by the child's short and long term care needs.

As of 31<sup>st</sup> March 2016, 3 of the 11 children in care are living in placements that are not a match across any aspects of their identity. In each of those cases, the children declined the opportunity to search for placements more reflective of their ethnic, religious and/or cultural identities. In the remaining 8 cases, the children and the foster families share similar identities in at least one respect and there is a commitment to understanding and supporting the children to practice and develop their individual identities in line with their backgrounds and expresses wishes.

### 4.3. Achieving Permanency

Of the 17 children looked after during this reporting period:

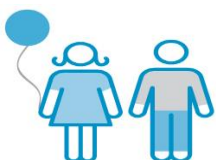
- ❖ 2 transitioned into adulthood and continue to receive support from the City as care leavers
- ❖ 2 returned to their country of origin in their parents' care in line with the courts' directions
- ❖ 2 achieved permanency through Special Guardianship Orders granted to their foster carers
- ❖ 1 is in an approved permanent fostering arrangement under a full care order
- ❖ 2 are in established long term fostering arrangements under S.20
- ❖ 4 are 16 years or older and in the foster families they intend to remain with until they reach 18
- ❖ 4 are between the ages of 13 and 15 with confirmed permanency plans for long term fostering but with placement matches that are pending assessment and approval

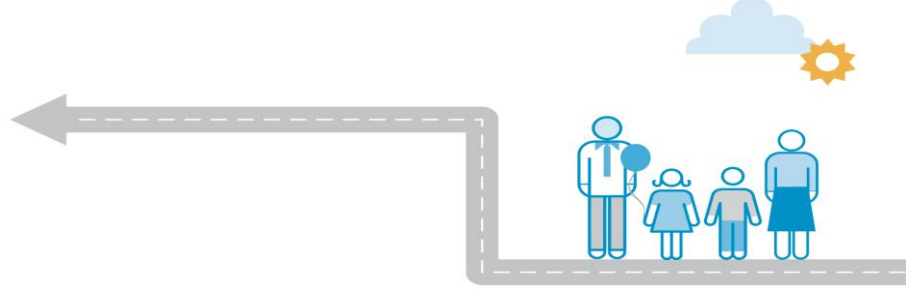
Given that 7 of the 8 children referred to in the last two bullets have been in the City's care for less than 8 months, the above range of permanency outcomes for the children in care this year is good.

### 4.4. Health

All 17 children in care throughout this year received their statutory health assessments. However, initial health assessments were not completed within timescales for 4 out of the 9 newly accommodated children this year, and of the 8 review health assessments due during this period, only 4 were completed within the 12 month timescale.

That there were only 53% of health assessments that took place within timescales highlights that there was a significant concern with the practice and management oversight of statutory health services to children in care during the first six months of this reporting period. Once this pattern was identified by the IRO service, coordination between the local authority and health service was improved. The effectiveness of this development is evident in that 100% of initial health





assessments required in the second half of this year were completed on time and all but one review health assessment also took place within timescales.

In addition to the above, the IRO service has also identified two key areas for development regarding the provision of health services to children in care and they are: the need for social workers to improve on the quality of information provided to the health team to inform their assessments; and the need for the health team to improve the quality of their monitoring of the progress and impact of their recommendations on the health outcomes for children and where necessary, to escalate any concerns identified.

The IRO service has developed a quarterly review meeting process with the designated CLA nurse to improve the independent monitoring of the care and health services needed by and provided to children in care. Findings from these meetings are fed back to the local authority in the form of recommendations or notifications of agreements reached. An example of the effectiveness of this arrangement is that health assessment reports that were once taking months to be returned to children, foster carers and social workers are now largely being returned within weeks of the assessment thereby facilitating information sharing and follow through with recommended actions.

All children who were accommodated and remained in care during this reporting year were offered baseline CAMHS assessments. All but 1 consented to and attended at least one assessment appointment. Of this cohort, 2 children have continued to receive services from CAMHS. The quality of this enhanced CAMHS service requires attention as there are examples of delayed referral responses and children having to be re-assessed by their local CAMHS when the need for treatment has already been identified. Emergency CAMHS intervention was required in 2 cases this year and in addition to the baseline and emergency mental health services provided, all children in care have been supported to access CAMHS or pastoral care in line with their needs and wishes.

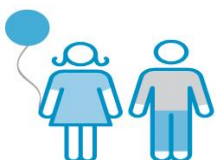
Ten of the 11 children in care as of 31<sup>st</sup> March 2016 had up to date SDQ on file. The one child who did not was 16+ and has since had this completed.

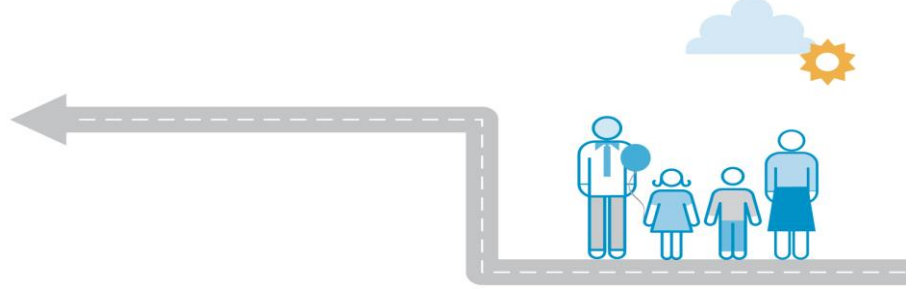
#### **4.5. Education**

All children in care at year end were in education with 5 in school placements and 6 in colleges. There were no children with EHC plans throughout this period.

By October 2016, the majority of cases had PEPs completed within timescales and ahead of statutory review meetings, but the practice of completing the PEP document and sharing it with children, carers and relevant contacts in education could still be improved.

Extracurricular tuition was offered to all children throughout this period with specific additional support made available to the 3 children who were in their GCSC year and UASC who were not





able to secure education placements in a timely manner due to their in-year arrival or disputed age.

The local authority's monitoring, planning and the resources provided to support children in care's achievement in education has developed significantly during this year with the Virtual School Head Teacher taking a lead role in coordinating the Attainment in the Virtual School Group and attending PEP review meetings.

While there has been some progress made with respect to supporting children in care to access work experience placements through the City, this is an area in need of further development.

#### 4.6. Practice Recognition and Dispute Resolution

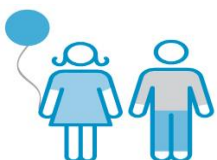
One of the key functions of the IRO is to identify and resolve issues arising from the care planning process. In the City this is called the Dispute Resolution Process for Independent Reviewing Officers (DRP). The DRP is a 6stage process that begins with the team manager and ends with a referral to CAFCASS but it encourages resolution at the lowest appropriate level and anticipates that in the vast majority of cases, issues can be resolved through discussion between professionals.

The IRO escalated concerns to stage 3 of the DRP, consulted the CAFCASS guardian involved, and sought independent legal advice in one case regarding two children. This was due to safeguarding and process concerns about the absence of a timely assessment and the quality of planning with respect to the children's return to their parents' care and travel to their home country. The assessment and plans were eventually completed ahead of the children's reunification and confirmation was received that the children arrived to their destination and would be assessed and monitored by their local child welfare services. While the IRO Dispute Form was not used to record the management of this dispute, the matter was documented in the children's case file.

All other concerns have been resolved through informal challenge within the service and during quality assurance monitoring meetings. In no particular order, the tables below provide samples of the good practice recognised and the issues of concern identified throughout 2015/2016.

Table1.0

Good Practice Identified	
All children placed in foster families to 18	Involvement of children in placement changes
Voice of the child is listened to	Quality of SW/CLA relationships in most cases
SW Support to UASC with immigration process	Quality of two specific Pathway Plans
SW reports prepared for review meetings	Support for children to engage in CiCC
SW and VSH support with education	No unnecessary Age Assessments initiated
Quality and timeliness of statutory visits	Children supported to develop talents/interests
Transfer of learning between reviews leading to improved practice	SW efforts to consult and engage parents and significant family members





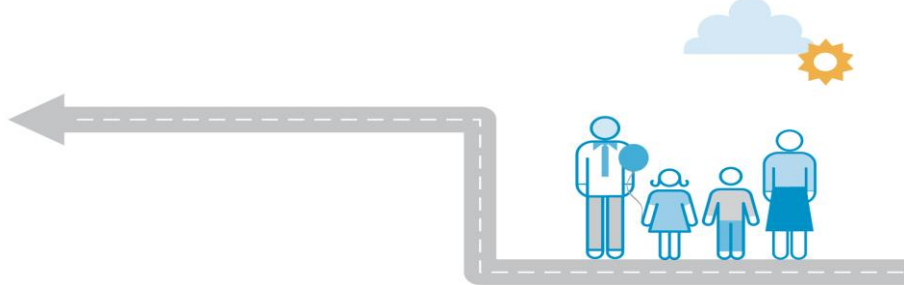
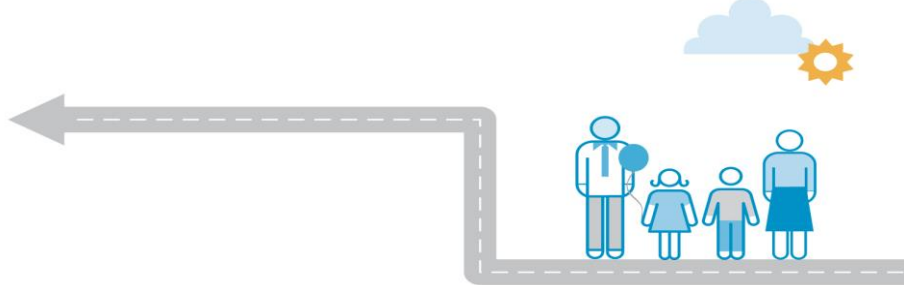


Table 1.1

<b>Issues of Concerns Identified</b>	<b>Current Status</b>
Visiting timescales during initial 4 weeks in care	Once identified in 2 cases, practice across the team was improved as evidenced by weekly visits to all CLA in new placements from September onwards.
Children's preparation for review meetings	The need to improve children's involvement in planning their review and the support offered to complete consultation documents remains.
Care Plan document	This is expected to be ready for use 1 <sup>st</sup> July 2016.
Quality and timeliness of most Pathway Plans	Of the 9 Eligible children in care, 5 did not have their initial or review Pathway Plans completed as of 31 <sup>st</sup> March 2016. Quality of Pathway Plans could be improved with greater input from young people directly and creating plans that are SMART.
Life story work	Direct life story work with children and monitoring life story work expected from foster carers remain areas in need of improvement.
Delay in arranging leisure activities	SW's attention to the extra-curricular needs of children in care has improved throughout this year. At year end, all children who were still in care were engaged in at least one activity reflective of their interests.
Delay in moving two children from an inappropriate placement	Both children are now in appropriate placements.
Disparity in financial allowances between IFAs	The need for SW to better understand the financial arrangements for each child and the need for the City to consider the question of parity for children placed with different fostering providers remains.
Staying Put planning	While no care leaver has missed out on the opportunity to 'stay put', improvement in planning post 18 living arrangements remains to ensure the option and offer are clear.
Delegated Authority re: parental responsibility and young people's right of consent	On-going
Health Assessments out of timescales	All children had health assessments completed by 31 <sup>st</sup> March 2016.





## 5. QUALITY ASSURANCE OF THE IRO SERVICE

### 5.1. Supervision and Management Oversight

The Safeguarding and Quality Assurance Service Manager supervises the IRO once every 4 weeks. These sessions focus on practice issues as well as service development needs.

The revised statutory guidance states that designated senior managers must consider the decisions from reviews. This is in part due to the need to monitor and account for any decisions with resource implications. Any disagreements with the decisions made are required to be sent to the IRO in writing within 5 days for resolution and where this is not possible through informal means, the DRP will need to be used. In the City the social work team and service managers are the designated seniors responsible for considering review decisions. The fact that there haven't been any disagreements raised indicates that managers are overall satisfied with the recommendations and decisions made by the IRO.

The Assistant Director (AD) has oversight of the impact and effectiveness of the IRO service through his visits to children in care during which he asks them 'What is the relationship between you and your IRO like?', 'Do you feel that you are listened to and that your views are taken on board?', and 'Would you have someone to talk to if you were worried or concerned about any aspect of your life...?' The feedback from the 6 visits the AD completed in 2015/2016 was largely positive with all but 1 child confirming they know who their IRO is and how to reach her.

### 5.2. Performance Monitoring

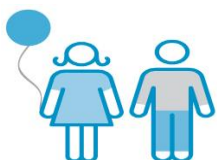
The IRO meets with the Performance Analyst twice a month to monitor compliance with statutory review timescales and the degree to which the IRO is 'keeping in touch' with children in care. There have been no issues of non-compliance identified as part of this process. The IRO's performance is reported into the People's Directorate Senior Management Team, the Safeguarding Sub Committee, and the City and Hackney Safeguarding Children Board's Quality Assurance Sub Committee.

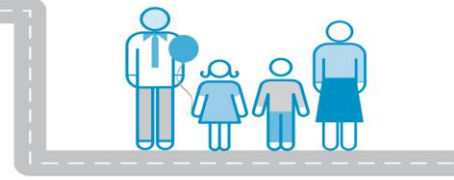
### 5.3. Case File Auditing

The IRO's footprint and the quality of the service provided are considered as part of all formal case file audits. There have been two full-scale audits across the children's social care service in 2015/2016 and in all cases, the IRO's footprint was found to be evident with the quality of the IRO's involvement being recognised as positive in the majority of cases. However, there was one case in which the audit found that the IRO did not provide sufficient challenge in relation to the weight and diet needs of one child.

### 5.4. Children's Views

Children's views about the IRO and their review meetings are an important aspect of the quality assurance process of the IRO service. Here are some examples of what children in care had to say:





Everyone  
listens to  
me

I am very happy with  
my IRO. I know how  
to contact her and  
would if I needed to.

My IRO is  
supportive and  
listens to me.

I like it when  
my IRO  
contacts me.

Reviews are good  
because we talk  
about things

My IRO  
visits  
me

My IRO changed  
my review date so  
I could go to a  
CiCC event

When I needed  
a new social  
worker my IRO  
helped make it  
happen

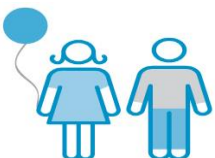
I like being  
at all my  
review  
meetings

I hate review meetings  
but attend because I  
can raise issues that  
are important to me

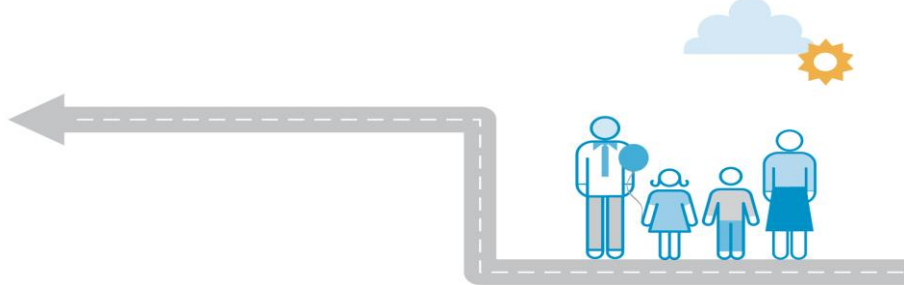
I know if I tell  
my IRO that I  
am not  
happy, she  
will help

My reviews  
work well

If I was worried  
about anything,  
I would contact  
my social worker  
or my IRO





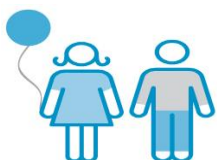


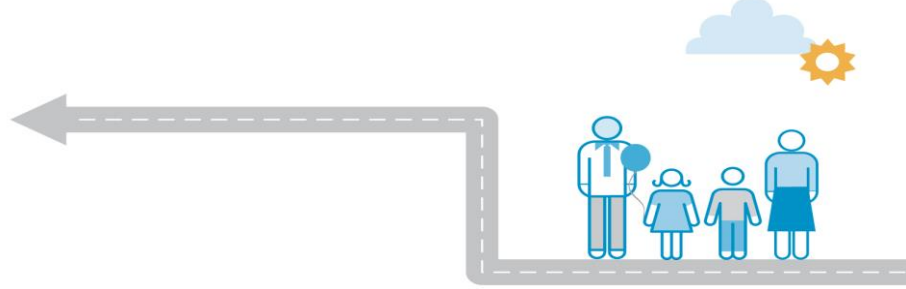
### 5.5. Social Works' Views

The social work team was invited to provide feedback about the IRO service over the course of this year and responses were received from 3 of 5 relevant members of the team.

Table 2.0

What Does the IRO Service Do Well?	What Could the IRO Service Do Better?	Any Other Comments about the IRO Service?
She takes full advantage of the opportunity to get to know LAC; she has excellent relationships with them, but is conscious not to over-burden them with contact. She strikes this balance well.	On a couple of occasions, she has gone into too much detail in reviews when deciding on actions – I think it's the role of the IRO to come up with general actions and the detail needs to be left to the social work team.	The IRO and Service Manager are approachable and I feel comfortable going to them for advice. I would also feel comfortable using them to escalate a matter if it were necessary. They always provide sensible advice.
She sets the tone well in LAC review meeting, being personable, being careful not to undermine me as a social worker and challenging all adults in the meeting appropriately.	Sometimes tight deadlines have been set in reviews for work that is not high on my list of priorities. It seems there can be a bit of a conflict when tasks are being set separately through management and the LAC planning process.	When the IRO audited one of my cases, she was thoughtful and thorough – feedback presented in a way that boosted my confidence.
She is reflective after meetings and is always willing to think and talk about how things could have been done differently and listens to my views on this.	At times the IRO can be a little too weighted toward the voice of the IRO and there is scope to give the social worker more time during CLA reviews for their input	Keep up the good work!
The IRO has a wealth of information and experience to help guide the social worker when supporting the young person in care, especially around the complexity of supporting UASC.	Sometimes the IRO can start to case manage the cases which can be confusing when already being directed by line manager	Having an in house IRO service has been very supportive and helpful as they can get to know the young people really well and build relationships with social workers and young people.
The IRO is timely, works in partnership with social workers around arranging dates and is reliable.	CLA reviews are often too long and go on for 2 hours minimum.	
The IRO is easy to approach and to contact when needed as this is an in house service.		
Her organisational skills around LAC reviews and dedication to looked after children are excellent.		
The IRO service is child focussed and up to date with current legislation		





## 6. Overview

### 6.1 Achievements

The positive impact of the IRO service in 2015/2016 is evident in the following list of achievements:

- ❖ All statutory reviews held within timescales
- ❖ Increased participation of children in their review meetings
- ❖ All children seen alone by the IRO outside of review meetings
- ❖ Active monitoring of children's care plans and needs between review periods
- ❖ Review minutes, contacts and alerts recorded on children's files within the ICS workflow
- ❖ The development of the permanency tracking and approval process
- ❖ The development and promotion of the Children's Right services
- ❖ The development of a local Dispute Resolution Process
- ❖ The development of review meetings between the IRO, VSH and CLA Designated Nurse

In addition to direct work with children and the local authority, the IRO takes part in the London IRO Practitioner Network and serves as a practitioner representative to the London IRO Managers' Group. Engagement in these pan-London groups facilitates the IRO's access to information and the experience of colleagues from larger authorities. It also ensures that the experience and needs of the City's children in care are represented in forums that have the potential to influence the direction of practice and statutory guidance about the services and supports they receive.

The IRO service has been alert to safeguarding issues for children in care and will continue to monitor care plans closely to include actions that address the known risks of all forms of exploitation and aims to build safety and stability according to the needs of each child.

### 6.2 Areas for Improvement

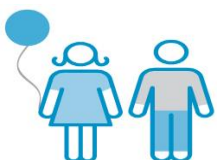
The IRO service acknowledges the need for improvement in the following areas:

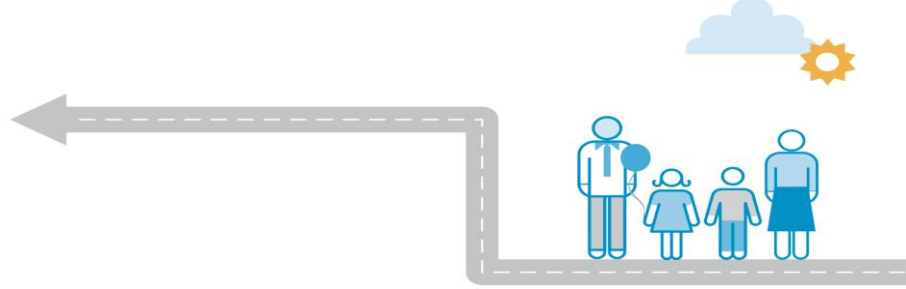
- ❖ Distribution of review meeting records within timescales
- ❖ Conducting earlier midway reviews
- ❖ Reducing the length of review meetings
- ❖ Maintaining clearer boundaries between reviewing and case managing
- ❖ Ensuring all review participants are able to contribute to discussions in meetings

### 6.3 Conclusion

The IRO service has made significant contributions to quality assuring and improving services for children in care throughout 2015/2016. The monitoring and challenge functions of the role have been strengthened and the IRO's knowledge of and relationship with the children in care is a positive feature of the service.

The IRO service notes the strong commitment of the local authority, in particular the hard work and care of social workers, towards the children in their care and the constructive working relationship that has developed between our services this year.





## 7. Planned & Recommended Improvements For 2016/2017

The Safeguarding and Quality Assurance Service will continue to develop the IRO service across the full range of its roles and functions.

The following outlines the key practice priorities planned for the IRO service in the coming year.

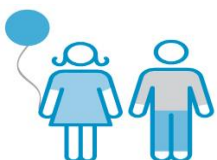
Table 3.0

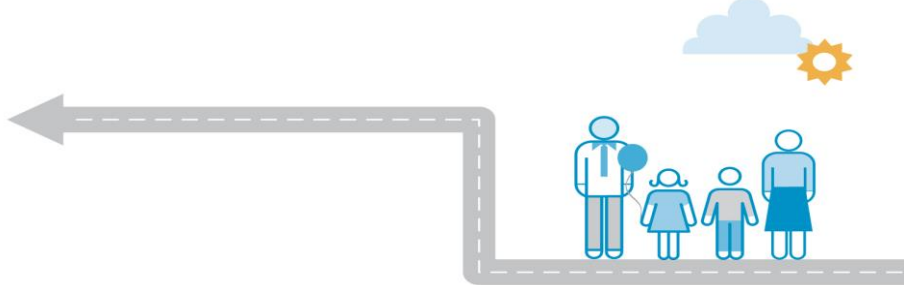
Objective	Actions
Timely distribution of review records to support a shared understanding of, commitment to, and accountability for decisions made at statutory review meetings.	<ol style="list-style-type: none"> <li>1. FWi form to be split into two to allow decisions to be separated from meeting minutes</li> <li>2. Decisions to be completed within 5 days of the review</li> <li>3. Full meeting record to be distributed within 20 days of the review</li> </ol>
Midway monitoring to be embedded in the review process to ensure early identification of concerns	<ol style="list-style-type: none"> <li>1. Monitoring schedule to be established to ensure this takes place midway between reviews</li> <li>2. All midway monitoring activity to be recorded on the child's file</li> </ol>
Improved management of review meetings	<ol style="list-style-type: none"> <li>3. Duration of meetings to be established and adhered to</li> <li>4. Contributions from all review participants to be promoted</li> <li>5. Case management to occur outside the review</li> </ol>

The list below is the IRO service's recommendations for development to the local authority.

Table 3.1

Improve the quality of Care Plans	Improve financial arrangements and planning for children
Improve the quality and timeliness of Pathway Plans	Ensure children have a say in the planning of their review meetings
Improve practice of sharing all plan documents with children and their carers	Improve understanding and implementation of Delegated Authority agreements
Improve management and oversight of quality and timeliness of statutory health assessment	Continue to develop understanding and analysis of the equality and diversity needs of UASC in all aspects of care planning
Improve understanding and planning of Staying Put arrangements	Develop knowledge and practice of contingency planning in relation to UASC's immigration outcomes.





<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	26 <sup>th</sup> January 2017
<b>Subject:</b> 2016 Early Years Safeguarding Report	<b>Public</b>
<b>Report of:</b> Neal Hounsell, Acting Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Pip Hesketh, Service Manager Education and Early Years	

## Summary

In January 2016, the Education and Early Years' Service commissioned safeguarding audits of the City of London Corporation's nine early year's settings to ascertain the quality of practice. The output from the audits which were commissioned from the Early Years' Service from the London Borough of Islington evaluated 19 separate areas under the broad categories of:

- compliance with Early Years Foundation Stage (EYFS), the national framework which underpins early years provision and against which Ofsted measures performance
- policies and procedures
- staff training
- safer recruitment.

Each setting of the 19 areas was RAG rated and a report was provided to the setting including recommendations for improvement in practice. Throughout the year, the settings received targeted support and training to improve practice in areas that required development. In one instance, the City of London worked with Ofsted to support a setting following a referral about them to the City of London LADO. The spreadsheet showing the RAG ratings following termly visits is attached to this paper as an appendix.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1. As referenced in the Report on Early Years Performance which was presented to the Community and Children's Services Committee, the role of the local authority in its partnership with early years settings has changed in recent years. The *Statutory Guidance for Local Authorities in the Provision of Early Education and Childcare* (published in 2014) placed duties on local authorities in relation to

ensuring 'sufficiency' of childcare and early education provision but also clarified that the local authority's role is to:

- secure information, advice and training for early years childcare providers in the areas of:
  - meeting the requirements of the Early Years Foundation Stage Statutory Curriculum for 0–5-year-olds
  - meeting the needs of children with special educational needs and disabilities, vulnerable and disadvantaged children, and
  - effective safeguarding and protection.
- 2. These duties are limited to providers that are newly registered, registering, or not yet judged as 'Good' or 'Outstanding' at Ofsted inspection. So the core minimum role of the local authority has changed from an offer of a universal support service to all settings to a more targeted role to ensure sufficiency, and to provide support for settings not yet judged as 'Good'.
- 3. The safeguarding audits were commissioned in order to establish what support was required by each setting and to inform a training programme for all practitioners. All but one City of London early years setting have been judged 'Good' or 'Outstanding' in their most recent Ofsted inspection. The remaining setting has recently opened and has not yet been inspected, but in order to improve their practice, this setting has participated in the audits and attended training alongside long established settings.

### **Current Position**

- 4. Most settings achieved a high frequency of green RAG ratings against the audit criteria. The areas that most consistently required development were:
  - the provision of Prevent training for all staff
  - some policies and procedures had not been updated recently to reflect current legislation
  - 'Single Central Records' were not in place
  - safer recruitment practices were not consistent for all staff appointments.
- 5. To immediately address areas of weakness, the settings were directed to models of good practice and exemplar policies and training were commissioned for them.
- 6. Four settings did not achieve high scores in the initial audit. One of these was the newly opened setting. Two of the other three have achieved a conversion to green RAG status in almost all areas. One of them has a remaining amber status due to a recent staff change and a need to provide this person with Prevent training.
- 7. The Education and Early Years Service has not been able to visit the remaining setting during the autumn term. When last visited, there were three areas which were judged to be amber. Two relate to non-attendance at training courses and the other requires a revision of an existing policy.

8. All settings responded very positively to the request to audit them and the ongoing programme of work. A number of the settings have been exceptionally positive and have transformed their own practice into exemplar status as a result.
9. All settings also completed an S11 Self-Assessment this year and managers fed back that the audit process had given them the opportunity to improve their own understanding of their practice and development.
10. Alongside these audits, Special Educational Needs and Disability (SEND) audits were also undertaken with a similar targeted support package provided following these.

### **Corporate & Strategic Implications**

11. This safeguarding work is consistent with the City of London's Children and Young People's Plan, the first priority of which is safeguarding vulnerable children.

### **Conclusion**

12. The audit work in Early Years has been an extremely valuable exercise which has:
  - improved safeguarding practice in each setting
  - improved understanding and relationships between the City of London and its early years settings
  - set a benchmark for future work
  - supported a culture of inspection readiness.

### **Appendices**

- Appendix 1 – Early Years Safeguarding Rag Ratings

### **Pip Hesketh**

Service Manager Education and Early Years

T: 020 7332 3047

E: [pip.hesketh@cityoflondon.gov.uk](mailto:pip.hesketh@cityoflondon.gov.uk)

This page is intentionally left blank



## SAFEGUARDING

[illegible]



<b>Committee</b>	<b>Dated:</b>
Safeguarding Sub Committee	26012017
<b>Subject:</b> Children and Young People Annual Consultation	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report Author:</b> Action for Children  <b>Sham Kidane:</b> Independent Reviewing Officer, Safeguarding and Quality Assurance	

## Summary

This report presents to Members the document *Children and Young People supported by The City of London Annual Survey Report July 2016* (Action for Children). The report provides the findings from the user surveys distributed to all children and young people receiving social care services from the City of London Corporation's Children and Families Team between July and August 2016.

There was a 68% response rate, which is an increase from 54.5% in 2015. The main survey was supplemented with a simplified questionnaire to facilitate and promote the participation of 5- to 9-year-olds.

Overall, those receiving services as children in need or children in need of protection reported feeling well supported and listened to by their social workers. They were positive about their social worker helping them to feel safe, and several expressed gratitude for their social workers' support.

The looked-after children cohort had the highest response rate (72%), which is a great improvement from last year when this cohort had the lowest response rate. Respondents indicated high levels of satisfaction with the quality of their relationships with their social workers and carers, their placements, and education support.

The overriding majority of care leavers gave top scores for how much help they get from their social workers, how easy it is to talk to them, how well consulted they feel, and 100% said they received all the support they need in relation to leaving care.

Of significance, the 2016 findings indicate improvements in relation to most of the areas for development that were identified following the 2015 consultation. For instance, children and young people were more positive about the care and support they receive, the way they are listened to and consulted, and had better awareness of the complaints procedure, advocacy and the Pledge. There was also improved awareness and appreciation of the support they receive from the Virtual School Head Teacher, Independent Reviewing Officer and the Children in Care Council (CiCC) for those who attend.

The areas for future development include: ensuring that young people have someone to talk to if they are being bullied or harmed; improving social connections and reducing feelings of loneliness; and money management and financial planning.

### **Recommendation(s)**

Members are asked to:

- Note the report.

### **Main Report**

#### **Background**

1. Action for Children, an independent children's charity, was commissioned to carry out a user survey among all children and young people receiving social care services for the second year in a row. The purpose of the survey was to consult with children and young people directly about the quality of the services they are receiving.
2. The Annual Consultation report is being presented to Members of the Safeguarding Sub Committee to enable scrutiny of the performance of the City of London Corporation in delivering services to children and young people.

#### **Current Position**

3. Completing this consultation with children and young people provided a valuable overview of their current experiences and offered a measurement of the progress achieved in response to the development areas identified from the 2015 consultation.
4. The findings and thoughtful feedback received from children and young people have directly informed the 2016/17 Service Improvement Plan.
5. In keeping with the City's commitment to '*ensure the voice of the child and young person informs all that we do*' as stated in the Children and Young People's Plan 2015–2018, there will be an independent consultation completed annually moving forward.

#### **Corporate & Strategic Implications**

6. The City of London's role in supporting children and young people to be safe and achieve their full potential contributes to the fulfilment of the priorities of the Department of Community and Children's Services Business Plan, the Children and Young People's Plan and the Corporate Parenting Strategy.

#### **Conclusion**

7. The areas for development identified through this consultation will be monitored for progress in the Service Improvement Plan by the Children's Senior Management Group and the Service Improvement Board.

8. Overall, the City of London continues to deliver strong support and services to children and young people which are helping them to be safe and achieve good outcomes.

## **Appendices**

- Appendix 1: Children and Young People supported by The City of London Annual Survey Report July 2016 (Action for Children).

### **Sham Kidane**

Independent Reviewing Officer  
Safeguarding and Quality Assurance Service

T: 020 7332 3919

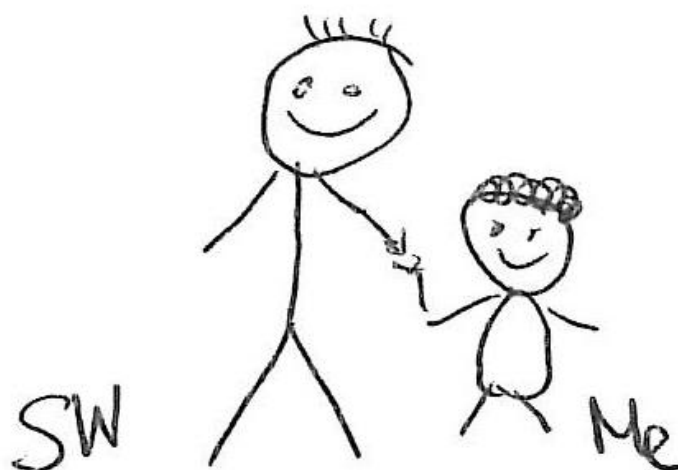
E: [sham.kidane@cityoflondon.gov.uk](mailto:sham.kidane@cityoflondon.gov.uk)

This page is intentionally left blank

# **Children and Young People supported by The City of London**

**Annual Survey**

**July 2016**



*Me and my Social Worker*

**Action for Children**

**The City of London – Survey Report**

## 1. Introduction

During July and August 2016, Action for Children carried out the Annual Service User Survey among children and young people supported by the City of London Children's Services Teams. Four different questionnaires were used, that is,

- a. For care leavers
- b. For Children Looked After
- c. For Children in Need
- d. A simplified questionnaire for children aged 5 – 9 from both b. and c.

The surveys were circulated by post and all respondents had the option of a home interview, a telephone interview, replying by post or via Survey Monkey. The chosen means of responding was by post (50%), telephone interview (40%), home visit (6.7%), with only a single response through Survey Monkey (3.3 %).

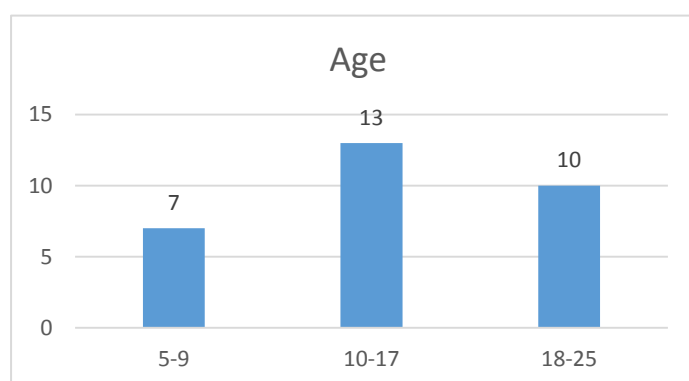
There was a high overall response rate of 68% (compared with 54.5 % in 2015). The return rate for LAC was 72.7%, for CL 69% and for CiN 65%. Numerically, there were 30 responses out of a possible total of 44. The total may have been even higher if all contact details (especially telephone numbers) had been available.

## 2. Summary of Results

### 2.1 Statistics

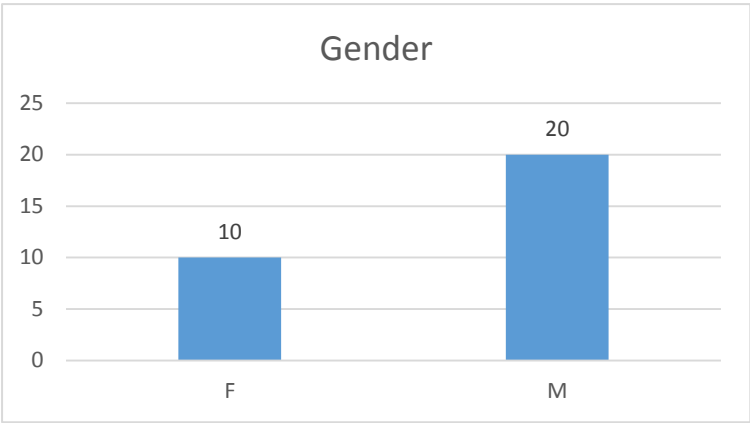
The overall statistical information on the survey population (30 YPs) is as follows:

#### 2.1.1 Age

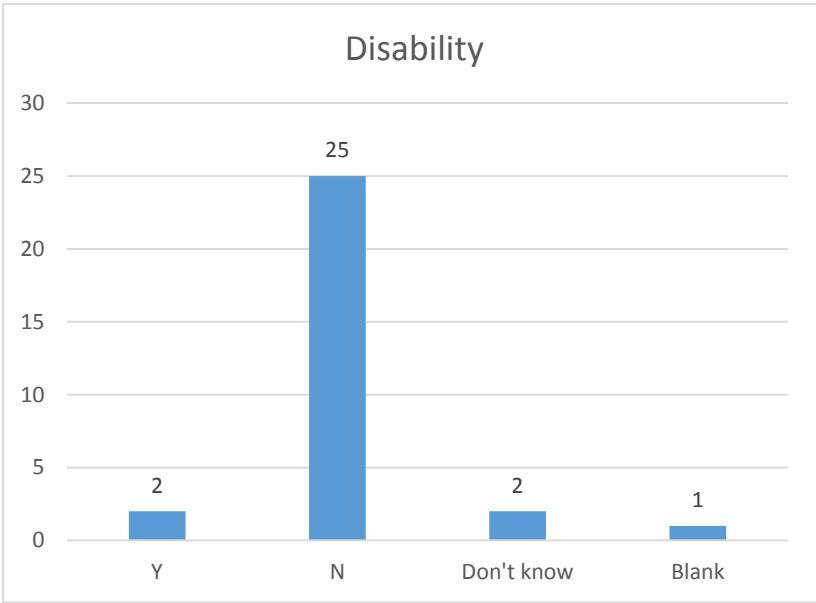




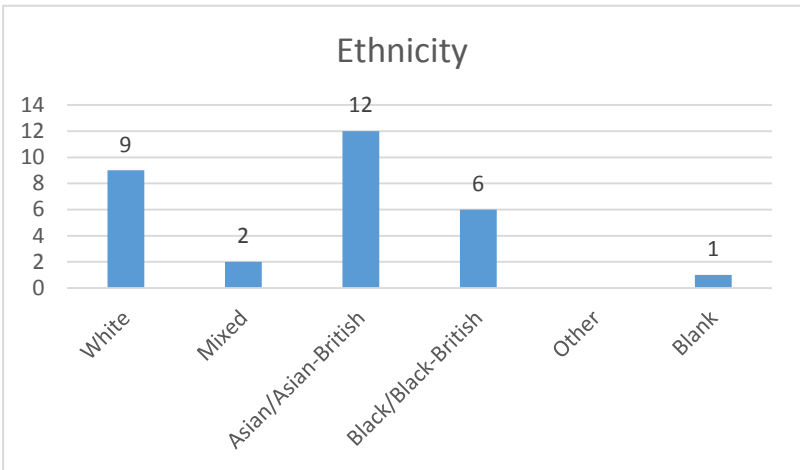
2.1.2 Gender



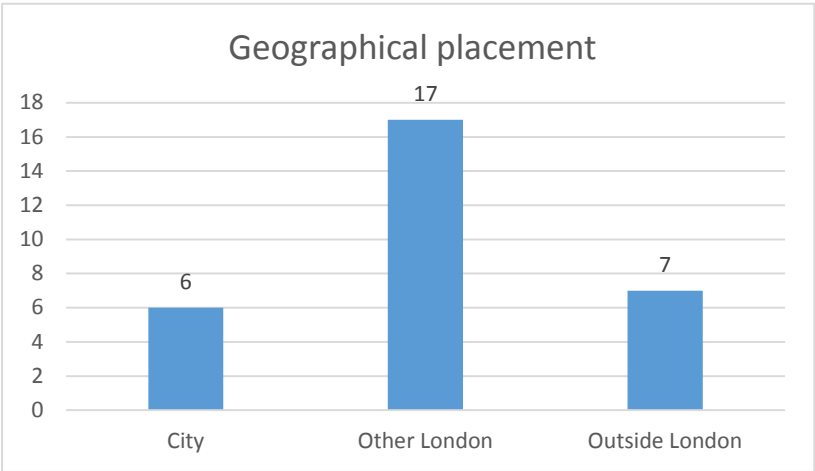
2.1.3. Disability



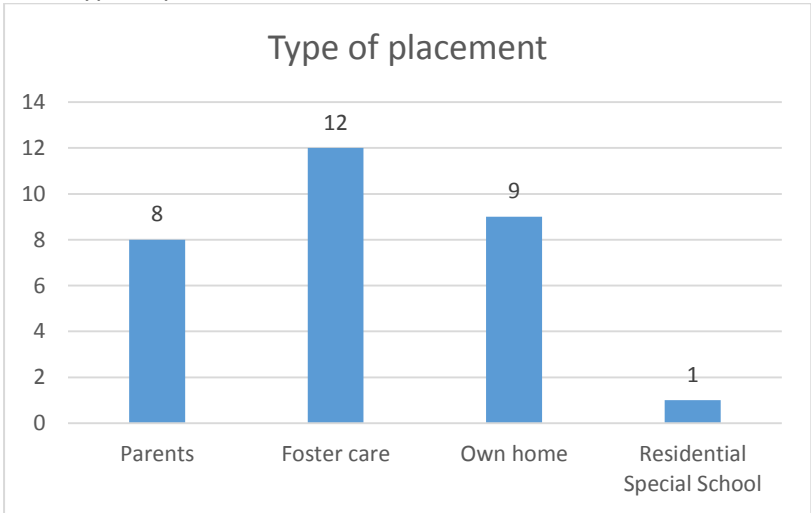
2.1.4. Ethnicity



2.1.5. Geographical placement



2.1.6. Type of placement



## **2.2 Children in Need and CP Plan** (see Appendix 1, page 7)

There were 13 out of a potential 20 responses from this group (65%). Of the 7 'no-responses', one mother put the phone down saying "Not interested". 3 had no telephone numbers and the other 3 did not respond despite repeated postal and telephone attempts.

Out of the 13 actual responses, 7 were aged under 10 and 6 were aged 10+. The younger age group completed the short child-friendly questionnaire (see section 2.5 for details). Of the 10+ aged young people, 2 completed the questionnaire erratically with many gaps.

Overall, everyone who answered the questions (in this relatively small sample) felt well-supported by their social worker and felt listened to. This high level of satisfaction is corroborated by the Under10s responses (see section 2.5: 100% said they felt helped and listened to by their social worker) and, in comparison to the 2015 survey, represents a noticeable improvement.

Compared with last year, knowledge of the Complaints Process is better. However, there continues to be some ignorance around the terminology of 'children in need' and young people generally did not participate in meetings, though said their views had been sought beforehand.

Young people were positive about their social worker helping them to feel safe, and several expressed gratitude for their social workers' support.

## **2.3 Looked After Children** (See Appendix 2, page 10)

In contrast to last year – when the LAC contingent was the least responsive – this group had the highest response rate this year (72% or 8 out of 11 CYP). Satisfaction rates were remarkably high with, for example, 100% finding it very easy to contact their social worker and saying they are getting 'a lot' of help. Relationships between young people and their social worker appear to be going well with young people saying they find their social workers easy to talk to about their thoughts and feelings and being appropriately consulted.

This group also expresses uniform appreciation of their placement (100% of respondents) and their carers (though one young person is impatient to move into independent living).

All respondents are in school or college and appear to have received significant support in this area. A noticeable improvement from last year is the awareness and support acknowledged from the Virtual Head Teacher, who appears to be a familiar and valued figure in their lives.

Many young people (across the different subgroups) have attended CiCC meetings and were very positive about the opportunities for socialising (e.g. the joint meals), expressing their views and having fun which these meetings provide. This forum was highlighted as an important meeting place by this group as well as the older Care Leavers, combatting problems around

loneliness and not having friends which were raised in the context of some of the other questions. They also knew about the Pledge.

Looked After Children in the City seem to know about the Complaints Procedure though were less confident about using an advocate. They know their Reviewing Officers and speak highly of their support – another noticeable improvement compared to last year's survey.

#### **2.4 Care Leavers** (see Appendix 3, page 17)

As in last year's survey, this group of young people was responsive (69%, that is, 9 out of 13 young people), communicative and constructive in their feedback. 100% of the sample find it easy to contact their social worker and 89% get 'a lot' of help, the remainder getting 'some help'. Apart from one respondent, the young people like their accommodation and are happy where they are living; and, where applicable, feel well looked after by their carers. There is less awareness around their care plan and The Pledge; however, those answering in the negative are the older subgroup in their twenties who appear to be getting on with their lives more independently.

In terms of their education, most care leavers are either at college or have recently completed their studies; one of them graduating with a 2:1 in Mathematics. One young person expressed a great deal of regret about having missed out on university, apparently due to not having 'documents.'

Finding appropriate jobs was a major preoccupation and many of them expressed anxiety over this issue. They did, however, say that they received good support and appreciate the input from the Virtual Head teacher, for example, with finding work experience placements. Second to worries about finding jobs were financial concerns with 2 respondents struggling to manage on their current incomes.

There is good awareness of the Complaints Procedure, access to advocacy and the role of the IRO.

All but one respondent feel safe and 77% have at least one person who they feel able to confide in if they are worried about something. The remainder - all UASC - expressed some feelings of loneliness (for example, do not have anyone to share celebrations with).

In terms of their health, their GP and social worker are their most important sources of information and overall, they feel well-informed on health issues.

Their future aspirations centre very much on finding 'good' or 'proper' jobs, earning enough money and having a family. They made constructive suggestions for additional support and expressed their gratitude for the support received.

## 2.5 Summary

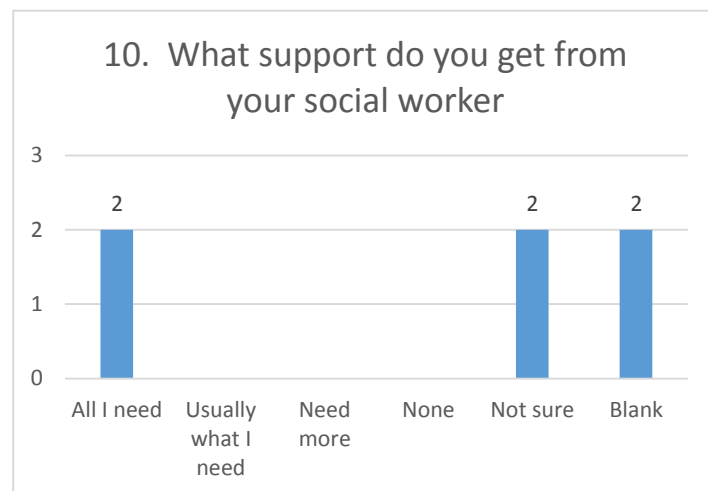
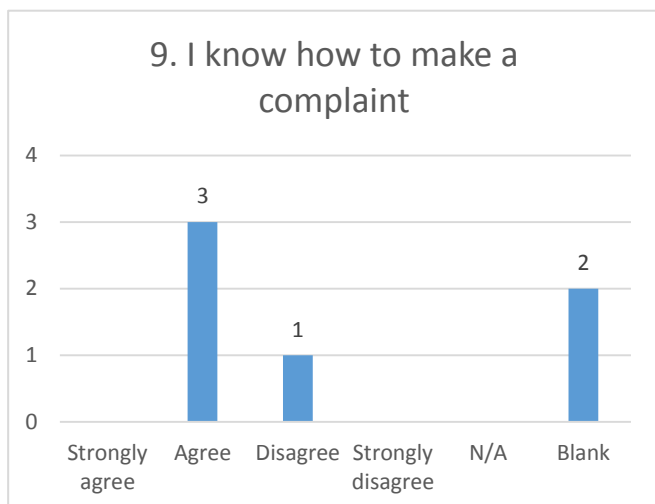
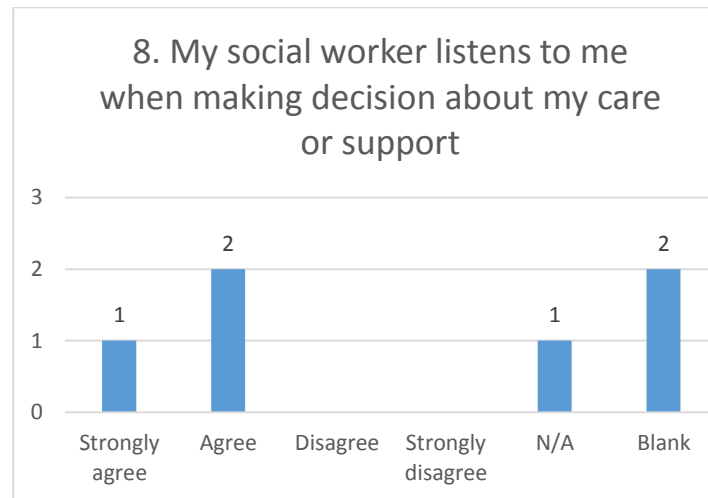
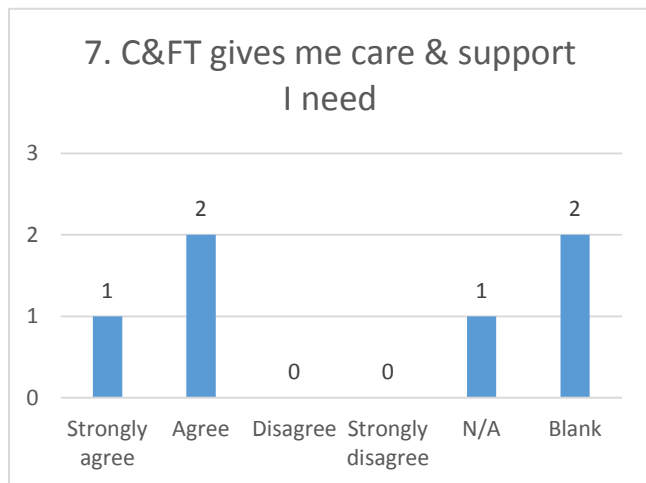
Compared with 2015, the findings of this year's survey show significant improvements in satisfaction rates among children and young people. Among the **Children in Need** cohort, 8 questions showed improved scoring and 1 question had a lesser score. Children and young people were overall more positive about the care and support received, the way they were listened to and had better awareness of the complaints procedure. In terms of feeling safe, fewer of the respondents expressed feeling safe prior to the social workers' involvement and more felt safe subsequently, which could indicate better targeting of the more vulnerable young people. The one question which received a marginally lower score – compared to 2015 - related to being asked their views and feelings during 'Child in Need meetings'. This is consistent with the children's relatively low involvement and limited understanding of these meetings.

Among the **Looked After** cohort, the scoring had improved for 21 questions and deteriorated for 4. More young people said they were receiving 'a lot' of help from their social worker and felt 'very comfortable' talking to them. More young people said they were 'always' consulted on their views (85%) and their suggestions were acted on. A larger proportion (85%) had received help with life story work and were aware of The Pledge. In terms of their education, a higher proportion (85%) rated it 'very good' and there was a marked improvement in their awareness and appreciation of the support from the Virtual Head Teacher. The Children in Care Council is increasingly popular and all young people who responded knew how to make a complaint (100%). There is improved awareness of both the advocacy and IRO support and 100% of respondents said they felt 'very well' supported by their IRO. There was a slight deterioration in the number of young people who had someone to talk to if they were being harmed or bullied and fewer young people either celebrate their successes or have someone to celebrate with.

The **Care Leavers** cohort showed improvement in 23 questions and deterioration in 5. The overriding majority (89%) gave top scores for how much help they get from their SW, how easy they find talking to their SW, and how well consulted they feel. Compared with last year, more Care Leavers were happy where they are living (89%) and understand their Care Plan or Pathway Plan. Less of the care leavers knew about The Pledge, which could be related to the fact that this cohort was mostly older and living independent lives (compared with the 2015 care leavers). Higher scores/increased awareness were noted in relation to the Children in Care Council, the Complaints Procedure, Advocacy and IRO support, and, particularly, in relation to the Virtual Head Teacher. 100% of respondents said they receive 'all the support I need' in relation to leaving care and there was a big improvement in their knowledge of their entitlements as care leavers. As with the Looked After YPs, there was a slight deterioration in the number of care leavers having someone to talk to if they were harmed or bullied.

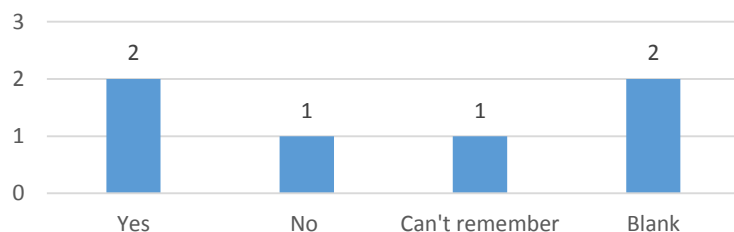
In summary, following a very strong performance in 2015, further improvements have been achieved during 2016 with very high numbers of young people giving top scores as well as thoughtful feedback and suggestions.

## APPENDIX 1 – Children in Need & CPP Survey



- “She was always there”
- “She helped me with anything”

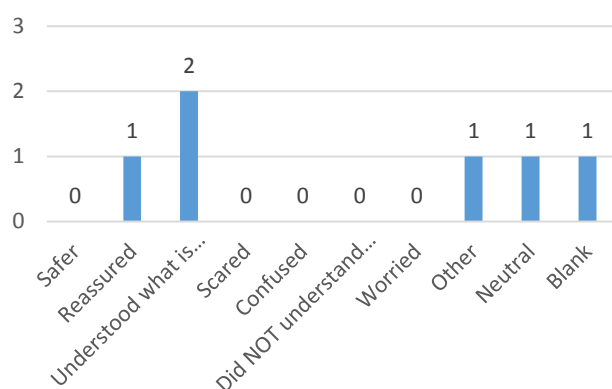
11a. When C&FT first became involved with you and your family, did someone talk to you on your own to ask you what was going on in your life?



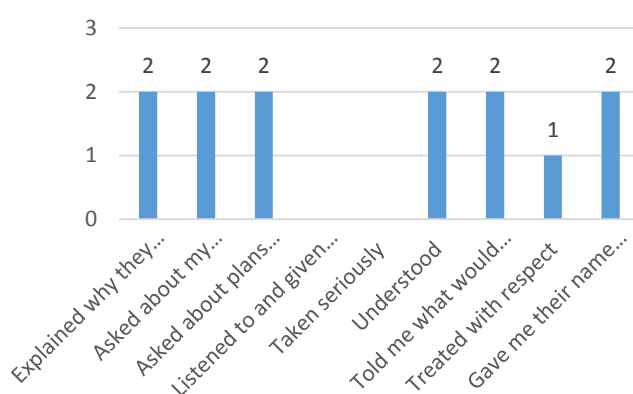
11b. Who asked you?



13. How did you feel after talking to them?



12. When they spoke to you did any of the following happen?

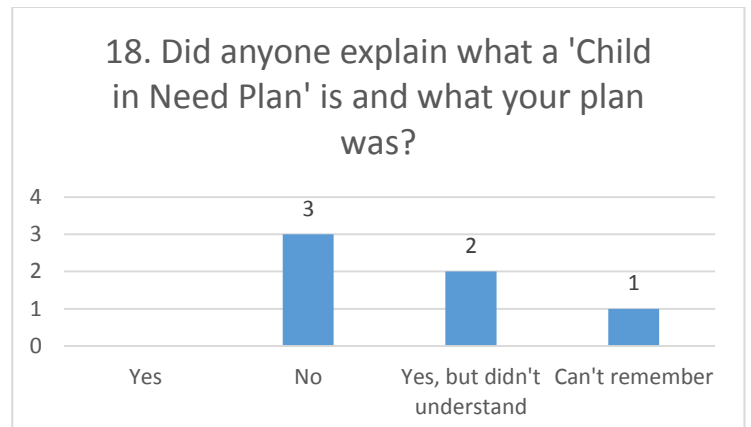
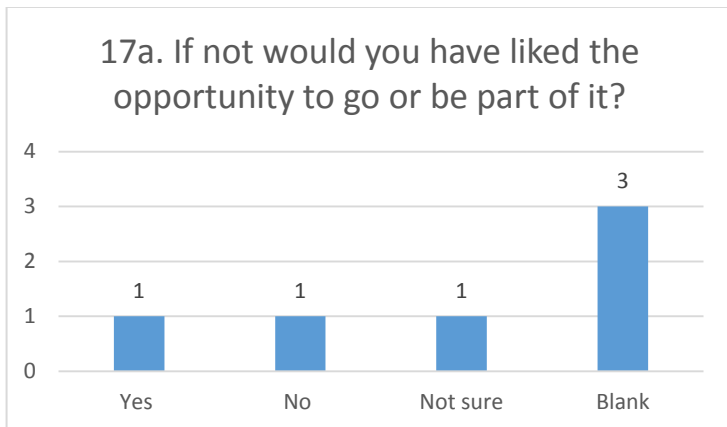
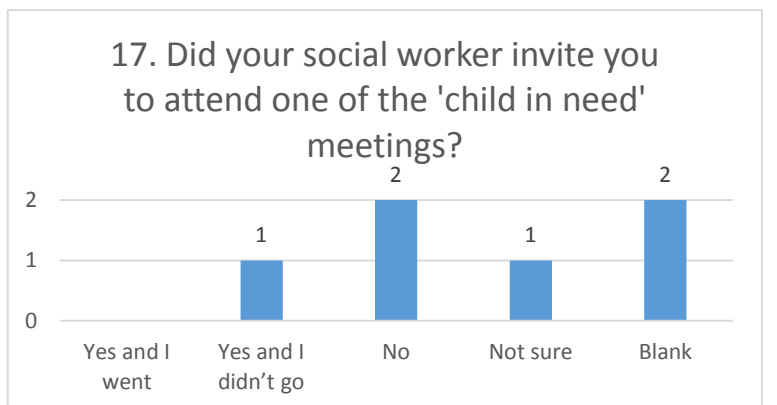
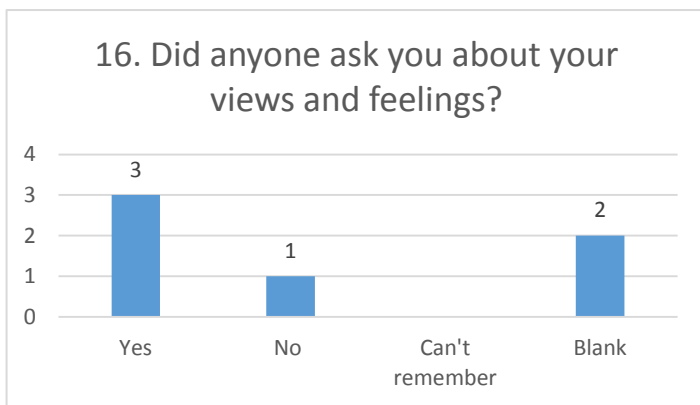
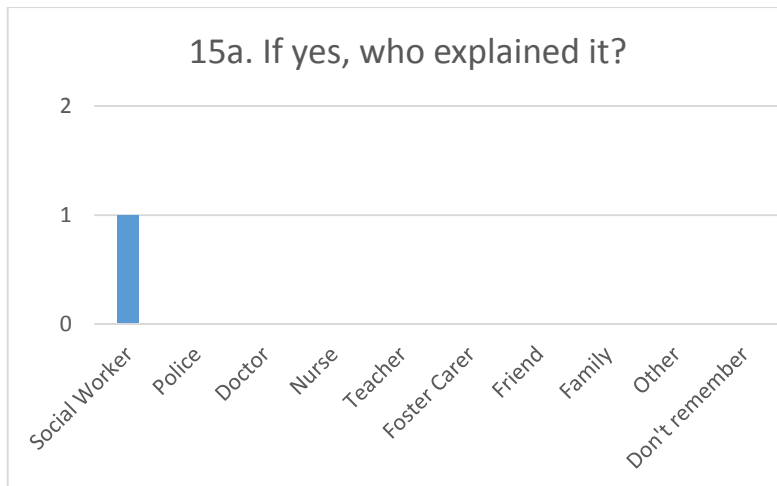
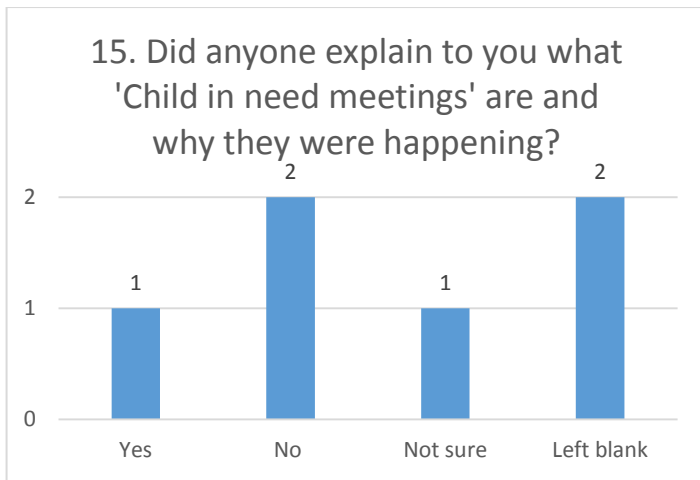


- “No one really explained things”

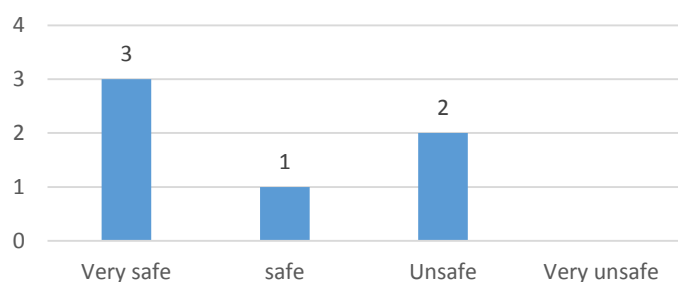
14. What do you think social workers, teachers, police or doctors can do better when speaking to you and other young people?

- “Don't know”
- “Be less patronising”
- “Listen more; not just talk”

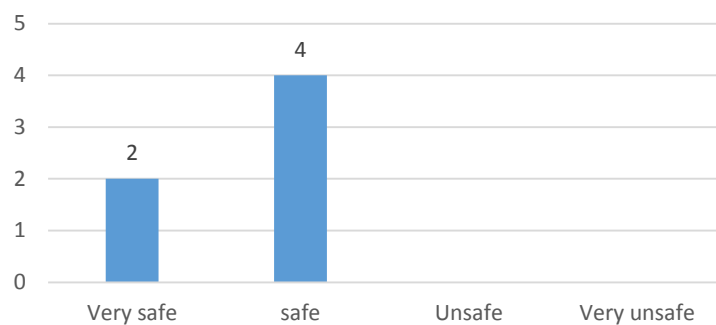




19. How safe did you feel before your social worker got involved?



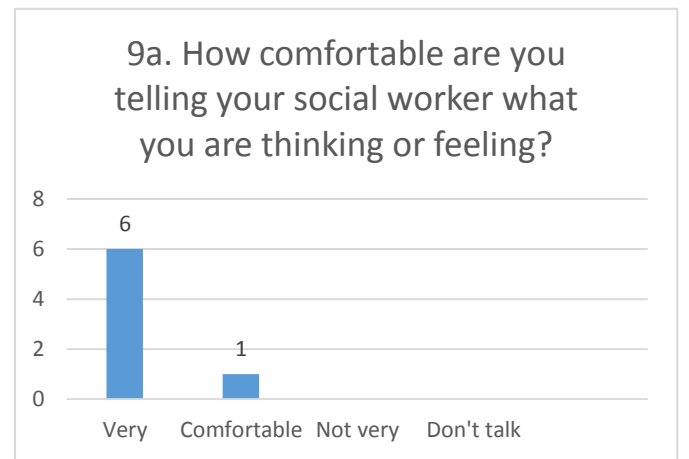
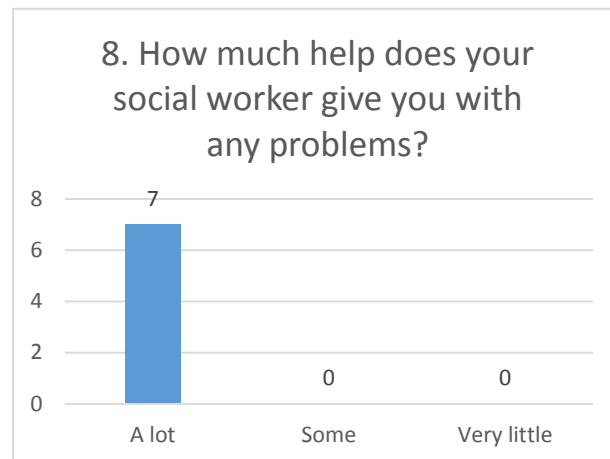
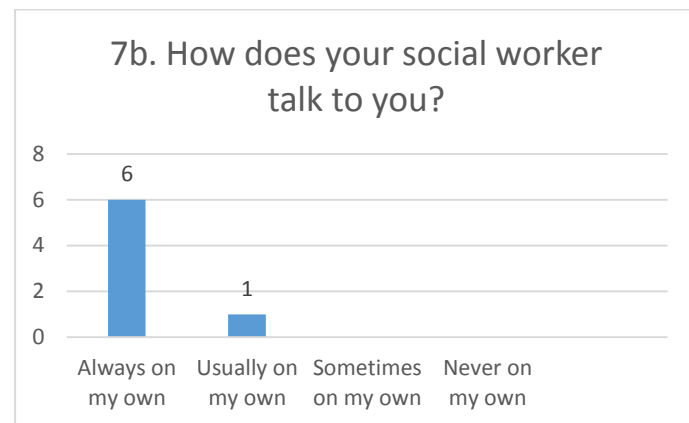
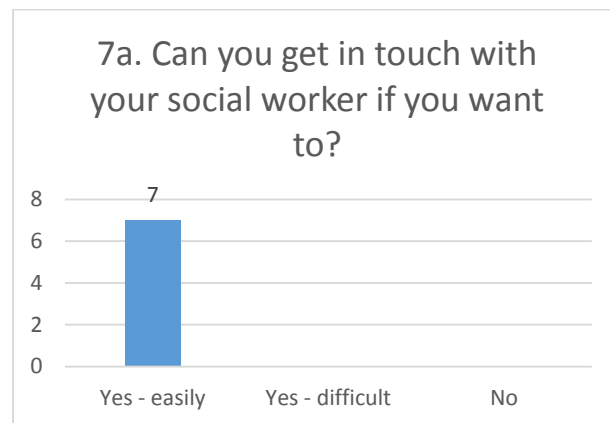
20. How safe did you feel after your social worker got involved?



21. What can we do to make you feel safer at home, in school or on the street?

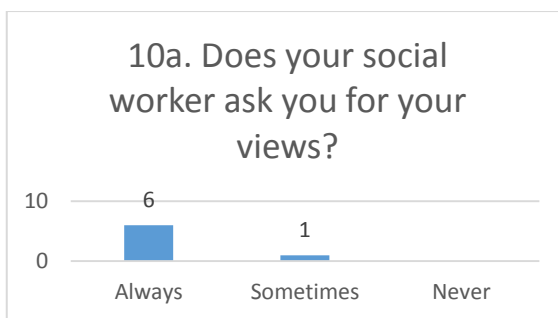
- “Nothing”
- “Explain things simpler”
- “Support me and my family”
- “My carers make me feel safe”

## APPENDIX 2 – Looked After Children Survey

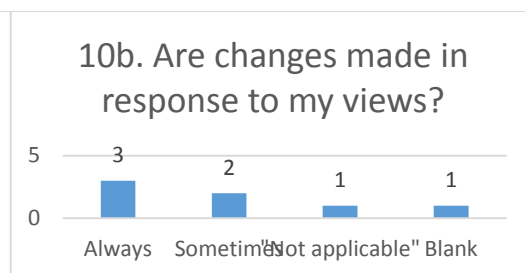


9b. What is it about your social worker that makes you feel this way? What helps you talk or stops you talking with them?

- “She understands me and my problems.”
- “He’s a nice person and tells me things I need to know.”
- “They working very good. Every single [staff member] working for me.”
- “She’s kind”
- “She’s always open”
- “Always there when I need them.”



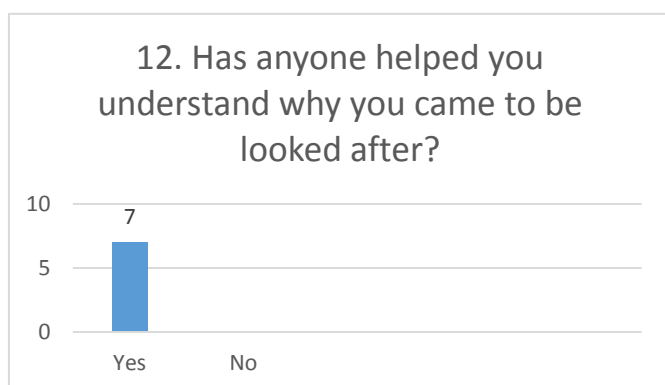
“Every time he ask me and we talk and he gives me advice.”



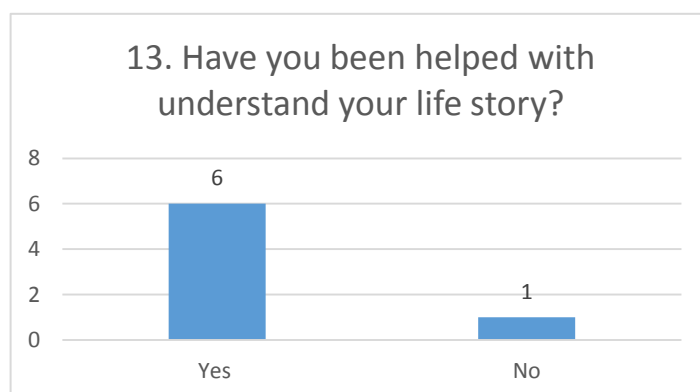
“I haven’t come across this.”

11. Can you give us an example of something that changed or when you were disappointed?

- “Not really”
- “When my phone stopped working and I needed money for repairing.”
- “Depends on what. If I don’t like something I can change it.”
- “I don’t want to live in foster care but I’m not listened to.”

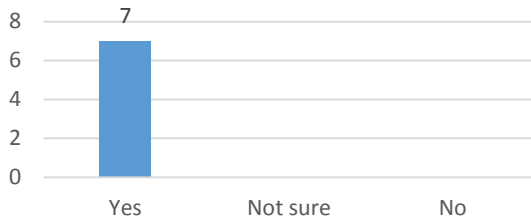


- “I always knew. My first SW explained everything.”

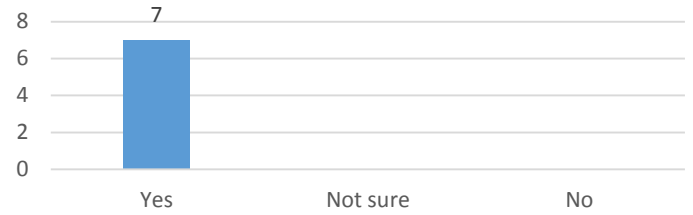


- “It reminded me of everything.”
- “It was helpful talking about my Mum and Dad.”
- “I liked it.”

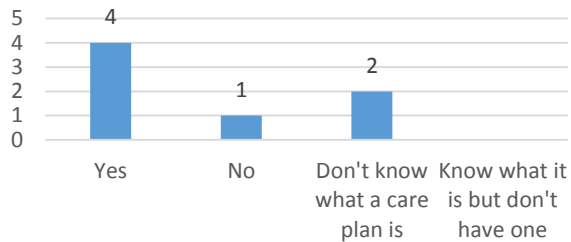
13. Are you happy where you are living?



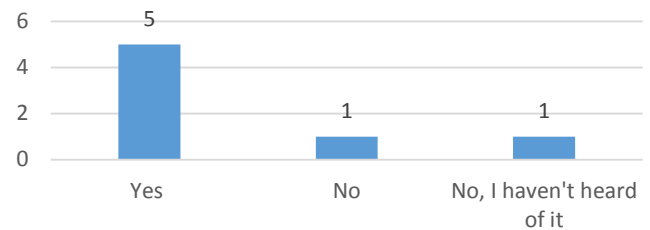
14. Is your carer looking after you well?



15. Do you know what is in your care plan?



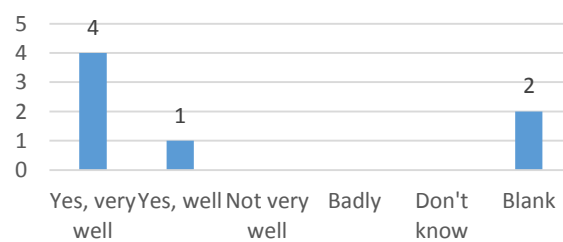
16. Have you seen the City's Pledge?

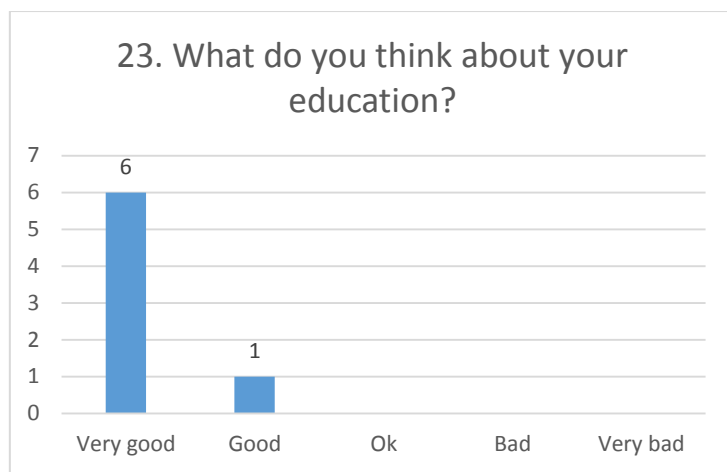
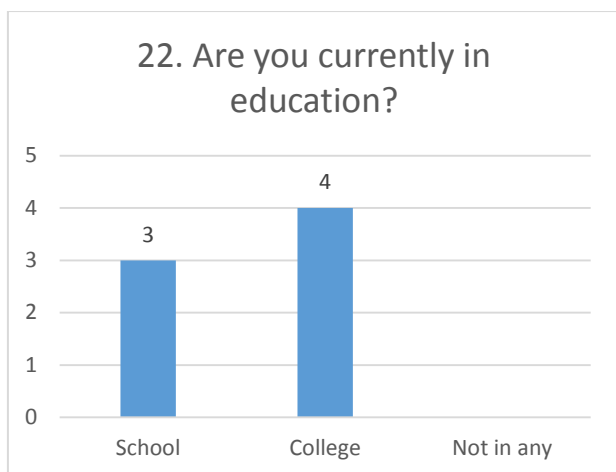


- "I feel like I'm home. Not like a foster child."
- "She [carer] listens to me and gives me advice. She takes me out to places. She cooks good food."

- "Don't remember."

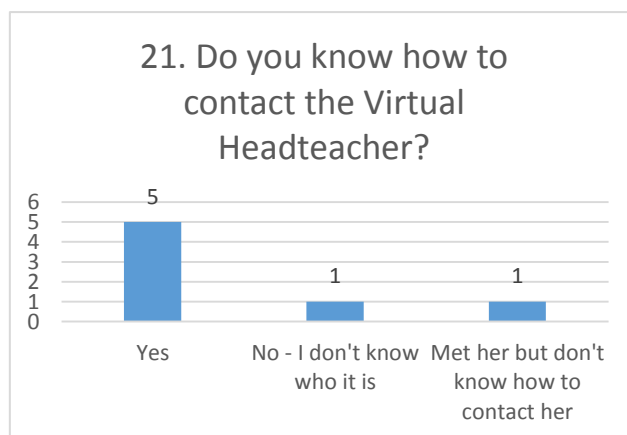
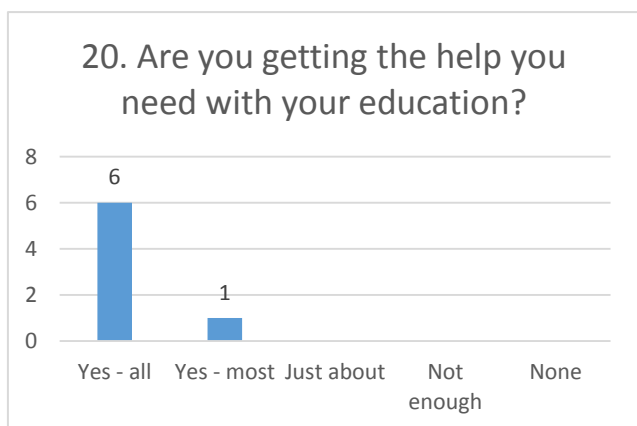
17. Are these promises being kept?





- "I like it but ESOL is too hard."
- "I do many courses, ESOL, Maths, science. I want to become a journalist."

"The GCSEs were hard but I miss it [school] already."

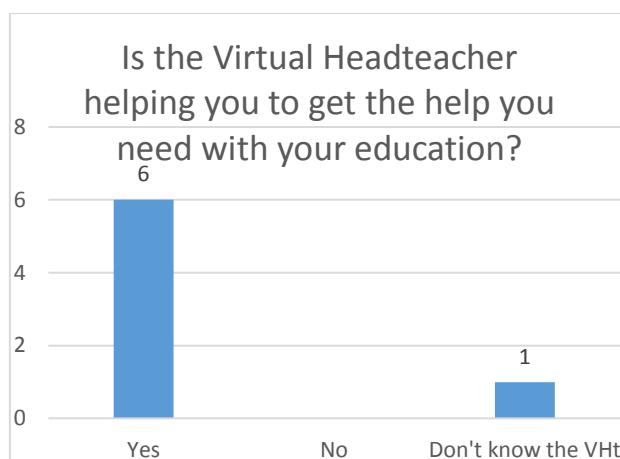


"I need help to my education because English is difficult."

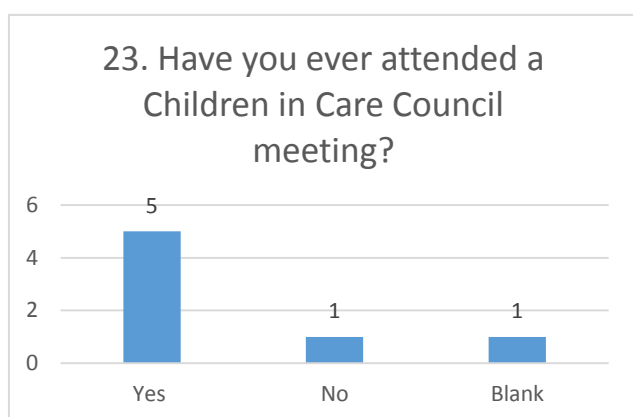
"I had tutoring after school which was very helpful."

"I got a laptop in 2013."

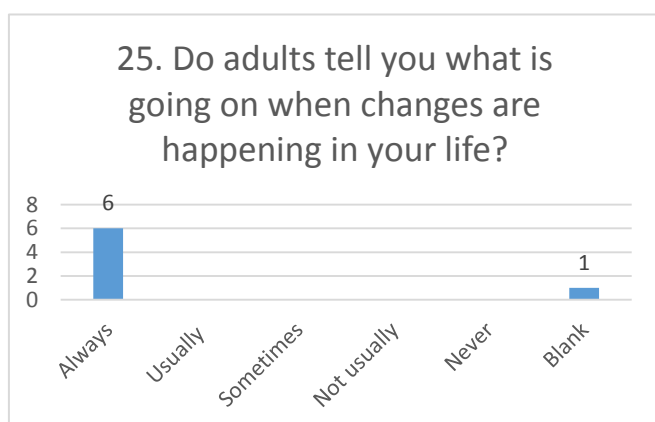
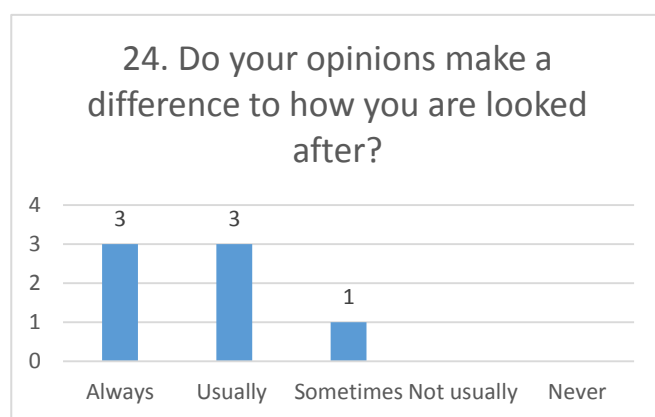
"I have extra lessons and a home tutor."



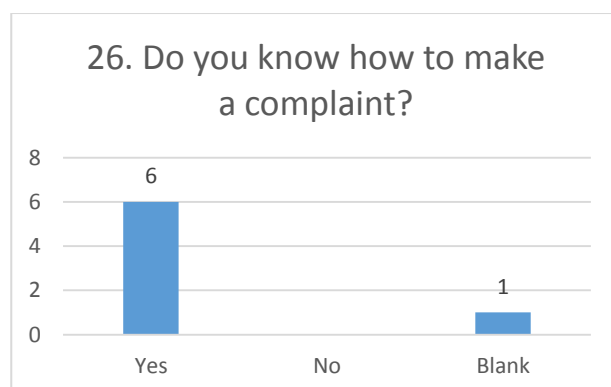
- “She is always helpful.”
- “She is pushing me to try harder and encourages me.”



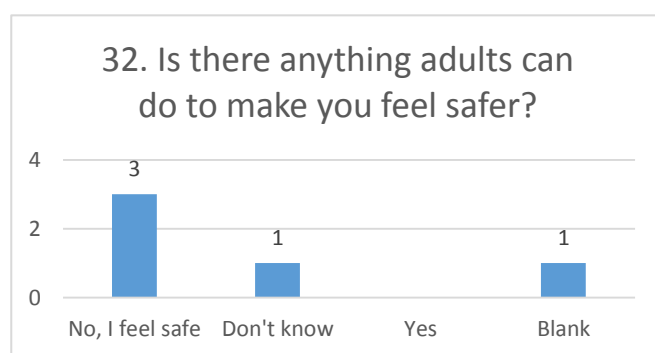
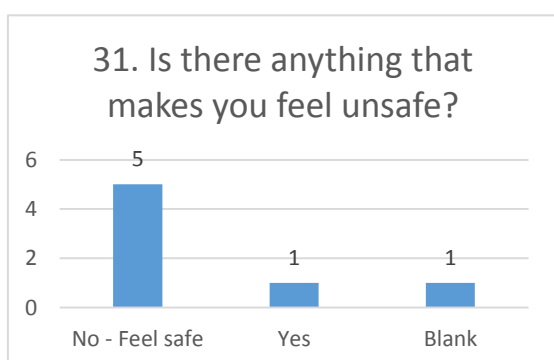
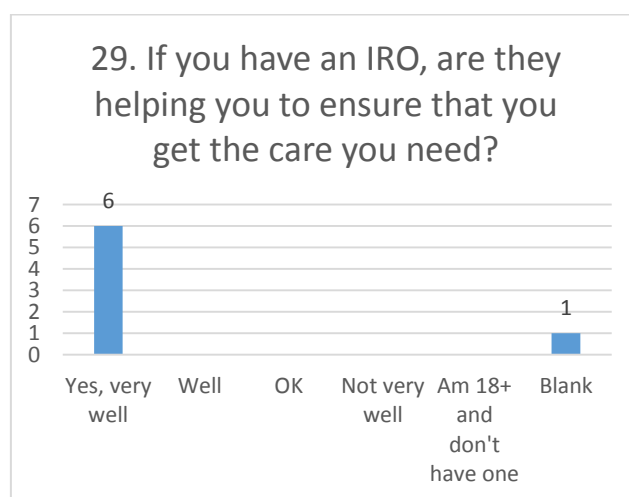
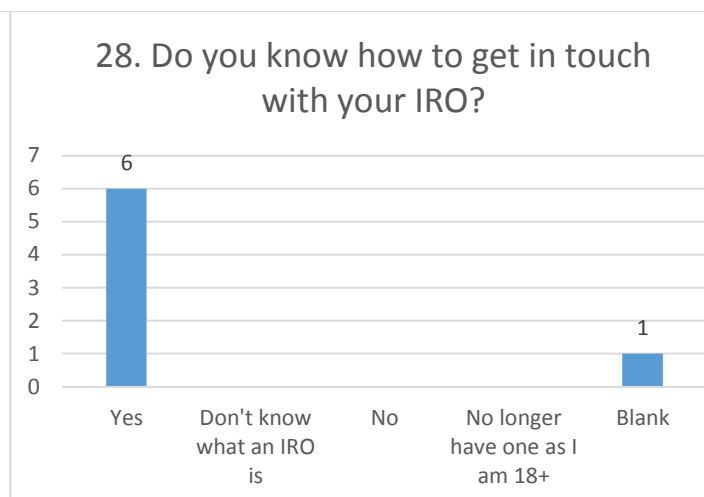
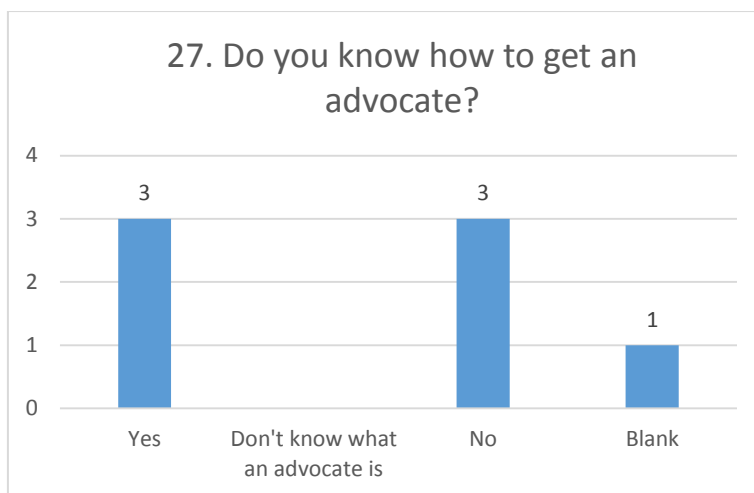
- “It was a good meeting.”
- “The meetings are helpful. You get to know their plans and aims and you get to say what you think.”
- “I don't want to go.”
- “I like it. It's good for us from the same country. It helps us.”



- “In every single meeting.”



- “I never wanted to.”

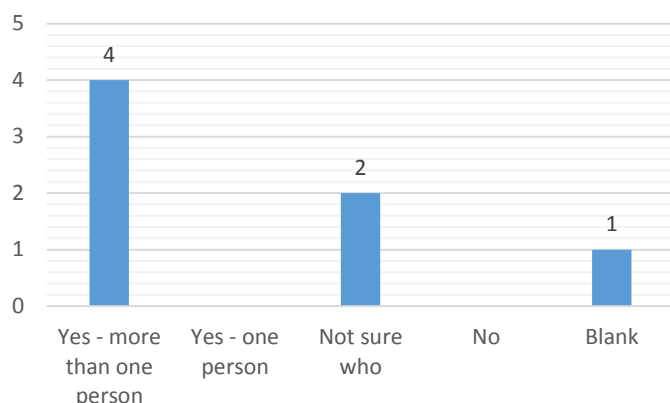


- “The only thing I feel unsafe about is my immigration status.”

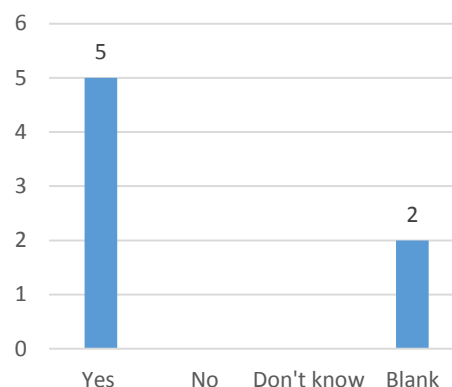
- “Help me with immigration.”



### 33. If you are being harmed or bullied could tell someone?

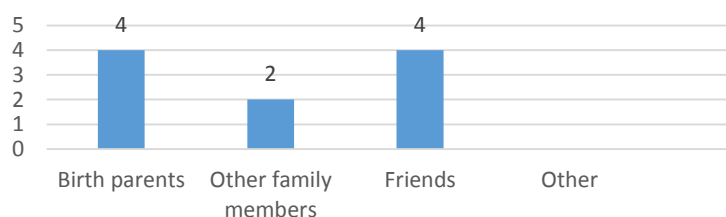


### 34. Do you have someone to talk to about your worries?



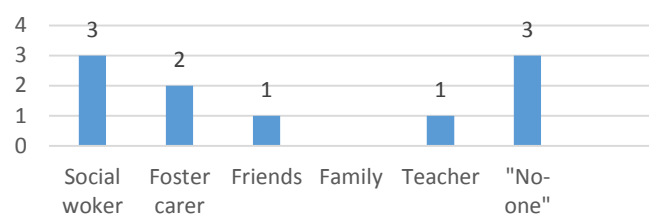
- "Friends, social worker, carers."
- "I feel confident."

### 36. Do you feel you have enough contact with?

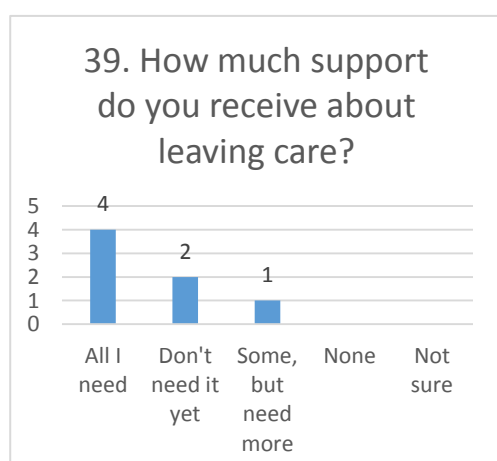
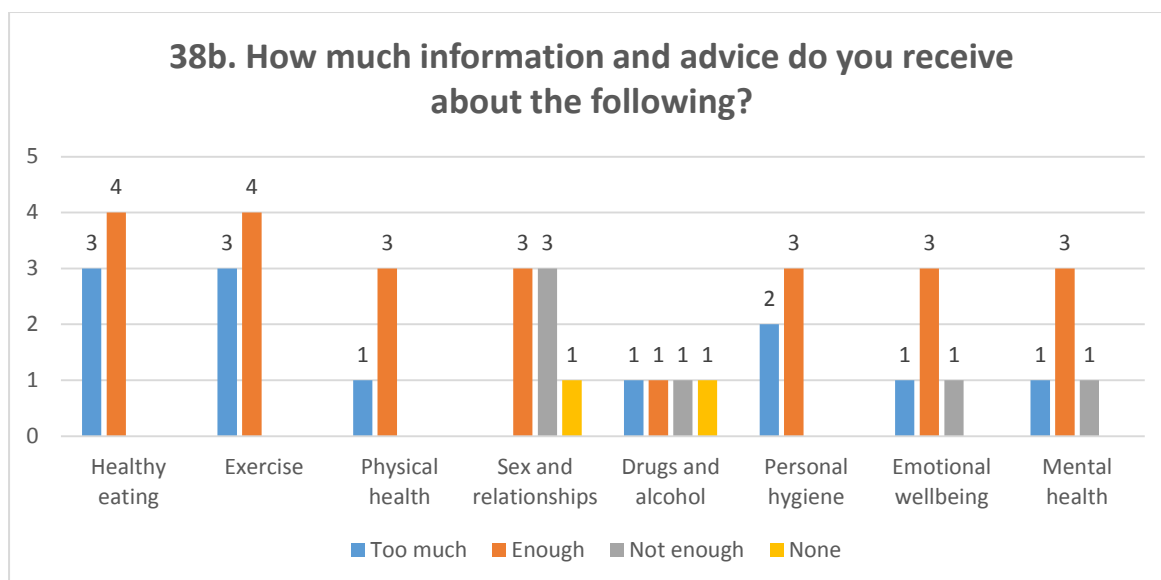
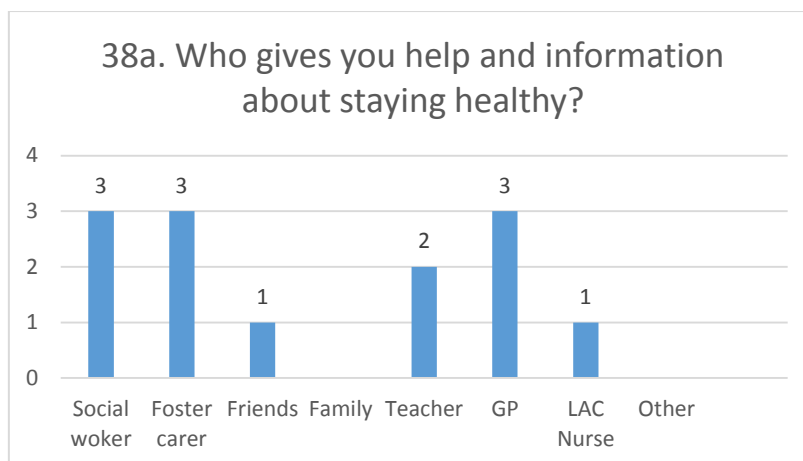


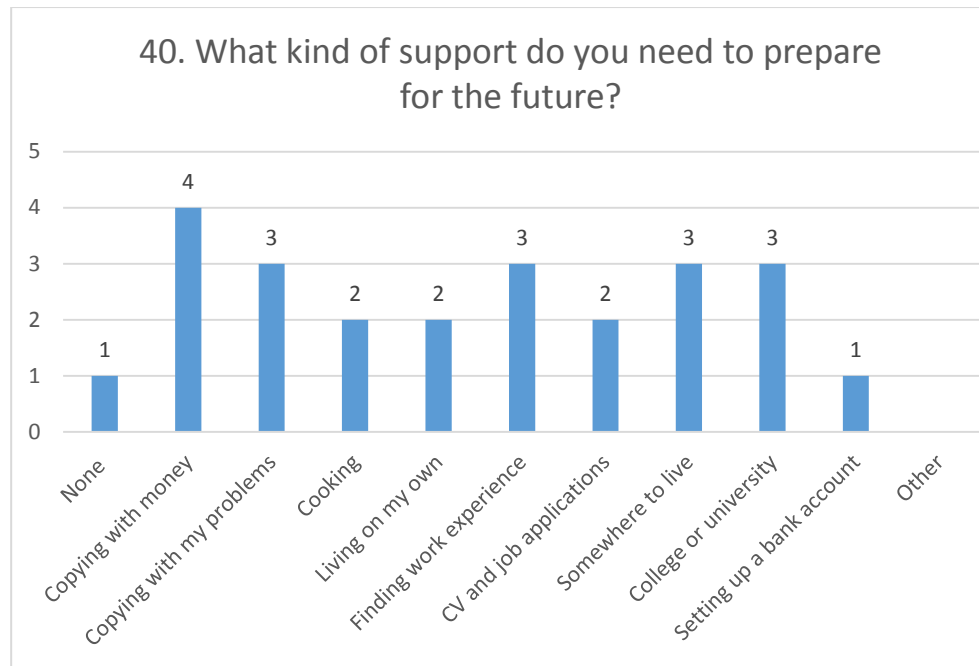
- "We phone every week."
- "I'm trying but I can't find them [parents]. It's difficult."
- "More than enough [contact with friends]."
- "I have just one friend."

### 37. Who celebrates your successes with you?



- "I celebrate Eid with friends and family."
- "I'm not celebrating."
- "No-one. I had a friend at college last year but not now."



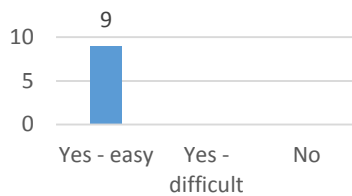


41. Please tell us about any other help you would like from the City.

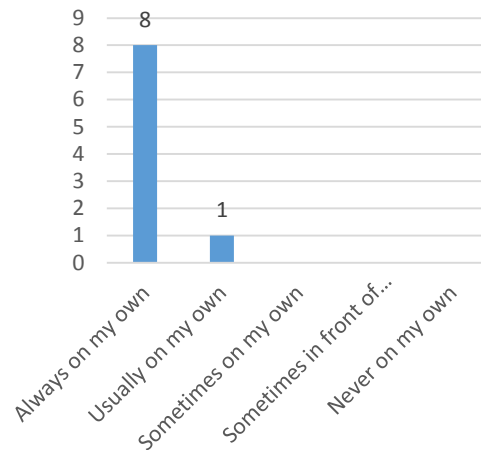
- “Thank you for City of London. Help me so much.”
- “I’m ok. No other help needed.”
- “I’d like to know how much money they spend on me and who decides [how it is spent].”
- “I’m very thankful.”
- “I’d like more stuff like going out, like the cinema.”

## APPENDIX 3 – Care Leavers Survey

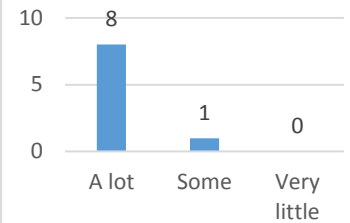
7a. Can you get in touch with your social worker if you want to?



7b. How does your social worker talk to you?

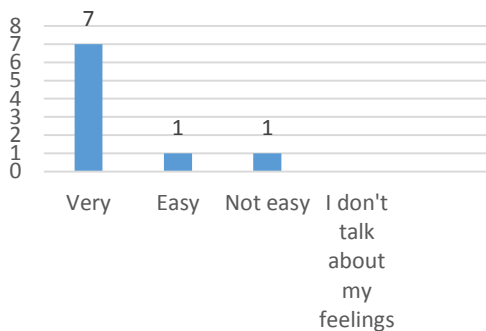


8. How much help does your social worker give you with any problems?



- “They’ve always been there for me since I arrived 8 years ago.”
- “Anytime you ask him.”

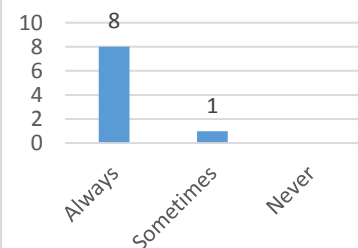
9a. How easy is it to talk to your social worker about what you are thinking or feeling?



9b. What is it about your social worker that makes you feel this way?

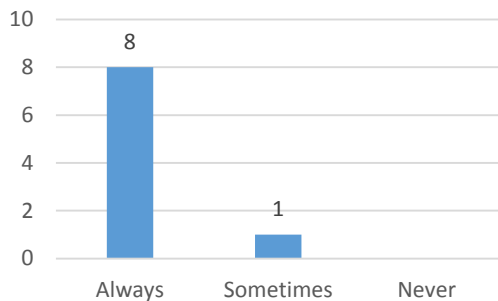
- “Anything I want, she helps me”.
- “We talk but not too much”.
- “Whenever I need him, he is there”.
- “I like it that she gets things done. Doesn’t just promise and wait around. She shows me how to help myself”.
- “He can understand my problems, every time I need him”.
- “Sometimes I feel shy but she helps me.”
- “I ring, she comes.”

10a. Does your social worker ask you for your views about what you want?



- “Of course.”
- “She respects my point of view.”

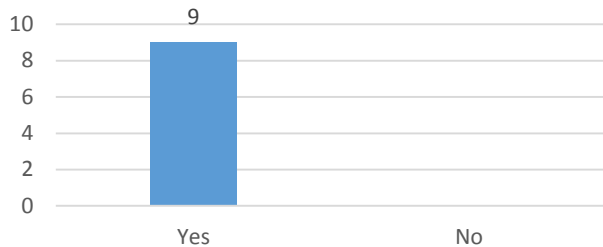
10b. Are changes made as a result of the views you share?



EXAMPLES

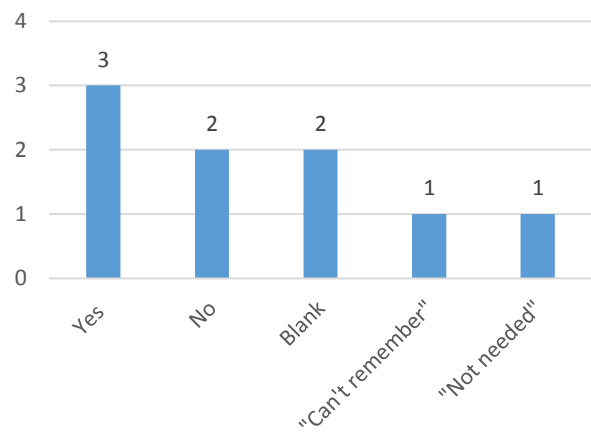
- “Someone helped me a lot with my education. Not sure if they were from the college or Social Services.”
- “She calls me and asks me about my feelings.”
- “Once I asked for something and she said she had to ask her manager. But she’s always helpful.”
- “I was thinking of leaving college but she changed my mind. I found it good.”
- “He shows me how to do things online. He showed me how to do Microsoft Word.”
- “Everything from A – Z.”
- “She always makes sure my needs are met.”
- “He helps find my flat.”
- “Lots. Found my college. Contacts me regularly.”

11. Has anyone worked with you to help you understand the reasons why you came to be looked after?



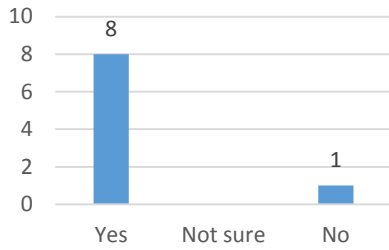
- “It’s a long time ago. They did it when I came into care 11 years ago.”

12. Have you been helped with understand your life story?



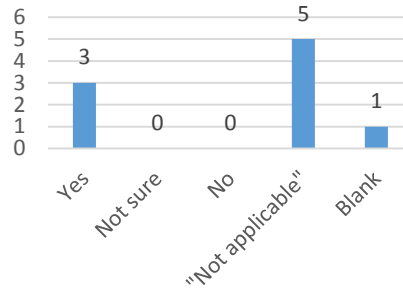
- “He talks to me about my life and what to do.”
- “We went through my record and what happened to me.”

### 13. Are you happy where you are living?

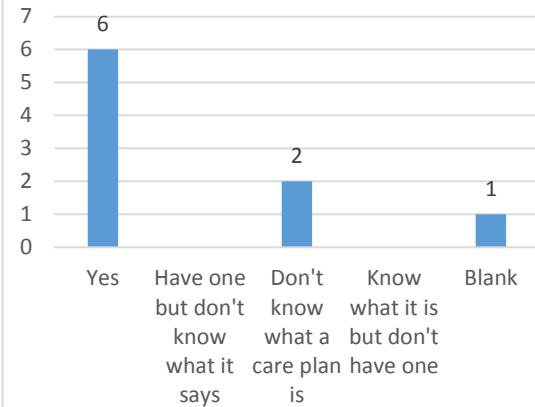


- “My carers are very nice people.”
- I was promised I would be moved from my studio flat. I want 1 bedroom.”
- “I like the area where I live.”
- “She tries to chase the Housing Department but it's difficult.”
- “When I came here [flat] it was horrible, no carpet...They helped me a lot.”

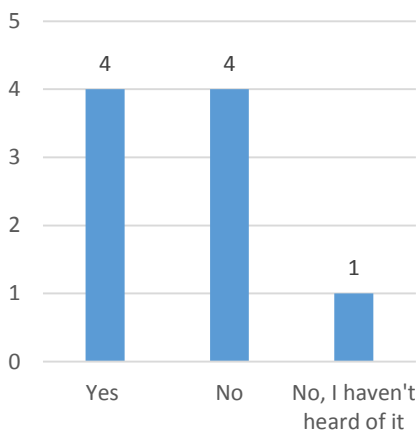
### 14. Is your carer looking after you well?



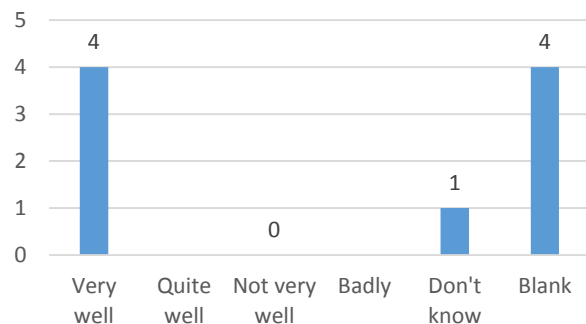
### 15. Do you know what is in your care plan?

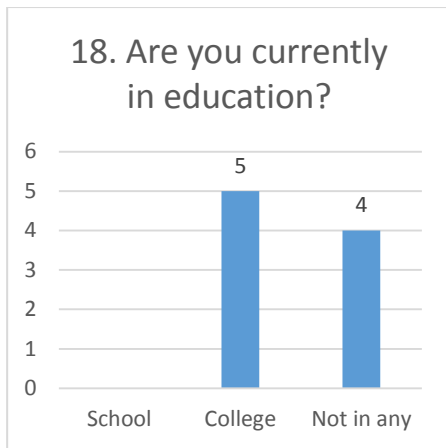


### 16. Have you seen the City's Pledge?

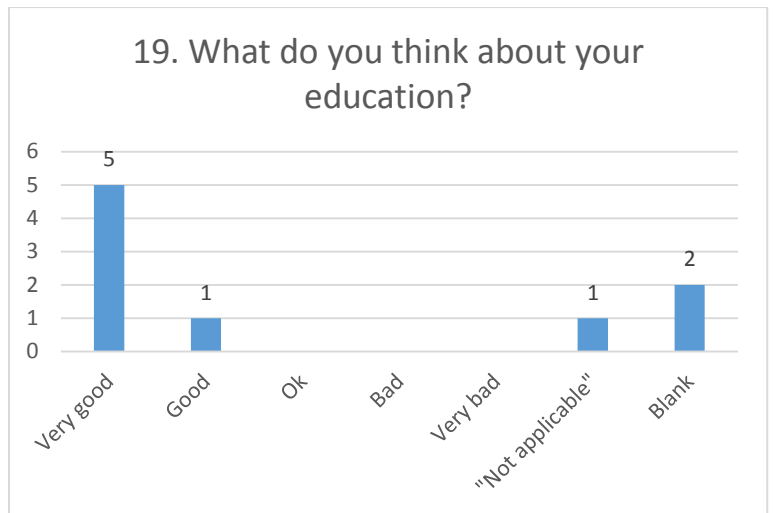


### 17. Are these promises kept?

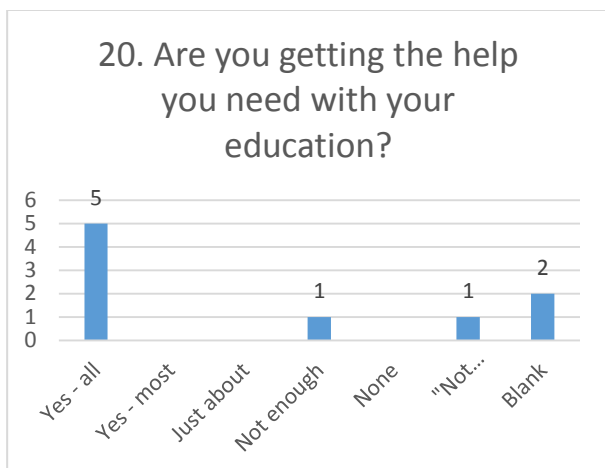




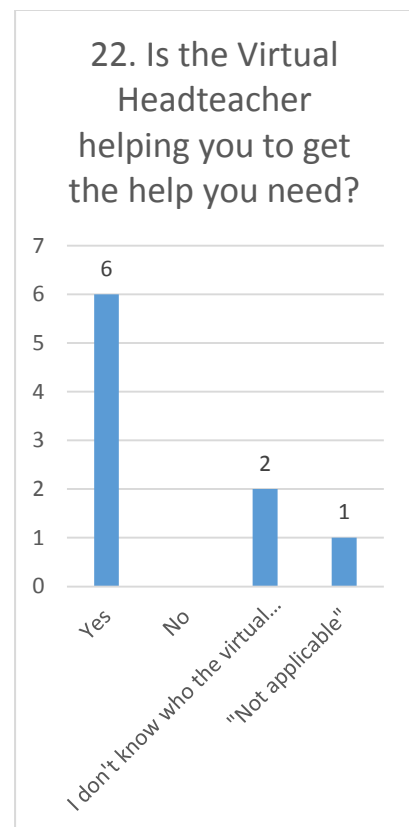
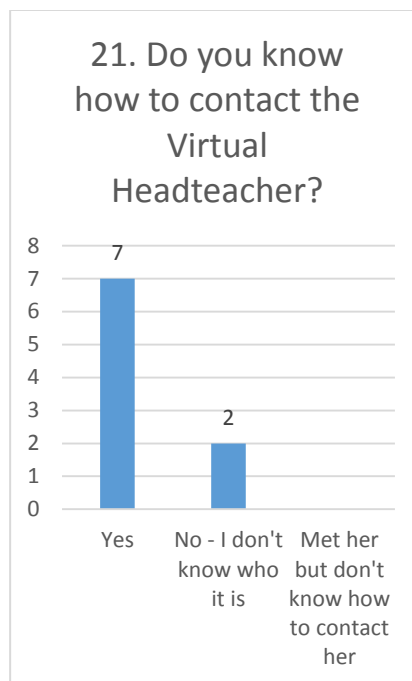
- “Just finished college and looking for work.”
- “I’m looking for a mechanics course at Croydon College.”



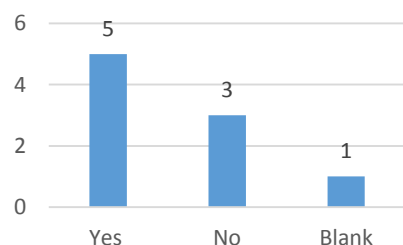
- “I’m stressed with finances. When I’m in college too much I spend too much money, in the restaurant, on my phone.”



- “Julia is really helpful with work placements, how to get funds.”
- “I didn’t get enough help and now I’m too old.”
- “I even got a teacher to tutor me.”

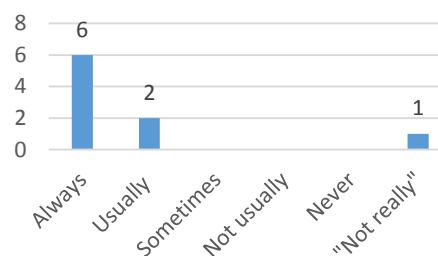


23. Have you ever attended a Children in Care Council meeting?

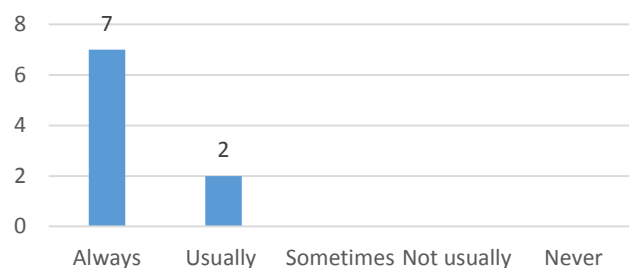


- "I go all the time. I like the meetings."
- "This is a very good idea. We get to know each other, share ideas."
- "It's nice. We talk about education and eat together."
- "It's for younger ones."
- "I live to far."
- "I haven't been invited."

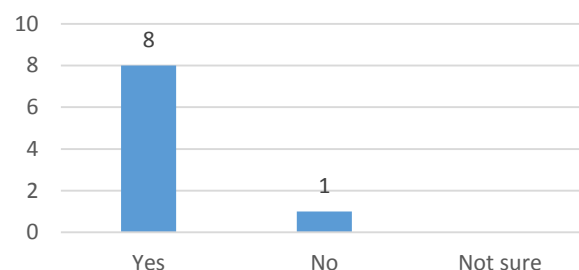
24. Do your opinions make a difference to how you are looked after?



25. Do adults tell you what is going on when changes are happening in your life?



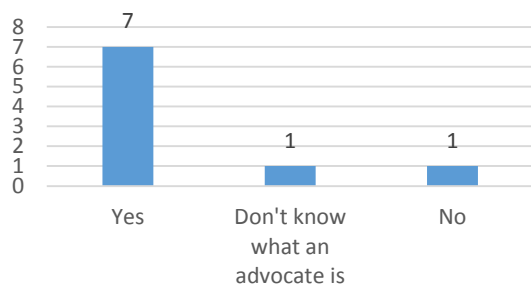
26. Do you know how to make a complaint?



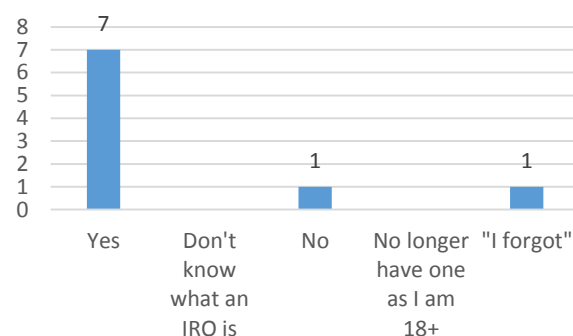
- "Everything is fine."
- "I've never been unhappy."



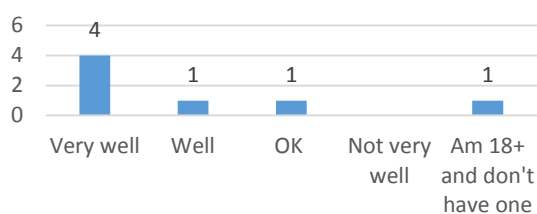
### 27. Do you know how to get an advocate?



### 28. Do you know how to get in touch with your IRO?

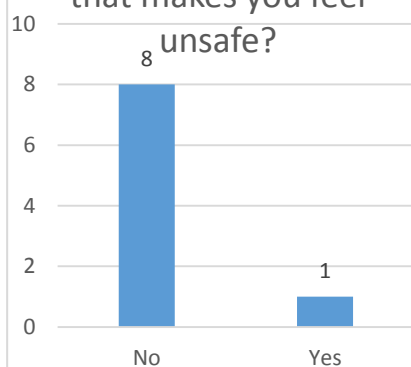


### 29. If you have an IRO, are they helping you to ensure that you get the care you need?

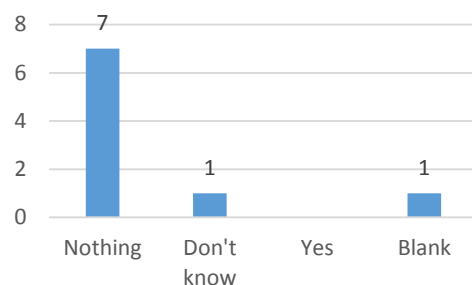


- “They could have helped me go to uni. I had no documents so I couldn’t go.”

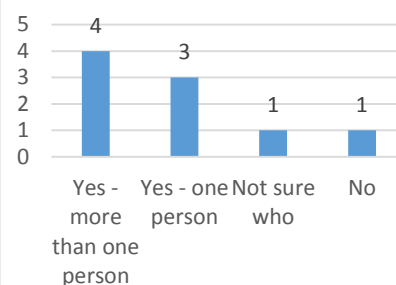
### 30. Is there anything that makes you feel unsafe?



### 31. Is there anything adults can do to make you feel safer?

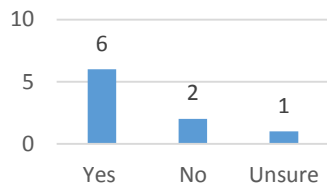


### 32. If you are being harmed or bullied could tell someone?



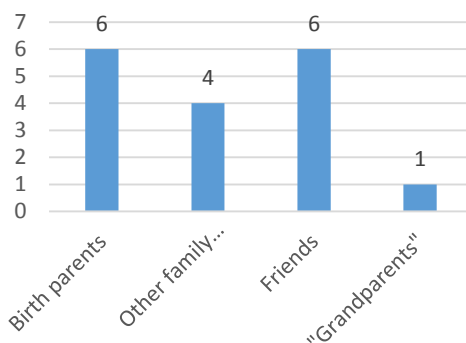
- “I don’t want to talk about it.”
- “I got to deal with it on my own.”
- “I have no one.”
- “My boyfriend.”
- “At college”
- “My sister”

### 33. Do you have someone to talk to about your...

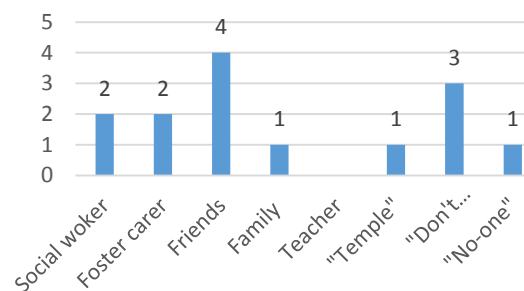


- "I stay at home and don't go out."
- "I'm not someone who gets bullied."

### 34. Do you feel you have enough contact with?

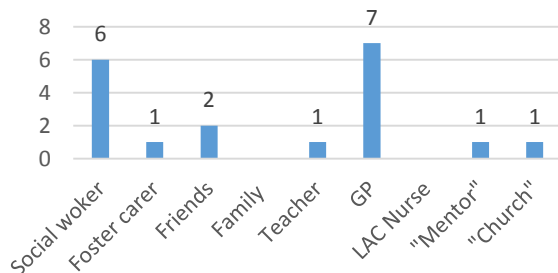


### 35. Who celebrates your successes with you?

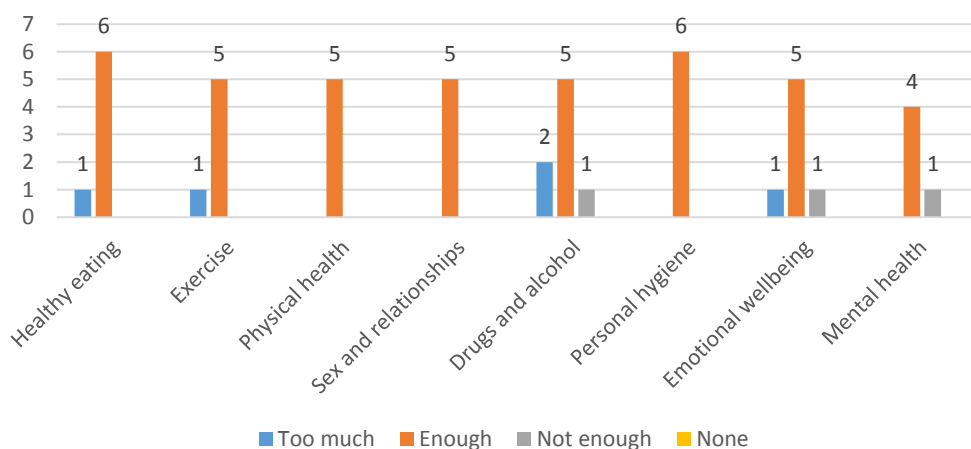


- "I don't celebrate. I do nothing for my birthday."
- "I haven't got anyone to celebrate with."
- "It costs too much."
- "I celebrate at the temple."

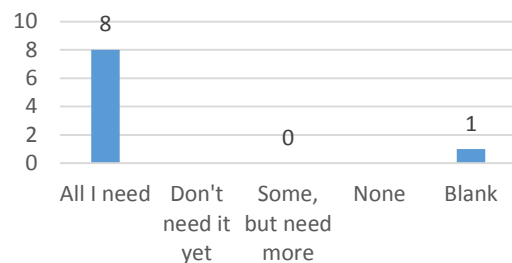
### 36. Who gives you help and information about staying healthy?



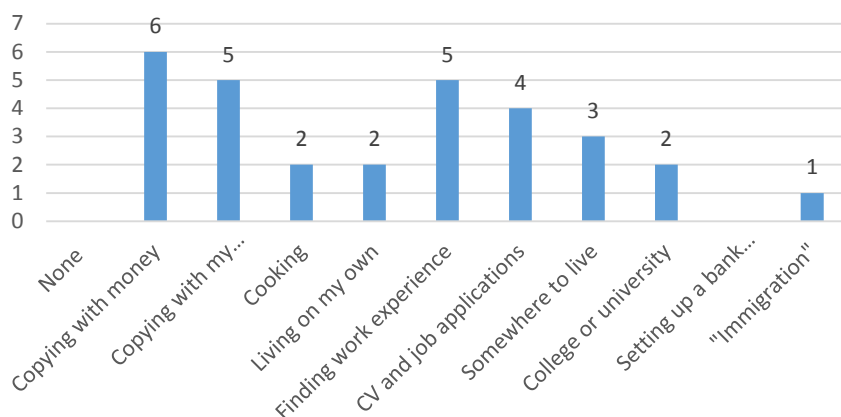
### 37. How much information and advice do you receive about the following?



### 38. How much support do you receive about leaving care?



### 39. What kind of support do you need to prepare for the future?



"I've always been independent since I was 10."

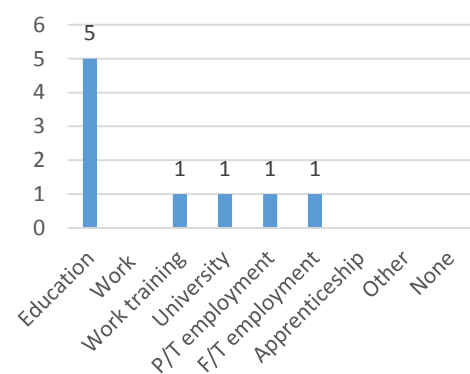
"My SW helped with everything."

"It's hard but I'm managing."

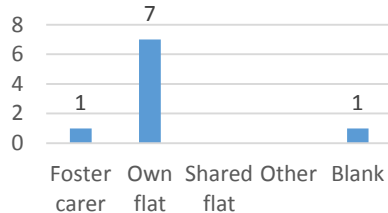
"I had so many problems with Housing."

"My SW helped me find work experience. I worked in the Barbican Estate Office. It got me interested in Housing."

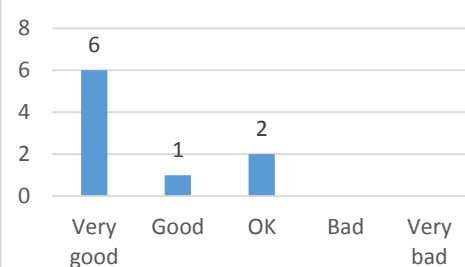
### 40. Are you in education, employment and training?



### 41. Where are you living at the moment?



### 42. How is your accommodation?



"It's better than expected. Not flimsy."

"They helped me get a bed, sofa, kitchen stuff."

"It's too small. I was told I could swap."

"It's comfortable."

"It's nicely furnished."

43. If you are living independently, what support have you received with this?

- “I had so many problems with Housing Benefit. Two months ago City started to help and it’s getting better,”
- “Lots” (x3)
- “Everything I need.”
- “6 hours mentoring support a week.”

44. How do you feel you have been supported to develop the skills you need to live independently (e.g. budgeting, being independent, managing bills, etc)

- “Very well” (x 4)
- “They helped me but I didn’t need it. I know how to do things.”
- “I’m used to being independent.”

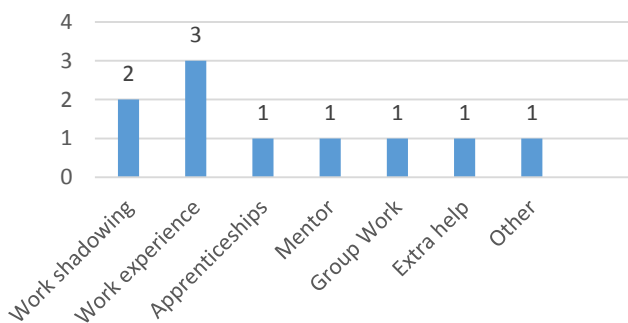
45. What support do you get with education, employment or training?

- “My course is very very good.”
- “Help with bulking out my CV.”
- “Everything I need.”
- “I finished level1 and am already enrolled for next year.”

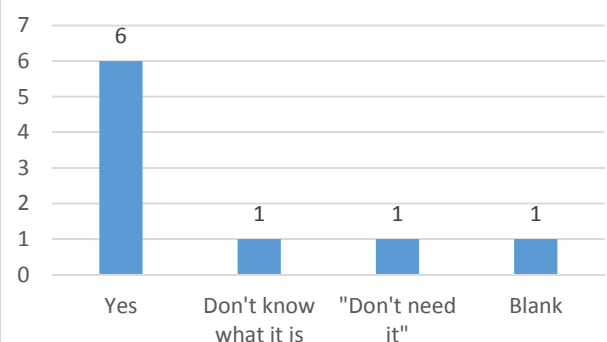
46. Have you had any contact with Prospects? What help have they given you?

- No (x4)
- Yes (x3)
- Don’t know

47. What support are you getting to access work experience and paid employment?



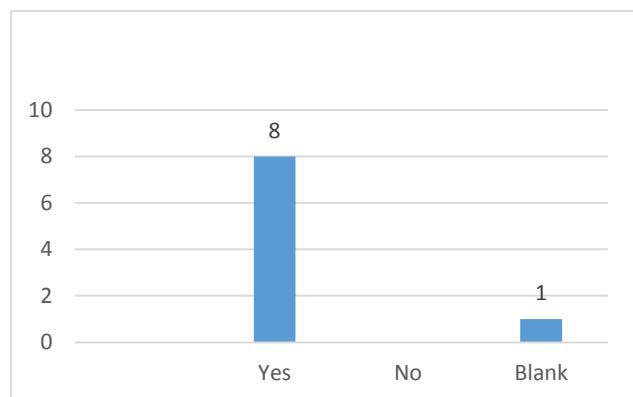
48. Do you have a pathway plan and did you help develop it?



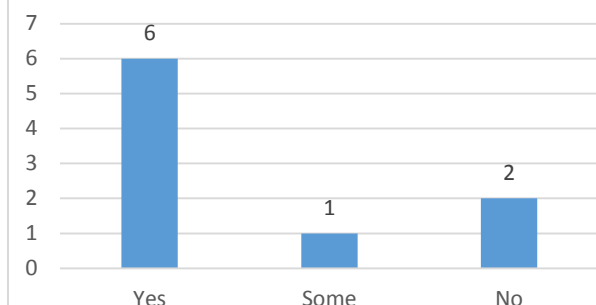
- “They helped me with a driving license.”
- “Not needed at the moment.”
- “Julia is helping with everything.”
- “Not needed at the moment.”

- “I don’t need it. My case is closing.”

49. Do you feel supported by your Personal Advisor/Social Worker?



50. Do you know your entitlements as a care leaver



51. What are your aspirations or dreams for the future?

- "A secure job, to support myself."
- "Finish college and be a mechanic."
- "Lead a normal life."
- "Nothing. Everything is black."
- "Have my own house and work."
- "Get a job, have a wife, children, a family."
- "Have a good life."

52. For you, what is the best thing about being a care leaver?

- "When my sister comes, I feel I have a family."
- "I just got a 2:1 in my Maths degree at Uni."
- "Someone is there when I need it."
- "I can do anything I like, for example, go out."
- "I have a job, but it's not interesting."
- "My own flat."
- "Don't know."

53. For you, what is the worst thing about being a care leaver?

- "I'm all the time thinking about the past and how my life has changed."
- "Taking care of myself alone."
- "The uncertainty...what's next..."
- "I live alone. I want a family here. Sometimes I feel lonely."
- "College is hard."

54. What are your top three suggestions about how City should support care leavers?

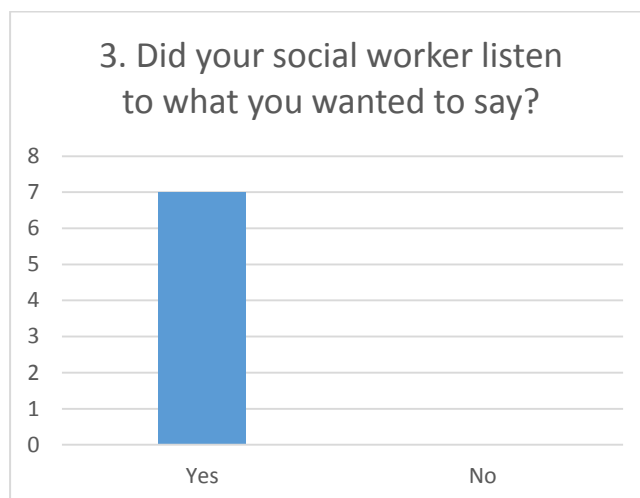
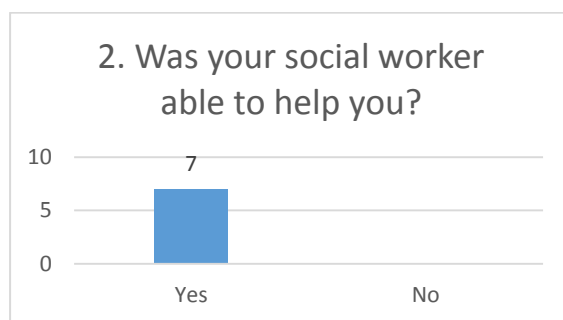
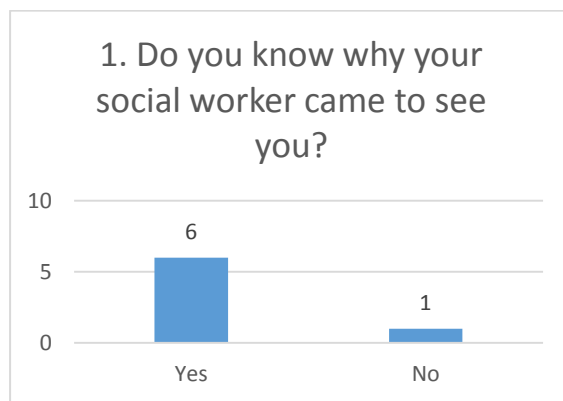
- "Help finding work and accommodation."
- "They are doing well. They are doing a lot for me."
- "Give more money. Bring my family here."

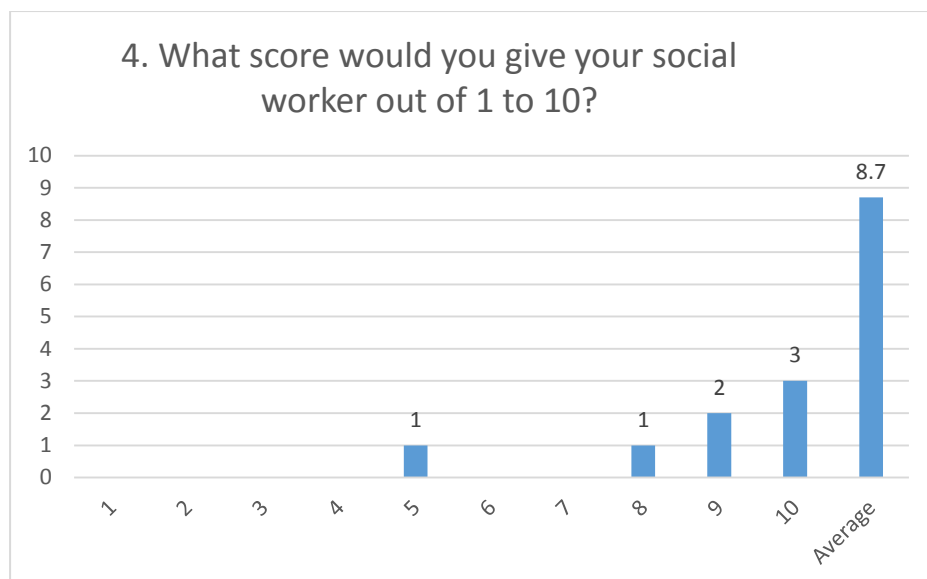
- “The support was better 3 years ago. It’s getting a little bit worse.”
- “More help with education when I was younger.”
- “Everything is good.”
- “My own flat.”
- “They didn’t help with Student Finance. I worked hard to go to uni. I had more than enough points. It’s too late now.”

55. Please tell us about any other help you would like from the City.

- “My last social worker was ok. They found me a counsellor. I’m still on medication and can’t sleep though. They sent me to the Refugee Council. I’m waiting to hear.”
- “Pay travel allowance to go to church on Sundays.”
- “More trips and holidays.”
- “A laptop.”
- “I want to say Thank You to them.”
- “Thank you for helping me.”
- “They are doing a pretty good job.”

## APPENDIX 4 – Under 10s

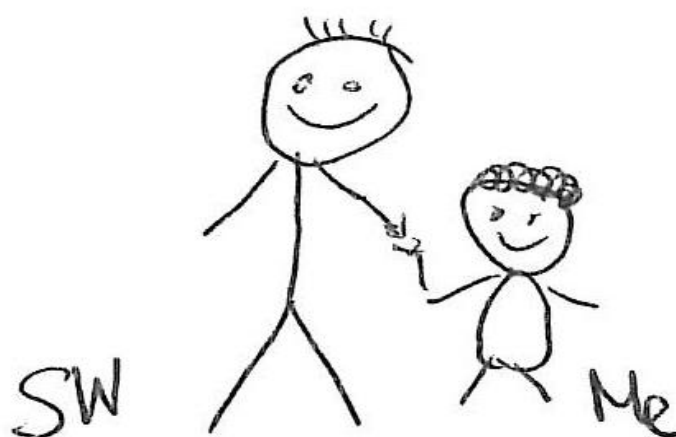




## Comments

“She’s helpful”

From a parent “Our child has a disability and can’t talk but we can tell from her response how much she likes X [social worker]. She smiles and always wants to cuddle her. From our point of view, X has been amazing. She stays on the case and gets things done. She knows what she is doing. We are incredibly grateful. Thank you to her and all her managers who obviously manage her very well.”



*Me and my social worker*



<b>Committee</b>	<b>Dated:</b>
Safeguarding Sub Committee	26 <sup>th</sup> January 2017
<b>Subject:</b> Corporate Parenting Annual Report	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Poppy Middlemiss, Strategy Officer, Community and Children's Services	

## Summary

This report presents to Members the document *Corporate Parenting Annual Report 2015/16*. The annual report provides an overview of the City of London Corporation's role as a corporate parent, and the outcomes that have been achieved for the children and young people in our care.

The annual report illustrates that the City provides good care to looked after children, supports their achievements and safeguards them from harm. It also sets out a number of priorities and actions for the coming year.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1. *Corporate Parenting Annual Report 2015/16* provides Members with an overview of the City Corporation's role as a corporate parent, and the outcomes that have been achieved for the children in our care. As a corporate parent, the City has a moral and legal duty to provide support, care and encouragement to the children and young people it looks after to help them reach their full potential.
2. The annual report is being presenting to Members of the Safeguarding Sub Committee, in its role as the Corporate Parenting Board, to enable scrutiny of the performance of the City Corporation in this role.

## **Current Position**

3. The annual report provides an overview of the profile of the children in our care, and reports on the City's performance in meeting key measures of health and wellbeing, and in providing stable, quality foster homes for children to be cared in. It sets out the actions taken to safeguard children from harm, and the work undertaken to support children to maximise their educational attainment or their engagement with training and employment.
4. The report also describes how the Children in Care Council has thrived in its second year of existence, and the impact of bringing the Independent Reviewing Officer Service in house.
5. The City's support for the children in our care is strong. Statistical measures of performance are better than those reported nationally, or by local authorities considered to be our statistical neighbours. However, the City continues to strive to improve, and the report sets out a number of areas for development and priorities to be delivered in 2016/17.

## **Corporate & Strategic Implications**

6. The City's role in supporting children in our care to achieve their full potential contributes to the fulfilment of the priorities of the Department of Community and Children's Services Business Plan, the Children and Young People's Plan and the Corporate Parenting Strategy.

## **Conclusion**

7. The City of London continues to deliver a strong corporate parenting role that is helping the children and young people in our care to thrive.

## **Appendices**

- Appendix 1 – Corporate Parenting in the City of London – Annual Report 2015/16

## **Poppy Middlemiss**

Strategy Officer, Health and Children

T: 020 7332 1210

E: [poppy.middlemiss@cityoflondon.gov.uk](mailto:poppy.middlemiss@cityoflondon.gov.uk)

# Corporate Parenting in the City of London

## Annual Report – 2015/16

### **1 Introduction and context**

- 1.1 This annual report provides an update on the City of London Corporation's role as a Corporate Parent, and the outcomes that have been achieved for the children in our care.
- 1.2 The City of London Corporation is a Corporate Parent to the children who are in its care. These looked after children are those children and young people aged 0 - 18 years who cannot safely remain with their family, or those for whom the City Corporation acts as a parent in the absence of family. Looked after children can include Unaccompanied Asylum Seeking Children (UASC), children with multiple disabilities and those who have suffered abuse and/or neglect. As such, looked after children and young people are one of the most vulnerable and disadvantaged groups in our community.
- 1.3 The City Corporation's legal and financial responsibility to the children and young people for whom it is a corporate parent extends into their lives as care leavers and as they transition to independence.

### **2 The children in our care**

- 2.1 During 2015/16 the City Corporation looked after 17 children. This is an increase from the previous year, during 2014/15 the City Corporation looked after 11 children in total. In 2015/16 eight children were in care at the start of the year and a further nine came into care during the year. Two of those who came into care were looked after temporarily and subsequently repatriated to their home country with their parents. Two others reached the age of 18 and continued to receive the support of the City Corporation as care leavers (both living in semi-independent accommodation). A further two looked after children in the City left our care during 2015/16 because their former foster carers were awarded Special Guardianship Orders, which offered permanency to the children outside of the care system.
- 2.2 The City Corporation's looked after children are predominantly older. 65% of the children cared for during this period were 15 years or older and none of the three that were ten years or younger were still in care by 31<sup>st</sup> March 2016.
- 2.3 14 of the 17 children looked after during 2015/16 were male and 14 of the 15 care leavers supported by the City were male.
- 2.4 The age and gender profile of the City's looked after children reflect the dominance of children who are Unaccompanied Asylum Seeking Children (UASC) among this group. 12 of the 17 children looked after in 2015/16 were UASC, as were seven of the nine children who came into care during the year, the other two children whilst they were not UASC were also not City of London residents. Nationally, 89 per cent of UASC children are male and 76 per cent are aged over 16 years.

- 2.5 The number of UASC in our looked after population is also reflected in the diversity of ethnicities and countries of origin. In 2015/16 White British and White Other represented the largest cohort (eight) with two children of white British Origin, four of White Albanian, and 2 Gypsy/Roma (Romanian). Six of the 17 children were of Asian origin. Although households of Asian origin are significant proportion of the City's population, such households are south Asian (Bangladeshi) in origin and diverse from the children of Asian origin in our care who are Afghani or Iranian. One child was of mixed origin and two children of Black African origin.
- 2.6 During 2015/16 the City supported 15 young people who had left care – including the two young people mentioned above who at the age of 18 years became care leavers.
- 2.7 Our care leaver population is ethnically diverse, and as with our looked after children, is markedly different from that of the City's resident population. This reflects their route into care, which for 14 out of 15 care leavers was as an UASC.

### **3 Corporate Parenting Board (Safeguarding Sub Committee)**

- 3.1 Within the City Corporation the function of Corporate Parenting Board is undertaken by the Safeguarding Sub Committee which reports to the Community and Children's Services Grand Committee.
- 3.2 The Safeguarding Sub Committee meets four times each year, and in its capacity as the Corporate Parenting Board it is responsible for:
- achieving improved outcomes for children in care and care leavers;
  - developing and overseeing implementation of the City Corporation's Corporate Parenting Strategy to drive improved outcomes;
  - providing challenge to ensure that the Council's duties as Corporate Parent are carried out effectively and consistently.
- 3.3 Membership includes the lead member for children, and the Chairman of Community and Children's Services Grand Committee. Over the past year the Sub Committee has considered reports on topics including:
- safeguarding
  - missing children
  - educational progress of looked after children
  - health of looked after children
  - participation and engagement of looked after children.
- 3.4 The Sub Committee formally received the Annual Report of the City and Hackney Safeguarding Children Board and Local Authority Designated Officer (LADO) Annual Report and an evaluation of the Notice the Signs Campaign.
- 3.5 In February 2016 a briefing session was delivered to members of the Safeguarding Sub Committee by senior management within DCCS. This was to highlight how the department will support them in their safeguarding role. Materials were produced to support this including a bookmark of key safeguarding terms for children and adults.

## **4 Corporate Parenting Strategy and Action Plan**

- 4.1 The Corporate Parenting Strategy sets out the City Corporation's commitment to ensure that children and young people have the support, care and encouragement to reach their full potential. The Corporate Parenting Action Plan has been developed as part of the wider Children and Young People Action Plan in order to aid the delivery of this commitment. During the year the City Corporation substantially revised its new Corporate Parenting Action Plan to better reflect what is required to fulfil the commitments set out in the Corporate Parenting Strategy.
- 4.2 To achieve this, and deliver the City Corporation's roles and responsibilities as a corporate parent the plan includes actions such as:
- Develop a 'Coming into care' pack, in consultation with the Children in Care Council, to provide information to looked after children and foster carers on healthy lifestyles, exercise, sexual health, drugs and alcohol learning, achieving and enjoying
  - Provide looked after children with local leisure centre membership, equipment for sports activities and musical instruments so they are able to participate in extracurricular activities independence and working
  - Use the views of looked after children to influence planning and help us shape their futures through regular review meetings and meetings with their social worker
  - Train social workers and foster carers to be able to undertake life story work specific to UASC.

## **5 The Children in Care Council (CiCC)**

- 5.1 During 2014/15 the City developed a Children in Care Council (CiCC), which met for the first time in November 2014. The CiCC has met in each holiday period throughout 2015/16, as planned. Meetings take place in the Guildhall which provides an opportunity for young people who are living beyond the City boundaries to come into the City and connect with their corporate parent. Each child receives Spice Time Credits for their attendance at the meetings to acknowledge the contribution they are making.
- 5.2 Participation has meant more than meetings. Meetings are generally followed by an activity which enables informal time together, which was a request by CiCC members. More recently the CiCC members have had lunch in the Guildhall following their meetings which has provided the opportunity to meet staff members informally including the Service Manager, Virtual School Head as well as their Social Workers and IRO (Independent Review Officer). In December 2015 two CiCC members were also invited to attend the Safeguarding Sub-Committee and had the opportunity to meet members and staff informally and within the meeting.
- 5.3 The CiCC has been involved in a number of activities throughout the year. In summer 2015 eight children took a week long boat trip from Portsmouth along the south coast. In December 2015 the CiCC members used Time Credits to travel by boat from London Bridge to Greenwich and explored the World Map in the Maritime Museum

which stimulated conversations about some of the journeys they made from home countries to the UK. In February 2016 the CiCC went bowling together. A private CiCC Facebook group has now been set up to enable ongoing contact between CiCC members.

- 5.4 CiCC meetings have involved members discussing ideas for education, employment and training plans along with work experience opportunities. In February the group were consulted on the development of a health passport for care leavers. CiCC members participated in the recruitment of the new Service Manager by developing interview questions and participating in the interviews.
- 5.5 The CiCC helped finalise the welcome pack for newcomers so that every young person now receives a backpack containing essential items for the first days as well as information sheets outlining The Pledge and opportunities available to them.
- 5.6 Within the Corporate Parenting Strategy the City has developed a Pledge for it's looked after children and care leavers. The Pledge is the City's promise to provide the care and help that children and young people in its care have told the City they want in order to thrive. The CiCC began work in 2015/16 to review progress of items and promises in the City's Pledge to its young people who are looked after or care leavers.
- 5.7 CiCC member's Learning and Development included sessions on substance misuse, radicalisation and exploitation which were supported by the Substance Misuse Partnership, City of London Police and colleagues from the Safer London Foundation.

## **6 Health and wellbeing**

- 6.1 As corporate parents the City Corporation takes responsibility for assessing and promoting good physical and mental health among the children and young people in our care. This is achieved through annual assessments of health and dental health, and by ensuring children and young people are fully immunised. The City Corporation's performance in achieving health and dental assessments and immunisations exceeds national performance.
- 6.2 During 2015/16 all 17 looked after children received their statutory health assessment. Every child who came into care in 2015/16 received their initial medical assessment by a paediatrician and all those who had been in care 12 or more months received their annual review by the LAC health nurse. The latest reported national figures show that only 90<sup>1</sup> per cent of children were looked after for at least 12 months had had an annual health assessment.
- 6.3 All children looked after by the City immunisations are fully up to date, compared to 88<sup>1</sup> per cent of looked after children nationally.
- 6.4 Annual dental checks were conducted during the year for all those who were in care at the start of the year, compared to nationally reported performance of 86 per cent.
- 6.5 The City and Hackney Child and Adolescent Mental Health Service (CAMHS) enhanced service in the City supports children and young people in our care. Our looked after

---

1

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/483718/SFR34\\_2015\\_Text\\_AdditionalTables.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/483718/SFR34_2015_Text_AdditionalTables.pdf)

children were all placed out of borough in 2015/16, but the CAMHS service is now commissioned to provide support to our looked after children in their placement (wherever they are placed). Under this service all looked after children and care leavers were offered a CAMHS assessment in 2015/16 and all but one took this offer up. Of this cohort two children have continued to receive services from CAMHS.

- 6.6 No looked after child, young person or care leaver was identified as having a substance misuse issue, and there were no conceptions.
- 6.7 Four of our children aged 4–16, who had been in care continuously for a year or more, completed “strengths and difficulties questionnaire (SDQ) during 2014/15 to assess their emotional wellbeing. A higher SDQ score indicates more emotional difficulties with a score of 0-13 range considered normal. The average SDQ score for City looked after children was 8.75 and all children fell into the normal range. For comparison in 2015 the average score for our statistical neighbours was 12.88 and nationally 13.9.

## **7 Safeguarding our children**

- 7.1 The City Corporation is committed to keeping children and young people safe. The 2014/15 Corporate Parenting Annual Report identified child sexual exploitation (CSE) as an area of development for the year ahead. In March 2016 the City rolled out its “Say Something If You See Something” safeguarding campaign jointly with the City and Hackney Safeguarding Children Board. This was aimed at helping people understand the signs of exploitation (CSE, gangs and radicalisation) and what to do with any concerns. As well as running a billboard campaign in Liverpool Street/Cannon Street stations and phone boxes across the City, we ran a range of activities including a leaflet drop at key stations, which saw the Town Clerk coming along to Liverpool Street Station to support the team. We promoted the campaign via social media, produced various materials including a film made by young people for young people and blogs to reach business community, distributed materials to all City residents on our estates and launched a new CSE online training module as well as holding an information stall for City Corporation staff.
- 7.2 All our looked after children are allocated a fully qualified social worker. Social workers offer support in areas such as identity, health, leisure, education and friendship.
- 7.3 During the year no allegations were made by children in our care of neglect or abuse by their carers or others, and consequently no referrals were made to the LADO from or in relation to this group. The City Corporation has received no complaints from the children or young people in its care or its care leavers. None of the children we look after have been involved in the criminal justice system during 2015/16.
- 7.4 Over the period four looked after children went missing from their foster placements. One of these young people has frequent missing episodes. The Children and Families team has worked with the police, carers and the Children’s Right Service to provide support and take actions to prevent or minimise further missing episodes.
- 7.5 Children who go missing can be at risk of serious harm. There are particular concerns about the vulnerability of missing or runaway children to sexual exploitation or other

exploitative harm such as violence crime, gang exploitation or drug and alcohol misuse. Looked after children who go missing from placements are at particular risk and vulnerable to sexual and other exploitation. Therefore the children in the City Corporation's care who went missing were considered vulnerable to Child Sexual Exploitation (CSE) and were reviewed by the Multi Agency Sexual Exploitation group. This resulted in vulnerability factors being addressed in case planning and multi-agency meetings.

## **8 Education and employment**

- 8.1 The City continues to be committed to, and ambitious for, the educational progress and attainment of children in its care and care leavers. The establishment of the Attainment in the Virtual School group has enhanced the support for our young people and allowed the team to develop agreed principles and practices for the Virtual School.
- 8.2 Five of our looked after children are in schools. The three children in Year 11 completed their GCSEs this summer with two students gaining five GCSE Grade A\*-C including English and Maths, one of whom was an UASC. The two students in Year 9, who are both UASC, are making good progress although they are not at National Standards. The five students at College are studying a range of ESOL courses (English for Speakers of Other Languages). These courses provide a limited amount of maths which is supplemented with private tuition provided by the City Corporation to ensure their maths progresses appropriately.
- 8.3 Attendance of our looked after children is very good. Behaviour is generally good although there have been two fixed term exclusions for two different students, one for one day and the other for three days. The school and authority have provided support to address the issues identified as a result of the exclusions.
- 8.4 Four of our looked after children were eligible for the Pupil Premium Grant of £1900 which is to improve academic outcomes and targets identified by Personal Education Plans. All of our looked after children have been offered additional tutor time funded by the City Corporation and all but one of the students have accepted and benefited from the offer. The City Corporation funded and delivered a summer school for four of our English Speakers of Other Languages (ESOL) students to improve their English and enhance an understanding of British culture.
- 8.5 The City Corporation has continued to provide significant support to our care leavers to ensure progression and support into employment. Thirteen of our 15 care leavers are in education. Two care leavers completed their final year at University and gained good maths degrees. Eight are completing ESOL courses at College with three of these students following career based courses and two are in employment. The Virtual head identifies support and work experience for care leavers that are not in employment or training (NEET).
- 8.6 Three students attended an introductory day for Apprenticeships. A consultant has been employed to support our young people into apprenticeships.



- 8.7 The City Corporation has provided a number of work placements for our young people. One looked after child has attended work experience for a day with the Police. Care leavers have attended five different work placements ranging from reception duties to working in the finance department in the Chamberlain's office. The placements not only develop skills for the work place but are aspirational and a great benefit to the young people.

## **9 Assessments, case planning and permanency planning**

- 9.1 During 2015/16 the quality of assessments, care planning and permanency planning have been kept under review and scrutiny through supervision, tighter scrutiny of the IRO service and the Quality Assurance Framework.
- 9.2 A Permanency Policy and Panel has being developed to strengthen process, practice and oversight of permanency planning. Every child looked after will be the subject of Permanency Panel review on a quarterly basis until they are in a permanent placement, and six monthly once they are in placement to ensure that the permanency plan is working. A biannual audit cycle takes place to review every case and provides scrutiny and challenge to case planning. This has led to improved supervision, tighter scrutiny over statutory visits and the quality of planning.

## **10 IRO service**

- 10.1 The independent reviewing officer's statutory task is to ensure that the care plan for the child fully reflects the child's needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
- 10.2 Scrutiny of the Independent Reviewing Officer (IRO) service during the year 2014/15 prompted a change in the delivery of this role, which was be brought in house for 2015/16. There is now one full time IRO who is responsible for carrying out the functions of the role to all children in the care of the City Corporation.
- 10.3 The IRO sits away from the Children's Social Care Team and is not involved in the preparation of the child's care plan, management of the child's case, or the control over resources to ensure their independence.
- 10.4 The Children's Social Care Team notifies the IRO of all children received into care within 72 hours. The IRO conducted 40 visits to meet children in 2015/16. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and in all cases to consult children and monitor the quality and progress of their care.
- 10.5 Bringing the IRO service in house has led to improvements in the quality and timeliness of care planning, case monitoring and review meetings.

## **11 Accommodation**

- 11.1 Stable and caring home environments help children in care. All the children the City Corporation looks after benefit from living with foster carers rather than in residential children's homes. Foster placements are carefully commissioned on an individual basis in order to meet the needs of children and young people and we systematically monitor these arrangements to ensure they provide stable placements that meet the physical, emotional and social needs of children. Where it is appropriate to do so, siblings that are looked after (as was the case in 2015/16) are placed together.
- 11.2 With regards to placement stability, of the 17 children looked after during this reporting period, seven were newly accommodated UASC and five of them experienced placement breakdown within the first six months. A 6<sup>th</sup> placement breakdown concerned a child who was in a stable placement for 17 months. UASC are often initially placed under time pressure often with little information about the child which is the reason for placement breakdown within the first 6 months.
- 11.3 Children are only placed with independent fostering agencies that are judged Good or Outstanding by Ofsted. At 31<sup>st</sup> March the three children whose care has been long-term (over 2.5 years), had been in their current placement for more than two years.
- 11.4 Care leavers are supported in a range of accommodation suitable to their needs. One hundred per cent of City Corporations care leavers were in suitable accommodation during the year.

## **12 Areas of development and priorities for the year ahead**

- 12.1 The Corporate Parenting Strategy sets out the City Corporation's commitment to ensuring the children in and leaving its care meet their full potential and have lives in which they thrive. We will continue to drive the achievement of this in 2016/17 through continuing and enhanced services and the delivery of targeted actions. These included:
- develop a children's domestic abuse strategy
  - review our Staying Put Policy
  - develop a "health passport" for our care leavers as a record of their health care
  - ensure all looked after children and care leavers have adequate sexual health advice and information
  - improve our Pathway Planning to set out the route to the future for our looked after children.
  - employment Education and Training for looked after children. Provide work experience opportunities for our looked after children.
  - ensure that our staff and partners remain trained to meet the health needs of children looked after, including sexual health, mental and emotional health, child sexual exploitation and substance misuse issues

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	26012017
<b>Subject:</b> Safeguarding Children from the Experience of Domestic Abuse	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Rachel Green, Service Manager, Children's Social Care and Early Help	

## Summary

The purpose of this report is to set out the current response to protecting and meeting the needs of children who experience domestic abuse, and our future plans to strengthen our response and improve children's wellbeing.

Our current response includes specialist social work provision, therapeutic support and strong links with the voluntary sector organisations. This works extremely well, and we aim to build on an excellent standard of practice by developing in house tools to support children, and to strengthen the opportunities to talk with a trusted adult.

Planned future work includes extra-curricular activities for children who live in a household with features of domestic abuse, such as sport, music and art. The purpose is to give children a safe place to play and explore, build confidence, alleviate tension, and an opportunity to build positive relationships.

The Safeguarding Children from the experience of Domestic Abuse report is attached at Appendix 1.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

The City of London Corporation has a comprehensive Violence Against Women and Girls (VAWG) Strategy, with accompanying action plan.

The report notes that no child, whether unborn or of any age, is unaffected by domestic abuse. Younger children, for example, may have tummy aches, wet the bed, struggle to sleep and have temper tantrums. Boys may be violent and copy the behaviour at home. Older boys may start to miss school and abuse alcohol and drugs. Girls may start cutting themselves, have an eating disorder or take overdoses.

Girls are at risk of having an abusive partner themselves. There is a link between domestic abuse and child sexual exploitation.

Children experience domestic abuse across social class and financial status. It is not less prevalent in wealthy family environments, and certainly not less prevalent in the City of London.

- 67% of formal assessments undertaken in 2015/16 by social workers in the City of London identified domestic abuse as a factor. These included children who are schooled in the independent sector and those who attend state schools.
- Domestic abuse is a factor in over half of serious case reviews.
- One in five teenage children experience abuse from their boyfriend or girlfriend.

Our Early Help worker, who is a qualified social worker, is able to signpost families to specialist community services, and is able to offer early identification and prevention opportunities. All social workers are trained to offer assessment and support to families experiencing domestic violence. In the City of London, staff are offered additional training, and a part-time specialist domestic abuse senior social worker is in post to ensure a robust and comprehensive service to families. For extremely high-risk situations, consideration is given to spot purchasing perpetrator risk assessments and interventions, and vulnerability assessments.

The Domestic Abuse and Sexual Violence Forum – comprising members of the Children's Social Care and Early Help Service, the Public Protection Unit, the Community Safety Team, City Advice and specialist voluntary sector VAWG agencies – has helped shape the development of our services for children experiencing domestic violence.

Recommendations, among others, include providing safe ways for children to speak about the abuse within the home, strengthening positive activities outside of the home for children, making best use of voluntary sector provision, and activities for adult victims (with or without their children) to build self-esteem and confidence.

## **Appendices**

- Appendix 1 – Safeguarding Children from the experience of Domestic Abuse
- Appendix 2 – Governance Structure

### **Rachel Green**

Service Manager, Children's Social Care and Early Help

T: 020 7332 3501

[rachel.green@cityoflondon.gov.uk](mailto:rachel.green@cityoflondon.gov.uk)

# Safeguarding Children from the experience of Domestic Abuse

---

## 1 Introduction

- 1.1 The City of London Corporation is committed to protecting and supporting children who experience domestic abuse in their homes.
- 1.2 The NSPCC suggests one in five children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood. Although not all will be affected in the same way, living with domestic abuse can adversely affect children's healthy development, relationships, behaviour and emotional wellbeing.
- 1.3 This document sets out the City Corporation's current response to protecting and meeting the needs of children who experience domestic abuse, and our future plans to strengthen our response and improve children's wellbeing.
- 1.4 The recommendations identified in this document will not be delivered in isolation. The document sets out good practice and recommendations that will be delivered to safeguard children and meet the wider aims of our Children and Young People's Plan, Early Help Strategy, and the City Corporation's Thresholds Guidance.

## 2 Background

### *The City of London*

- 2.1 The City Corporation is responsible for local government and policing within the Square Mile. It has a legal safeguarding duty to look after and protect children living within its boundary, which it delivers through a range of universal and targeted services.

### *Children living in the City of London*

- 2.2 The latest Office for National Statistics estimates show that there are 8,760 people living in the City and the population is slowly growing. Twelve per cent of the City of London's population (1,090 children and young people) are under 18 years of age.
- 2.3 The City's children live mainly in dense pockets of housing – some of which experience high levels of deprivation. This is reflected in the fact that child poverty is present and persistent in some parts of the City of London.
- 2.4 The City of London has a diverse range of ethnicities and religious faiths. The number of children from Black and Minority Ethnic (BAME) backgrounds is growing and projected to increase by 76% by 2041.

### *What is domestic abuse?*

- 2.5 The definition of domestic abuse was updated on 31 March 2013 and is defined by the Home Office as:

*‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:*

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

*Domestic abuse also encompasses controlling and coercive behaviour, ranging from exploitation of a victim to a pattern of threats and intimidation.’*

2.6 Men and women, whether in a same-sex or heterosexual relationship, can experience domestic abuse in a variety of forms. However, research clearly shows that women are more likely to experience serious physical injury from male partners.

2.7 The Adoption and Children Act 2002 extended the definition of harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. The term ‘living with domestic abuse’ includes:

- Children who are currently living where there are incidents of domestic abuse or where there is risk of incidents of domestic abuse taking place
- Children seeing or hearing domestic abuse outside their home
- Children witnessing the effects of domestic abuse on others

### *The impact of domestic abuse on children*

2.8 Children who witness domestic abuse suffer emotional and psychological maltreatment.<sup>1</sup> Domestic abuse is a factor in over half of serious case reviews.<sup>2</sup>

2.9 Each child will respond differently to trauma and some may be resilient. A child’s response to the trauma of witnessing domestic abuse may vary according to a multitude of factors including, age, race, sex and stage of development. Domestic abuse can also affect unborn children and has been identified as a prime cause of miscarriage or still-birth. The risk of serious harm to women is higher in pregnancy.

2.10 A Government report has highlighted that children who have witnessed domestic abuse are 2.5 times more likely to have serious social and behavioural problems than

---

<sup>1</sup> Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another (amended by the Adoption and Children Act 2002).

<sup>2</sup> Sidebotham, P. et al (2016) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014.

other children.<sup>3</sup> Children affected by domestic abuse tend to have low self-esteem and experience increased levels of anxiety, depression, anger, fear and aggressive and violent behaviours. This can also lead to bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance and anti-social behaviour.

- 2.11 Children who are exposed to domestic abuse are at higher risk of direct abuse themselves. Research shows this happens in up to 60% of cases and the severity of the violence against the adult victim is predictive of the severity of physical abuse to the children.<sup>4</sup> Physical and emotional abusers are more likely to sexually abuse their children.
- 2.12 Children are at risk of coercive participation in the abuse of victims such as being used as pawns or spies by the perpetrator to control the victim or being forced to participate in the abuse and degradation by the perpetrator.
- 2.13 There is also a risk of physical harm where a child attempts to intervene in, or is caught up in a violent assault.
- 2.14 Abuse in the home has negative social consequences with children feeling unable or unwilling to invite friends home or through the frequent disruption of their schooling.
- 2.15 The City and Hackney Safeguarding Children Board makes explicit the link between children witnessing domestic abuse and being vulnerable to exploitation; views of relationships can become distorted, limited and unhealthy leading to an increase in future vulnerability.
- 2.16 Children may remain at risk of harm where there is an imbalance of wealth between the parents. A victim may be deterred from seeking help where they fear that may lead to a loss of financial support for a child's activities or education.

### *Signs and symptoms a child is witnessing domestic abuse*

- 2.17 The signs of children who are witnessing domestic abuse may not be always obvious, and a child might not tell anyone what they have seen. Children might be scared that the abuser will find out or be worried that the abuse will get worse. Or they might think that there is no-one they can tell or that they will not be believed.
- 2.18 It is often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are present.
- 2.19 Children who witness domestic abuse may:

---

<sup>3</sup> HM Government 2009

<sup>4</sup> A study by Bowker, Arbitell and McFerron (1988) found that the more frequent the violence to wives, including physical violence and marital rape, the more extreme the physical abuse of the children.



- develop more slowly than others of a similar age
- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- have poorer educational outcomes

2.20 The Royal College of Psychiatrists explain that:

*'Younger children may become anxious. They may complain of tummy-aches or start to wet their bed. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are. They may also find it difficult to separate from their abused parent when they start nursery or school.'*

*Older children react differently. Boys seem to express their distress much more outwardly, for example by becoming aggressive and disobedient. Sometimes, they start to use violence to try and solve problems, and may copy the behaviour they see within the family. Older boys may play truant and start to use alcohol or drugs (both of which are a common way of trying to block out disturbing experiences and memories).*

*Girls are more likely to keep their distress inside. They may become withdrawn from other people, and become anxious or depressed. They may think badly of themselves and complain of vague physical symptoms. They are more likely to have an eating disorder, or to harm themselves by taking overdoses or cutting themselves. They are also more likely to choose an abusive partner themselves.*

*Children of any age can develop symptoms of what is called 'Post-traumatic Stress Disorder'. They may get nightmares, flashbacks, become very jumpy, and have headaches and physical pains.*

*Children dealing with domestic violence and abuse often do badly at school. Their frightening experiences at home make it difficult to concentrate in school, and if they are worried about their abused parent, they may refuse to go to school.<sup>5</sup>*

*The impact of domestic abuse on victims and their ability to parent*

- 2.21 A perpetrator will have significantly diminished ability to parent well. Domestic abuse very often co-exists with parenting that displays high levels of punishment, the misuse of power and a failure of appropriate self-control.
- 2.22 For victims, their parenting can be affected by the disruption of moving home, isolation from social networks and, in some cases, being physically prevented from fulfilling their parenting role. A perpetrator may also control the finances of a victim which can cause economic impacts, such as reducing the ability to travel, shop or make alternative choices. The psychological impact can include loss of self-confidence as an

---

<sup>5</sup> <http://www.rcpsych.ac.uk> Domestic violence and abuse - its effects on children: the impact on children and adolescents. Accessed 4 January 2017.

individual and parent, and affect the ability to provide appropriate structure, security or emotional and behavioural boundaries for children.

### **3 Prevalence in the City of London**

- 3.1 In 2015/16 the City Corporation's Children and Families service was contacted about 277 children for whom partner agencies or individuals had concerns. Fifty-seven (21 per cent) of these contacts were referred for a formal assessment by social workers, during which domestic abuse was identified as a factor in 31 (67%) cases. This is higher than national rates – where just under 50% of assessments identify domestic abuse as a factor.
- 3.2 It is difficult to draw inferences from this, as some individual cases are identified with more than one sub category in this group. With a total of 31 cases identifying domestic abuse as a factor, 25 flagged the child as impacted, 26 flagged the parent / carer as subject to / at risk of domestic abuse, and 7 identified another person in the household subject to / at risk.
- 3.3 The most common reason for referral is abuse and neglect (26.3%), this is lower than national and inner London rates which are 49% and 44% respectively. The City does however see a higher rate of referrals due to family dysfunction (23% compared to 18% nationally). There could be some overlap in the Abuse & Neglect and Family Dysfunction categories.
- 3.4 It should be noted the City's main referral sources derive from the police (33%) and local authority services at 21% in comparison to the national trend of 13%.
- 3.5 The difficulty of capturing an accurate statistical picture of domestic abuse where children are victims is nationally recognised. Reasons for this may include the hidden nature and consistent under-reporting of domestic abuse. This combined with the small number of children living in the City makes it hard to provide an accurate picture of domestic abuse in the Square Mile.

### **4 Practice opportunities**

- 4.1 In 2013, NICE commissioned a review of the evidence relating to domestic abuse.<sup>6</sup> It found that where children are exposed to domestic abuse, interventions aimed at both mothers and children together appear to have the most positive impact on outcomes.
- 4.2 The London Borough of Croydon's current Domestic, Sexual and Gender Based Violence Strategy outlines their proposal for a service quality standard for their response to domestic abuse and sexual violence. This proposed Kitemark will take groups through a process of support and validation so that they can be recognised for their contribution to the prevention and early intervention of domestic abuse and

---

<sup>6</sup> Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively, NICE Public Health Guidance 2014

sexual violence. It is particularly focused on mobilising community resources by supporting community, voluntary and faith groups in developing their understanding of domestic abuse and sexual violence and their understanding of how to be proactive in tackling this in their community.

- 4.3 Within the third sector there are various programmes in place to safeguard children. The 'Caring Dads: Safer Children' programme targets fathers who are having difficulties in their family because of their abusive or violent behaviour. It looks to remedy this by looking at ways to improve and strengthen the relationship between father and child. With a focus on safeguarding the child, it is not run as a perpetrator programme.
- 4.4 The NSPCC runs a scheme to allow children and their mothers to talk to each other about domestic abuse, learning to communicate and rebuild their relationship. The scheme is called Domestic Abuse, Recovering Together (DART) and looks to teach women how domestic abuse happens and how it affects children in an interactive format. Children who attend take part in activities teaching them how to keep themselves safe.

## **5 How do we respond?**

- 5.1 The City Corporation offers a range of different activities and interventions to those families who are in need which includes children who are exposed to domestic abuse.
- 5.2 The Children's Social Care and Early Help Service provide services that protect, care for and support children young people and their families in the City of London. Those most in need receive one to one support from Social Workers. Families receive support consistently and directly, and work in partnership with health and education to build family resilience and child development.
- 5.3 The Children's Social Care team have appointed a dedicated frontline staff member to focus on domestic abuse cases providing their expertise in providing measures to safeguard the child and victim from the perpetrator. As one of only three local authorities in London to have a Domestic Abuse Social Worker, we have at our disposal a professional focussing specifically on this issue.
- 5.4 The Early Help provision aims to identify need early, and provide advice, guidance and help quickly. This includes short breaks for children with disabilities, as well as intensive parenting support around child development. Early help can signpost families to voluntary sector organisations and to parenting programmes to offer early preventative identification and intervention.
- 5.5 All City of London Social Workers are qualified and able to support families experiencing domestic abuse. Additional training is provided in-house and allows our frontline staff to be able to identify signs of domestic abuse in a household. Other in-house services also include age appropriate safety planning, allowing each child to have a safety plan.

- 5.6 The Children's Social Care Team is able to spot purchase external services for higher risk cases. By undertaking spot purchasing we are maximising our involvement with other bodies through the use of dedicated and specialist organisations such as the Domestic Violence Intervention Programme (DVIP).
- 5.7 Through spot purchasing, the City is utilising services from neighbouring local authorities including the Tower Hamlets run Positive Change Service. This programme is aimed at Bengali and English speaking parents and children, working with both perpetrators and domestic abuse victims. The City is committed to engaging with all of its communities where domestic abuse is occurring.
- 5.8 Public Health commissioned services include health visitors and school nurses, mental health services for young people such as CAMHS (and enhanced CAMHS for Looked After Children). Vulnerable families in the City receive additional birth visits by the Health Visitor and every new parent in the City is offered an additional new birth visit by Children's Centre staff.
- 5.9 The City of London Police employs an Independent Domestic Violence Advisor, known locally as the Vulnerable Victims Advocate. They provide support to victims of domestic abuse and work closely with Children's Social Care as part of MAPF (Early Help Multi Agency Practitioner Forum).
- 5.10 The Children's Social Care Service Manager and the CHSCB have developed a Vulnerable Adolescents Steering Group, attached to the Multi Agency Sexual Exploitation Group. The group identifies concerns around domestic abuse (alongside other issues) and ensures the response benefits from the consideration of a range of partners.
- 5.11 The City Corporation's MARAC Coordinator sits within the Community Safety Team and is a central figure, managing the multi-agency information sharing protocols whilst retaining oversight of cases. The Coordinator also covers the role of the Domestic Abuse Coordinator, providing a holistic approach to safeguarding children living in a domestic abuse environment.
- 5.12 In 2014 the Department of Community and Children's Services (DCCS) commissioned a systematic review of Domestic Abuse and created a two year strategic action plan with child-focused elements which have been delivered. Actions included:
- including domestic abuse in the City of London Thresholds of Need document
  - training on domestic abuse awareness offered to all Children's Social Care staff
  - training identified for all social care staff to actively promote perpetrator engagement with perpetrator programmes to understand impacts on victims, their children and themselves
  - identification and commissioning of a whole family domestic abuse support service
  - updating the MARAC administration templates to include impacts and risk to

children in referral forms

- the development of a referral pathway for responding to disclosure of domestic abuse including identification of children
- identification of perpetrator in MARAC if working with vulnerable people or children for LADO referral

## **6 Recommendations**

6.1 Following the recent City Domestic Abuse Forum, members identified areas for improvement and other recommendations the City Corporation could explore. This Forum consisted of voluntary sector organisations and statutory partners including, staff and officers from the City of London Police, front-line practitioners from DCCS, and representatives from the Imece Women's Centre, Victim Support, Iranian and Kurdish Women's Rights Organisation.

The recommendations put forward by the members of the Domestic Abuse Forum included:

- More faith based awareness amongst front-line practitioners – to ensure any intervention with children and families is sensitive and effective
- Promoting use of children's centres – to build children's confidence and to provide a safe place for children to play and belong
- A trusted mentor scheme within children's services and schools – to provide a safe person for a child to speak with, and promote a healthy model of relationships
- Activities for adults e.g. baking class, swimming – to strengthen victims' confidence and resilience, to build social networks, to be able to share a positive skill/leisure activity with their child(ren)
- More child-friendly options to report abuse
- Further awareness of specialised support regarding harmful practices – to ensure practitioners have a full toolkit of resources to be able to respond to individual/familial need
- Shadow/coaching from independent services and vice versa – in a child's natural environment
- Awareness raising in schools – to increase community understanding of domestic abuse and to provide a safe open discussion opportunity for children outside of the home
- Equine-assisted learning/therapy for communication – to build children's confidence and to provide a safe space and enjoyment of animals
- Non-threatening and non-stigmatising help and care 'interventions'
- Bengali specific services for City residents – to adapt services to meet need
- Raising awareness for DA in different cultures – preventative early help work for families

- Using technology to engage with children
- Domestic abuse training for teachers/identifying signs in children to enable an earlier response to need
- Healthy relationships education for children
- Family therapy for all members to attend together (without perpetrator)

6.2 Other areas identified for improvement:

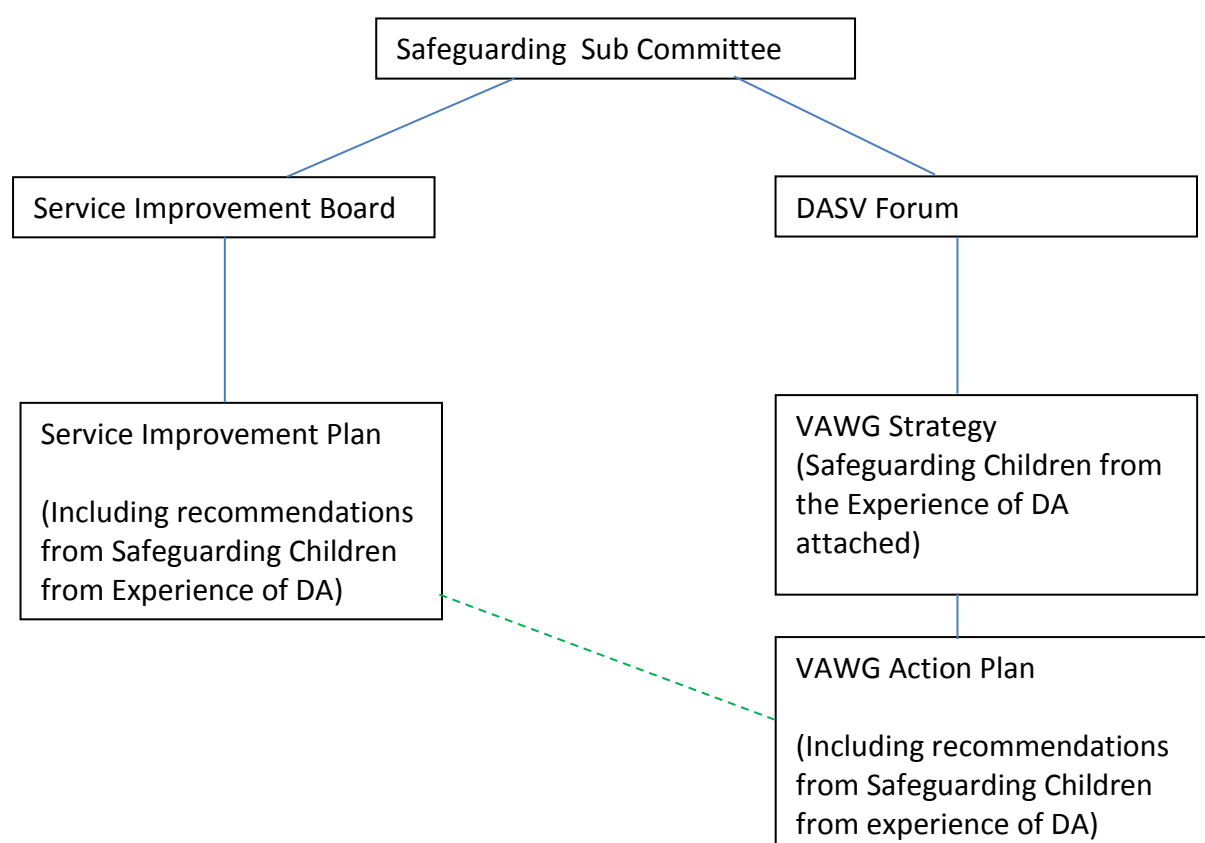
- Provision for Dads – looking at ‘Caring Dads: Safer Children’
- To learn from the good practice of others
- To better engage with mothers and fathers whose first language are not English
- To make ourselves more accessible to children and families
- To work more closely with voluntary sector organisations
- To run effective public campaigns
- To provide coaching (rather than training) to our workforce

# Safeguarding Children from the experience of Domestic Abuse

## Governance

The Safeguarding Children from the experience of Domestic Abuse document will be appended to the Violence Against Women and Girls (VAWG) strategy. Consequent actions will be embedded within the VAWG action plan. The actions will be copied to the Service Improvement Plan (SIP) for the Children's Social Care and Early Help Service.

The VAWG strategy and action plan is overseen by the Domestic Abuse and Sexual Violence Forum (DASV- previously named Domestic Abuse Forum). The SIP is overseen by the Children's Senior Management Team (CSMT), and the Service Improvement Board (SIB). In turn, the DASV Forum and SIB are overseen by the Safeguarding Sub Committee.



This page is intentionally left blank



<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	26 January 2017
<b>Subject:</b> Update on the Work on Children Missing Education	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Pip Hesketh - Service Manager, Education and Early Years	

## Summary

This report is provided at Members' request. It provides a summary of work to date on children missing education (CME). This includes:

- an update on the legal framework and forthcoming changes to legislation
- an update on the work to track the school location and confirm school attendance
- casework
- communications programme and future priorities.

## Recommendation(s)

- Members are asked to note the report.

## Main Report

### Background

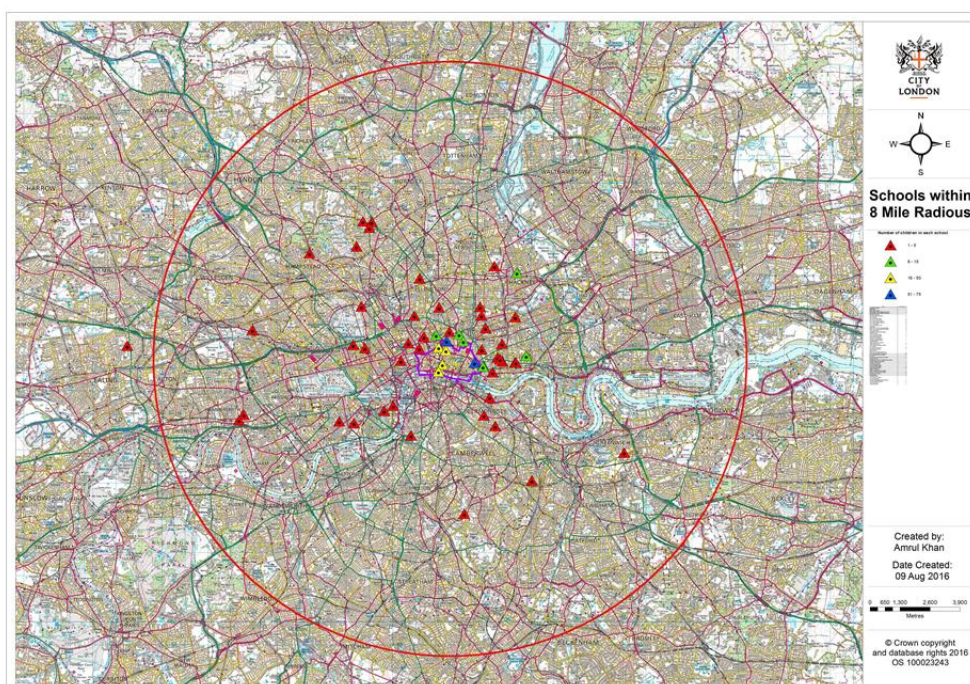
1. The City of London has a unique educational landscape in that it has only one maintained primary school and no maintained secondary schools. Most of its primary school age children and all of its secondary aged children are educated either in the independent sector or outside the City altogether. This puts them outside the standard reporting and/or legal framework that governs the City of London's statutory responsibilities.
2. At the present time, the City of London Corporation (CoLC) is legally bound to monitor the school attendance only of children within its local area; in order words, those attending a (maintained) school within the local authority boundary or living in the area and not on the roll of any school. In the City of London, that means having certainty about the safety and wellbeing of a maximum of 210 children of the 648 school age City residents. It currently has no authority to monitor the attendance of non-City resident children at independent schools.

## Current Position

3. In April 2015, in advance of forthcoming changes in legislation, the City of London undertook to look beyond the children on roll at Sir John Cass foundation Primary School and challenge its own thinking about whether there might be children missing education who have simply not been visible previously. Missing education can be symptomatic of a number of familial and other issues for young people, so the City chose to take a whole-child approach by tracking all City school age children to confirm their regular attendance at school. It also undertook to work with independent schools to up-skill them and support them when working with children missing education.

## Working closely with City schools

4. Since September 2015, the City of London has been working with all City schools on the issue of attendance, regardless of the school's legal status. The Education Welfare Officer is now making termly visits to each school to support and advise them on strategic, operational and case-specific issues. This has had a positive impact on schools and strengthened partnership working. More importantly, it has enabled rapid intervention and support to help children to return to school where attendance has been poor.



**Figure 1: Distribution of City schools attended by City resident children**

## Tracking City resident children

5. Department of Community and Children's Services (DCCS) officers have also made major progress in tracking over half the school locations of those 506 City of London resident children who do not attend school within the City itself, in order to confirm their safety and regular attendance. This means that 68% of the total resident children have been located and confirmed as safe. Good progress is being made on locating the remaining 32% of children, though school holidays create natural periods of consolidation and planning for the following term.

### Changes to legislation

6. There is expected to be a change to the law following a Department for Education (DfE) consultation in March 2016: for the first time, independent schools will come within the scope of the schools' duty to report children missing education. This change is expected to come into force in September 2016 after consultation results were strongly in its favour. The City of London will benefit from the fact that its systems have already begun to take shape, and there is a clear expectation on the part of the schools that they should proactively report on the matter. The timing of the legislative changes may mean that an update will need to be presented at the Safeguarding Sub-Committee meeting.

**Table 1: Summary of numbers**

City resident children and young people 0–19 years	c.1,000	
Statutory school age resident children 5–16 years	648	
Children attending maintained City schools	210	Current legal responsibility
Resident children attending City schools	142	
Total children attending all City schools	2,355	
Resident children attending schools outside the City	506	
Total children either attending school in the City or City resident 5–16 years	2,861	Included within scope of CoLC CME work
Total City resident children located and confirmed as attending school	399	
Total children located and confirmed as attending school	2,754	The City currently has no <i>authority</i> to monitor attendance of non-City resident children at independent schools. The law will change in September to allow the authority to monitor leavers and joiners rather than attendance more broadly.
Still to locate	249	

### Casework

7. The Education and Early Years Service now requests a termly update on the attendance of all children. Where attendance drops below 95%, immediate discussions are held with the school concerned to ascertain the underlying cause and support if required. There have been a small number of successful interventions with children now attending 100% of the time from previous attendance of below 50%.

### Communications programme and future priorities

8. 'Back to School?' is an awareness-raising poster campaign designed within DCCS and endorsed by the City and Hackney Safeguarding Children Board (CHSCB) which launches in September 2016. Three graphic scenarios of children missing education are depicted on posters with key messages to raise awareness and encourage the public to take action where they believe there is a case of CME. The posters will be distributed across the City on JC Decaux poster pods. Leafleting activity will be co-ordinated to coincide with the poster launches. The

campaign is timed with the start of the education year when it will be more noticeable if children do not return to school with their peers.

9. Other work includes working with the Housing and Health teams to ensure they understand the risks associated with CME and how to report concerns.
10. September also brings with it a new target of a further 100 children to locate during the autumn term as well as intervention work with those families where children do not start school at the beginning of the year. The CME policy and strategy are currently being re-drafted to embed the recent work as legitimised mainstream practice.

### **Corporate & Strategic Implications**

11. This work supports priorities 1 and 2 within the Children and Young People's Plan 2015 which are as follows:

#### **SAFEGUARDING AND EARLY HELP**

Children and young people in the City are seen, heard and helped, they are effectively safeguarded, properly supported and their lives improved by everyone working together.

#### **CLOSE THE GAP FOR VULNERABLE GROUPS**

Every child and young person in the City has the right to educational attainment, participation, confidence, health and wellbeing. We identify and provide early support and help to particularly vulnerable groups in the City to ensure they are able to have the very best opportunity to succeed, regardless of their background.

### **Conclusion**

12. This is a progressive piece of work in which the picture is live and subject to considerable change. While the City has undertaken to go beyond its statutory duty, in doing so it has also effectively set a benchmark for other authorities. This work was praised by Ofsted, in particular for the way partnerships have been built with independent schools.

### **Pip Hesketh**

Service Manager, Education and Early Years

T: 020 7332 3047

E: [pip.hesketh@cityoflondon.gov.uk](mailto:pip.hesketh@cityoflondon.gov.uk)

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank



By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank