



Safeguarding Sub (Community & Children's Services) Committee

Date: WEDNESDAY, 7 JUNE 2017

Time: 11.30 am

Venue:

Members: Randall Anderson
Marianne Fredericks
Deputy Joyce Nash
Dhruv Patel
Ruby Sayed
Deputy Elizabeth Rogula

Enquiries: Julie Mayer
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Lunch will be served in Guildhall Club at 1PM
NB: Part of this meeting could be the subject of audio or video recording

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. **SUB COMMITTEE'S TERMS OF REFERENCE**
Members are asked to note the Sub Committee's Terms of Reference.
For Information
(Pages 1 - 2)
4. **TO ELECT A CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 29**
5. **TO ELECT A DEPUTY CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 30**
For Decision
6. **MINUTES**
To agree the minutes of the previous meeting held on 26 January 2017.
For Decision
(Pages 3 - 10)
7. **OFSTED ACTION PLAN PROGRESS**
Report of the Director of Community and Children's Services.
For Information
(Pages 11 - 20)
8. **LONDON REGIONAL CHILDREN IN CARE COUNCIL**
Report of the Director of Community and Children's Services.
For Information
(Pages 21 - 44)
9. **FINANCIAL ABUSE IN THE CITY OF LONDON**
Report of the Director of Community and Children's Services.
For Information
(Pages 45 - 56)
10. **MAKING SAFEGUARDING PERSONAL**
Report of the Director of Community and Children's Services.
For Information
(Pages 57 - 76)

11. **QUALITY ASSURANCE ON CHILD IN NEED (CIN) CASES**
Report of the Director of Community and Children's Services.

For Information
(Pages 77 - 124)

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

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

14. **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

15. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 26 January 2017.

For Decision
(Pages 125 - 126)

16. **CITY OF LONDON CHILDREN IN CARE COUNCIL UPDATE**

Report of the Director of Community and Children's Services.

For Information
(Pages 127 - 136)

17. **MULTI AGENCY SEXUAL EXPLOITATION AND VULNERABLE ADOLESCENTS**

Report of the Director of Community and Children's Services.

For Information
(Pages 137 - 140)

18. **ADULT SAFEGUARDING PERFORMANCE REPORT**

Report of the Director of Community and Children's Services.

For Information
(Pages 141 - 146)

19. **SAFEGUARDING REPORT FOR Q3 2016/17 AND PROVISIONAL Q4 HEADLINES**

Report of the Director of Community and Children's Services.

For Information
(Pages 147 - 160)

20. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
21. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

SAFEGUARDING SUB-COMMITTEE

Constitution

- 6 Members appointed by the Community & Children's Services Committee.
- It is convention for the Chairman and Deputy Chairman of the Grand Committee to be appointed to this subcommittee but not in an ex-officio role.

Quorum

Any three Members.

Terms of Reference

To be responsible for:-

1. overseeing the discharge of the City of London's responsibilities to safeguard children and adults who have been identified as requiring support and protection;
2. ensuring, in respect of children entering public care, that the duty of the local authority as a corporate parent to safeguard and promote a child's welfare is fulfilled;
3. monitoring the Community & Children's Services Department's performance in respect of its work to safeguard children and adults and make recommendations to the Grand Committee to bring about improvements as appropriate; and
4. exercising its functions with regard to the views of relevant service users, as appropriate.

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SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE

Thursday, 26 January 2017

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services)
Committee held at Guildhall on Thursday, 26 January 2017 at 1.45 pm

Present

Members:

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

Marianne Fredericks
Professor John Lumley
Deputy Joyce Nash

In Attendance

Jim Gable	-	City and Hackney Safeguarding Board
Rory McCallum	-	City and Hackney Safeguarding Board

Officers:

Chris Pelham	-	Community and Children's Services
Poppy Middlemiss	-	Community and Children's Services
Elizabeth Malton	-	Community and Children's Services
Rachel Green	-	Community and Children's Services
Pip Hesketh	-	Community and Children's Services
Sham Kidane	-	Community and Children's Services
Julie Mayer	-	Town Clerk's Department

1. APOLOGIES

Apologies were received from Dhruv Patel.

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 17th November 2016 were approved.

4. OFSTED IMPROVEMENT PLAN

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Ofsted improvement plan.

Are all the actions that are due in January, on track?

Following the recent Ofsted Inspection, an action plan was implemented, which included additional voluntary actions. The Ofsted plan was distinct and separate from the next agenda item (Service Improvement Plan), so that inspectors could easily identify the Ofsted actions. The Service Improvement Plan covered the annual plans which appeared on today's agenda. Officers confirmed that all actions were on track, with January's complete and February's to complete during the first week of February.

Will future versions of the plan have the Red, Amber or Green section completed?

Yes, the same RAG ratings will be used.

RESOLVED, that – the report be noted.

5. SERVICE IMPROVEMENT PLAN

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Service Improvement Plan.

How does the plan differ to the Ofsted Action Plan?

As explained in the earlier agenda item, this report was more inclusive and included all the annual reports on this agenda.

What are the 3 top risks you see for you service in not being able to maintain the high level of quality as highlighted by Ofsted?

There was substantial evidence in support of unresolved childhood issues leading to crises later in life; i.e. drug and alcohol dependency, crime and poor educational employment prospects. Therefore, if outcomes were poor, then needs would go unmet.

A detailed and clear improvement plan. What steps are being taken to address the issues regarding care leavers and loneliness?

Leaver care had been extended to mid-late 20's and mentoring in building friendships and relationships was offered, along with structured leisure activities and shared celebrations. During the Festive Season, young people and adults were invited to Christmas lunches.

It had been evidenced that building child resilience was more effective if mentoring was offered by one person and the service aimed to provide this. Officers had submitted a bid for funding to train care leavers to be mentors for other care leavers. This work was significant as children were coming into care later and Members noted the links to the Domestic Abuse Report, which appeared later on this agenda.

In response to a further question about the Common Assessment Framework, Members noted that partners were being actively encouraged to complete this and a co-location worker was available to assist them. The arrangements were due to be reviewed on 17 March 2017.

In concluding, the Chairman and Members commended this work and were very keen to seek new opportunities and partnerships and to see processes re-evaluated.

RESOLVED, that – the report be noted.

6. CITY AND HACKNEY SAFEGUARDING CHILDREN BOARD

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Annual Safeguarding Report.

The Independent Chairman of the City & Hackney Safeguarding Children Board was very pleased to report on their recent Outstanding Ofsted Inspection, which he attributed to a collective effort and the professional scrutiny of all partners. The Chairman formally recorded his thanks to Mr Rory McCullum, Professional Advisor to the Board, and thanked the Lay Members for their contributions. Members endorsed this and felt that no changes to current processes and procures were required. However, they also accepted the imminent change in Leadership, following the resignation of the previous Director of Community and Children's Services and therefore it was crucial to maintain this momentum. Members also agreed that safeguarding should be seen in the context of the quality of care across various needs and did not necessarily equal the number of children cared for.

In response to questions, the following points were noted:

The Department of Community and Children's Service took succession planning very seriously and had robust recruitment strategies in place, which were well placed to respond the national changes. Members would receive a report later in the year setting out these plans.

The Community and Children's Services Department valued the challenge and support of the Board and Members commended an excellent partnership. The important work with the Health and Wellbeing Board was also noted.

Community and Children's officers agreed to meet with the Board to discuss their aspirations, i.e. a Safeguarding Intelligence Unit across young people and adults, and to present a report to a later meeting, setting out priorities, measurable outcomes and budgetary requirements.

RESOLVED, that – the report be noted.

7. INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT 2015/2016

The Sub Committee received a report of the Director of Community and Children's Services in respect of the IRO Annual Report (2015/16).

Report is very positive and demonstrates clearly the impact on the role for our Looked After Children. The report on page 21 indicates feedback that reviews might sometimes be too long. How do you ensure that the views of our Looked After Children are fully expressed and considered in terms of the quality of the care they receive? Do any Chair their own reviews?

This was the first year for the IRO service coming back in-house. Children had independent access to advocacy and could chair their own reviews and when children asked for an independent review, this was accommodated.

The Independent Review Officer worked closely with the Designated Nurse and Virtual Head Teacher and they met 3 times a year. Members noted the challenges with high numbers of unaccompanied children and the City of London's IRO participated in Pan London Meetings. The IRO had also recommended that the next conference should focus on older children in care. Furthermore, the City of London Corporation would host the next Annual London Conference.

The IRO advised that the Service was very skilled in immigration support and worked closely with the Home Office to ensure that all clients received appropriate legal advice. In respect of the length of some reviews, this could be attributed to the number of young people coming into care in the City; i.e. with no history and language difficulties. The City of London Corporation had an established practitioner group and more care planning, which were cutting review times.

How does the IRO ensure that the recommendations in section 7 are being implemented?

The recommendations have been incorporated into the Service Improvement Plan and are tracked for progress monthly at Children's Senior Management Team and monitored quarterly via the Service Improvement Board. The IRO for the City of London Corporation valued her proximity to the team, and the value this has added, since the service' return in-house was recognised and commended by Ofsted during their inspection. She emphasised that the role was completely independent and IROs did not write care plans or take decisions. In extreme cases, an IRO could instigate a legal challenge to an authority and, to support this, the City of London Corporation has an arrangement with Islington Council to provide the IRO independent legal advice in the event of dispute resolution.

RESOLVED, that – the report be noted.

8. EARLY YEARS SAFEGUARDING REPORT 2016

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Early Years Safeguarding Audits.

EARLY YEARS SAFEGUARDING AUDITS:

Given the performance levels of these settings, what support role will the LA be playing in the next 12 months?

Audits were undertaken in a highly supportive way and those areas with the greatest challenges worked the hardest. There had been one red rating, due to a change in a staff Member, which had since been rectified. There had been a recent permanent staff appointment in Early Years, which was not a statutory obligation but the Service recognised the importance of early care in the prevention of difficulties in later life.

RESOLVED, that – the report be noted.

9. CHILDREN AND YOUNG PEOPLE ANNUAL CONSULTATION 2016

The Sub Committee received a report of the Director of Community and Children's Services in respect of the 2016 Annual Consultation.

Is there any evidence that the feedback from the survey has / will impact on our service delivery?

Generally, children were very happy with their social workers. Some areas of concern in 2015 had been resolved with the introduction of the Virtual Head and the IRO and improved awareness of advocacy and help for immigrants. As further development areas arose, they were being addressed and the Service continued to challenge itself. Officers were working with the Red Cross to help young immigrants track their parents, which could be traumatic and challenging.

Do we know how these figures compare to other areas?

This had been a very elaborate survey conducted via email, post, telephone and home visits; which was not offered by many other authorities. 'Action for Children' worked with many of the City of London's neighbouring authorities and were very impressed with the high level of satisfaction expressed by the children and young people that we work with.

RESOLVED, that – the report be noted.

10. CORPORATE PARENTING ANNUAL REPORT

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Corporate Parenting Annual Report.

Given para 12 set out development areas for 2016- can you comment on if they have been achieved?

Officers confirmed that all development areas had been achieved and referred Members to the Service Improvement Plan at agenda item 5.

RESOLVED, that – the report be noted.

11. SAFEGUARDING CHILDREN FROM THE EXPERIENCE OF DOMESTIC ABUSE

The Sub Committee received a report of the Director of Community and Children's Services in respect of a Domestic Abuse Strategy for Children.

How does the department work with families who don't want to accept the offer of support if there are no child protection concerns?

Early help was offered in partnership with the Voluntary Sector and the Vulnerable Victims Advocate Service, which was part of the City of London Police. Further support was offered in schools, which can make referrals to more intensive programmes. Awareness of domestic abuse was core to social workers' training and domestic abuse specialists within teams help to develop these tools. Evidence suggested an increased risk in child exploitation if there were no 'safe places' at home; making this work extremely valuable.

RESOLVED, that – the report be noted.

12. UPDATE ON THE WORK ON CHILDREN MISSING EDUCATION

The Sub Committee received a report of the Director of Community and Children's Services which provided an update on children missing education.

What impact has the legislative change in Sept 2016 regarding school reporting requirements had in the past 6 months?

Since September 2016, the Independent Sector have been obliged to report to the Local Authority on non-standard transitions. However, the Service had been working with the City of London's Independent Schools before this and had access to the full school roles across 42 post codes. It was unusual for a local authority to have such a good relationship with Independent Schools and the City of London Corporation was demonstrating best practice.

Was the autumn term target of 100 children identified, met?

Last year the Service mapped the location of all children across 400 schools. However, there would always be some that by-passed the system and therefore 2/3^{rds} of the children were found. Unfortunately, this ambitious target was not achieved but a new database had been started and the less obvious places were being checked. There were further challenges in that not all children participated in early years' provision but checking procedures included nannies and informal playgroups. Furthermore, a very small number of children educated in the City were also City residents and this added to the challenges.

Members were concerned at some lack of joined up working across safeguarding and education generally and suggested that information sharing across nurseries, schools and doctors could be improved. Officers advised that the Service had signed up to the DfE's national system but this could only identify numbers and not names. Members also noted that registration of free books would assist tracking but it could take a while to see a significant improvement.

RESOLVED, that – the report be noted.

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

There were no questions.

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

There were no items.

15. **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	Paragraphs
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16 – 20	1 & 2
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16. **NON-PUBLIC MINUTES**

The non-public minutes of the meeting held on 17 November 2016 were approved.

17. **FAMILY FEEDBACK ON CHILDREN AND FAMILIES SERVICE**

The Sub Committee received a report of the Director of Community and Children's Services in respect of Family Feedback on the Children and Families Service.

18. **CHILDREN'S SAFEGUARDING REPORT FOR QUARTER 2**

The Sub Committee received a report of the Director of Community and Children's Services in respect of the Children's Performance Report for Quarter 2.

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

Officers agreed to provide a report to Members on the Service's reliance on Outside Bodies and Agencies.

20. **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 15:40

Chairman

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Committee(s)	Dated:
Safeguarding Sub Committee – For Information	7/06/2017
Subject: Ofsted Action Plan - progress	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Rachel Green, Service Manager, Children's Social Care and Early Help	

Summary

Ofsted carried out an Inspection of services for children in need of help and protection, children looked after and care leavers in the City of London, dated 28 July 2016. The full report was published: 20 September 2016. Ofsted found that Children's Services in the City of London are good, with leadership, management and governance as outstanding.

Ofsted made six recommendations that could improve our services. These are listed below, and each has been achieved.

We are ambitious in our work with children and families and strive for continual improvement in our service. To this end, we drew out any areas for development from the body of the report and created a detailed action plan. This action plan is appended, with progress 'RAG' rated.

Recommendation(s)

Members are asked to:

- Note the report.

Main report

Ofsted found that Children's Services in the City of London are good. Specifically they found that services for children who need help and protection are good, and the experiences and progress of care leavers are good, children looked after and achieving permanence are good with some outstanding features, and that leadership management and governance was outstanding.

There were six recommendations. These are detailed below with an update on progress.

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.

We have created one template for SMART (specific, measurable, achievable, realistic and time bound) targets that is used for each of the written plans for children. Internal audit shows that these are now all consistently good or outstanding.

2. When families disengage from services and the threshold is not met to escalate the case further, ensure that any ongoing work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support.

Threshold decisions are clearly recorded on any escalation, de-escalation or closure. To strengthen our Child in Need (CIN) work, we will invite the Independent Reviewing officer to chair our initial multi-professional meetings, with an open invite to attend/participate in future reviews.

3. Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions.

Every permanency planning meeting includes a legal representative, and all detail the reason for the decisions made.

4. Expedite the provision of health histories for all care leavers.

Strong contract management has meant that every care leaver now has their health history.

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.

Members have attended the Child in Care Council (CiCC) met and listened to young people. Members and the Town Clerk are invited to the Child in Care Council in the forthcoming year. Alternatively, members are invited to offer our children looked after and care leavers shadowing or work experience opportunities if practicable.

6. Strengthen the inclusion of the perspective of children, families and partners in case auditing, in order to improve services
Every child and parent in our service, including early help, was contacted via telephone and in writing in our last Audit cycle. Their views were listened to and any suggested improvements added into our service improvement plan.

The Ofsted Action Plan as appended, includes detailed actions gleaned from the detail of the full Ofsted reports and progress made to date. The actions are 'RAG' rated, with red meaning 'fully stuck', amber meaning 'more work needed or resolvable issue in sight', and green meaning 'in progress, no barriers to continuing'.

There are areas of the Action Plan shaded in grey. The grey shows that these are additional ways we as a service want to improve, but these actions have not been submitted to Ofsted in our improvement plan. We did not submit all our actions for improvement due to the level of detail involved.

Progress across the six key recommendations has been excellent, as can be seen above. In the more detailed action plan appended, progress has been consistently strong, with no red ratings, two points at amber, and the rest at green.

One amber action is that our Early Help multi-agency partnership is redesigning the CAF (assessment tool). This is amber due to the work schedule of the partnership meetings, with this topic being on the next meeting. The Early Help co-ordinator has sourced a range of 'CAFs' from other Local Authorities to help guide this work.

The other amber action is the embedding of three monthly chronologies into social work and early help practice. The reason updated chronologies are important is that the social worker can look at patterns, context and history of a family, as work progresses. This is particularly important in the area of neglect. Currently, just over half of our cases have an up to date chronology, and the team are working to full completion by the end of May, with then rolling three month updates.

Appendices

- Appendix 1 – Ofsted Action Plan

Rachel Green

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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	Early help plans are being reviewed by MAPF and parents. It is in the work plan this term, as the MAPF was completing other work in February.	Amber
	1.2	Consult families/CYP and partners on the CAF	Jan-17	Feb-17		RG/JF	CP	Families have been consulted on the old CAF, and will be consulted on the new draft CAF.	Green
	1.3	Review and revise layout of Child Protection plans	Jan-17	Feb-17		RG	CP	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	1.4	Review and revise layout of Care Plans and ensure that they are implemented in practice	Jan-17	Feb-17		RG	CP	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	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	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	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	Pathway plans have been updated with SMART plans.	Green
	1.7	Sign-off the relevant plan templates through Children and Families Team, CSMT and SIB	Feb-17	Feb-17		RG	CP	Templates are in use, and will be reviewed at the next SIB.	Green
	1.8	Initiate pilot of new plan templates in	Mar-17	Mar-17		RG	CP	done	Green
	1.9	Begin evaluation of new plan templates	Sep-17	Sep-17		RG	CP		Green

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 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any ongoing work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support	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	Jan-17	Jan-17	1) Chronologies are updated every 3 months and maintain a 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	RG/PD	CP	Case notes show the triple lock management system on next steps after disengagement. Casenotes also show a thorough review of threshold where there is a clear 'no' to further intervention.	Green
	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	Jan-17	Jan-17		RG	CP	In place. Once permanent IRO/CP chair is in place, CIN reviews can be chaired by this person, to add additional robust review and external challenge to CIN cases.	Green
	2.3	Review Practice Standards and revise accordingly to reflect: 1) requirement for chronologies to be updated every 3 months 2) triple lock mechanism	Jan-17	Jan-17		RG	CP	complete. Next review of practice standards is in June.	Green
	2.4	Thematic audit on closed cases	Sep-17	Sep-17		PD	CP	on target	Green
	2.5	Update report on compliance to go to	Mar-17	Mar-17		PD	CP	Review will go to SIB in June.	Green

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	Not yet consistently embedded across all workers.	Amber
		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	complete.	Green
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	in progress.	Green
	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		Green
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17					Green
	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		Green
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	draft design is out to consultation with families and the partnership	Green
	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	JF colocated within the community with key partners. Review of strategy to be completed by June 2017	Green
	A5.3	Continue to strengthen links with EH practitioners and outreach staff	Sep-16	Jun-2017	SEF/CAF evaluation from partners	RG/JF	CP	MAPF continues. Co location continues.	Green
	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	In place. RG attends reviews of YOS and City Gateway's contracts.	Green
	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	JF is colocated and presenting Early Help offer across the partnership.	Green

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 performance monitoring 4) Recorded in chronology Measure no of MARFs and no of	RG/JF	CP	CAF is being redesigned together with partners and families. There will likely be resistance to using the assessment from some partners, and the use will need to be built in to commissioned services contracts to ensure compliance.	Green
	A6.2		Sep-16	Jun-2017		RG/JF	CP	Distance travelled tool is used within our service, not used consistently yet across partnerhsip.	Green
	A6.3		Sep-16	Jun-2017		RG/JF	CP	JF to complete early help annual review.	Green
	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	complete	Green
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	complete. NJ presented on inclusion of SEND and CWD and differing needs to workers across the partnership (April 2017)	Green
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	We are working on embedding this consistently across workers. In progress.	Green

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:
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	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	Permanency panel minutes include legal views and rationale on care plan. Audits evidenced this.	Green
		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	All minutes are uploaded.	Green
		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	Young people's views are recorded in all permanency reports.	Green
		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	complete	Green
		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	This will be led by permanent IRO once appointed.	Amber
		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	This has been scheduled for the next CiCC meeting.	Green

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) to facilitate increased range of placement options subject to research completion	RG/MP	CP	complete	Green
	5.2	Review at CSMT, SIB and Safeguarding Sub-Committee in early 2017	Feb-17	Mar-17		RG/MP	CP	Placement options and sufficiency strategy have gone to SIB, CSMT and Safeguarding sub committee.	Green

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	weekly data run monitors LAC review progress. Note: this is not working consistently every week due to workload of administrator.	Green
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP	Interpreting for LAC medicals remains the responsibility of Whittington Health. Their service is not efficient, and we pick up the organisation and cost to ensure no disservice to the youth person. I have met with the health provider and this looks unlikely to improve.	Green
	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	RG monitors the contract with Hackney quarterly - there have been improvements since January. Further to the CQC inspection, the CCG is looking at bringing back the LAC nurse in house.	Green
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP	to be done.	Green
Ensure all initial health assessments are done promptly (Paragraph 39)		Review Whittington provision	Sep-16	Jun-2017		RG	CP	Reviewed the provision with Hackney. Undertook a health audit day. Service to be recommissioned at the end of the contract.	Green
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	Whittington health structure clearer now, and new manager in post.	Green

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	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	SWs have been taught about health passports, and have been given these to use with young people. Use is not consistent and needs more robust management.	Green
	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17		RG	CP	We now have health histories for all care leavers. Audit to be undertaken of impact.	Green
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	Sep-17	Sep-17		RG	CP	To be added.	Green
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	No pathway plan can be signed off unless a young person has seen and contributed to it.	Green

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:

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	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	The chair of the safeguarding sub committee, met our young people at the CiCC last term. Now new members have been appointed, this needs to be explored further.	Green
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP	Invitation given and accepted.	Green
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP	to be explored.	Green

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 6: Strengthen the inclusion of the perspective of children, families and partners in case auditing, in order to improve services	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 or contacted and their feedback is recorded as part of process	PD	CP	all families contacted	Green
	9.2	Evidence this feedback as part of the audit findings and feedback into the Service Improvement Plan	Nov-16	Mar-17		PD	CP	complete	Green
	9.3	Update the QA strategy to reflect this	Nov-16	Mar-17		PD	CP	QA audit framework updated. Strategy to be updated.	Green

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Committee(s)	Dated:
Safeguarding Sub Committee	07/06/2017
Subject: London Regional Children in Care Council	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Pat Dixon, Safeguarding and Quality Assurance Service Manager	

Summary

In March 2017, the City of London Corporation presented a proposal to set up a regional London Children in Care Council (CiCC) to the Association of London Directors of Children's Services (ALDCS) with a request for funding of £20,000 per annum to host the London CiCC. This proposal has been agreed and will be sponsored by the London Assistant Directors (AD) of Social Care, as they have strategic responsibility for delivery of social care services for children looked after and care leavers across London.

The City of London will be taking the lead in developing a London-wide CiCC. The aim is to hold the first London-wide CiCC meeting in October 2017. The Office of the Children's Commissioner and the Greater London Authority (GLA) have both expressed an interest in using this development to hold an annual event with London CiCCs at which the Children's Commissioner (CC) will speak. Now the proposal has been approved, discussions will be taking place with the CC and GLA regarding their respective roles, given that this will be an ALDCS-sponsored group.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. In October 2016, the City of London commissioned a proposal to set up a regional CiCC. The strategic case for setting up a regional London CiCC to increase service user participation in London is compelling. Regional and national drivers create a suitable environment for this to happen. Recent research shows that CiCCs benefit the young people involved and local authorities. A regional CiCC provides a participation mechanism that promotes young people's voices in shaping the system at a regional level and has a positive impact on their lives and the lives of other children and young people in care and care leavers.

Funding of £20,000 has been agreed by the Association of London Directors of Children's Services (ALDCS). The City of London's Assistant Director of People will hold lead senior responsibility and will be accountable to the Assistant Director (AD) and ALDCS networks, for the strategic planning, implementation and delivery of the project. Regular updates to the London AD network and an annual report to ALDCS will be presented. Within the City of London structure, the day-to-day senior lead will be the Safeguarding and Quality Assurance Service Manager, who will have a dedicated Participation Officer funded by ALDCS money, to support the setting up and running of the regional CiCC.

Current Position

2. The initial dates outlined within the proposal have been amended, and contact has been made with CiCC Participation Officers across London, facilitated by the AD's network. The proposal is to advise the CiCC Participation Officers of the date for the first regional CiCC in October 2017. This allows enough time to change the date and/or venue if this is required to maximise attendance.

A meeting will take place in June 2017 with the CiCC Participation Officers to review the format of the first CiCC meeting, and establish the need to look at thematic issues across the CiCCs rather than focusing on local needs, which vary according to demographics. There will also be a review of the activities that will take place with the young people following the first CiCC, to thank them for taking part and encourage group cohesion. The Participation Officer for the City of London will take the lead responsibility for organising this meeting and establishing a core group of Participation Officers to develop the regional CiCC.

Given the logistics in bringing together CiCCs across London, there is a risk that timescales will slide, or initially participation from other local authorities will be low. This should not be seen as an indicator of failure as it is likely that participation will increase once the group becomes more established. A further regional CiCC meeting will take place in February 2018, to correspond with half-term week so that young people who attend school and college can participate.

Conclusion

3. The City of London Corporation has commissioned a proposal to set up a regional CiCC, which has been agreed by the ALDCS and AD's networks. The City of London has received funding of £20,000 to support the development of a regional CiCC, which will contribute to the costs of the City of London's Participation Officer and the venues and activities for the meetings.

The first meeting of the regional CiCC is due to take place in half-term week in October 2017. To give flexibility and facilitate this meeting, two dates have been provisionally booked. The CiCC Participation Officers will hopefully meet in mid-June 2017 to confirm the date, format and activities that will take place with the young people.

Members will be kept informed of the progress of the regional CiCC; however, it is likely that it will take time for the regional CiCC to become fully established, which is why it is important to establish a core group of Participation Officers to support its continued momentum.

Appendices

- Appendix 1 – Proposal: Set up a regional London Children in Care Council

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Proposal: Set up a regional London Children in Care Council

October 2016

Executive Summary

The City of London Corporation has commissioned a proposal to set up a regional London Children in Care Council (CiCC). This report outlines the proposed vision, objectives, approach and proposed terms of reference. It also provides a cost estimate, resourcing requirements and funding and delivery options.

The strategic case for setting up a regional London Children in Care Council to increase service user participation in London is compelling. Regional and national drivers create a suitable environment for this to happen. Recent research shows that Children in Care Councils have benefits to the young people involved and to local authorities.

A regional CiCC group would provide a participation mechanism that promotes young people's voices in shaping the system at a regional level and would have a positive impact on their lives and the lives of other children and young people in care and care leavers.

It is proposed that a regional CiCC group is sponsored by the Association of London Directors of Children's Services (ALDCS) and its sub-group the Assistant Directors of Social Care network (ADSC). They have responsibility for the strategic oversight and delivery of social care services for children looked after and care leavers across London. A lead senior manager and local authority should be identified to take on the role of project sponsor to support the strategic planning, implementation and delivery of the project. The lead should ideally commit to this role for the next three years.

There are five identified delivery and funding options suitable for taking implementation forward, to be agreed between the City of London Corporation and the ALDCS.

1. City of London Corporation delivers and funds
2. City of London Corporation commissions and funds
3. City of London Corporation commissions and joint-funds with London boroughs
4. Host agency delivers and joint-funds with London boroughs
5. Host agency commissions and joint-funds with London boroughs

A dedicated Participation Officer or commissioned provider will be required to launch the group and support its ongoing work over the first three years. An appraisal of costs in section 14 of this report estimates a total annual cost of £38,950 for delivery in year one, £25,730 for delivery in year two, and £25,730 for year three. The option for all London boroughs to joint fund the project reduces the per annum cost to £1180.30 each for year one and £780 each for year two and three.

An implementation timetable set out in section 11 of this report gives an indication of key milestones and timescales. The timing of the regional London CiCC Meet-Up event by the Office of the Children's Commissioner and Greater London Authority planned for 18 March 2017 is an ideal milestone to formally launch this plan and to consult with young people and corporate parents about the proposed design and terms of reference, with a view to the first regional London CiCC meeting being held over the Summer 2017.

The following decisions need to be made:

1. A regional London CiCC group should be set up
2. The proposed terms of reference and approach is agreed
3. The funding and delivery options are agreed
4. Implementation timetable is agreed

Part One: A strategic case

1. Introduction

This report sets out a proposal commissioned by the City of London Corporation (CoL Corporation) to give detailed consideration to setting up a regional London Children in Care Council as a means of improving the level of input of children looked after (CLA) and care leavers (CL) in regional policy making and service planning. The proposal is focused on seeking *support for the proposed vision, objectives, governance arrangements, terms of reference, funding and delivery options* of a regional London Children in Care Council. This report includes an overview of the strategic case for a group, the proposed design and delivery, and an indicative implementation and delivery plan with key milestones, estimated resourcing requirements and costs, delivery and funding options and recommendations for decision.

2. Policy context

Central government recognises that local authority services benefit when children and young people's engagement is a key part of service planning and improvement processes. As such, children in Care Councils are a requirement of all local authorities, originally set out in the 2007 White Paper *Care Matters: Time for Change* and underpinned by the UN Convention on the Rights of the Child. Appendix one outlines full details of the strategic case for a regional group and an overview of the key legislation and national drivers for children's participation.

Central government has made it clear it supports the role of Children in Care Councils in giving children looked after and care leavers a voice and opportunity to influence and improve the services they receive in their local area.

This paper seeks to address a consultation gap in regional policy development, to establish a more permanent and formal mechanism for giving children looked after and care leavers a more consistent voice in London-wide policy development.

3. National picture

A mapping exercise has identified a number of mechanisms and events that have sought to obtain the views of young people in care and care leavers across London and England (see Appendix two). Government agencies including the Department for Education, former Children's Rights Director in England, Children's Commissioner for England, and Greater London Authority have all, at some time in the past six years, run consultation groups, commissioned events and/or projects to hear from children looked after, care leavers and CiCC group representatives to inform policy development.

The most current opportunity is being driven by the Office of the Children's Commissioner for England (OCCE) who is taking a lead in encouraging different regions of England to bring their local CiCC groups together for CiCC Meet-Ups. The aim is to amplify the voice of Children in Care Councils by arranging regional CiCC Meet-Ups across England to give young people with care experience the chance to exchange ideas, innovate and make a difference in both their local area and regional area. The aspiration is for regions to take a lead in setting up their own ongoing CiCC networks.

These events will be hosted by the Children's Commissioner, Anne Longfield, to hear directly from children and young people about the issues that matter to them. They will be run as one-day events and will bring together corporate parents from the region (lead members and directors), Participation Officers, and young people from each local authorities' CiCC group.

The London event is being planned for the 18 March 2017 and initial discussions with the event organiser indicates an opportunity for one or two London boroughs to be involved in the planning. This is an ideal opportunity for this project to be incorporated into the event programme to consult with young people and corporate parents about the vision and draft terms of reference, to help inform the design before its launch.

4. The London picture

There are 33 Children in Care Councils in London, with one in each of the 32 boroughs of London and the City of London Corporation. A range of innovative approaches have been adopted by London local authorities to improve opportunities for children in care and care leavers to express their voices and opinions about the services they receive. The models of delivery vary from borough to borough, but the underlying principles remain the same, encouraging important feedback from children looked after and care leavers about the services and support they receive. In many areas of London, the involvement of CiCCs is truly embedded in the culture of the organisation, and in some, there is still more work to be done.

The impetus to deliver more efficient and effective services across London is now stronger than ever, and the disparity of services across London has been highlighted by the current Ofsted inspections under the Single Assessment Framework. In many areas, where CiCCs are functioning well, Ofsted reports have shown there has been a direct improvement in service delivery and the experiences of children looked after and care leavers. This is because local authority corporate parents have invested in their CiCC groups, have built a culture of participation by making time to listen to young people, and have been able to respond to their needs, providing more of the type of care and support that children looked after and care leavers need.

The mapping exercise identified that the involvement of Children in Care Councils in London regional policy development has been limited to a number of one-off consultation events run by, and or funded by, various government departments. Despite being well-run and of very good intentions by nature of being one-off events they have been limited in the time and capacity for CLA and CLs to discuss issues of importance and to influence regional policy-making.

There is scope for a regional CiCC group to meet more regularly and bring representatives from the 33 London CiCC groups together, to share common issues and challenges and help inform London-wide policy planning.

Part Two: Design and structure

5. Purpose

Meaningful participation is about listening to children and young people and ensuring their views and experiences influence change. Regional meetings are an opportunity to provide a formal consultation and participation mechanism for London CiCC groups to meet and discuss current issues affecting children and young people looked after and care leavers and to identify common themes and issues that require regional support.

Regional meetings would facilitate the involvement of children and young people looked after and care leavers in shaping regional policy and services that affects them and other CLA and Care Leavers across London. Young people involved will be supported to develop skills and confidence from being involved.

6. Vision

The vision is that by 2020:

London-wide policy-makers for children's social care will recognise the London regional Children in Care Council as belonging and contributing to regional policy-making on issues that affect children in care and care leavers. Government agencies, regional bodies, London local authorities and voluntary sector organisations, with a vested interest in children's social care in London, will be familiar with the regional London CiCC and its contributions. Regional bodies, in particular ALDCS and ADCS, will expect to engage with the regional CiCC group on a regular basis.

In three years' time:

- The views of children looked after and care leavers are considered for all new London-wide regional policy made by ALDCS and ADCS on issues affecting children looked after and care leavers in London.
- Regional bodies adopt recommendations from the regional CiCC group on a regular basis
- The regional London CiCC group's contributions have helped to improve the care experience for children looked after and care leavers across London
- The CiCC group is involved in community partnerships, is self sufficient, self funded and young person led.

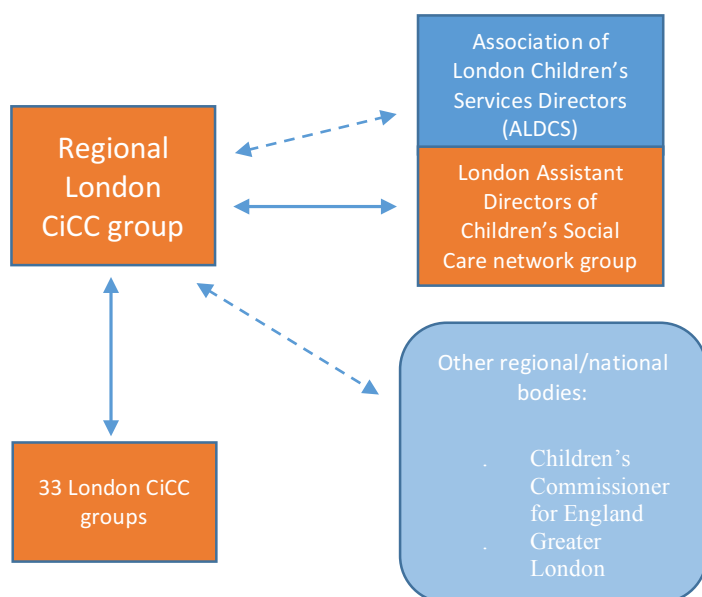
7. Proposed governance arrangements

The recommended sponsorship of a regional London CiCC lies with the Association of London Directors of Children's Services (ALDCS), in particular its sub group, the Assistant Directors of Social Care network group (ADSC). These two groups bring together the senior managers responsible for the delivery of local services for children, and care-related services for children looked after and care leavers from across all London boroughs. The groups do not currently have any formal mechanisms in place for consulting with children looked after and care leavers on relevant regional policy development.

At a local authority level, it is a requirement that local CiCC groups meet with their Director of Children's Services and Director of Children's Social Care at least once per year. It would be advantageous to mirror this structure at a regional level.

It is recommended that a lead senior manager and local authority is identified from the ADSC group to act as the project sponsor to support the strategic planning, implementation and delivery of the project. The lead should ideally commit to this role for the next three years.

Figure 1 Matrix of governance and reporting



8. Group structure and terms of reference

The group will be comprised of up to 33 young people - one representative from each of the 32 London boroughs and the City of London Corporation aged between 12 and 25 years. Each young person is encouraged to commit to attending for a full one-year term.

The London CiCC will hold elections every twelve months to elect officers for the group – including, but not limited to: Chair, Deputy Chair and Minute-taker.

There will be a designated Participation Officer employed/commissioned to support the facilitation of the group and manage the practical arrangements. An additional three to five adults will attend to support the session and meet minimum requirements for adult to child ratio.

The group will meet a minimum of quarterly, with meetings being held during school holiday periods. Sessions will be a half day with lunch provided e.g. 10:00am to 3:00pm, allowing adequate time to arrive at the venue and to return home before it is too late in the day.

A work plan and agenda will be in place to give the group a structure and clear purpose for each meeting. It is recommended that each meeting has a theme for the group to explore in detail. The initial meeting of the CiCC will be used to agree these themes with the young people. The themes should be drawn up into an annual forward plan/work plan by the Participation Lead.

It is appropriate that the young people involved will be rewarded for their involvement in the regional Children in Care Council meetings. Some local authorities provide gift vouchers, outings or accreditation for attending meetings.

Appendix three provides the full draft terms of reference with details covering the aims, objectives, values, membership, frequency, location and venue, group meeting format and

facilitation, governance arrangements, communication, travel arrangements, rewards and incentives, support to members of the CiCC and meeting agendas.

This has been designed based on recent national research into the effectiveness of CiCC groups across England which has highlighted the following critical success factors:

- Well-defined purpose and governance arrangements (including commitment from and contact with senior managers)
- Clear constitution set out in terms of reference (including decision-making and scope of the group)
- Membership strategy – representing the voice of all CLA and CLs
- Good support and facilitation (from Participation Officers)
- Structured agendas and flexible meeting format
- Accessible format and location/venue
- Budget (transport, refreshments, incentives)
- Incentives and rewards for involvement
- Communication plan
- Opportunities for project work

(Department of Education funded project delivered by A National Voice and the National Children's Bureau, *A guide to good practice in the structure and running of Children in Care Councils*, 2016).

9. Group facilitation

The role of a Participation lead is of critical importance, as a facilitator both of the children in care council and of the wider engagement with regional decision-making bodies.

Implementation and facilitation needs to be delivered by experienced professionals who have worked with children looked after and care leavers and not only understand the issues being discussed, but the possible challenges being faced by the individuals involved in the CiCC group.

The sessions will be delivered in a fun, creative way to maximise engagement and give young people adequate air-time to express their ideas, views and ideas. The sessions will be solution-focussed, and young people will be encouraged to develop their ideas for improvement to take forward to senior managers.

Regular reviews of the structure and group in practice will be undertaken to make sure the group is on track, objectives and outcomes are being achieved and that the group is genuinely influencing change and improvement of social care services in London. A 'we said, you did' tracker will be kept to record the themes, issues and decisions from meetings and the actions taken to address these.

For the first meeting local authority Participation Officers should be invited to attend the full meeting with each CiCC group representative to provide support and help them to familiarise themselves with the group setting and format.

For future meetings, it is likely that many of the CiCC group representatives will need support to travel to and from the venue. One way of managing this would be to run London Participation Officer's network group meetings in parallel with the CiCC group meetings. An informal Participation leads group already exists in London, so with their agreement, their meetings could be expanded to invite all London boroughs and to run in parallel with the CiCC regional group meetings.

10. Anticipated outcomes

The impact of the CiCC group and its successes will be measured against the following:

Year one – March 2017 to March 2018

- Regional London CiCC group launched at the Children's Commissioner for England CiCC Meet-Up event in March 2017
- Two regional CiCC meetings are held with 50% borough attendance
- The group agrees on its priorities and work plan
- A chair and deputy chair agreed
- Annual report presented by CiCC group representative to the ALDCS and ADCS
- A social outing held to support group forming

Year two – April 2018 to March 2019

- Four regional CiCC meetings are held with 80% borough attendance
- A chair, deputy chair and minute taker are agreed
- The group agrees on its priorities and work plan
- ADCS receive summary minutes from each CiCC meeting
- The group are empowered to get involved in at least one project/initiatives to take action and improve services
- CiCC group website launched
- CiCC group private Facebook page launched
- ALDCS and ADCS representatives have attended at least one CiCC group meeting
- Young people have helped to inform at least two decisions of ADCS/ALDCS as evidenced in the 'we said, you did' tracker.

Year three – April 2019 to March 2020

- Four regional CiCC meetings are held with 100% borough attendance
- A chair, deputy chair and minute taker are agreed
- The nominated chair leads up to 50% of the meetings
- The group agrees on its priorities and work plan
- ADCS receive summary minutes from each CiCC meeting
- The group are empowered to get involved in at least three projects/initiatives to take action and improve services
- The group has a plan in place for future funding, undertaking group fundraising and applying for relevant grants. The group may also have a legal status to support this.
- ALDCS and ADCS representatives have attended one CiCC group meeting
- The CiCC group have helped to inform at least five decisions of ADCS/ALDCS as evidenced in the 'we said, you did' tracker.

Part Three: Implementation and delivery

11. Implementation timeline

An indicative timeline for implementation is outlined below:

Phase of Work	Timescale	Resourcing
Phase 1a: Initial mapping	September 2016	CoL funded external consultant
Phase 1b: Detailed assessment exercise (including design, delivery options and cost)	September to October 2016	CoL funded external consultant
Phase 2: Presentation of findings for decision	October 2016 to November 2016	CoL staff
Phase 3: Commissioning and preparation to implement	December 2016 to March 2017	Delivery and funding options to be decided as per section 16 and 17.
Phase 4: Launch and delivery	March 2017 (Children's Commissioner's event) to July 2017 (First meeting to be held in July 2017)	Delivery and funding options detailed below in section 16 and 17.

12. Summary of resource requirements

Phase 1a,1b and 2 have been funded by the City of London Corporation.

Phase 3 will require resource to prepare for implementation of the delivery option chosen. This will involve writing a specification and/or job description, recruitment/commissioning and overseeing administrative tasks such as human resource matters, finance, procurement and induction. A decision needs to be made as to whether this work can be absorbed by staff in the CoL Corporation, or whether an external consultant is required to support this.

Phase 4 launch and delivery will require a dedicated Participation lead to undertake the following:

- Initial set up, marketing and promotion of the group to local authorities and regional bodies
- Set up of administrative systems
- Agenda planning and facilitating sessions with the young people
- Developing and maintaining the work plan and action plan
- Developing and updating a "we said, you did" register from each meeting to record the themes, issues and decisions from meetings and the action taken to address these
- Writing and distributing minutes from each meeting (recording key discussion points and decisions – not identifying boroughs or young people), to be distributed to attendees, London CiCCs, Directors of Children's Services, Assistant Directors of Children's Social Care and the agreed reporting lines.
- Setting up and maintaining a closed Facebook group (if young people are in agreement) to help record the CiCC meet ups and for the group to keep in touch in between meetings
- Developing and maintain a basic website for the regional CiCC to update CLA and CLs across London on their work and to give them an opportunity to have a say
- Writing reports and liaison with regional bodies to ensure the voice of the regional CiCC is heard in key decision-making
- Ensuring appropriate adult/child ratio for each session

- Managing the incentives for young people (Time Credits/vouchers/accreditation)
- Maintaining communication with the group members

13. Funding and delivery options

There are five main delivery options for consideration as detailed below:

Delivery and funding option 1: City of London Corporation delivers and funds

Funding is absorbed through the *Supporting London* programme. A Participation Officer would be recruited, as a freelance consultant or on a fixed-term contract, to undertake all administration and facilitation tasks for the running of the group, and would be based within the Children and Families service, Community and Children's Services. Line management oversight would be via the Assistant Director of People's Services as the ADCS lead.

Delivery option 2: City of London Corporation commissions and funds

Funding is absorbed through the *Supporting London* programme. The City of London Corporation takes on the role as host agency and undertakes a procurement process to commission a suitably experienced provider/voluntary agency to undertake all administration and facilitation tasks for the running of the group. This would be ideally an agency with good experience working with children looked after and care leavers. The CoL Corporation would monitor the provision through its usual commissioning arrangements. Senior management oversight would be via the Assistant Director of People's Services as the ADCS lead.

Delivery option 3: City of London Corporation commissions and joint-funds with London boroughs

Funding is provided by all 32 boroughs in London and the City of London Corporation, with pay costs split between them. The City of London Corporation takes on the role as host agency and undertakes a procurement process to commission a suitably experienced provider/voluntary agency to undertake all administration and facilitation tasks for the running of the group. This would be ideally an agency with good experience working with children looked after and care leavers. The CoL Corporation would monitor the provision through its usual commissioning arrangements. Senior management oversight would be via the Assistant Director of People's Services as the ADCS lead. The City of London Corporation would provide all in-kind non-pay resource and support for phases 3 and 4.

Delivery option 4: Host agency delivers and joint-fund with London boroughs

A Participation Officer would be recruited, or the work absorbed within an existing post, to undertake all administration and facilitation tasks for the running of the group. Funding is provided by all 32 boroughs in London and the City of London Corporation, with costs split between them.

All local authorities would be given the opportunity to nominate themselves as the host agency, and once agreed, they would provide all in-kind non-pay resource and support for phases 3 and 4.

Delivery option 5: Host agency commissions and joint-fund with London boroughs

As per option 4 above, but the Participation service to lead the project is commissioned rather than delivered in-house.

Assumed factors

For all five funding and delivery options above the following factors apply:

- A minimum three-year financial commitment would be required for all pay and in-kind non-pay costs to give the CiCC group a good opportunity to launch, establish itself and explore other funding streams.
- This report assumes that for all delivery options above, the host agency will take on Accountable Body status and oversee the finances, ensuring all monies raised are spent in accordance with an agreed funding agreement and that the outputs and results agreed are achieved.
- The host agency would be required to provide in kind provision of back office functions including administrative, legal, commissioning and financial processes.
- An explicit service level agreement regarding delivery and financial arrangements would be required from the outset.
- Once the regional CiCC group is fully established and functioning well, the aspiration is for the group to apply for funding to sustain itself. It is likely this would be achieved during year three, and by year four.

14. Estimated cost analysis

An appraisal of costs in this section estimates a total annual cost of £38,950 per annum for phase 4 delivery in year one, £25,730 for delivery in year two, and £25,730 for year three. The option for all London boroughs to joint fund the project reduces the per annum cost to £1180.30 each for year one and £780 each for year two and three.

This section provides a detailed breakdown of the resources required and costs for phase 3 and phase 4.

Phase 3 – Commissioning and preparation to implement

The following activities, resources and costs will be required:

Table 1 – phase 3 costs

Activity	Resourcing	Cost /meeting	One off cost	Cost per borough (if split)
Write specification and/or job description	3 days	In- kind or external consultant (approximately £350/day)	£1050	£32
Recruitment and/or procurement	3 to 6 days	In- kind or external consultant (approximately £350/day)	£2100	£64
Totals	9 days	N/A	£3150	£95

Phase 4 – Launch and delivery

The following provides a summary of the essential resources required for launch and delivery:

Table 2 – essential costs

Activity	Resourcing	Cost /meeting	Annual cost	Cost per borough
Delivery lead – initial set up, administration and facilitation of the CiCC *The costs estimated are for option 1, 2 and 3, however will require further costing once the delivery option is decided.	18 days/ Quarter (1.5 days/week each quarter)	£30/hour = £210/day = £3780/ quarter	£15,120/year	£458.20/year
Refreshments - Lunch and drinks - Snacks - Paper cups/plates/napkins *costs may increase if the Participation network is set up and/or if restricted by a preferred catering supplier at the venue	Each meeting	£10/ person/ meeting = £400/ quarter	£1600/ year	£12.15/ meeting £48.50/year
Venue	2 rooms – 1 for young people and 1 for Participation officers network	In kind by host borough	Nil	Nil
Incentives - Time Credits for participation - Annual outing	Nil	Nil £30/young person = £990/quarter	Nil £990/year	Nil £30/year
Transport costs	Absorbed by each borough for their own young person	Nil	Nil	Nil
Subtotal		£5,170/quarter	£20,680/year	£627/borough/year

The following extras would further enhance the work of the regional London CiCC group as part of phase 4 launch and delivery and are only estimates. Full quotes would need to be obtained from providers if proceeding:

Table 3 – additional costs

Activity	Resourcing	Cost	One off cost	Cost per borough
Marketing materials - Initial development of logo and templates by a professional designer	Up to 10 days work	£5000	£5000	£152 one off
Website development - Initial development and set up of a very basic first website (5 to 10 pages) - Ongoing website work would be absorbed by delivery lead	Delivery lead to develop content and upload – 15 days' work Web designer	Delivery lead - £3150 Web designer - £5000 Domain name and hosting - £50/month (£120/year)	Year 1 - £8270 Year 2 – £50/month Year 3 - £50/month	Year 1 - £251 Year 2 - £1.50 Year 3 - £1.50
Project grant - Young people have access to a pot of money to help them develop any new ideas for CLA and Care Leavers in London. The money would need to be agreed by the funders.	Project work absorbed by delivery lead	Up to £5,000 available	£5000	£152/year
Subtotal		£21,360	Year 1 - £18,270 Year 2 – £5050 Year 3 - £5050	Year 1 – £554 Year 2 - £153 Year 3 - £153

Phase 3 and 4 - Estimated cost summary

Assuming all essential and extra costs in table 1 and 2 above are agreed; the total costs are provided below:

Table 4: Total costs

	Phase 3 – Preparation to implement		Phase 4 - Delivery	
	One-off cost	Cost per borough (if split)	Total annual cost	Cost per borough (if split)
Year 1	£3150	£95	£38,950	£1180.30
Year 2	Nil	Nil	£25,730	£780
Year 3	Nil	Nil	£25,730	£780

Conclusion

The strategic case for setting up a regional London Children in Care Council to increase service user participation in London is compelling. Regional and national drivers create a suitable environment for this to happen.

It is in the interests of all regional bodies, including the Association of London Directors of Children's Services (ALDCS) and the sub-group London Assistant Directors of Social Care network group (LADSC), in seeking to establish more consistency across London, to embrace the set up of a regional London CiCC and make the time to actively listen to the voice of those in receipt of children's social care services, to help them shape the work they are doing. The ALDCS and ADCS has an opportunity to become trailblazers in England for truly integrated service user participation at a regional level.

Matters such as governance, funding and delivery options, agreement of accountabilities and finance and the overall approach needs to be addressed and agreed as set out in the report and the proposed terms of reference.

The timing of the regional CiCC Meet-Up project by the Office of the Children's Commissioner is ideal for London to develop and launch its own regional group in March 2017, with a view to the first regional London CiCC meeting being held over the Summer 2017.

Recommendations and decisions

1. A regional London CiCC group should be set up
2. The proposed terms of reference and approach is agreed
3. The funding and delivery options are agreed between the City of London Corporation and ADCS
4. Implementation timetable is agreed

Appendix One

A strategic case: legislation and national drivers

There are a number of key drivers and legislation for the foundational structure of children's participation and function of Children in Care Councils in local areas. In particular, requirements for children looked after and care leavers to exercise their right to express their views, wishes and feelings on services and decisions that affect them, and to be consulted on about their experiences of the care system, to increase their ability to influence and improve services they receive from their local authority corporate parents.

The 2007 *Care Matters: Time for Change White Paper* set out the original intention for all local authorities to establish a Children in Care Council (CiCC). The following legislation and national papers further underpin and/or strengthen the participation of CLA and CLs:

- The United Nations Convention on the Rights of the Child (UNCRC)
- The Children Act 1989 and the Children Act 2004
- Children (Leaving Care) 2000
- Care Matters: Time for Change White Paper 2007 and Children and Young Person's Act 2008
- The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review
- The Children Act 1989 guidance and regulations volume 3: planning transitions to adulthood for care leavers
- Care leaver strategy:
- Children and Families Act 2014
- Care leaver strategy: A cross departmental strategy for young people leaving care
- Children Act 1989 guidance and regulations – volume 5: children's homes: statutory guidance for local authorities
- IRO handbook: statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children
- Promoting the education of looked after children: statutory guidance for local authorities.
- 2016 Children's Commissioner for England five-year plan, *Ambitious for Children (Priority 2: Ambitious for Children in Care)*
- *Putting children first: Delivering our vision for excellent children's social care* (July 2016) published by the Department for Education

Appendix two

The following provides an outline of the current consultation forums for children looked after and care leavers at a national and/or regional level.

Name	Function	Geographical area	Location and Frequency	Who is involved?	Organiser/ Facilitator
All-party Associate Parliamentary Group	<ul style="list-style-type: none"> - Ensures the voices of young people with experience of public care are heard by central government. - Ensures that legislation addresses the particular needs of children and young people in and leaving care and to debate key policy and practice issues. - Liaison at parliamentary level with organisations working with children and young people in and leaving care. 	England wide, held in London	London, Houses of Parliament 5 times/year	Current or former CLA and CLs, professionals and members of the House of Commons and the House of Lords	Who Cares? Trust Emily Michelis The Who Cares? Trust T: 020 7017 8906 (direct)
London Care Consortium	<ul style="list-style-type: none"> - Acts as a sub-group to the Mayor of London's Young London Participation Network - Organisations share information on the different projects and programmes they are running with looked after children and care leavers - An opportunity to hear from young people in care. 	London-wide	GLA building Bi-monthly (6 times/ year)	Children looked after and care leavers, professionals and voluntary sector organisations	Greater London Authority (GLA) Rebecca Palmer mailto:Rebecca.Palmer@london.gov.uk
Regional CiCC Meet Ups Children's Commissioner	<ul style="list-style-type: none"> - Amplify the voice of Children in Care Councils by arranging regional CiCC Meet-Ups across England. - CiCC Meet-Ups will give children with care experience the chance to exchange ideas, innovate and make a real difference in their local area. - The meet ups are also a chance for Children's Commissioner, Anne Longfield to hear directly from children and young people about the issues that matter to them. - You can follow all of the CiCC Meet-Ups on social media at #CiCCMeetup - CiCC Meet-Up events will run annually but aspiration is for local regions to meet up regularly in between these events. 	Regional meetings London meetings:	One-off events, annually	Children in Care Councils	Office of the Children's Commissioner Chris Dossett, Participation Officer for children living away from home and receiving social care services Email: chris.dossett@childrenscommissioner.gsi.gov.uk Phone: 020 7783 8130

Appendix three

This section sets out the proposed terms of reference for a regional London Children in Care Council (CiCC) and addresses the critical success factors above.

London Children in Care Council Draft Terms of reference

1. Aim

The London Children in Care Council (CiCC) is a group of young people from each of the 33 Children in Care Councils across London, representing the voice of looked after children and care leavers across the Wider-London region.

Regional meetings are an opportunity to provide a formal consultation and participation mechanism for London CiCC groups to meet and discuss current issues affecting children and young people looked after and care leavers and to identify common themes and issues that require regional support.

2. Objectives

The London regional Children in Care Council exists to facilitate the involvement of children and young people looked after and care leavers to:

- contribute their views and ideas as care experienced young people to regional policy development.
- meet on a regular basis to discuss care related issues of common importance in London and help shape regional decision-making
- provide an opportunity for CiCC group representatives from across London to share common interests; good practice, and develop community partnerships.
- develop the skills and confidence of the young people involved.

3. Values

The London Children in Care Council will act as:

A **champion and advocate** for children and young people in care and leaving care, to influence changes in policy, services, support and entitlements of children and young people in care and leaving care in London.

A **consultation group** to support senior managers and policy-makers in the design, delivery and evaluation of projects and services that affect children looked after and care leavers in London.

A **campaigning group** to raise awareness of the rights of children and young people in care and leaving care, and of what it's like growing up in the care system in London.

A **forum** for developing ideas and projects that aim to improve the lives of children and young people in care and leaving care in London.

A **forum for feeding back** to the Association of London Directors of Children's Services, the Children's Social Care Network and other regional and national bodies as required.

4. Membership

The group will be comprised of up to 33 young people - one representative from each of the 32 London boroughs and the City of London Corporation aged between 12 and 25 years. Each young person is encouraged to commit to attending for a full one-year term.

The London CiCC will hold elections every twelve months to elect officers for the group – including, but not limited to: Chair, Deputy Chair and Minute-taker.

There will be one designated Participation Officer employed/commissioned to support the facilitation of the group and manage the practical arrangements. An additional three to five adults will attend to support the session and meet minimum requirements for adult to child ratio.

5. Frequency

The group will meet a minimum of quarterly, with meetings being held during school holiday periods. Sessions will be a half day with lunch provided e.g. 10:00am to 3:00pm, allowing adequate time to arrive at the venue and to return home before it is too late in the day.

The meeting dates will be agreed in advance and will be set out in an annual forward plan.

6. Location and venue

It is proposed that the City of London Corporation will host the meetings in one of its conference rooms at the Guildhall as these are ideally located in the centre of London with good transport links to mainline stations, underground stations and bus lines.

7. Group meeting format and facilitation

Meetings will be facilitated by a qualified and experienced participation lead. The chair should be held jointly between the Participation lead and one nominated young person from the group, to be voted on by the group and reviewed annually.

A work plan and agenda will be in place to give the group a structure and clear purpose for each meeting. It is recommended that each meeting has a theme for the group to explore in detail. The initial meeting of the CiCC could be used to agree these themes with the young people. The themes should be drawn up into an annual forward plan/work plan by the Participation Lead.

The sessions will be delivered in a fun, creative way to maximise engagement and give young people adequate air-time to express their ideas, views and ideas. The sessions will be solution-focussed, encouraged to develop their ideas for improvement to take forward to senior managers.

8. Governance arrangements

The regional CiCC will be sponsored by the Association of London Directors of Children's Services, in particular its sub group, the Assistant Directors of Social Care network group (ADSC). These groups have a responsibility to consider care-related issues across London; and are ideally placed to support and hear from the London CiCC group, and consult with them regularly.

A lead senior manager from the ADSC group will be the main point of contact for the regional London CiCC group, providing advice, support and guidance to the group and facilitator, and helping to facilitate a two-way dialogue between the ADSC and CiCC group.

Consideration needs to be given as to whether the ADSC lead should attend all London regional CiCC meetings, or every other meeting.

The CiCC will have a standing agenda item at each ADSC Network meeting where the ADSC lead will provide an update to senior managers.

CiCC group representatives will attend the ALDCS at least once a year to present an annual report, and likewise, a representative of the ALDCS will attend a regional CiCC group meeting at least once/year.

The regional CiCC group members will need to know their work makes a difference, and the regional bodies should develop a mechanism to feedback how the work of the regional CiCC has fed into any decisions they've made.

9. Communication

CiCC members will be expected to communicate discussions, messages and projects that take place at regional meetings to their peers in their local Children in Care Council groups and to their Participation Officers.

Communication lines should be established with the Greater London Authority and Children's Commissioner for England, to ensure the messages from CLA and CLs across London are communicated within wider regional and national decision-making forums.

For the CiCC group to be successful it needs to be given an opportunity to influence policy decisions and improve services. Communication will therefore be a two-way process between the CiCC and the ADSC. The CiCC group will raise common issues, themes and ideas through summary reports, minutes and face to face contact; and the ADSC and ALDCS will also be encouraged to attend regional CiCC meetings (planned in advance) to consult on relevant policy and/or service developments. A 'we said, you did' record will be kept by the group to evidence the impact of their work and keep track of decisions and actions.

A website will be set up to communicate updates from the group so that all London CiCC groups can stay up to date on issues being discussed and any policy developments.

Using technology can help engagement, for example, by setting up a closed Facebook group will allow young people to converse in between regional CiCC meetings.

10. Travel arrangements

It is recognised that many of the CiCC group representatives will need support to travel to and from the venue. Each borough is responsible for ensuring adequate arrangements are in place for each young person travelling to and from the regional meetings, including funding any travel costs.

11. Rewards and incentives

It is appropriate that young people should be rewarded for their involvement in the regional Children in Care Council meetings. Some local authorities provide gift vouchers, outings or accreditation for attending meetings.

It is proposed that young people attending the regional CiCC meetings receive Time Credits for their participation. This will give each young person one-hour credit for every hour of time they give to the group. Young people are able to spend their Time Credits on a range of

positive activities in London. <http://www.justaddspice.org/wp-content/uploads/2015/02/Issue-1-2015-London-Spend-Brochure.pdf>

It is suggested a social event is organised in the first year to support group forming, and that from the second year, an end of year outing is organised for the group to celebrate their work and successes.

12. Support to members of the CiCC

CiCC members will:

- Be offered relevant and appropriate training and formal accreditation through the Spice Time credits scheme.
- Receive regular notice and communication about meetings, events and the group agenda and work plans.
- Be invited to attend relevant regional and national events and activities.
- Be supported with their own personal and skills development.
- Get refreshments at every CiCC meeting.

13. Meeting agendas

Each meeting agenda will include introductions and check in from each member, an overview of the theme for the meeting, consultation activities based on small group and whole group discussions/activities, problem-solving/solution focused/ideas generating activities based on the theme and finally, key messages should be agreed towards the end of each meeting, to be fed back to ADCS.

The agenda will include opportunities for group members to share what's going well for CLA in their area, any concerns or issues for CLA in their area and their ideas for CLA and CLs in London, to ensure new issues and themes are picked up and good practice is shared.

Committee(s)	Dated:
Safeguarding Sub Committee	07/06/2017
Subject: Financial Abuse in the City of London	Public
Report of: Director of Community and Children's Services	For Information
Report author: Adam Johnstone, Strategy Officer	

Summary

This report presents a summary of the work undertaken since the scoping exercise into financial abuse in the City of London. A Task and Finish Group has been established to ensure the recommendations are implemented and to co-ordinate existing work plans across the partnership.

A further report detailing the impact of the work of the Task and Finish group will be presented to the Sub Committee at a future date.

Recommendation

Members are asked to note the report.

Main Report

Background

1. The City of London undertook a scoping exercise to explore the issues and needs regarding financial abuse against vulnerable people in the City of London. This emerged following confirmation that the City of London Adult Safeguarding Board Sub Group had identified tackling financial abuse as a priority for the City.

Introduction

2. The scoping exercise aimed to identify the local need, map current services, and identify potential service gaps and the extent of information and awareness about financial abuse.
3. In summary, the report found that there is limited data on the abuse taking place in the City. As it is an underreported crime, the scale of abuse is likely to be much higher than the data suggests. Many stakeholders consulted would welcome a greater understanding of the scale and trends in the abuse to further aid prevention and awareness work.

Recommendations from the paper

4. Following this scoping exercise, these recommendations were made to the City of London Adult Safeguarding Sub Committee:
5. *Identifying partner-wide awareness and prevention work*: with the aim of increasing resident awareness of the range of risks/methods associated with this form of abuse and how residents can protect themselves.
6. *Greater understanding of financial abuse*: further work with stakeholders and talking to residents and victims would give a greater understanding of the nature of the problem, and how it is changing and evolving in the City. This could form part of a partnership event or a forum, or be a commissioned piece of research to provide an outcomes-focused, person-centred safeguarding response.

Implementation of the recommendations

7. A Task and Finish Group has been established, with membership from key stakeholders across the City of London partnership. The group has met several times and partner-wide action and communication plans have been created to ensure all elements of the recommendations are progressed.
8. Current work includes:
9. The co-ordination of a Memorandum of Understanding to allow data sharing between the City of London and City of London police to help identify vulnerable residents for Operation Signature.
10. Trading Standards is liaising with Bournemouth University to potentially help identify and understand the intelligence gap in the City of London.
11. An awareness and prevention leaflet has been circulated with residents' annual Council Tax bills. This has also been circulated across the partnership via Trading Standards, City of London police, Toynbee Hall and housing estate offices. A version of the leaflet will be produced for the registration service and St Bart's Hospital to give to anyone registering a death.
12. A proactive awareness-raising service offer is being developed. This will provide information sessions at existing venues and groups that residents trust, such as the Reach Out Network and open meetings organised by the housing estate offices.
13. The potential to hold a launch event to coincide with International Fraud Awareness Week in November is being investigated. It is envisaged that residents, Members, officers and partners will be invited to the event, which will feature case studies, prevention advice and a presentation of the partnership's work to tackle financial abuse.

Conclusion

14. This report presents an update on the City of London's financial abuse work. A further report detailing the impact of the work of the Task and Finish group will be presented to the Sub Committee at a future date.

Appendices

- Appendix 1 – Financial Abuse Work Plan
- Appendix 2 – Leaflet: Spotting the signs of financial abuse

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Financial Abuse Task and Finish Group

March 2017 – September 2017



Introduction

The task and finish group has been established to:

Ensure the delivery of the financial abuse recommendations in the City of London. This will include producing a partner-wide communications and engagement plan and tracking of a number of key areas of work via this combined action plan.

Facilitating the co-ordination of existing work streams across the partnership and tracking work via this shared action plan.

Key leads and those responsible for completing actions:

Name	Title
Chris Pelham (Chair)	Assistant Director, People
Marion Willicome Lang	Service Manager, Community & Children's Services
Rachel Morrison	Strategic Communications and Engagement Manager, Community & Children's Services
Gemma De La Rue	Executive Support Officer, Community & Children's Services
Adam Johnstone	Strategy Officer - Housing and Adults, Community & Children's Services
Gary Griffin	Project Manager - Safer Communities Project, Town Clerks
Valeria Cadena-Wrigley	Community Safety Officer, Safer City Partnership
Steve Playle	Trading Standards Manager, Markets & Consumer Protection
Helen Evans	Toynbee Hall
Maria Woodhall	City of London Police
John Ellul	Communications, City of London Police
Bayo Igoh	Head of Estates – Housing & Neighbourhoods

1. Communications: Partner-wide awareness and prevention work

Aim: to increase resident awareness of the range of risks/methods associated with this form of abuse and how they can protect themselves. This will involve co-ordinating communications across the Partnership, running joint campaigns where appropriate

	Actions	End date	Lead Officer	RAG	Comments
1.1	Awareness leaflet to be launched in resident's council tax bills in March.	On-going	RM	Green	Leaflet mailed with resident's council tax bills w/c 13th March. Leaflet also to be circulated via Carer's Network, CoL libraries. Also investigating a leaflet with St Barts to target widowers.
1.2	Plan an awareness/training workshop in Autumn 2017	Nov-17	All	Green	In progress. RM to scope costs. DM to consider Police's ability to support.
1.3	Operation Signature		MW	Green	Investigating the definition of 'vulnerable' to identify households to engage in the project.

2. Research: Increase the City of London's understanding of Financial Abuse:

Aim: Further work with stakeholders, residents and victims to give a greater understanding of the nature of the problem, how it is changing and evolving in the City.

	Actions	End date	Lead Officer	RAG	Comments
2.1	Possible research to run a long side the campaigns				TBC

3. Performance and Information Sharing

Aim: Further work with stakeholders to measure and share data on financial abuse

	Actions	End date	Lead Officer	RAG	Comments
3.1	Develop a memorandum of Understanding to allow for data sharing across the City		Gary Griffin / Maria Woodall	Green	SP, DM and MW to progress service offer.
3.2	Monitor outcomes of complex cases via MSP		Marion Willicome Lang/ Sukhi Gill	Green	AJ to discuss with SG outside of meeting to progress. Possible paper at next Task and Finish Group.
3.3	Review application of MSP principles to investigating cases of Financial Abuse		Marion Willicome Lang/ Sukhi Gill	Green	AJ to discuss with SG outside of meeting to progress. Possible paper at next Task and Finish Group.
3.4	Brief AAG on work of Task and Finish Group		Gemma De La Rue / Chris Pelham / Marion Willicome Lang	Green	A briefing on work so far has taken place and this will be continued.
3.5	Update Police led vulnerability steering group on progress		Maria Woodall / Chris Pelham	Green	A briefing on work so far has taken place and this will be continued.
3.6	Consider multi agency dataset to measure volume of cases of CoL residents reporting Financial Abuse		Sukhi Gill	Green	AJ to discuss with SG outside of meeting to progress. Possible paper at next Task and Finish Group.

3.7	Invite Bournemouth University to review our approach		Steve Playle	Green	SP understands that Keith Brown at Bournemouth would be able to assist.
3.8	Establish direct contact with Top 100 vulnerable people in CoL at risk of Financial Abuse- this piece follows up on Info Sharing Agreement		All		Requires Action 3.1 to be completed.
3.9	Report on activity , outputs and outcomes to the CHSAB		Gemma De La Rue / Chris Pelham	Green	A report has been drafted for Safeguarding Sub-Committee (7 June) and Safeguarding Adults Board (13 June).

Objectives

The group will focus on:

1. Ensuring the delivery of the financial abuse recommendations in the City of London. This will include producing a partner-wide communications and engagement plan, commissioning a research piece and tracking of a number of key areas of work via a combined action plan.
2. Facilitating the co-ordination of existing work streams across the partnership and tracking work via a shared action plan.

Membership

The group will consist of key strategic partners across the City of London. The meetings will be chaired by Chris Pelham, Assistant Director, People.

Suggested membership:

Name	Title
Chris Pelham (Chair)	Assistant Director, People
Marion Willicome Lang	Service Manager, Community & Children's Services
Rachel Morrison	Strategic Communications and Engagement Manager, Community & Children's Services

Gemma De La Rue	Executive Support Officer, Community & Children's Services
Adam Johnstone	Strategy Officer - Housing and Adults, Community & Children's Services
Gary Griffin	Project Manager - Safer Communities Project, Town Clerks
Valeria Cadena-Wrigley	Community Safety Officer, Safer City Partnership
Steve Playle	Trading Standards Manager, Markets & Consumer Protection
Helen Evans	Toynbee Hall
Maria Woodhall	City of London Police
John Ellul	Communications, City of London Police

Spotting the signs of financial abuse



Department of Community
and Children's Services

City of London Corporation

Anyone can become a target for fraudsters and a victim of financial abuse. If something sounds too good to be true, it probably is.

You may be told you've won a prize or have a time limited special offer. You may be offered a loan by a fake lender. Anything out of the blue will most likely be fraud.

People are targeted over the phone, via email or even in their homes.



Signs to watch out for

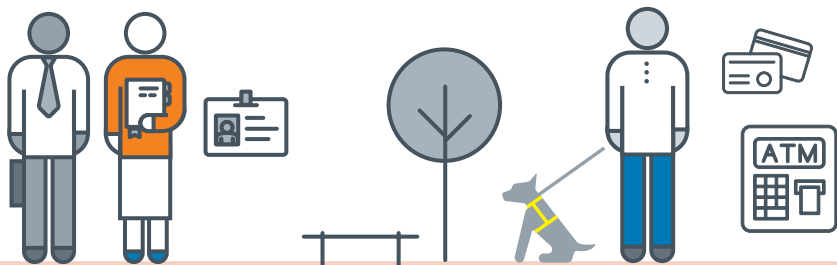
- Sudden and unexplained withdrawals of money from your accounts.
- Someone who is managing your money and is secretive about what they are doing with it.
- Someone claiming to be from your bank or the police asking for personal or financial details.
- Receiving a high volume of mail.
- Regular phone calls from people selling goods or services.

What to do

- Always check with a trusted friend or relative before agreeing to sign up to anything or buy any goods or services, particularly from unsolicited calls, emails or doorstep visits.
- Be very cautious about providing any of your personal details during a cold call.
- You can put the phone down or shut the door – it isn't rude and you don't have to speak to strangers.
- Get in touch with a professional body (see contacts section) for more guidance and support.

What not to do

- Never give your personal or any payment details (including any bank or credit cards, as well as your PINs) to anyone you don't know and trust. Your bank or the police will never ask for your financial details or send a courier to collect your payment cards as part of any fraud investigation.
- Never let cold callers into your home. Get a peephole and a door chain so you can see who it is before answering.
- Never sign up to anything on your doorstep. Take a few days to think about offers and talk to someone you trust about it.



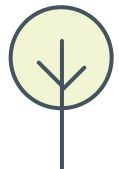
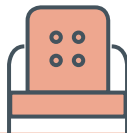
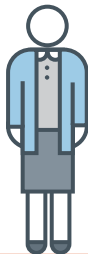


Protecting others

It's important we're all vigilant to protect those around us.

Watch out for:

- a sudden deterioration in a person's situation – for example, not being able to buy food
- a person's belongings disappearing without their knowledge
- sudden changes made to a will
- financial documents disappearing
- unexplained withdrawals from bank accounts
- an increase in phone calls from people you don't know
- an unusual amount of mail.



Who to contact for guidance and support

Adult Social Care Team, City of London Corporation

- Call **020 7332 1224**
(9am-5pm Monday to Friday)
or **020 8356 2300** (out of hours)
- Email: **adultsduty@cityoflondon.gov.uk**

Trading Standards

**[www.cityoflondon.gov.uk/
tradingstandards](http://www.cityoflondon.gov.uk/tradingstandards)**

- Call **03454 04 05 06**
- Email: **tradingstandards@cityoflondon.gov.uk**

City Advice

- Call **020 7392 2919**
- Email: **city.advice@toynbeehall.org.uk**

Action Fraud (when reporting fraud, including suspected/attempted fraud)

www.actionfraud.police.uk

- Call **0300 123 2040**

In an emergency, always call 999.



Other useful contacts

Reduce the number of unsolicited calls/amount of unsolicited mail you may receive by calling the Telephone Preference Service on **0845 703 4599** or emailing **tps@dma.org.uk**

Find out more about setting up BT's free Call Protect service (available to BT landline customers):

<http://www.productsandservices.bt.com/products/phone/call-protect>

Become a Friend Against Scams – part of Trading Standards:

- Learn how to take a stand against fraud:
www.friendsagainstscams.org.uk
- Email the team to become a champion in your area:
Friends.AgainstScams@eastsussex.gov.uk

Find out more from Citizens Advice:

www.citizensadvice.org.uk/consumer/scams/scams/



Committee	Dated:
Safeguarding Sub Committee	07/06/2017
Subject: Making Safeguarding Personal	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Marion Willicome-Lang, Service Manager, Adult Social Care	

Summary

This report provides members with information on Making Safeguarding Personal (MSP). This is an approach adopted within Adult Social Care at a national level, aimed at seeking qualitative outcomes when working with adults at risk during the safeguarding process. The aim is to have a more qualitative measure when recording and reporting statistical analysis of safeguarding adult data. The approach was originally developed by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) in 2012, with full implementation of the programme in 2014/15. MSP offers an outcomes focus to adult safeguarding work and a range of responses to support people to improve or resolve their circumstances. The overall aspiration was to move the safeguarding process away from something that is “done to” a person to a person-focused approach that “works with” and “alongside” the person: in other words, “No decision about me without me.”

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. Making Safeguarding Personal (MSP) was originally motivated by the need to understand what works well in supporting adults at risk of, or who have experienced, abuse or neglect. It was a programme initially led by the Local Government Association (LGA) safeguarding adults programme and by the Association of Directors of Adult Social Services (ADASS) in 2012.
2. In 2012, the Safeguarding Adults Leads for both City and Hackney undertook one of the first MSP pieces of qualitative research as part of a test bed pilot to

seek to understand how safeguarding could become more personalised and service user focused (see Appendices).

3. The Care Act 2014 put adult safeguarding on a statutory footing for the first time, and embraced the principle that the “person knows best” rather than the professional. It laid the foundation for change in the way that care and support are provided to adults. It also consolidated the MSP programme, giving it even more credibility as a tool to practitioners that encourages greater service user self-determination, so that adults at risk maintain their independence and have real choice. There is now an emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to prevent abuse or neglect from happening, and a right to have a say in what happens.
4. In 2016, ADASS commissioned an MSP “temperature check” to ascertain the progress of the MSP journey, which involved in-depth consultation with Safeguarding Adults Leads. Across the board, the results revealed a positive picture of dedication and innovation. The vast majority of those interviewed had built MSP into their mainstream services and were achieving better outcomes for people needing care and support who had experienced abuse or neglect. The check itself was very wide ranging, achieving coverage of 76% of English local authorities through in-depth interviews with their Safeguarding Adults Leads.

Current Position

5. The City of London Service Manager for Adult Social Care and Safeguarding Adults Lead was consulted and undertook an in-depth telephone interview to discuss the way in which the service had embedded its Making Safeguarding Personal work into its practice. City of London was able to report favourably that Adult Social Care was achieving MSP outcomes for people needing care and support who had experienced abuse or neglect (see Appendices).
6. The City of London has worked alongside Hackney as partners of the Safeguarding Adults Board (SAB), and as members of the Quality Assurance sub-group, to develop an IT process through which reporting can be achieved on the MSP outcomes (see Appendices).
7. In the SAB Annual Report (2016/17), Adult Social Care reported that each of the adult safeguarding cases this year has recorded evidence that the person at the centre of the safeguarding concern has been consulted as to their own desired outcomes, which are noted at the beginning and at the conclusion of the safeguarding episode.
8. This data can now be reported upon as part of the City and Hackney SAB performance dashboard, a suite of data that both City and Hackney produce in a uniform manner via their respective electronic social care recording systems (FWI for City of London, Mosaic for Hackney).
9. City of London cases will also be part of a multi-agency case file audit event to be held as part of a City and Hackney SAB event in June, which will seek to

examine cases of self-neglect, and how the MSP principles have been adopted in practice.

10. As part of the City of London's Safeguarding Adults self-assessment, one of the three key priorities was to raise awareness and assist understanding of MSP via a communications strategy delivered to City of London residents and key partners. An initial briefing has been delivered to the Adults Advisory Group on 24 April, (see Appendices) and it is anticipated that a residents event will be held to ensure that public understanding and awareness are raised.

Corporate & Strategic Implications

11. MSP represents the City of London's core departmental values, Listening and Leading Together, giving everyone a voice and action.
12. Cooperation and collaboration involve working cooperatively with service users, collaborating with each other to design services and meet local needs and aspirations.

Conclusion

13. This report has set out the theoretical background of the MSP approach to show how the City of London Adult Social Care team has fully adopted these principles and applied them in practice. The outcomes data is now reportable, with the City of London being fully compliant with the statutory expectations of the City and Hackney SAB.

Appendices

- Appendix 1 - 2012 MSP City and Hackney pilot research
- Appendix 2 - FWI safeguarding adults workflow
- Appendix 3 - MSP briefing for Adults Advisory Group

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User Views of Adult Safeguarding Interventions in the City of London and Hackney: An interview pilot

To: Making Safeguarding Personal Project group

Report Author: Alistair Bonsey and Marion Willicome-Lang

Date: 12-12-2012

Introduction

In order to understand how effective the local safeguarding adults system is, and to help develop our approach, the City and Hackney Safeguarding Adults Board sought to understand the outcomes of the safeguarding work that is being carried out in the City and Hackney. A focus on outcomes for the individuals that systems are trying to safeguard is recommended by policy guidance from the Department of Health¹, the Care Quality Commission², and is in line with the strategic focus of the CHSAB.

Despite this, the current statutory return of information about safeguarding adults to the Department of Health³ focuses on quantifying instances of abuse and applies measures of process rather than outcome. The information available to the City and Hackney Safeguarding Adults Board (CHSAB) has been similarly limited to date. Asking service users for their views directly is in line with policy guidance⁴ but has not been fruitful in the City and Hackney prior to 2012/2013. Previously, surveys were sent to safeguarding adults service users but the response rate was poor, leaving the CHSAB without sufficient detail about user views as to the interventions that have been used to assist them.

As a result of these factors, it was agreed under the stewardship of the CHSAB that a pilot project of semi-structured interviews post-safeguarding would take place. The project was carried out as part of the national initiative to develop best practice in adult safeguarding *Making Safeguarding Personal*, co-ordinated by the LGA with input from ADSS and academics in the field of adult safeguarding.

The aim was to enable the Board to review qualitative information about user experiences of safeguarding, and to provide the MSP group with a report that reflected the benefits and challenges of such an approach.

This project sought to explore the experiences of adults at risk whose abuse experiences had been investigated through the safeguarding adults system. Specifically the project aimed to identify whether people felt safer, whether the outcomes that they wanted had been achieved, whether they felt involved in

¹ Department of Health (2011) 'Adult Social Care Outcomes Framework'.

² Care Quality Commission (2010) 'Summary of regulations, outcomes and judgement framework'.

³ The AVA/ Abuse of Vulnerable Adults return.

⁴ 'No Secrets' DoH, 2000 & 'Practical Approaches to Safeguarding and personalisation' DoH, 2010

the safeguarding process and to identify any lessons that could be learnt to inform practice.

This paper provides an overview of the methodology, literature review, findings and conclusions of this pilot project. A more detailed literature review and proposed methodology for future interview programmes has been forwarded to the MSP group.

Literature Review

The use of semi-structured interviews to gather feedback from users of adult social care services is well established as a methodology in many fields including the areas of mental health and substance misuse.^{5,6} However, such feedback arrangements are not well established or developed in the field of adult safeguarding.⁷ There have only been a small number of academic studies that have made attempts to gather user feedback from this service user group by means of interviews, and a handful of attempts from local authorities. Where attempts have been made, the results have been found to be very useful⁸, but there have been barriers in the identification of appropriate participants⁹ and in meeting demands in terms of the sensitivity and investment of time required from the researchers/ interviewers.¹⁰

Methodology

Use of Semi-Structured Interviews

Semi-structured interviews were carried out with service users shortly after a safeguarding intervention has been concluded. The model broadly followed that of Discovery Interviewing that has been developed by the NHS. This approach allows participants to present their interpretation of events. Interviews lasted no longer than one hour to ensure that the exercise was not overly fatiguing for the participants. Marion Willicome-Lang from the City of London and Alistair Bonsey from the London Borough of Hackney carried out the interviews. Both received training in carrying out Discovery Interviews from an experienced interviewer and trainer from NHS NELC, as did two other members of staff from the London Borough of Hackney.

⁵ Agar-Jacomb, K. & Read, J. (2009) 'Mental health crisis services: What do service users need when in crisis?' *Journal of Mental Health*, 18(2): 99–110

⁶ Patterson, S., Weaver, T., Agath, K. (2009) 'User involvement in efforts to improve the quality of drug misuse services in England: A national survey' *Drugs: education, prevention and policy*, 16(4): 364–377

⁷ Wallcraft, J. & Sweeney, A. (2011) 'User Involvement in Adult Safeguarding' SCIE 2011

⁸ Douglas, H. (2005) The development of practice, theory in adult protection intervention. Insights from a recent research project. *The Journal of Adult Protection* 7, 1, 32-45.

⁹ Davies, R., Llewellyn, P., Sardi, I., Netana, C., Stackhouse, B., Jenkins, R., Collins, M. and Kay, A. (2009) 'The experience of vulnerable adults: Adult protection practice' Pontypridd: University of Glamorgan.

¹⁰ Valios, N. (2010) 'Victims lend their insight', February 11, Community Care.

Participant Selection & Ethical Considerations

There are barriers to promoting user involvement in adult safeguarding, including concerns about risk, fears of causing harm, issues around Mental Capacity and the challenges of achieving a fair representation of user groups.

The initial plan for selecting a participant group involved generating a possible participant group on a random basis, prior to making further enquiries about their suitability for participation. However, at the request of the CHSAB a more cautious approach was adopted. It was agreed that a small number of service users would be interviewed for a pilot project, and that potential participants would be identified through discussion with the professionals who knew them. This approach was adopted to reduce as far as possible the chance that participants would be put at risk or become distressed as a result of the interview.

A number of lead safeguarding professionals were approached by the interviewers, and asked whether they could identify potential participants who met the following criteria:

- 1) They had recently experienced a safeguarding adults intervention.
- 2) Approaching them for feedback would not put them at risk.
- 3) Approaching them for feedback would not cause them distress.
- 4) That they have Mental Capacity to give feedback about their experience.

Individuals suggested by professionals were then contacted by that professional to ask whether they would like to participate on an anonymous basis and give their feedback. Potential participants who stated that they were keen to participate were then contacted directly by the interviewers. A discussion about the interview project and their potential participation took place.

It was made clear that there was no obligation to participate and that there would be no repercussions of either agreeing to take part or not doing so. Potential participants were asked directly whether they thought that they might become distressed at interview, or be put at risk. In practice, none of the people approached thought that this would be the case but had they thought otherwise, interviews would not have taken place.

Participants were each sent an information sheet with written details about the interview project prior to the interview date. Eight service users were interviewed for this project. Seven of these were adults-at-risk and one was a person-causing-harm.

The Participant Group

Figure 1: Service user category and abuse types

Case Number	User Category	Abuse Type
1	Learning Disability	Financial Abuse
2	Learning Disability	Psychological Abuse
3	Older Person	Financial Abuse
4	Older Person	Physical Abuse
5	Older Person	Physical Abuse
6	Older Person	Financial Abuse
7	Older Person	Financial Abuse
8 (Person Causing Harm)	Older Person	Physical Abuse

Conducting the Interviews

The interviews were carried out at a location of the service user's choice. Some were carried out in service user's homes, some in council offices. Each session started with an initial discussion about the interview process, and an explanation that the service user could pause or terminate the interview at any time. The interviewers also obtained informed consent from the participants.

Once underway, the interviewers allowed the service users to tell their story, prompting to maintain the focus of the interview on pertinent matters where necessary. Where possible, the discussion was focused on the users views of the professionals who worked to safeguard them, their view of the outcomes, whether they felt safer after the intervention, whether they felt that they had been involved in the process and on any suggestions they had about what could be done better.

At some of the interviews, hand written notes were taken by the interviewers to capture user views. At others, a digital recorder was used, and the information was later transcribed.

Resource usage for the project

A breakdown of resource usage is provided in figure 2, below. In summary, the amount of time spent on training for the interviews, completing the interviews, compiling and analyzing the results was not prohibitive. The greater challenge was in coordinating the logistical process of participant selection. This required a persistent approach, and involved a substantial amount of correspondence, principally with safeguarding professionals, but also with potential participants. This aspect of the project was more difficult to quantify in terms of resource implications. It is the view of the report author that in order to utilize this interview approach it would be beneficial to have a named co-coordinator, with ring-fenced time to organize the process.

Figure 2: Resource Usage

Type of Resource Use	Time Taken
Preparation of project materials	4 hrs
Training to carry out interviews (4 workers and trainer)	17.5hrs
Travel to interviews	4 hrs
Time spent in interviews	8 hrs
Transcription of interviews	12 hrs
Analysis of data	8 hrs
Preparation of report	8 hrs
Identification of participants & coordination of process	Not quantified
Total	61.5hrs

Limitations of the approach

It is very difficult to generalize from information gained through qualitative interviewing. In this project, participant criteria was restricted to include only those who had capacity to participate, which further underscores this fact. In addition to this, the study was small, and only people put forward by practitioners, who also self-selected according to the criteria above were interviewed. Hence, it is important to be clear that the findings from this project cannot be said to be representative of the broader group of safeguarding adults service users.

Findings - What the participants said

Did they feel safer after the intervention?

Five people, including the person-causing-harm, stated that they felt safer after the safeguarding intervention. One person, for example, said *“I do feel safer now... I would know who to call if we got under so much pressure again”*. Two other people stated that they felt a bit safer. In one case, this was because although the alleged perpetrator of abuse had not been charged with a criminal offence, some helpful support had been provided. This service user stated *“I don’t feel safe, I fell let down”* but that *“having more help, and knowing the scheme manager is looking out for me helps in a way”*. One person stated that he did not feel safer at all. This was because the person alleged to have caused harm had not been evicted from the property that they shared.

Did they get the outcomes that they wanted?

Five people, including the participant who had caused harm felt they got the outcomes that they wanted from the intervention. These were the same people who stated that they did feel safer after the intervention. One person said *“I feel so much better now.... I think I will be able to get my friends and family back now... I’m getting my pride back in myself.... I’m starting to do my hair, to look in the mirror”*. One stated that *“talking about the problems with the*

police and social services helped both of us to be able to talk about what had happened and that we did need some extra help from outside". Another stated that things had turned out for the best "my locks are changed and I have a carer now and a befriender".

Two people did not get the outcomes that they wanted. In one case this was because the alleged perpetrator of abuse had not been charged with a criminal offence, and in the other case because the alleged perpetrator of abuse had not been evicted from the property. This participant felt that *"nothing still hasn't been done"*.

One participant felt that assessing whether they had achieved their desired outcomes was not straightforward; although the person who had taken her money had been dismissed, she felt that she was still at risk of future abuse from others because she still retained responsibility for her own finances. She would have preferred for social service to take control of her money.

What was their experience of the safeguarding professionals?

The two people who did not get the outcomes that they wanted from the interventions reported negative experiences with the professionals involved. One stated *"She didn't do much"* and *"I didn't see her much"*. The other stated that *"I am angry with the police because they told me that she would be charged.... But she didn't go to court and I know she is still around"*.

The other interviewees reported good experiences of the professionals involved in their safeguarding. One referred to the key professional as *"an angel"* and said *"you have all been so lovely"*.

Other comments included that *"The police and SW have really helped me"*, and *"I did not like all the questions at first but I do realise now that you were trying to help me"*. One service user spoke of her relief when *"They didn't blame me"* and another stated that *"I felt safe when we had meetings altogether, with the police, social worker and my GP. XX [person-causing-harm] came to the end of the meeting too. It wasn't until we all talked together that we realised how hard it had all got and how much pressure we were under"*.

Did they feel involved in the safeguarding process?

Of the seven participants who answered this question, six reported that they were involved in the safeguarding process. One person said that attending a safeguarding meeting *"went really well"* and another stated that *"I think that including me ... in meetings and receiving notes of the meetings really helped. I felt reassured about plans and actions taken"*.

The person who stated that he did not feel involved reported that this was because although he *“came to the office for the meeting”* his housemate had not been evicted as he had wished.

Two people stated that they felt that they had too much control of the safeguarding process, and would rather that some decisions had been made for them. These views will be explored further, below.

Analysis - What can we learn from the experiences and views of these service users?

The views of the participants were analysed thematically. This analysis, coupled with direct suggestions from the service users are presented in themes below.

A quick and assertive intervention is valued.

One person said that *“Social workers should be more assertive”* and another that *“You should encourage people to act swiftly”*. Another person commented *“At first I did not want any fuss and bother... but I did agree in the end that this was a good idea”*.

One person who felt she had experienced a quick and assertive intervention stated that although initially *“I was scared about what would happen to him and me”*, the result was that *“I do feel safer now”*. The person-causing-harm in this case stated that the assertive intervention *“was a big wake up call for me”* and notes that on reflection, the professional involvement was *“a big relief”*.

These views, along with the thoughts of the two people who said that they did not feel safe after the intervention due to the response not being robust enough, show that these service users place value on practical interventions that deal with their problems rapidly and robustly. Only one view was in contrast to this; a service user stated that she was glad that professionals had agreed to *“let sleeping dogs lie”* in line with her wishes.

Professionals should be prepared and empowered to take decisions for service users who are being unwise

One person said that *“I know they [safeguarding professionals] don’t have the authority to take my rights away... they can’t stop me handling my own money – to me it’s wrong because they should be able to do that – for me, personally it’s a way of helping me not to do stupid things”*. Another said, *“Don’t let anyone endure the life I have had over the years even if that was my choice”*.

These views stand in contrast to the legal and policy context in which safeguarding adults work is carried out, where service users are to be placed in the driving seat of decision making about their safeguarding where they are able, and encouraged to be as independent as possible.

Having a clear conversation with the service user about the outcomes that they want is important in the early stages of the intervention.

Three people did not get the outcomes that they wanted from the intervention in full. One expected the person causing harm to be imprisoned, another for the person causing harm to be evicted and another for her money to be managed for her despite the fact that she was able to do this herself. These expectations may have been unrealistic.

Had a discussion about these desired outcomes been held at the early stages of the intervention with service users, it may have been possible to arrive at more realistic desired outcomes, or at least to make it clear from the outset that these outcomes may not be possible, so as not to lose the trust of the service user should professionals not be able to deliver the outcomes that they wanted.

The importance of having these discussions is underscored by the views of two service users who stated that their bad experiences of professional intervention had made them distrusting, to the point where they were unlikely to approach professionals again for support which could leave them at risk of harm. One person said *"I don't trust anybody anymore. I don't know if I would call the police or social services if this happened to me again"*, and another person, who declined to contact the police during the safeguarding intervention stated that this was *"because of a time 30 years ago when I was burgled and they told me they would get who did it. I'm still waiting for that. What's the point?"*

Having a clear discussion about outcomes could also serve to allow people to be clear about the outcomes that they do not want. One person said *"I don't want to move and I did worry that you might all want me to go into a home"*.

Some people thought that it was important for social workers to be on hand to provide support at critical times. Others thought that they would have benefitted from seeing their social worker more often in general.

One person stated that she felt there should be extra support when dealing with the police. She said *"People should get support when they contact the police. People should sit down with the person and tell them that they're going to contact the police, and then give them support to talk to the police"*.

Another stated how valuable it had been for their social worker to sit down with them after a crisis and talk things through. She said *"Things started to make sense when my social worker came to the respite care to talk to me about what had happened to me and what the plans were for the future"*.

Two people stated simply that they would like to have seen more of their social worker.

The user information sheet should be revised

Two participants commented that the information sheet used for the project should be made clearer, and adapted for use with people with learning disabilities.

Conclusion

Although the findings from these interviews cannot be taken as representative of the wider group of people who receive safeguarding adults interventions, they do provide rich and detailed information about these individuals' experiences of safeguarding.

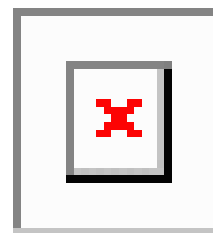
The participants had different experiences, but it has been possible to identify some common themes. There was support for quick and assertive interventions where professionals were prepared to take the lead. Value was also placed on timely and continued support from professionals in safeguarding interventions, particularly to discuss desired outcomes early on in the intervention, and to be available to support service users at critical times such as when dealing with the police and after a crisis.

Next Steps

- 1) The CHSAB is considering how best to feed back the (suitably qualified) findings of this project with practitioners delivering adult safeguarding in the City and Hackney.
- 2) The CHSAB agreed that receiving this feedback was a helpful way for the board to understand user experiences of adult safeguarding, and is considering whether this method should continue to be used in the future.

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Safeguarding Adult Conclusion



Personal Detail

Framework ID	
NHS ID	
Surname	
First Name	
Title	
Date of birth	
Date of death	
Gender	

Safeguarding Adult Collection (SAC)

Date of Concern/Referral	
Date of Decision (on Concern)	
Date of first Enquiry meeting/discussion	
Date of Conclusion of Safeguarding Adults Concern	

Mental Capacity Tables

Did a mental capacity act assessment take place at any point during the enquiry?

☐ Yes ☐ No ☐ Not known

Note that the following question can only be answered "Yes" if a mental capacity act assessment took place during the period the safeguarding enquiry was being undertaken. Please see the guidance item for further information.

Was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?

☐ Yes ☐ No ☐ Not known ☐ Not recorded

Was the adult at risk supported by an advocate or appropriate person?

☐ Yes ☐ No

If yes, was this this..?

☐ An advocate ☐ A family member or friend ☐ Other

Making Safeguarding Personal (MSP) Tables

Was the individual (adult at risk) or the individual's representative asked what their desired outcomes were during the enquiry? (and did they indicate their desired outcomes?)

- ☐ Yes and outcomes expressed ☐ Yes but no outcomes expressed ☐ No ☐ Not known ☐ Not recorded

Were the outcomes achieved?

- ☐ Fully achieved ☐ Partially achieved ☐ Not achieved

Of the enquiries recorded as "Yes and outcomes expressed" above, please choose the desired outcomes were achieved, over all?

Outcomes for adult at risk

Record of outcomes for the adult at risk (accumulation of outcomes arising at preceding stages)

Multiple entries are permitted - please tick all distinct outcomes which have arisen within this safeguarding enquiry, at any state, or else tick "No further action" if none have applied.

- ☐ No further action (NFA)
- ☐ Increased monitoring
- ☐ Application to Court of Protection
- ☐ Increased of different care provision
- ☐ Restriction or management of access to adult at risk
- ☐ Civil action
- ☐ Referral to counselling or training
- ☐ Review of self-directed support
- ☐ Referral to community MARAC
- ☐ DoLS application
- ☐ Referral to high risk multi-agency panel
- ☐ Community care assessment
- ☐ Referral to advocacy scheme
- ☐ Guardianship or use of Mental Health Act
- ☐ Adult at risk removed from property or service
- ☐ Application to change appointeeship
- ☐ Management of access to finances
- ☐ Referral to MARAC
- ☐ Referral to PREVENT
- ☐ Referral to domestic violence team
- ☐ Referral to Safeguarding Adults Review (SAR)
- ☐ Other

If 'Other' please specify

Outcomes for person alleged to have caused harm

Outcomes for person alleged to have caused harm (accumulation of outcomes arising at preceding stages)

Multiple entries are permitted - please tick all distinct outcomes which have arisen within this safeguarding enquiry, at any stage, or else tick "No further action" if none have applied.

- ☐ No further action (NFA)
- ☐ Not known
- ☐ Criminal prosecution or formal caution
- ☐ Management of access to adult at risk
- ☐ Action by Care Quality Commission (CQC)
- ☐ Referral to MAPPA
- ☐ Removal from property or service
- ☐ Disciplinary action by employer
- ☐ Referral to court mandated treatment
- ☐ Referral to ASBAP
- ☐ Referral to community MARAC
- ☐ Exoneration
- ☐ Community care assessment
- ☐ Referral to registration body
- ☐ Continued monitoring
- ☐ Police action
- ☐ Referral to DBS
- ☐ Counselling, training or treatment
- ☐ Action under the Mental Health Act
- ☐ DoLS Application
- ☐ Referral to PREVENT
- ☐ Other

If 'Other' please specify

Outcomes for the organisation or service alleged to have caused the harm (accumulation of outcomes arising at preceding stages)

Multiple entries are permitted - please tick all distinct outcomes which have arisen within this safeguarding enquiry, at any stage, or else tick "No further action" if none have applied

- ☐ No further action (NFA)
- ☐ Not known
- ☐ Action by contract compliance
- ☐ Action by Care Quality Commission (CQC)
- ☐ Exoneration
- ☐ Management of access to adult at risk
- ☐ Police action
- ☐ Continued monitoring
- ☐ Notification to Health and safety Executive
- ☐ Other

If "Other" please specify

Risk Assessment/Protection Plan

Risk Assessment

Risk	Level of risk	Action	By whom?	When?	Was this met?

Protection Plan

Protective factor	Who will do this?	By when?	Was this met?

Completion details

Name and designation of the person completing form

Team manager's name

Making Safeguarding Personal briefing for AAG

Making Safeguarding Personal: “No decision about me without me.”

Helping people to make their own decisions about the way they live and the care they receive is fundamental good practice in Adult Social Care.

It enables people to have better outcomes and an improved sense of wellbeing. Our approach to safeguarding should be no different. Safeguarding should not be a process we apply to people, but instead has to be something we do with them, on their own terms.

Any adult with care and support needs should be in a position to say confidently:

“I am asked my opinions if there are concerns that I am at risk”

“I get help and support to report abuse or neglect”

“I feel listened to and what I say is taken seriously”

“I know that decisions are made in my best interests when I lack capacity to make them and that this is clearly explained to me”

“I am asked my views and this directly informs what happens next”

“I am given information I need, in a way that I need it.”

When concerns about abuse or neglect are reported to the ASC service there is a statutory duty under the Care Act 2014, to make enquiries where necessary. However it is important that wherever possible a conversation is had with the person concerned, about what it is that they want to happen. Their opinion should always inform the actions of the investigating social worker, although the social worker may still have a duty of care to act in some way, even against their wishes.

The City of London Adult Social Care team, through the Making Safeguarding Personal principles, are encouraged to use their professional judgment to make defensible decisions about how they practice.

Reporting everything under the umbrella of “Safeguarding” is not the answer to every concern, and other options and pathways maybe open to social workers and to the person with care and support needs.

Things to consider when Making Safeguarding Personal:

- What does the person themselves want?
- Do they have Mental Capacity to make their own choice about it?
- Are they being coerced, pressured or influenced by others?
- Is there anyone else involved in their support network? Is a discussion needed with them?
- What other options are available? Can the person be supported in another way?
- How serious is the level of risk? Is anyone else at risk? Is there a clear duty to act, even if the person themselves does not want the practitioner to?

The City of London Adult Social Care team are able to report on the Making Safeguarding Personal outcomes, to The City and Hackney Safeguarding Adults Board, by reporting on key MSP principles at the beginning and the conclusion of the SA episode. City of London cases will also be part of a multi-agency Safeguarding audit which will seek to examine cases of self-neglect that have been subject to the safeguarding process, those that have not, and how the MSP approach has been adopted in practice. The outcomes of this audit will be reported on at a future meeting.

It is also hoped that a campaign aimed at raising City resident’s awareness of Making Safeguarding Personal will be developed in the new financial year 2017/18.

Marion Willicome-Lang. Service Manager ASC. 12/4/17

Committee(s)	Date(s):
Safeguarding Sub Committee	07/06/2017
Subject: Quality Assurance on Child in Need (CIN) Cases	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Pat Dixon, Safeguarding and Quality Assurance Service Manager	

Summary

In April 2017, thematic audits were completed on all Children in Need (CIN) cases open to the Children and Families Team. In total, 24 cases were audited. The key focuses of the audits were whether the "Thresholds of Needs" were being appropriately applied to new referrals and cases either stepping up or stepping down into CIN. Other areas covered included care planning for children and the timeliness of plans and meetings.

The audits identified that thresholds were being applied appropriately and that there was evidence on the Children's Services electronic recording system, Frameworki, as to why the cases met the threshold for CIN. Statutory timescales were being met for CIN visits and CIN review meetings, and those cases deemed as being CIN had a plan in place. In some cases, the child and family's desired outcome was not clear, which was seen as an area for further development. Overall, the casework was to a good standard and, in some instances, outstanding.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

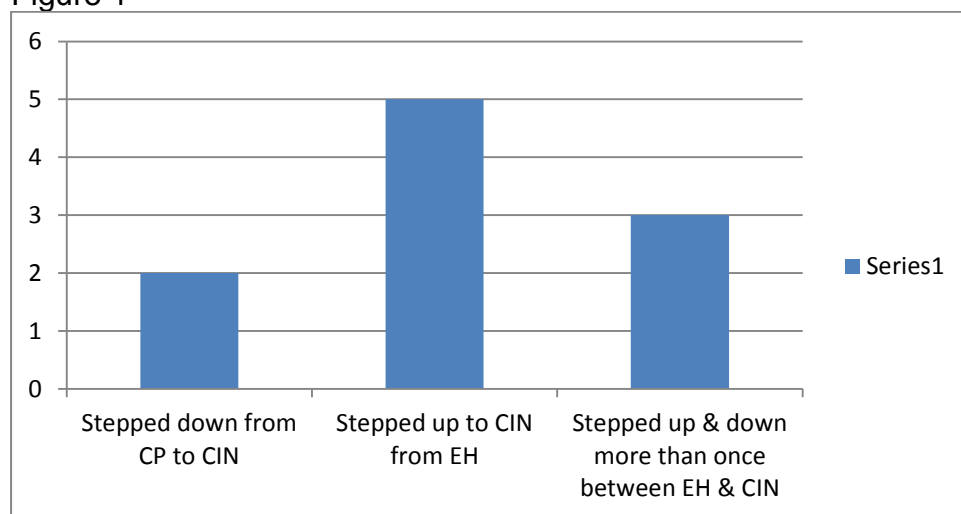
Background

1. Thematic audits are completed as part of the Quality Assurance Framework. Children in Need (CIN) audits were carried out in April 2017 to ascertain the following information:
 - Thresholds into services are being applied appropriately when a child is referred to the Children and Families team.
 - When cases step down from being child protection or step up from Early Help, thresholds for services correspond with the “Thresholds of Need” Document.
 - Children who are CIN have a plan that is outcome focused, timely and achievable.
 - CIN plans are reviewed within the recommended timescales given in the “Practice Standards”.
 - A review of the progress made with the families within CIN plans was analysed to establish whether there are potential areas of drift.
 - All CIN cases have a Child and Family Assessment that identifies the needs of the child.
 - Children are being seen in accordance with requirements set out in the “Practice Standards”.

Current Position

2. Of the 24 cases audited, 10 were stepped up or down between Early Help, CIN and Child Protection. Figure 1 shows the movement of the cases. Those cases that were stepped up or down evidenced that thresholds had been appropriately applied.

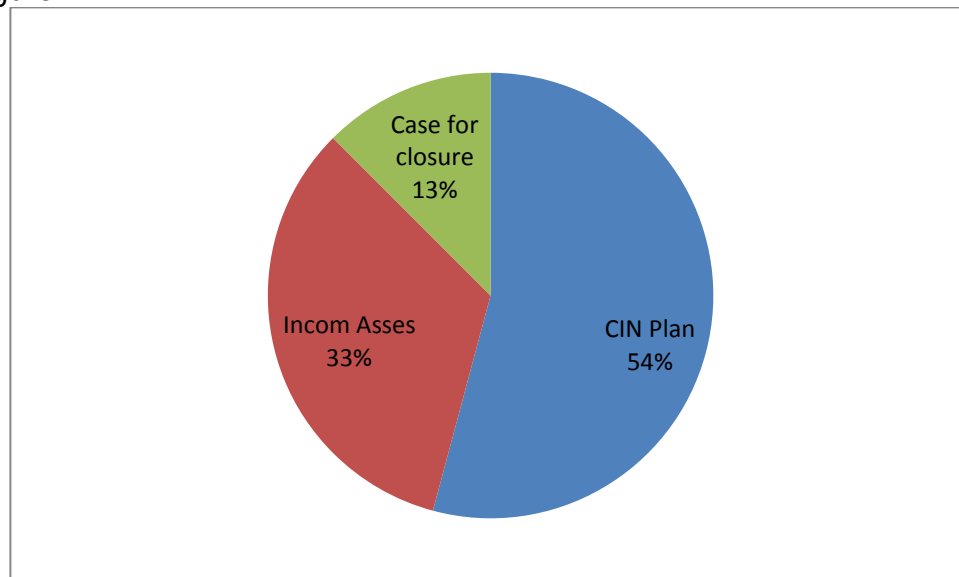
Figure 1



3. The rationale for the decision to step up or down the case was clearly outlined on the contact and referral form on Frameworki. Cases that were stepped up to CIN did not have a review of the plan until the Child and Family Assessment was completed. In some instances, this led to a delay in the CIN plan being implemented.

Child in Need Plans

Figure 2



4. Of the 24 CIN cases reviewed, 11 cases had no CIN plan in place; Figure 2 shows the reasons for a plan not being in place. In total, 13 cases had a CIN plan, and the remaining 11 had no plan. Of those cases, three were due for closure following the assessment, and the other eight still had the assessment in progress.
5. The audits identified the following strengths and areas for development:

Strengths

- Thresholds to services are being met.
- There is an appropriate use of thresholds when stepping down cases from Child Protection or up from Early Help.
- There is evidence as to the rationale for the decision on the threshold on contact and referrals and Child and Family Assessments.
- Once commenced, CIN plans are being reviewed within timescales.
- The majority of CIN visits are taking place within timescales.
- There is evidence of management oversight on casework, which is reflective and detailed regarding risks and needs.
- Most cases show good evidence of multi-agency working within the CIN plans.
- Recently completed Child and Family Assessments show clear evidence that the children are CIN or require Early Help services.

Areas for Development

6. When cases are stepped up to CIN, there can be a delay in a plan being progressed while the assessment is being completed. It has been agreed that while the assessment is ongoing, professionals will continue with the plan that was previously in place, and if professionals have any concerns they will alert the child's social worker.
7. A further issue is that some plans are not outcome focused, which in part is not enabled through the format of the plans. It has been agreed that the format will be reviewed and work will be undertaken with the team on outcome-focused planning.

Conclusion

8. The CIN audits showed that the "Thresholds of Need" document was being used appropriately and cases were being supported at the right level. Plans were being reviewed within the recommended timescales and children and young people were being seen and spoken to about their views. Overall, the work being undertaken was to a good standard, and in some instances was outstanding.
9. The theme identified around plans not always being outcome focused was not improved by the forms being used on Frameworki, the electronic recording system. This was due to the amount of commentary required on the plans, which often detracted from the purpose of the plan. In conjunction with training the Children and Families team to develop outcome-focused plans, the plan format will be reviewed.

Appendices

Appendix 1 – City of London Corporation, "Thresholds of Need Document"

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CITY OF LONDON CORPORATION **THRESHOLDS OF NEED**



city & hackney
safeguarding
children board



CITY
OF
LONDON

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1 Introduction

Children need good quality support and help at the earliest stages of life and when problems arise to prevent their situation becoming worse. Most children grow up without needing more than the help of universal services. However, some children at different stages of their life journey may have additional needs which require tailored plans of support from different agencies so that they can grow up successfully in secure, healthy home environments. The City and Hackney Safeguarding Children Board (CHSCB) expects that all practitioners working with families know how to identify children who have additional needs and know how to make a referral for early help, using the City of London Multi-Agency Referral Form (see Appendix 1).

The City and Hackney Safeguarding Children Board has set out a Continuum of Need model which ranges from children who have no additional needs to those whose needs are acute. This continuum is supported by agencies offering a graduated range of support from universal to specialist services.

Children might move up and down the Continuum of Need at different stages of their lives, and children will need a varying level of support depending on what their needs are on the continuum.

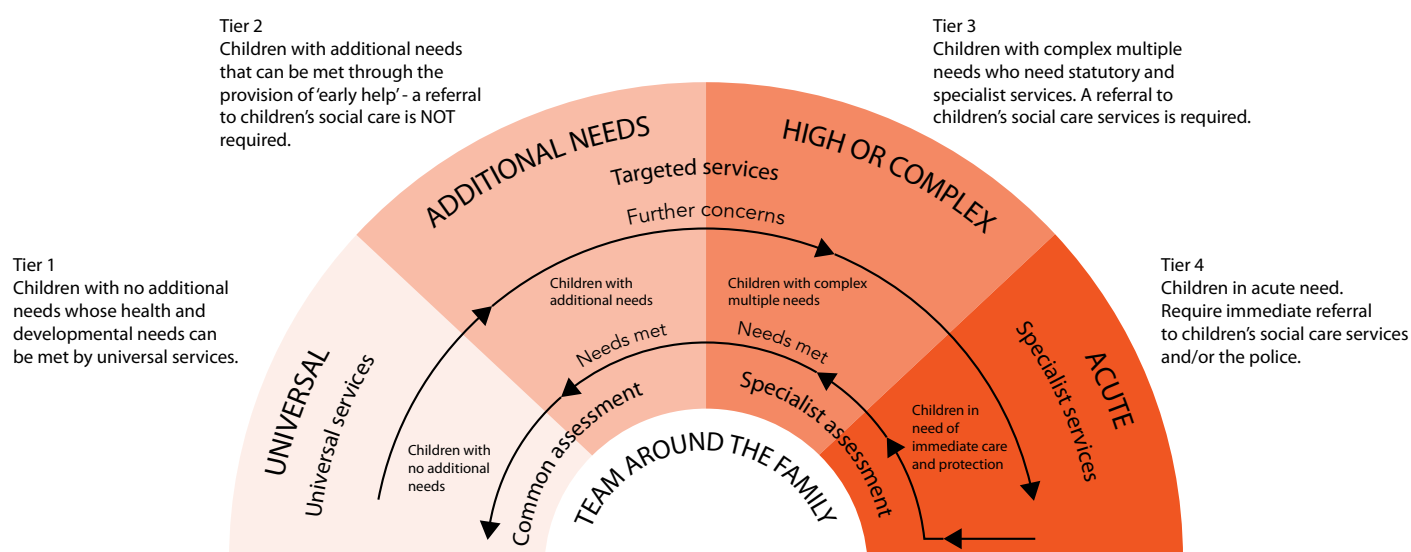


Figure 1: The Continuum of Need model

2

The Continuum of Need

Tier 1 – Universal

Most children at this level will be healthy, safe, have access to appropriate education or play activities, be engaged citizens of the community and have aspirations for their future. They will be supported through the care of their families with the support of universal services (schools, GPs, Children's Centres etc.) and, as such, will be considered to be in the Tier 1 threshold.

However, at particular times in their lives some children may require additional services to address a specific need over a time-limited period. A practitioner may wish to seek advice from their own agency and/or partner agency in order to address the need of the child appropriately. In these circumstances consent of the family is required.

If a child has a specific single additional need that can be met by a referral to a service within the practitioner's own agency or to a partner agency, for example a referral to podiatry or speech and language therapy, then it is not necessary to complete a City of London Corporation Multi-Agency Referral Form (MARF).

Tier 2 – Additional Needs

Children and young people who are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development, without the provision of services, should be considered under the Tier 2 threshold. At this stage, a City of London Corporation Multi-Agency Referral should be undertaken with the child/young person and parent/carer and sent to the duty social worker within the Children and Families Team at the City of London Corporation. Consent must be obtained in order to complete the assessment and to share information across services. If the case meets the threshold for a Tier 2 service, an Early Help worker will be appointed to complete a holistic Multi-Agency Common Assessment to identify the child's needs and will develop a multi-agency plan with the family.

If consent is withheld to share information and/or complete a City of London Corporation Multi-Agency Referral Form (MARF), single agency services should still be offered to the child/young person.

If the professional is concerned that the family needs more support than a single agency can offer and require support/services from partner agencies, for example education and/or children's social care, the worker should discuss the case with their designated professional, and/or their line manager, and with the family in order to gain their consent for a multi-

agency integrated support package to be put in place. If consent is withheld at Tier 2 to complete a City of London Corporation Multi-Agency Referral Form (MARF) and/or share information across agencies, the professional should discuss the case with their designated professional and/or their line manager, to ensure that everything is being done to engage the family and gain their trust. Please note that a single agency service should still continue to be offered at Tier 2.

Tier 3 – High or complex

This is the level at which a coordinated multi-agency response is required due to the child/young person's complex or multiple needs. In these cases, a City of London Corporation Multi-Agency Referral Form (MARF) must be completed with the consent of the parent/s and sent to the Children and Families Team. The duty social worker with the Team Manager will review the information and decide whether it meets the criteria for Tier 3 as a Child in Need. If it meets the threshold for a Child in Need, a social worker will be allocated, a single assessment will be completed and Child in Need meetings will be held to develop and review progress of the multi-agency support plan. Parents/carers participation, and that of children (where they are of an age and level of understanding) should be encouraged and facilitated in the whole process and they should be invited to the Child in Need meetings.

Engaging parents/carers is a vital component in securing good outcomes for children. If consent is withheld at Tier 3 to complete a City of London Corporation Multi-Agency Referral Form (MARF) and/or share information across agencies, the worker should discuss this with their line manager and/or designated professional to ensure everything is being done to engage the family and gain their trust.

Within Tier 3, there are a group of children with more complex needs who may be considered to be at the higher end of Tier 3. Some of these children may require a statutory service to prevent them from suffering significant harm, and may move to the Tier 4 threshold. In these cases it may be possible to dispense with parental consent where it is withheld and make a section 47 referral to children's social care services. If in doubt discuss (without providing names) with the duty social worker who can advise whether the case would meet the criteria for the Tier 4 threshold.

Tier 4 – Acute

This is a small group of children/young people who will have needs which may meet the threshold for statutory intervention. Those with complex or acute needs include:

- children who are, or need to be, the subject of a child protection enquiry/plan
- children for whom adoption is the plan
- children who are Looked After by the local authority
- children with severe and complex educational needs
- children with complex disabilities/health needs
- children diagnosed with mental health problems
- young offenders involved with youth justice services etc.

A social worker will be allocated, and will lead the work in line with statutory guidance and requirements.

3

How to make a referral for Early Help or Safeguarding

When a professional identifies a child or young person who needs to be safeguarded, or who has additional needs which require support from more than one agency, they must complete a City of London Corporation Multi-Agency Referral Form (MARF – see Appendix 1) and send it to the duty social worker at the Children and Families Team once they have obtained consent.

In an emergency, if the child is at immediate risk the referrer should contact the police directly on 999.

Consent

All referrals for Tiers 2 and 3 must be made with parental consent or the child's consent, where the child is of an age and understanding to give it.

Professionals should also normally seek consent to share information for Tier 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example allegations of parental sexual abuse, or suspicions of fabricated or induced illness). If consent is withheld for a Tier 4 referral, the practitioner should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.

All referrals – both early help and statutory social work services – should be sent to the duty worker. Referrals must be made by telephone, and backed up with an email using the completed City of London Corporation Multi-Agency Referral Form (MARF – Appendix 1).

The duty manager will then decide the most appropriate level of support and/or assessment needed, and will contact the referrer back on the same day to confirm receipt and say what decision has been taken. If the referrer has not received a call back they must contact the duty worker by telephone to ensure that the referral has been received.

Office hours: City of London Corporation Children and Families team
Telephone 020 7332 3621/1620/3394 and send the completed referral form (password protected) to: DCCSDutyF&YPTeam@cityoflondon.gov.uk

Emergencies Out of Hours: Emergency Duty Team
edt.cyps@hackney.gov.uk or 0208 356 2346 or 0208 356 2710

When the duty social worker in the Children and Families team receives the City of London Corporation Multi -Agency Referral Form (MARF), the duty social worker will verify if the child is known to other services, involve other practitioners and decide what further action is needed. This could be a number of options:

- either no further action
- or allocate the case for Early Help (Tier 2) to an Early Help worker who will complete the Common Assessment Framework (CAF)
- or allocate the case as Child in Need (Tier 3) to complete a Single Assessment
- or convene a strategy meeting and pursue a section 47 investigation (Tier 4).

In all cases where the case is allocated Tier 2 to 4 then a social worker or Early Help professional (where appropriate) will assume the role of Lead Professional.

However, if after completing the City of London Corporation Multi-Agency Referral Form (MARF), the decision by Social Care is that it does not meet the threshold and that no further action is required, the agency who completed the referral must continue to monitor the child or young person's situation. If the child's needs increase or the situation deteriorates then the agency must re-refer.

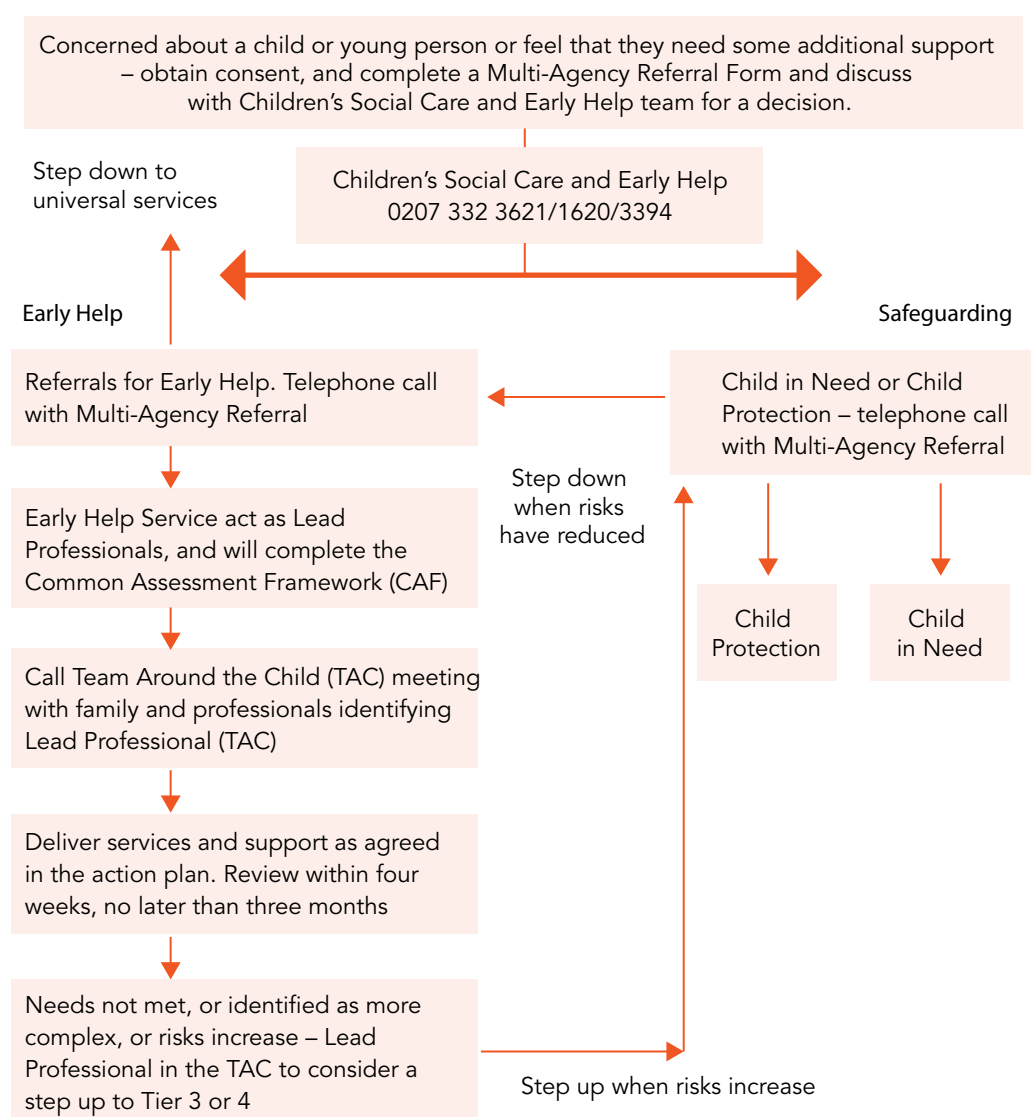
"When a professional identifies a child or young person who needs to be safeguarded, or who has additional needs which require support from more than one agency, they must complete a City of London Corporation Multi-Agency Referral Form (MARF)."

4 Escalating concerns

Safeguarding is everyone's responsibility and front-line staff need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate.

Equally important is the culture of how we work

and it is vital front-line staff are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled. For more information on escalation and how to resolve professional differences, refer to the City and Hackney Safeguarding Children Board (CHSCB) Escalation Policy (see Appendix 2).



Pathways to Early Help and Safeguarding Services

5 The Common Assessment, the Team Around the Child (TAC) and the Early Help Plan

When a child or young person's needs suggest they could benefit from early help services, the City of London Corporation's Early Help team will lead and complete a Common Assessment. This means a child's needs are considered to be at the Tier 2 threshold in the Continuum of Need model.

The Common Assessment is produced with the family, including discussions with the child and other practitioners. It is a three-step process – prepare, discuss, deliver – designed to help practitioners gather and understand information about the needs and strengths of the child and its family. The City has a multi-agency approach to

common assessments so this will normally involve all the professionals and agencies who work with the child and their family.

The assessment will consider the child's needs holistically, drawing on multi-agency knowledge, expertise and information. It will consider all three dimensions of the Assessment Framework (see figure 2). The assessment will be used to inform an inter-agency work plan with the family that sets out what additional support the family and child will receive in order to achieve good outcomes for the child.

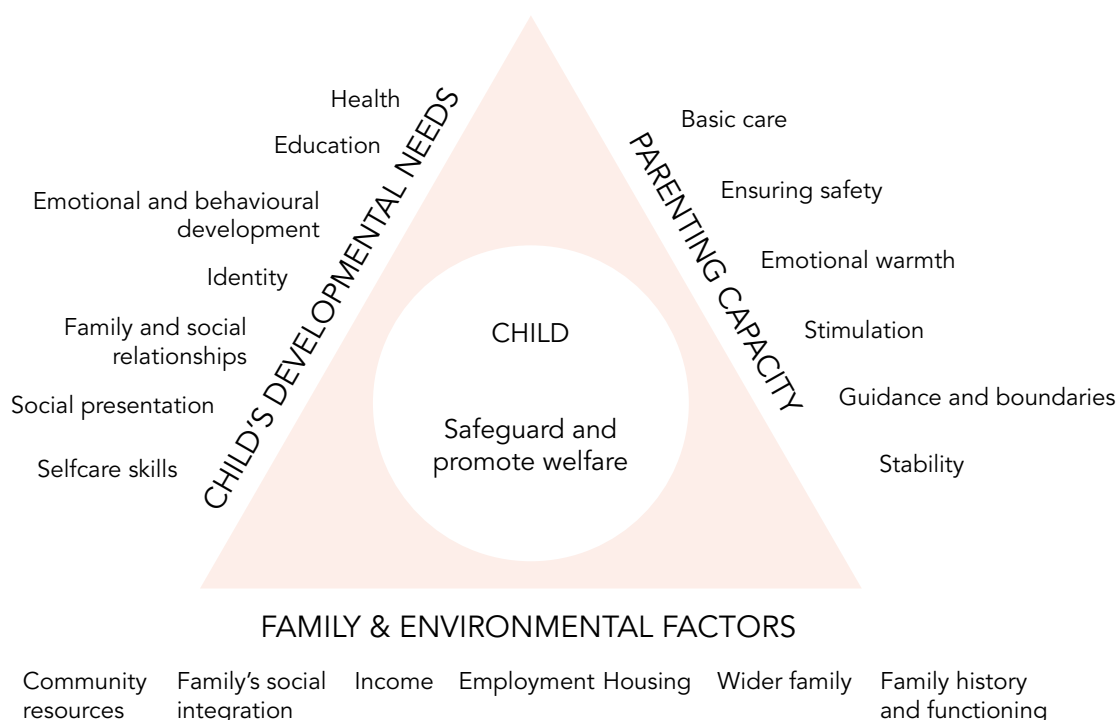


Figure 2: The Assessment Framework

The Team Around the Child and the child's Early Help Plan

A Team Around the Child (TAC) meeting between key professionals from the agencies will meet with the family and/or the child, and will draw up an Early Help Plan for the child. The plan will address each of the areas of assessed need, be specific, measurable, achievable, realistic and timescaled (SMART).

The TAC will meet on a monthly basis to check progress of the plan and review how well the plan is achieving good outcomes for the child. If the plan is not achieving outcomes, it will be reviewed and revisited by the Lead Professional through the TAC meeting. In some cases, the TAC will need to consider whether the case needs to be 'stepped up' to a Tier 3 or 4 response.

"The City has a multi-agency approach to common assessments involving all the professionals and agencies who work with the child and family."



Stepping up and stepping down

Stepping up from Early Help to statutory safeguarding services

At each stage, before considering a higher level of intervention, practitioners and lead professionals must consider these factors:

- Is the child/young person at risk of abuse, neglect or significant harm?
- Are the child's needs being met in Early Help and, if not, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- To what extent is the family engaging effectively in the plan?
- Does the situation need a Single Assessment by a qualified social worker?
- In what timescale does change need to happen for the child?
- What are the consequences for this child if the situation does not change?
- Can the child's needs be met under the current level of support?
- Is consent needed to refer this up?

The decision to step up will need to be made by the Team Manager in children's social care services, based on the multi-agency assessment and review of the plan by the TAC.

Stepping down from statutory safeguarding services

The objective of this intervention should be to step down from statutory services to Early Help services with appropriate support for a period of time, before the step down into universal services and to:

- continue the progress the family has made in accordance with the plan
- make sure the previous intervention is sustained
- continue to support the family in transition
- prevent need escalating
- bring about the required changes that enable children, young people and their families to build resilience so their needs can be met within universal provision.

Whenever possible, a successful intervention should result in a transfer back to universal services.

7 The Thresholds of Need matrix

The indicators in this section are an overarching guide to what tier of support and intervention a family may need. This provides practitioners with guidance as to the threshold on which decisions need to be based.

It is not exhaustive and will require professional judgement to weigh the seriousness and significance of each factor.

Practitioners must consider a child's needs in each section, as well as considering their strengths and those of their family to get a full picture and recognise that need is not static and will change over time and must review agreed plans regularly.

Tier 1 - Universal Services – Children with no additional needs

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>Children with no additional needs.</p> <p>Children whose developmental needs are met by universal services.</p>	<p>No Common Assessment is required</p> <p>Children should access universal services in a normal way</p> <p>Key universal services that may provide support at this level:</p> <ul style="list-style-type: none"> • Education • Children's centres and early years • Health visiting services • School nursing • GP • Play services • Integrated youth support services • Police • Housing • Voluntary and community sector • Family and environment factors • Parents and carers

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

Learning/education	<ul style="list-style-type: none"> • Achieving key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age
Health	<ul style="list-style-type: none"> • Good physical health with age appropriate developmental milestones including speech and language
Social, emotional and behavioural identity	<ul style="list-style-type: none"> • Good mental health and psychological well-being • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active. Good understanding of consent, confident and able to refuse unwanted sexual behaviour
Family and social relationships	<ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs • Self-care and independence • Age appropriate independent living skills

Family and environmental factors

Family history and well-being	Supportive family relationships
Housing, employment and finance	<ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing • Social and Community Resources • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities

Parenting capacity

Basic care, safety and protection	Parents able to provide care for child's needs
Emotional warmth and stability	Parents provide secure and caring parenting
Guidance boundaries and stimulation	Parents provide appropriate guidance and boundaries to help child develop appropriate values

Tier 2 – Children with additional needs

Professionals need to intervene early rather than wait for problems to get worse. Early Help services are targeted at children, young people and families likely to experience difficulties, for example, teenage parents, children engaged in criminal or antisocial behaviour, disabled children, young carers and children with parents who have substance misuse problems, domestic abuse and violence and/or mental health problems.

Seek consent from the parents to make a City of London Corporation Multi-Agency Referral to the Children and Families team for Early Help support. The Early Help Team will then complete a Common Assessment with the child and parents to identify their strengths and needs. A Team Around the Child (TAC) meeting will develop a plan to provide support to build self-esteem and enhance social/life skills, and promote prevention. Parental consent is required.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
These children have low level additional needs that are likely to be short-term and that maybe known but are not being met.	Children with additional needs – require a Common Assessment to inform a multi-agency plan of support, led by the Early Help Team as the lead professional, with a multi-agency Team Around the Child (TAC)
Vulnerable children's needs are either not clear, not known or not already being met.	Enhanced parenting support programmes at Children's Centre
	For children who are missing from home or at risk of CSE refer to the Multi-Agency Sexual Exploitation (MASE) Panel using the Multi-Agency Referral Form (see Appendix 1). A social worker will then complete the police referral form to the MASE (see Appendix 3) with the referring agency. Consent is needed
	Where children are missing from education they will be referred to the Targeted Education Resources Panel
	Other services that may be involved at this level include: <ul style="list-style-type: none">• Support from CAMHS Tier 2• Education Welfare• Education Psychology• Targeted Youth Services support

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

Learning/education

- Children with development delay within Early Years Foundation Stage
- Children with Special Educational Needs and Disabilities (SEND) Education, Health and Care (EHC) plans
- Children with low attendance at school (below 85%) and persistent absence
- Children with identified language and communication difficulties
- Children with persistent short term exclusions and risk of permanent exclusion
- Children who are missing education (who should also be referred to the Targeted Education Resources Panel)
- Young people not in education, employment or training (NEET) or where attendance is sporadic and they are not reaching their potential

Health

- Children who are delayed in reaching developmental milestones
- Children whose physical and emotional development raises concerns
- Children with chronic/recurring health problems
- Children with a pattern of missed appointments – routine and non-routine
- Children who are showing early signs of organic or non-organic failure to thrive

Social, emotional and behavioural identity

- Children with mental health or emotional issues requiring intervention
- Children with an early onset of offending behaviour or activity (10-14 years)
- Children who come to the notice of police on a regular basis but this is not progressed
- Children vulnerable to being engaged with gangs and need help to divert them
- Children known to be using drugs and alcohol frequently with occasional impact on their social well-being
- Children with low self-esteem which is impairing their educational and personal development
- Children who are bereaved
- Young parents under 16 years
- Children who display a pattern of risk taking/inconsequential behaviours
- Children who are victims of crime which could include discrimination and sexual exploitation

Child Sexual Exploitation (CSE)

- MASE Category 0: A child or young person who has vulnerabilities (including emotional) which may expose them to sexual exploitation; for example children/young people where there is an early onset of sexual activity and who are not yet clear about consent, or where professionals may be concerned that they are experiencing unwanted sexual pressure from adults or peers, or have other vulnerability factors

Self-care and independence

- Children who lack age appropriate behaviours and independent living skills, likely to impact negatively on development

Missing

- Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes. Also refer to MASE.

Family and environmental factors	
Family and social relationships and family well-being	<ul style="list-style-type: none"> • Children's behaviour results in parents/carers requesting support to manage behaviour • Children negatively affected by difficult family relationships which could include bullying • Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities
Housing, employment and finance	<ul style="list-style-type: none"> • Children negatively affected as a result of overcrowded living conditions and potential homelessness • Children negatively affected by their family's low income or unemployment
Social and community resources	<ul style="list-style-type: none"> • Children vulnerable to gangs due to social environment as victim or associate • Children negatively affected as a result of insufficient facilities to meet needs or to access local services • Children negatively affected as a result of the family's social exclusion • Children associating with anti-social or criminally active peers • Children have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services • Children experiencing bullying, racism or discrimination at school or in the community
Parenting capacity	
Basic care, safety and protection	<ul style="list-style-type: none"> • Children affected negatively by inconsistent care. For example inappropriate care or very young parents • Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse and mental health needs • Children affected negatively by parental non-compliance which could include non attendance at school
Emotional warmth and stability	<ul style="list-style-type: none"> • Children's emotional and behavioural development affected negatively by inconsistent parenting
Guidance boundaries and stimulation	<ul style="list-style-type: none"> • Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning
Parents and carers	<ul style="list-style-type: none"> • Basic care, safety and protection affected negatively by inconsistent care • Children affected negatively by parental non-compliance which could include non-attendance at school • Children taking on some young carer responsibilities • Early signs of neglectful parenting emerging
Substance misuse	<ul style="list-style-type: none"> • Drug and/or alcohol use is impacting on parenting but is not yet significantly impacting on the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases
Mental ill health/disability	<ul style="list-style-type: none"> • The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child

Domestic abuse	<ul style="list-style-type: none"> There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren. Domestic abuse at level 2 (see London Domestic Abuse Risk Assessment Matrix: www.londonscb.gov.uk/domestic_violence)
Emotional warmth and stability	<ul style="list-style-type: none"> Children's emotional and behavioural development affected negatively by inconsistent parenting
Guidance boundaries and stimulation	<ul style="list-style-type: none"> Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning
Radicalisation	<ul style="list-style-type: none"> The child expresses extreme or intolerant views, particularly in regard to those who do not share the child's religious/political views, which may be causing some social isolation. The child associates with peers and adults who hold extreme views. The child or parents express support for extremist or prescribed organisations but do not express any intention to become involved. (For further guidance see Thresholds Guidance for Radicalisation in Appendix 4.)

Tier 3 – Children with high or complex additional needs

To achieve all their outcomes, children will require longer term intervention from statutory and specialist services.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
Children with high level additional unmet needs, or complex needs likely to require longer term intervention from statutory and/or specialist services in order for them to attain the same health and development as other children.	Practitioners should telephone children's social care services and send a Multi-Agency Referral Form. A social worker will be allocated. Parental consent is required
These children may be eligible for a Child in Need (CIN) service from children's social care services and are at risk of moving to a high level of risk if they do not receive early intervention.	Other specialist assessments may be required
This may include children who have been adopted and now require additional support. A social worker is allocated and will act as the Lead Professional or Key Worker.	These children would, where relevant, also be referred to the Radicalisation Panel or the MASE
	All referrals to the MASE or the Radicalisation Panel to be made initially through the duty social worker using the Multi-Agency Referral Form. A social worker will then complete the police referral form to the MASE with the referring agency, or ensure that the case is presented at the Radicalisation Panel
	Children missing education will be referred to the Targeted Education Resources Panel

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

- Children at risk from a series of short term exclusions or, children at risk of permanent exclusion, or persistent absence (ten days or more) who will also be referred to the Targeted Education Resources Panel
- Education Health and Care (EHC) plan
- Disability requiring specialist support to be maintained in a mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments – routine and non-routine which are impacting significantly on the child's health
- Over 13 but under 16 and pregnant or in a sexual relationship
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Substance misuse dependency is affecting mental and physical health and social well-being
- Mental health issues requiring specialist intervention in the community
- Self-harm
- Suspicion of sexual abuse, for example, sexualised behaviour, medical concerns or referral by concerned relative, neighbour carer
- Lack of age appropriate behaviour and independent living skills, likely to impair development
- Refusal to engage with educational or employment opportunities and increasingly socially isolated

Family and environmental factors	
General	<ul style="list-style-type: none"> • Risk of relationship breakdown with parent or carer leading to the child coming into care • Young carers, privately fostered children, children of those detained in prison • Severe overcrowding, temporary accommodation, homelessness, transience, which is significantly impacting on the parent's ability to look after the child • The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes • The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes
Missing	<ul style="list-style-type: none"> • The child or young person is persistently missing from home, or education, and/or believed to be engaging in risky behaviour. (Referral also to be made to the MASE)
Parents and carers	
General	<ul style="list-style-type: none"> • No available parent and child is in need of accommodation. For example the child is seeking asylum, or parents in custody • Parent is unable to meet child's needs without support • Allegation of physical assault with no visible or only minor injury (other than to a pre or non-mobile child, see Tier 4) • Inadequate physical care or supervision of a child • Allegations concerning parents making verbal threats to children • Pregnant woman with no access to public funds or services due to immigration status or who are receiving a service during confinement • Inconsistent parenting significantly impairing the emotional or behavioural development of the child • Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition • Failure to seek/attend treatment or appointments
Domestic abuse	<ul style="list-style-type: none"> • Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration. A history of previous assaults. Incident(s) of violence occur in presence of child/ren • Emerging concerns about the impact of domestic abuse on children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. However, parents willing and able to engage with services and to act protectively. Consistent with domestic abuse at level 3 of London Domestic Abuse Risk Assessment Matrix (www.londonscb.gov.uk/domestic_violence)
Parental substance misuse	<ul style="list-style-type: none"> • Drug/alcohol use has escalated to the point where it is chaotic and impairs the parents' capacity to provide safe and appropriate care for the children. This is beginning to impact on the children's health, development and well-being. Parents are willing and able to engage with services
Parental mental ill health or disability	<ul style="list-style-type: none"> • Physical or mental health needs of the parent/carers is overshadowing capacity to meet the needs of the child consistently and this is impairing the child's health and development, or is likely to, without children's social care services being provided

Female Genital Mutilation (FGM)	<ul style="list-style-type: none"> The child comes from a family where FGM is known to have been practiced and there is a need to assess in order to determine whether the child is in future danger of FGM
Radicalisation	<ul style="list-style-type: none"> The child is known to associate with people who hold extremist views. The child may be involved in radical activity such as marches or demonstrations and shows intolerance and aggression towards people who do not hold the same political/religious views. The child views extremist material online but is willing to discuss this. Either parents or school do not challenge these behaviours/beliefs and may endorse them. The child may express a wish to travel to combat zones. (For further guidance see Thresholds Guidance for Radicalisation Appendix 4.)

Tier 4 – Children with acute additional needs

Complex or acute needs requiring specialist or statutory integrated response or child protection (Section 47 Children's Social Care). Professionals should make a referral by phone to the Children and Families team and send in a City of London Corporation Multi-Agency Referral Form (MARF). Consent is not required. Specialist assessment is required.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>Complex unmet acute needs.</p> <p>These children require specialist/statutory integrated support.</p> <p>These children are experiencing, or at risk of, significant harm that requires statutory intervention, such as child protection or legal intervention.</p> <p>Some of these children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order (S20 or S31).</p> <p>Agencies should make a verbal referral to children's social care services accompanied by a written referral.</p>	<p>A telephone call followed up by a Multi-Agency Referral Form. A social worker will be allocated</p> <p>All referrals to MASE to be made initially through the duty social worker using the Multi-Agency Referral Form. A social worker will then complete the police referral form to the MASE with the referring agency</p>

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

General

- Medical referral of non-organic failure to thrive in under-fives
- Unexplained bruising on a pre-ambulant child
- Child/young person engaged in criminal activity, including gang activity that is placing them at serious risk of harm
- Child demonstrating age inappropriate/precocious knowledge or sexualized behaviour that indicates the child may have been a victim of sexual abuse
- Child is victimised through sexual or physical assault by another child
- Child exhibiting sexually harmful behaviour
- Child/young person with complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others
- Child/young person in a violent or abusive relationship
- Child's substance misuse dependency putting them at such risk that intensive specialist resources are required
- Child is suspected of being trafficked or believed to have been subject to child trafficking

Child Sexual Exploitation (CSE)	<ul style="list-style-type: none"> • MASE Category 1 (medium risk). Evidence that a child is being targeted for opportunistic abuse through the exchange of sex for other rewards, for example attention, accommodation, food, alcohol, drugs, money etc • MASE category 2 (high risk). A child or young person whose sexual exploitation is habitual, often self-denied and where coercion/control is implicit • Young person is under 13 and is pregnant or engaged in sexual activity • Children/young people frequently going missing from home for long periods
Family and environmental factors	
General	<ul style="list-style-type: none"> • Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child • Knowledge of a convicted or registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having regular unsupervised contact with a child or young person • An individual (adult or child) or organisation posing a serious risk to a child • Child or family need immediate support and protection due to severe harassment/discrimination within the community • Grooming of children/young people either in person or via social media • Children/young people experiencing such persistent or severe bullying, racism or discrimination that their well-being is at risk
Forced marriage	<ul style="list-style-type: none"> • Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. (Do not discuss making a referral with the family) • Child is believed to be at risk of 'honour'-based violence
Parents and carers	
General	<ul style="list-style-type: none"> • Any allegation of abuse or neglect or any suspected injury suspected to be a non-accidental injury to a child • Repeated allegations or reasonable suspicion of non-accidental injury • Children/young people suffering neglect emotionally or physically (including a history of apparently minor but cumulative episodes) which is impacting on their long term development • Parent is emotionally abusive to a child • No available parent, and child is at risk of suffering significant harm (for example an abandoned baby)
Female Genital Mutilation (FGM)	<ul style="list-style-type: none"> • There is concern that the child or their siblings are at risk of Female Genital Mutilation or a sibling has already suffered FGM
Domestic violence	<ul style="list-style-type: none"> • Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration. History of previous assaults. Incident(s) of violence occur in presence of child/ren • Emerging concerns about the impact of domestic abuse on the children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. Parents lack insight into the harm caused and are resistant to engage with services. Domestic abuse at level 4 of London Domestic Abuse Risk Assessment Matrix • Severe domestic abuse that leads to a child being traumatised, injured or neglected • Physical assault on mother in the presence of a child under the age of 12 months

Parental substance misuse	<ul style="list-style-type: none"> • Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose
Parental mental ill health or disability	<ul style="list-style-type: none"> • Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm. For example the parent has delusions or compulsive obsessions about the child, or is incapable of meeting the child's needs consistently as a result of mental ill health • The parent's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and mental ill health • Suspicion that a child may have suffered, or be at risk of, significant harm due to fabricated or induced illness. (Do not discuss referral with parents/carer)
Radicalisation	<ul style="list-style-type: none"> • The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist ideologies and is actively involved with prescribed or extremist groups. The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity. The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology

Definition of Significant Harm:

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of the child. It places a duty on local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm (S47 CA 1989).

The Children Act 1989 defines 'harm' as 'ill-treatment or the impairment of health or development.' 'Development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. As a result of the Adoption and Children Act 2002, the definition of harm also includes 'impairment suffered by hearing or seeing the ill-treatment of another.'

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration should be given to the severity of ill-treatment and may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or the relatively greater difficulty in helping the child overcome the adverse impact of maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example a violent assault, suffocation or poisoning. More often, significant harm is a cumulation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

8

Thresholds Criteria

Thresholds Criteria: Section 47, Section 17, Section 20, Section 31, Section 1

Section 47, Children Act 1989: Child Protection enquiries [Tier 4]
The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures Fifth edition: www.londonscb.gov.uk/procedures
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury/sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised, injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations/reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (for example an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Children subject of parental delusions.
Children at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour-based violence or forced marriage.

Section 17, Children Act 1989: Child in Need

A child is a Child in Need if:

1. He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
2. His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
3. He/she is a disabled child.

Children in need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents or at the request of the parents. Any person with parental responsibility can, at any time, remove the child from the accommodation.

The child is a child in need who requires accommodation as a result of:

- having no person with parental responsibility for him/her; or
- being lost or abandoned; or
- the person who has been caring for him/her is being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
- having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
- accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

- ascertain, and give due consideration to, the child's wishes and feelings (having regard to his/her age and understanding)
- ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
 - > Does the parent have the mental capacity to consent?
 - > Is the consent fully informed?
 - > Is it fair and proportionate for the child to be accommodated?

Section 31, Children Act 1989: Initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and the harm, or likelihood of harm, is attributable to:
 - > The care given to the child, or likely to be given to them if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
 - > The child's being beyond parental control.

'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

'Development' means physical, intellectual, emotional, social or behavioural development;.

'Health' means physical or mental health; and

'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1 Children Act 1989 – The Court Welfare checklist

The Welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:

The ascertainable wishes and feelings of the child concerned (considered in light of his/her age and understanding).

His/her physical, emotional and educational needs.

The likely effect on him/her of any change in his/her circumstances.

His/her age, sex, background and any characteristics which the court considers relevant.


Any harm which s/he has suffered or is at risk of suffering.

How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting the child's needs.

The range of powers available to the court under the Children Act 1989.

Appendix 1.

City of London Corporation Multi-Agency Referral Form (MARF)



City of London Corporation
Multi-Agency Referral Form
CONFIDENTIAL

Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text.
The completed form contains personal data to be protected and processed
in line with the Data Protection Act 1998.

Agency completing

Name of worker

Agency

Address

Postcode

Date of referral

Role of person completing referral

Phone

Email

Child or young person's details

Forename(s)

Surname(s)

Home address

Ethnicity

Gender

Date of Birth / EDD

NHS No.

School Unique Pupil Number

Phone

Email

Family members' details

Name	DOB	Gender	Ethnicity	Relationship to the child

Page 1 of 3

Overview of agency involvement with child/family including information of attendance/engagement with your service

Has a CAF been completed?

Yes

☐

No

☐

If yes, please attach to this referral form

What are you worried about?

(Please state the name of the child if you have any specific concerns about one particular child)

Past harm to children

Please include: action/behaviour - who, what, where when; severity; incidence and impact

Future danger for children

What are you worried is going to happen to the child if the current situation does not change? (Related to past and future harm)

Complicating factors

Factors which make the situation more difficult to resolve

What is working well?

Existing strengths

Existing safety /protection: The strengths sustained over time, directly related to the danger

What needs to happen?

Future safety/protection/safety goals (When will things be safe enough? What do you want to see parents/carers doing to make the child safe?)

Parent and child's views

Next steps

What can you / your agency contribute to a plan to keep the child safe? What are the next steps to be taken to achieve the safety goals?

Signature of person completing referral

If applicable, signature of designated CP
person/manager for agency authorising the report

Every effort should be made to obtain parental consent (verbally or in writing) and share this referral with those who have parental responsibility unless it is not appropriate to do so. In circumstances where this is not possible, please state the reason below, and make attempts to inform of content verbally.

Have those with parental responsibility viewed/had
verbal feedback of this referral?

No

Yes

How?

If possible, please obtain signatures of those with
legal parental responsibility who have viewed/had
verbal feedback of the report

.....
.....

Date:

It is the responsibility of all agencies who are making enquiries and/or making referrals about a child or children to obtain consent from those with parental responsibility and inform the parents/carers that they are making a referral to Children's Social Care (unless to do so would leave a child at risk).

Agencies should make the referral to the Children and Families team by telephone: 020 7332 3621 / 1620 / 3394

This form should be saved with password protection and emailed to:

DCCSDutyF&YPTeam@cityoflondon.gov.uk

Appendix 2.

City of London and Hackney Escalation Policy

1. Introduction

- 1.1** Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.
- 1.2** Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. This inter-agency policy defines the process for resolving such professional difference and should be read alongside the London Child Protection Procedures and relevant internal policies on escalating matters of concern.
- 1.3** Disagreements can arise in a number of areas, but are most likely to arise around:
- levels of need
 - roles and responsibilities
 - the need for action
 - progressing plans and communication.
- 1.4** Where professionals consider that the practice of other professionals is placing children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals in line with this policy.
- The safety of individual children is the paramount consideration in any professional activity.
 - Resolution should be sought within the shortest timescale possible to ensure the child is protected.
 - As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
 - Disagreements should be resolved at the lowest possible stage.
- 1.5** If a child is thought to be at immediate harm, the designated safeguarding lead in your agency should be informed immediately.
- 1.6** Any worker who feels that a decision is not safe or is inappropriate can initially consult their supervisor/manager to clarify their thinking if required. They should be able to evidence the nature and source of the concerns and should to keep a record of all discussions.
- 1.7** Individuals may wish to refer to the Escalation Policy for their organisation to clarify the approach required.

- 1.8** Concerns relating to decisions, suspected wrongdoing or dangers at work within an agency, should be raised in line with each agencies' policies for dealing with such matters including, but not limited to, those setting out the arrangements for whistleblowing.

2. Stages of resolution

- 2.1** Stage one: Discuss with the other worker
- 2.2** The people who disagree have a discussion to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.
- 2.3** Stage two: Escalate to line manager.
- 2.4** If the problem is not resolved, the worker should contact their supervisor/manager within their own agency who should have a discussion with the equivalent supervisor/manager in the other agency.
- 2.5** If the case involves a child subject to a Child Protection Plan or a Looked After Child, the Independent Reviewing Officer must also be notified.
- 2.6** Stage three: Escalate to senior managers
- 2.7** If the problem is not resolved at Stage two, the supervisor/manager reports to their respective manager or named/designated safeguarding representative. These two managers must attempt to resolve the professional differences through discussion.
- 2.8** If there remains disagreement, the expectation is that escalation continues through the appropriate tiers of management in each organisation until the matter is resolved. The respective agency members on the City and Hackney Safeguarding Children Board (CHSCB) should be engaged in seeking resolution before the case is raised with the CHSCB Chair.
- 2.9** Stage four: Resolution by CHSCB Chair.
- 2.10** If it has not been possible to resolve the professional differences within the agencies concerned (and after the agency CHSCB members have been involved), the matter should be referred by the concerned agency to the Chair of the CHSCB, who may either seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel.

- 2.11** The agency raising the dispute must email the details through to chscb@hackney.gov.uk
- 2.12** The Resolution Panel must consist of senior officer from three agencies who are members of the full Board of the CHSCB. The senior officers must include the agencies concerned in the professional differences.
- 2.13** The Resolution Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.


3. Additional notes

- 3.1** At all stages of the process, actions and decisions must be recorded in writing on the child's file and shared with relevant personnel, to include the worker who raised the initial concern.

Appendix 3.

Multi-Agency Sexual Exploitation (MASE) Referral Form


NOT PROTECTIVELY MARKED



**CITY OF LONDON
POLICE**

MASE Referral Form

Once form is complete - email to
dccsdutyf&ypteam@cityoflondon.gov.uk



**CITY
OF
LONDON**

Referring Professional	
Referring Professional:	Agency:
Telephone:	Email:

Subject		
First Name:	Middle Name:	Surname:
Any Alias:	Ethnicity: Please select	
DOB:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>	
Address including postcode:		
School:	Social Worker:	
Borough/Force Area where Subject resides		

NOT PROTECTIVELY MARKED

Family		
Name	DOB	Relationship to Subject e.g mother

Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	Surname:
DOB:		

Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	Surname:
DOB:		

Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	First Name:
DOB:		

NOT PROTECTIVELY MARKED

Perpetrator 1 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>
Borough/Force Area where perpetrator resides	

Perpetrator 2 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>
Borough/Force Area where perpetrator resides	

Perpetrator 3 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>

NOT PROTECTIVELY MARKED

Borough/Force Area where perpetrator resides
--

Risk factors (Mark those that apply - see guidance form for further details)		
S	Sexual health and behaviour	<input type="checkbox"/>
A	Absent from school or repeated running away	<input type="checkbox"/>
F	Familial abuse and or problems at home	<input type="checkbox"/>
E	Emotional and physical condition	<input type="checkbox"/>
G	Gangs, older age groups and involvement in crime	<input type="checkbox"/>
U	Use of technology and sexual bullying	<input type="checkbox"/>
A	Alcohol and drug misuse	<input type="checkbox"/>
R	Receipt of unexplained gifts or money	<input type="checkbox"/>
D	Distrust of authority figures	<input type="checkbox"/>

Concerns/Other Information	

NOT PROTECTIVELY MARKED

For completion by MASE Coordinator

Case suitable for discussion:

YES

☐

NO

☐

Rationale for above:

Appendix 4.

City of London Thresholds Guidance for Radicalisation

Development of the child or young person

Including the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care services is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care services is required.	Tier 4 Children in acute need. Require immediate referral to children's social care services and/or the police.
Child's behaviour			
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.
	The child is expressing verbal support for extreme views some of which may be in contradiction to British law. For example, the child has from time to time espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.

The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as being hostile towards them. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend to research such ideologies. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.
	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups. The child expresses a generalised non-specific intent to go themselves.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. For example, there is concern that they might have been staying with friends or relatives who have extreme views.	The child persistently runs away and/or goes missing. For example, there is strong concern that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced by them.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk. For example, s/he perceives the people with whom s/he is associating as teaching her/him the correct way to live and those who do not hold these views as deluded and/or as a threat.

Education and employment			
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of, or have links to, proscribed organisations – see link below for list of terrorist groups or organisations banned under UK law: https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2

Environmental factors

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
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Legal status

The child and their family have no links to proscribed organisations. See link for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2	The child and/or their parents/carers have indirect links to proscribed organisations. For example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
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Parental and family factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

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Family environment			
	A child is known to live with an adult or older child who has extreme views. The child either does not express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/ carers or other close family members or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing.	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.
	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.

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