



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

**Date:** WEDNESDAY, 27 SEPTEMBER 2017

**Time:** 1.45 pm

**Venue:**

**Members:** Randall Anderson (Chairman)  
Ruby Sayed (Deputy Chairman)  
Marianne Fredericks  
Deputy Joyce Nash  
Dhruv Patel  
Deputy Elizabeth Rogula

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

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

**John Barradell**  
**Town Clerk and Chief Executive**

# **AGENDA**

## **Part 1 - Public Agenda**

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**  
To agree the public minutes and non- public summary of the previous meeting held on 7th June 2017.  
**For Decision**  
(Pages 1 - 4)
4. **SERVICE IMPROVEMENT PLAN AND OFSTED IMPROVMENT**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 5 - 16)
5. **ANNUAL UPDATE ON THE CUSTODY OF VULNERABLE PERSONS (YOUNG PERSONS, CHILDREN AND MENTAL HEALTH)**  
Report of the Commissioner of Police and the Town Clerk.  
**For Information**  
(Pages 17 - 38)
6. **CITY OF LONDON CORPORATION CQC INSPECTION - LOOKED AFTER CHILD AND SAFEGUARDING ACTION PLAN**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 39 - 66)
7. **SOCIAL WORK MODEL IN THE CITY**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 67 - 72)
8. **PRIVATE FOSTERING**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 73 - 82)
9. **DESIGNATED OFFICER ANNUAL REPORT FOR 2016-17**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 83 - 98)
10. **EDUCATION AND EARLY YEARS' SERVICE SAFEGUARDING UPDATE**  
Report of the Director of Community and Children's Services.  
**For Information**  
(Pages 99 - 110)

- 11. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE**
- 12. **ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

13. **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**

14. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 7th June 2017.

**For Decision**

(Pages 111 - 112)

15. **SUICIDE PREVENTION**

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

**For Information**

(Pages 113 - 122)

16. **CHILDREN'S SAFEGUARDING REPORT FOR QUARTER 4 AND YEAR END 2016/17**

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

**For Information**

(Pages 123 - 142)

17. **ADULT SAFEGUARDING PERFORMANCE REPORT**

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

**For Information**

(Pages 143 - 146)

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

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

This page is intentionally left blank

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

**Wednesday, 7 June 2017**

**Minutes of the meeting of the Safeguarding Sub (Community & Children's Services) Committee held at on Wednesday, 7 June 2017 at 11.30 am**

### **Present**

#### **Members:**

Randall Anderson  
Marianne Fredericks  
Deputy Joyce Nash (in the Chair)  
Dhruv Patel  
Ruby Sayed

### **In Attendance**

#### **Officers:**

Chris Pelham	-	Community and Children's Services
Pat Dixon	-	Community and Children's Services
Elizabeth Malton	-	Community and Children's Services
Rachel Green	-	Community and Children's Services
Sudjit Gill	-	Community and Children's Services
Adam Johnstone	-	Community and Children's Services
Julie Mayer	-	Town Clerk's Department

### **1. APOLOGIES**

Apologies were received from Deputy Elizabeth Rogula

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

There were no declarations.

### **3. SUB COMMITTEE'S TERMS OF REFERENCE**

Members noted the Sub Committee's Terms of Reference.

### **4. TO ELECT A CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 29**

Being the only Member willing to serve, Mr Randall Anderson was elected as Chairman of the Safeguarding Sub Committee for 2017/18.

### **5. TO ELECT A DEPUTY CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 30**

Being the only Member willing to serve, Ms Ruby Sayed was elected as Deputy Chairman of the Safeguarding Sub Committee for 2017/18.

6. **MINUTES**

The public minutes and non-public summary of the meeting held on 26 January 2017 were approved.

Matters arising

- Members noted that a safeguarding intelligence unit had been put on hold, pending the outcome of a review of safeguarding boards as prescribed in the Children and Social Work Act. Members would receive a further update at their next meeting.
- Members noted that the 'Dolly Parton Library' had been launched and this would enable all children to receive free books. At the last meeting, Members suggested this to help track children missing education.

7. **OFSTED ACTION PLAN PROGRESS**

Members received a report of the Director of Community and Children's Services in respect of progress against the Ofsted Action Plan. Members noted that officers were compiling a programme of visits to the Children in Care Council (CiCC) and adventure away days, to which they would be invited. Previous trips had included sailing and rock climbing and Members were encouraged to see the young people off on their trips. Members noted that care leavers aged 18-25 also attended the CiCC.

In respect of asylum seekers, officers advised that, once their language skills had been developed, they would be given shadowing opportunities. Finally, Members noted that the draft CAF assessment tool would be presented to the next multi agency partnership for sign off.

RESOLVED, that – the report be noted.

8. **LONDON REGIONAL CHILDREN IN CARE COUNCIL**

Members received a report of the Director of Community and Children's Services in respect of the London Regional Children in Care Council. The Assistant Director advised that, whilst some boroughs had not engaged at this time, there had been enough support to approve the proposal. The Assistant Director had spoken with the GLA about setting up a round table meeting in October and Members suggested raising the matter with London Councils, to encourage further buy in.

RESOLVED, that – the report be noted.

9. **FINANCIAL ABUSE IN THE CITY OF LONDON**

Members received a report of the Director of Community and Children's Services in respect of a scoping exercise into financial abuse in the City. Members noted that information leaflets had been given to residents, who had recently registered a death and they been included in Council Tax bills.

RESOLVED, that – the report be noted.

**10. MAKING SAFEGUARDING PERSONAL**

Members received a report of the Director of Community and Children's Services in respect of making safeguarding personal. During the discussion and questions, the following points were raised/noted:

- All care packages included an assessment of need and all service users had a choice so long as they had mental capacity. Social Workers' skill sets included motivational techniques but, in some cases, service users could make unwise decisions as they were at liberty to do so.
- All commissioning services include safeguarding vetting and review packages.
- Currently, there were no plans for carers to carry cameras but commissioning services were reviewing the use of various technologies and any proposals regarding assistive technologies would come back to the Safeguarding Sub Committee.
- In respect of Powers of Attorney, and given this was often a highly personal, sensitive family matter, it could be difficult to raise directly as a requirement of a care plan but could be included in wider discussions with service users.

RESOLVED, that – the report be noted.

**11. QUALITY ASSURANCE ON CHILD IN NEED (CIN) CASES**

Members received a report of the Director of Community and Children's Services in respect of quality assurance on Child in Need (CIN) cases. Members noted that all forms had been amended to a SMART format, which would enable progression to subsequent stages and record threshold decisions; avoiding duplication and unnecessary bureaucracy.

RESOLVED, that – the report be noted.

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

There were no questions.

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

The Town Clerk agreed to progress with allocating the Lead Members for Adults and Children.

Members agreed to continue with the current procedure for drafting questions in advance of the meetings, which had been commended by OFSTED.

14. **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.

<b>Item</b>	<b>Paragraph</b>
16-21	1 & 2

15. **NON-PUBLIC MINUTES**

The non-public minutes of the meeting held on 26 January 2017 were approved.

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

Members received a report of the Director of Community and Children's Services.

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

Members received a report of the Director of Community and Children's Services.

18. **ADULT SAFEGUARDING PERFORMANCE REPORT**

Members received a report of the Director of Community and Children's Services.

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

Members received a report of the Director of Community and Children's Services.

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

There were no questions.

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

There were no items.

**The meeting ended at 12.55 pm**

-----  
Chairman

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



<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee – For Information	27/09/2017
<b>Subject:</b> Service Improvement Plan and Ofsted Improvement	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Rachel Green, Service Manager, Children's Social Care and Early Help	

## Summary

The Service Improvement Plan (SIP) was fully refreshed for April 2017–March 2018. This update covers the period April to August 2017.

The SIP is therefore new with forthcoming dates for completion. The actions are red, green and amber (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'.

The anticipated challenges with service improvement presented to the last board concerned managing changes in staffing in the Children's Social Care and Early Help Service. The summer period has been managed well: a clear transition plan is in place for team management, with an outgoing part-time manager and incoming manager working towards full-time working.

The two actions that needed particular attention at the last board have been completed; the virtual MASH (Multi Agency Safeguarding Hub) has been launched, and three monthly chronologies are now tracked and up to date.

The SIP also contains the full Ofsted Action Plan. There were six main recommendations and each action has been completed. The recommendation in respect to increased opportunities for direct contact between children looked after, care leavers and councillors, and between these children and the chief executive has been fully responded to. There is a timetable for this academic year involving Members and senior leaders to meet with our Children in Care Council.

There are six actions classed as amber are:

1. Common Assessment Framework (CAF) completion by partner agencies remains low.
2. Publishing Early Help information.
3. Publishing research around neglect through affluence.
4. Developing an action plan following on from this research.
5. Presenting this research to the SIB and City Executive Board.

6. Developing training and support for social workers following recommendations from research.

Regarding the first point, the Early Help case co-ordinator has completed a review of the one-year co-location strategy, which has meant that she has been based with our partners across the City to support their Early Help work. The challenge remains as to workload of partners; school nurses, for example, have a very tight list of activities to complete, and they don't have capacity to take the lead on CAF completion. This has been widely reported nationally, and is not just a City of London challenge.

Regarding the second point, our work has changed since this action was made. Leaflets explaining CAFs and Early Help were ready for publishing. At the Early Help Sub Group, it was decided to set up a task and finish group to look at one assessment tool covering Early Help, children's social care, health visiting and Special Educational Needs. CAFs will likely be amended and renamed. The action has been amended to publish information online following this review.

The last four items are interlinked: Professor Claudia Bernard is nearly three months behind on her research. She has explained that this is because of difficulty in accessing potential interviewees. A draft of the research paper is now expected by the end of September, with our expert panel reviewing the work on 6 October 2017.

## **Appendices**

- Appendix 1 – Service Improvement Plan

### **Rachel Green**

Service Manager, Children's Social Care and Early Help

T: 020 7332 3501

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

<b>Name:</b>	Children & Families Service Improvement Plan
<b>Duration:</b>	April 2017 to March 2018
<b>Relevant Strategies</b>	Corporate Parenting Strategy/Children & Young People's Plan
<b>Previous version(s) of action plan /relevant plans:</b>	new refreshed version for April 2017 to March 2018
<b>Board responsible for monitoring action plan:</b>	Service Improvement Board/Executive Group/DLT
<b>Owner:</b>	Service Manager Children's Social Care and Early Help
<b>Implementation Date:</b>	April 2017 to March 2018
<b>Review Date:</b>	Aug-17
<b>Frequency of monitoring/reporting</b>	Quarterly
<b>Aims:</b>	The aim of this plan is to improve services for children, young people and their families.

source of action

Priority 1: Safeguarding & Early Help - Close the gap in outcomes for children, young people and families in vulnerable groups.									
Specific aim: Gain a clear understanding of the needs of the community.	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Early help to be aware of housing need for families in advance of eviction. [early identification of need of families]	1.1	Housing to alert Early Help of families at risk of eviction when difficulty is identified.	April 2017	October 2017	Quarterly reports by housing to evidence number of families at risk of eviction and number of referrals.	RG	CP	RG has met with Bayo Igoh (HoS Housing) to set up this system. Housing now refer any families at risk of eviction to Children's Services.	Green
The Early Help service to receive CAFs from partner agencies on a consistent basis. [early identification of need by the partnership]	1.2	Partners to complete CAFs without prompt from social care and further training to be offered to agencies.	April 2017	June 2017	There will be an increase in CAFs being completed by partners on a consistent basis and this is evidenced through the EH sub-group and case file audits. The Early Help data set has been developed to demonstrate the take up of the service and evaluate impact.	JF/RG	CP	Update August: only one partner CAF is ongoing. We have revised the CAF template with partners to make it more accessible. Early help co-ordinator has been co located with independent schools and will focus on housing throughout the summer. Report on effectiveness went to early help sub group. We do have a higher number of internal CAFs this quarter.	Amber
Evidence value and impact of early help services. To establish we are identifying and meeting need.	1.3	Develop post-case closure progress tracking tool to evidence impact of early help support.	Apr-17	Jul-17	Able to demonstrate the longer term impact of Early Help support and services on offer across the partnership.	JF/RG	CP	Distance travelled tool in use internally. We will review case progress in the autumn after the tool has been used for six months.	Completed
To establish we are identifying and meeting need.	1.4	Extend annual QA consultation to include children and young people receiving early help support.	Apr-17	Nov-17	Service user views and experiences of early help are captured formally in line with other service user groups and learning from the consultation used to further shape and develop the service.	JF/RG	CP	Note: first audit recently included views of families. Next audit is in November, and we can measure progress.	Completed
Families can identify their own need, and can access early help directly.	1.5	Publish accessible information on Early Help online.	Jul-17	Dec-17	Self referrals increase. Understanding of early help offer increases amongst residents. Number of CAFs increase.	JF/RG	CP	Leaflets have been co produced, but printing paused. Action amended July 2017 to publish online information	Amber
	1.5.1	Early help partnership to run a stall at the start of the new school year at St John Cass.	Sep-17	Sep-17	Stall happens. Families aware of the variety of support available across the partnership.	JF/RG	CP	Plan is in place for this to happen.	Green
Service users who have excellent knowledge of need, to have opportunity to shape services.	1.6	Review how and when the voice of the child and family is recorded in early help. Review how that information is used to develop services.	Apr-17	Jul-17	Audits will evidence the views of the child in case work. Action plans will be shaped by service user input. Paper to come to Early Help sub-group in May to look at service user involvement.	JF/RG	CP	Service user involvement paper went to early help subgroup.	Completed
To have a good understanding of need and risk in different areas of the City, by looking at need in the areas where children and young people go to school outside of the City.	1.7	To obtain gang and CSE profiles from Tower Hamlets, Islington and Hackney.	Apr-17	Jun-17	Profiles shared and discussed at the vulnerable adolescents (MASE) forum, to increase awareness of need. To attach to our vulnerability profile.			We now have a tower hamlets' draft gang profile which has been shared.	Completed
To identify and respond to safeguarding risks relating to children and young people with SEND	1.8	create a specialist SEND safeguarding action plan	Apr-17	Jun-17	Partners and parents will review progress on the SEND action plan.	RG	CP	complete	Completed

Work with Strategic Communications Manager in developing ways to engage with the community.	1.9	Establish what work is currently being done with the community and where the gaps are - and develop a communications plan in response.	Apr-17	Oct-17	There is regular feedback from the community about what they see as being the priority in relation to children's services. Develop innovative ways of engaging the community.	RG/RM	CP	We've reviewed all the different ways we engage with children and families and a paper has been drawn up to evidence this. We now need to review and improve.	Green
Early Help QA auditing framework to be reviewed	1.10	Review and implement revised auditing template	Apr-17	Oct-17	Audits will be completed within the agreed timescales and reports produced for the EH sub-group.	PD	CP	Early help sub group has agreed the auditing framework. The first external audits will take place once the permanent IRO/CP chair is in post.	Green
Families and practitioners to be able to access short breaks and understand how decisions are made and their entitlements.	1.11	Update short breaks strategy. Create one page sheet to explain funding options	Apr-17	Jun-17	Strategy and information sheet to be uploaded to Tri-X and to new early years database, so families can access this. Parents to give feedback on usefulness.	JF/RG	CP	Short breaks strategy now finalised. Needs uploading to website.	Completed
To ensure partners are able to participate when an early help case is stepped up to CIN, whilst the C&F assessment is completed. Note: there is a short gap between TAC meetings ending and CIN meetings starting, following this assessment.	1.12	Create a one page update sheet to gain partner views..	Apr-17	Jun-17	Every stepped up case to have professional input. Audits to evidence.	IA/RG	CP	Complete. Needs appending to the practice standard	Completed
Effective application of threshold at front door.	1.13	Set-up Virtual MASH.	Apr-17	Jun-17	Effective application of thresholds and information sharing arrangements inform timely assessment process.	RG	CP	Revised information sharing agreement is with partners. Virtual MASH launched. Still awaiting confirmation of ISA from YOS and probation.	Completed
	1.14	Link in with MASH services across London.	Apr-17	Oct-17	To contribute to Pan London MASH forum. To learn and develop best practice. To observe MASH strategic meetings.	RG	CP	RG receives the minutes of the Pan London MASH group and will attend meetings when able. RG was unable to shadow Hackney's FAST strategic meeting in June, and has asked to join the next meeting.	Green
	1.15	Review Virtual MASH arrangements.	Apr-17	Oct-17	Review how effective application of thresholds and information sharing arrangements are.	RG	CP		Green

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

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Early help and social workers to Think Family, and be able to identify need across the family and link in to community resources.	2.1	Supervision to reflect Think Family approach, and remind SWs of community support. Invitation for community development officers to visit team quarterly.	Apr-17	Oct-17	Increase in referrals to adults social care. Increase in signposting to community development officers.	IA	CP	We have made more referrals to adults services. The challenge is that the level of need doesn't often meet Adult Services Thresholds. This means that Children's Services are continuing to need to fund support for parents to meet the needs of children where the risk/need is high, or that parents are not receiving the support they need due to, for example, long mental health support waiting lists.	Completed
To be confident in addressing neglect through affluence.	2.2	Research to look at the social work response to neglect through affluence. Including reviewing CoL sample cases.	Apr-17	Jul-17	Research will be published.	RG	CP	Professor Bernard is two months behind schedule due to having difficulty accessing SWs to interview. RG has chased for August update. Expert panel to review once school has started to include independent schools.	Amber
	2.2.1	Neglect strategy to be updated following research.	Aug-17	Oct-17	Strategy will be updated, added to CHSCB website and CoL Tri-X	RG	CP		Green

	2.3	Comprehensive signposting and confident ending of cases where families choose to discontinue with CIN/EH plans, and choose not to allow information sharing with other professionals, and threshold not reached for child protection.  Workers to be confident in having difficult conversations with families.	Apr-17	Oct-17	Audits to show that families have been given clear information about needs of their child, support available, and information on the impact of neglect. Audits to show challenge and support.	PD	CP		Green
	2.4	Learning review of case 'A', involving serious neglect in affluent family (case closed)	Jun-17	Oct-17	Team meeting minutes to reflect an extended review of case A and learning points.	IA	CP		Green
To be confident in addressing neglect and poverty.	2.5	To discuss and share the work of the Neglect strategy and action plan task and finish group with the social work team (once received)	Apr-17	Jul-17	Team meeting minutes to reflect review and discussion of the report.	RG	CP	As above.	Amber
To build confidence and knowledge of the service in addressing neglect overall.	2.6	Staff to attend the CHSCB conference on neglect.	Jun-17	Jun-17	Attendance data shows full attendance by early help and social workers.	RG	CP	Full attendance by staff.	Completed
To work with integrated commissioning to ensure children that miss appointments are either offered a further appointment, or a referral in to early help is made, rather than closing cases.	2.7	To review the contracts for integrated commissioning with neglect and early help in mind.	Apr-17	Oct-17	Contracts to show that cases are not allowed to be closed after one DNA.	RG	CP	RG has reviewed audiology and CAMHS contracts to date and provided feedback.	Green
To improve outcomes for children living with domestic abuse in the home.	2.8	To implement the DA strategy for children: - to build resilience for children through additional leisure activities, specialist therapeutic support, having a safe adult to talk to, having their parent access positive activities away from the home.	Apr-17	Oct-17	DA strategy presented to Children's Team.  Supervision notes to show wider thinking in respect of resilience and intervention. To be considered at audit in November.	RG	CP		Green
	2.9	To run training on working with perpetrators across the partnership, to reduce risk.	Apr-17	Jun-17	Attendance data shows good attendance by our service and partners.	JH/RG	CP	100% attendance at training, including internal and external partners. Feedback excellent. We would like to run this again.	Completed
A wide range of assessment and intervention options be available for workers to support children and families.	2.10	Managers from the Children and Families Team, Safeguarding and Quality Assurance Service and the Director of Community and Children's Services to explore the best methodologies for the City of London.	Apr-17	Jun-17	Staff development day to be held to look at systemic practice, signs of safety, strengthening practice tools.	RG	CP	Staff development day in place for 6 July, with external speakers from Strengthening Families and Signs of Safety. Systemic Practice to be considered in the following week.	Green
Child and family assessments are completed in good time so that needs are met in a timely way.	2.11	Compliance action to be taken where needed. Staff to immediately update their outlook calendar with due dates in, and update Team Manager's diary. Team manager to expect assessments at least two days in advance to allow for changes.	Apr-17	Jun-17	No C&F assessments will be out of date.	IA	CP	There have been no late assessments this quarter.	Green
Consistency of service to be delivered to children and families.	2.12	Practice standards to be reviewed every six months to ensure all staff are aware of expectations.	Apr-17	June 2017 then December 2017	Team minutes to reflect that practice standards have been shared with early help and social workers. Quarterly data to evidence compliance.	RG	CP	Updated June 2017.	Green

Priority 3: Improve physical and emotional health and wellbeing from conception to birth and throughout life									
Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
That all children in our care and care leavers who are subject to immigration control have care plans that consider short term and long term health and education in both this country and their country of origin.	3.1	The VSH will introduce short and long term goals and take immigration control into consideration in PEPs. Notice will be taken of the national transfer scheme, as well as young people who arrive just before their 18th birthday, and are 'qualifying' young people. [to help emotional wellbeing by planning for all eventualities]	Apr-17	Oct-17	All PEPs will have contribution from VSH on short/long term plans. All PEPs where a young person is subject to immigration control, will directly look at potential impact.	JH	CP	All children now have short and long term goals in their pathway plans, and this is considered in every PEP.	Green
Supervision to be given within the guidelines set out in the practice standards reflecting the decision making and the process that has led to the decision.	3.1.1	All LAC medical referrals to detail the young person's immigration status and the impact on their emotional wellbeing.	Apr-17	Oct-17	Quarterly reports by Whittington Health will reflect quality of referral.	RG	CP		Green
To encourage use of City of London sports and leisure facilities to children supported in Early Help, CIN and CP	3.2	Social workers and early help workers to signpost children and families to local resources. To take children and families where needed.	Apr-17	Oct-17	Supervision notes to reflect progress with activities that improve physical and emotional health. [where linked to child need]	IA	CP		Green
To include care leavers in peer mentoring, to reduce isolation and build resilience.	3.3	Bid to be placed with Esme Fairburn Trust, for funding to facilitate peer mentoring joined with Partnership for Young London and Lambeth and Croydon.	Apr-17	Oct-17	If bid is accepted, create a peer mentoring plan and advertise for the post.	RG	CP	Bid has now been submitted. Waiting on response.	Green
Risk assessments on file will be specific and relevant.	3.4	Improve standalone risk assessment template & link to other subject specific risk assessments	Apr-17	Apr-17	Risk assessment on Fwi.	IA	CP	Standalone template redesigned and in use. Will check via compliance officer quarterly on all cases.	Green
Supervision to be given within the guidelines set out in the practice standards reflecting the decision making and the process that has led to the decision.	3.5	All case files to show a record of supervision. Records to be updated within 5 working days.	Apr-17	Nov-17	There will be clear evidence on each file of the decisions and rational for those decisions.	RG	CP	Supervision notes are of exceptional quality, and are now on file quickly. Task remains to ensure that the improvement is sustained.	Green
SDQ to be better linked in PEPs - so that emotional health and wellbeing can be explored with school and planning.	3.6	SDQs are gathered in April each year, but can be done throughout where necessary. SDQ to be brought to each PEP.	Apr-17	Oct-17	PEPs show that SDQs have been considered, and used as a tool to discuss emotional wellbeing in school.	JH	CP	All SDQs for 2017 have been completed.	Blue
Early identification of emotional/mental health needs.	3.7	Enhanced CAMHS service to continue	Apr-17	Oct-17	LAC review minutes will reflect that the offer has taken place.	RG	CP	Note: all YP have been offered this, in the last quarter all have declined. I need to work on the contract with CAMHS.	Green
All looked after children and care leavers have access to sexual and relational health services and a clear understanding of law on consent.	3.8	Social workers and foster carers to be trained to deliver this. CICC to have sessions on sexual health. City media target in June for six weeks on consent - using the 'cup of tea' video.	Jun-17	Jul-17	Each young person's case file will have a case note to evidence the promotion of the social media push and links to local sexual health services.	IA	CP	CICC have run sessions on sexual health and consent. I have asked the LAC medical nurse to look at sexual health fully on every age appropriate medical.	Green
Building confidence and self esteem.	3.9	All children to be offered a mentor.	Apr-17	Mar-18	Evidence in CLA review reports and pathway plans	IA	CP	all young people have or have been offered a mentor. This remains on the action plan as a reminder to keep this going.	Green
All children will have up to date medical information on their files.	3.10	CLA medical reports will be received within 2 weeks of the appointment	Apr-17	Mar-18	Whittington health to provide a review of this timescale and implementation every quarter.	RG	CP	All medicals are now on file, but timeliness remains an issue.	Green
Looked after children receive robust high quality care	3.11	Team manager will consider all CLA review recommendations, and review in supervision	Apr-17	Mar-17	Fwi report to be run on episode for manager agreement/disagreement with IRO recommendations	IA	CP	This needs to be a manually run report, as there is not a standalone episode for the decisions. In the meantime, social workers to print off all review recommendations and bring to supervision for consideration.	Green
Care leavers to have at least one trusted friend or adult they can talk to (Annual Consultation)	3.12	Social workers to link young people with refugee groups and care leavers groups, to help with making sustained relationships	Apr-17	Mar-17	Every pathway plan to consider friendships and risk of loneliness.	IA	CP	This has improved and pathway plans now make good use of refugee groups and voluntary organisations.	Green

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

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Staying Put to be encouraged to young people can go into higher education and remain in a supportive household.	4.1	Staying Put to be formally discussed with the young person during the reviewing process and also subsequently as part of the Pathway Planning process.	Apr-17	Mar-18	Young people are staying put in foster placements if they wish post 18 and case recording indicates that it has been considered for all young people.	IA	CP	staying put is considered for all children pre 18. This is embedded in practice and recorded as policy in the practice standards. A new Staying Put policy will be written by end July.	Green
Our additional mental health assessment offer to lead to shorter waiting time for intervention	4.2	CAMHS enhanced assessments to be accepted by services local to our CLA foster placements.	Apr-17	Mar-18	Children do not have to have a second CAMHS assessment.	IA	CP	The last YP assessed did not need further intervention - so this has not yet been tested.	Green
	4.2.1	CAMHS will report to CSMT & SIB on service delivery output and outcomes.	Apr-17	Oct-17	There is good intelligence on the work that is being offered and delivered to our children/young people.	MP	NH	Contract monitoring took place mid July. They should report October.	Green
Social Workers will offer all children and young an advocate and are reminded regularly that this is available.	4.3	Social workers to offer children the advocacy service and make them aware of how they can access it at any point and record on case file.	April. 2017	Mar-18	Children/young people will be supported by an advocate. There will be evidence of this through the reviewing process and the work of the Safeguarding & QA team. Commissioning will also report on this quarterly.	IA	CP	evidence that advocates are being used can be seen in CP conferences and in CLA work, not in CIN	Green
All children looked after and care leavers will be informed of their entitlements i.e. given care leaver packages, through CICC and the impact of the pledge report.	4.4	Our offer to LAC and care leavers will be published on line and available to circulate in hard copy. To be explicit in relation to immigration and the impact on service provision and entitlements.	Apr-17	Oct-17	Young people will have accessed the website and social workers will have shown this to them.	RG	CP		Green
	4.5	Consistency of foster carer allowances and provision.	Apr-17	Oct-17	A set of expectations to be drawn up, to be used in commissioning placements.	RG/MP	CP		Green
Placements are maintained and not disrupted.	4.6	Effective placement identification. Effective use of placement disruption meetings. Review of placement provision.	Apr-17	Jun-18	A placements report to have been written and presented to SMT by MP.	RG	CP	complete	Completed
Bursary's to be offered to young people wanting to stay in full-time education, when eligible by immigration status.	4.7	Ensure that those young people who wish to stay in education are aware of this offer.	Apr-17	Mar-18	There will be an increase in the number of young people accessing higher education.	PD/IA	CP	complete and ongoing	Completed
When a young person is placed in independent/semi-independent accommodation they are visited within 1 week, then every one week for four weeks and every four weeks (six by agreement of Team Manager) thereafter to support them.	4.8	update of practice standards	April. 2017	Jun-17	Young people will feel supported when making the transition to independence.	IA	CP	complete and ongoing	Green
Children to be aware of their plan and the most recent assessment/pathway plan completed.	4.9	Social workers will explain their assessments and pathway plans to them and ensure they have an opportunity to contribute. Plans to be written in easy read English	Apr-17	Oct-17	All young people have an understanding of the most recent assessments of them and what the agreed tasks are. One social worker to look at sample pathway plans and lead on Easy Read English.	IA	CP	Audits show pathway plans of a consistently good quality.	Green
If a young person has lost touch with their social worker but then gets in contact then they will be offered support.	4.1	Social workers have clear guidance around supporting young people post care.	Apr-17	Mar-18	This will be evidenced through the auditing process.	PD/IA	CP	We had one young person lose touch by going underground. Staff have received training on risks and preparation when immigration status is denied.	Green
Young people will have access to leaving care grants to support them in becoming independent.	4.11	Young people are offered a £3000 grant to help them establish independency. This to be recorded on the case file.	Apr-17	Mar-18	This will be evidenced through the auditing process.	IA/PD	CP	complete - note the entitlement sheet says £3,000 - well above the national average - to be reviewed.	Green



Pathway Plans must clearly consider immigration rules and potential deportation, including short term and longer term plans, and parallel plans in case of return.	4.12	Social workers and VSH and IRO to offer clear advice around most useful ETE, health, mental health if returned to their country. Social workers to support emotional health by offering support and not avoiding this subject.	Apr-17	Mar-18	Pathway Plans and Care Plans to record independent living options if returned to country of origin and to record support available if immigration difficulties arise.	IA	CP	Every pathway plan now looks at impact of immigration. Remains on list as we have newer staff, to whom this will be unfamiliar.	Green
Care Leavers and older children looked after are empowered to be self determining about their medical needs.	4.13	Social workers ensure that support i.e. advocacy is available and can support the young person in expressing their views.	Apr-17	Mar-18	Young people feel confident to express their wishes/feelings around medical interventions.	IA	CP	Advocacy services are offered in every case. We had one child who struggled with medical decisions and needed an advocate in the last year, hence this action being on the plan.	Green
Ensure that all Care Leavers files hold their birth certificate, passport, NI No, ID Card and Home Office number	4.14	Social Workers to ensure they obtain these documents on behalf of the young person.	Apr-17	June 2017 then December 2017	six monthly reviews of FW to evidence all details (NI number/HO number/UPN/NHS number and ID docs uploaded)	IA	CP		Green
Improve quality of care at home for LAC.	4.15	Safeguarding & QA to carry out a six monthly review on all IFAs where a child/young person is placed.	April. 2017	Dec-17	Report to CSMT on provider standards.	PD	CP		Green
Permanency planning.	4.16	Practice in relation to matching should be robust and take into consideration the child/young persons strengths, needs, identity and any other significant requirements.	April. 2017	Mar-18	There will be a reduction in placement breakdowns/changes and much more detailed work will take place to include the involvement of the advocacy service when matching.	IA	CP	Performance will report on this regularly and highlight any emerging trends/patterns. RG: note there will likely be two placements for UASC, as the first will offer an assessment of need/strengths and look at permanency options. The first placement may well not be the long term placement option for the child.	Green

Priority 5: improvements following from the July 2016 OFSTED

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 have been reviewed by parents and the MAPF. Draft template has been circulated.	Green
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	1.8	Initiate pilot of new plan templates in	Mar-17	Mar-17		RG	CP	done	Completed
	1.9	Begin evaluation of new plan templates	Sep-17	Sep-17		RG	CP	RG to develop process for evaluation of new plan.	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:
<b>Ofsted recommendation 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any on-going work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support</b>	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. Case notes also show a thorough review of threshold where there is a clear 'no' to further intervention.	Completed
	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	Practice standards updated in both January and June 2017. Next due for review December.	Completed
	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	Complete	Completed
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	This is now consistently established and supported by the compliance data officer having this within their remit.	Completed
		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.	Completed
<b>Research on neglect linked to affluence draws on practitioner experience and identifies strategies and practice methods to address non-engagement from these families.</b>	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	Professor Bernard is two months behind.	Amber
	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	see above	Amber
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17				Multi Agency audits completed	Completed
	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	complete.	Completed
Increase the number of families taking up Early Help services, building on	A5.1	Develop online information that is user friendly for families.	Sep-16	Dec 17	Number of new early help assessments completed over the last year	RG/JF	CP	Co produced draft design ready, we are now creating an online accessible version	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 now completed	Completed
	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. Annual report went to Early Help Sub Group	Completed
	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. New tender for youth services includes targets in contract for bidders. Monica (commissioning) invited to next Early Help Sub Group to see providers are meeting their commitments.	Green

existing partnership working at a strategic and operational level (Paragraph 8)	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.	Completed
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	RG/JF	CP	CAF has 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.	Completed
	A6.2		Sep-16	Jun-2017	4) Recorded in chronology Measure no of MARFs and no of CAFs 5) Attendance at TAC meetings 6) No of distance travelled	RG/JF	CP	Distance travelled tool is used within our service, not used consistently yet across partnership. Agencies to report on the evidence of impact of their service, if they are using alternative tools. To be reported on as part of BAU Early Help reporting.	Green
	A6.3		Sep-16	Jun-2017		RG/JF	CP	JF to complete early help annual review.	Completed
	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	Completed
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). PD to present a themed audit on diversity needs and planning - by end August (additional action).	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	Now embedded in practice.	Completed

The experiences and progress of children looked after and achieving permanence									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	4.1	Legal representation on the Panel will confirm appropriate legal position and rationale for each case discussed	Jan-17	Jan-17	1) All case discussions from panel to be attached to child's file 2) QA process will evidence that the records are in place	RG	CP	Permanency panel minutes include legal views and rationale on care plan. Audits evidenced this.	Completed
	4.2	Minutes of Permanency Planning Tracking Meetings to clearly and consistently record decisions relating to legal permanence and make explicit why a decision was made and why certain orders were not pursued	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.	Completed

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	4.3	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. The next permanency celebration will take place over the summer.	Completed
	4.4	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	RL	CP	complete	Completed
	4.5	Draft child/language friendly version of process which will be led by practitioners and IRO	Nov-16	Dec-17	CYP able to articulate understanding of why decision is made re. permanence	RL	CP	This will be led by permanent IRO once in post (September 2017).	Green
	4.6	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	RL/RdP	CP	complete	Completed

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

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.	Completed
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP	Whittington are now providing most of the interpreters and meeting the cost of translation. This is not 100% due to the way their service arrangement with translation is arranged. To mitigate against the risk of LAC medicals being late due to translation, the Children's Social Care service fills the gap and books interpreters where needed. This means all children have timely LAC medicals with the right interpreter.	Completed
	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. All medicals are on time with interpreters used. Further to the CQC inspection, the CCG is looking at bringing back the LAC nurse in house.	Completed
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP	complete	Completed
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.	Completed
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.	Completed

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	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	RG	CP	SWs have now used health passports, and the IRO is checking on usage and if they have been filled out well at LAC reviews. Update: RG will do a brief summary on outcomes with the passports.	Green

all care leavers	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17	Clearly articulate how it is used to assist their healthcare	RG	CP	We now have health histories for all care leavers. The requirement is in the newly updated practice standards. Audit to be undertaken of impact.	Completed
	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.	Completed

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	An annual visiting schedule has been created for members and the town clerk.	Completed
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP	Invitation given and accepted.	Completed
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP	timetable of meetings for members and director scheduled for 2017/2018	Completed

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	Completed
	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	Completed
	9.3	Update the QA strategy to reflect this	Nov-16	Mar-17		PD	CP	QA audit framework updated.	Completed

<b>Committee(s):</b>	<b>Date:</b>
Police Committee- For information	21 <sup>st</sup> September 2017
Safeguarding Sub Committee – For information	27 <sup>th</sup> September 2017
<b>Subject:</b> Annual update on the Custody of Vulnerable Persons (Young Persons, Children and Mental Health)	<b>Public</b>
<b>Report of:</b> The Commissioner of Police and the Town Clerk Pol 56-17	<b>For Information</b>
<b>Report authors:</b> Insp Ashlie May, Uniformed Policing Directorate Craig Spencer, Town Clerk's Department	

## Summary

It was previously agreed to provide Members with an annual update on two key areas of policing; young persons and children in custody and mental health crisis in custody. This is a joint report of the Commissioner and the Town Clerk. City of London Police (CoLP) collects and analyses information across these areas, in response to national recommendations from Her Majesty's Inspectorate of Constabulary (HMIC) amongst others, and in recognition of the importance of understanding and responding to any potential issues or trends.

An annual update will continue to be provided on these areas to show commitment to accountability and transparency. Young persons and children who are held in custody may be vulnerable for a number of reasons and the CoLP and City of London Corporation (CoL) have established processes to deal with them which are detailed in this report. The report also includes custody and mental health data reported for 2016/17 with some comparison against previous years data where it is available, it also details developments in best practise such as the Street Triage system for those assessed under mental health protocols.

The report presents data (Appendix 2) on a number of categories for custody including numbers of children and young persons detained, length of time detained, age, gender and ethnicity of those detained and offences for which they were detained. The report covers data (Appendix 3) on numbers detained under the Mental Health Act 1983 and numbers of mental health assessments. It explains the procedure for when a mental health crisis develops once someone is within the custody suite rather than when police are called to assist someone on the street.

## Recommendations

Members are asked to:

- Note the report.

## Main Report

### Young Persons and Children in Custody

#### Background

1. It was previously agreed to provide Members with an annual update on Custody of Vulnerable Persons (Young Persons, Children and Mental Health) in the City of London. This is a joint report of the Commissioner and the Town Clerk and is the second annual update. It covers the reporting period April 2016 to March 2017. Some trend/ benchmark data has been provided where it is available.
2. England, Wales, Northern Ireland and Scotland each have their own guidance for organisations to keep children safe. They all agree that a child is anyone who is under the age of 18. The Police and Criminal Evidence Act 1984 (PACE) define a young person or child to be between the ages of criminal responsibility 10yrs and have not reached the age of 18. We use the term 'child' to refer to younger children who do not have the maturity and understanding to make important decisions. We use the term 'young person' to refer to older or more experienced children.
3. Custody officers are required to make a decision about whether they should treat the individual as a juvenile or as an adult. *PACE Code C paragraph 1.5 - states Anyone who appears to be under 18, shall, in the absence of clear evidence that they are older and subject to paragraph 1.5A, be treated as a juvenile for the purposes of this Code and any other Code.*
4. The law already recognises that police cells are not a suitable place for young persons and children. The Police and Criminal Evidence Act 1984 requires the transfer of children who have been charged and denied bail (remanded in police custody) to be moved to more appropriate local authority accommodation.
5. The related duty to local authorities set out by the Children Act 1989 is to accept these requested transfers. The detention of a child in the custody of a police cell is only allowed where exceptional circumstances prevent movement or where such children are a risk to the public and themselves, or no local authority accommodation is available.
6. Young persons and children in custody legally require an appropriate adult (AA) to be appointed as soon as possible and to be present during specific stages whilst in custody. These include the booking in procedure, interview, charge and other custody processes such as custody staff taking DNA, photographs and fingerprints to the provisions of the Police and Criminal Evidence Act 1984.
7. The release of the 'Concordat on Children in Custody' by the Home Office in March 2016 set out the role of each organisation in the process of detaining a child into custody and where responsibility lies. This clarifies the legal requirements and offers guidance on how these are put into place; particularly around the transfer of children from custody to local authority accommodation.

8. The Concordat is there for the Police and Local Authorities to aid compliance with their statutory responsibilities and to bring about a decrease in the number of children held overnight in police custody. The concordat sets out seven principles to achieve these aims:
- Whenever possible, charged children will be released on bail.
  - Children denied bail will be transferred whenever practical.
  - Secure accommodation will be requested only when necessary.
  - Local authorities will always accept request for non-secure accommodation.
  - The power to detain will be transferred to the local authority.
  - Where a local authority fails to provide accommodation it will reimburse the police.
  - Police forces will collect data on transfers.
9. On behalf of the City of London Police the Commissioner has signed the Concordat.

## **Current Position**

10. In October 2015 the CoLP initiated Liaison and Diversion (L&D) Services within their Police Custody suites. L&D services operate in the following ways:
- Identify, assess and refer people of all ages with a wide range of mental health, learning disability, substance misuse and social vulnerabilities when they first come into contact with the youth and adult criminal justice systems on suspicion of having committed a crime.
  - When a person is assessed as having single or multiple vulnerabilities, they will be referred to the appropriate treatment or support service and an appropriate package of care and/or support will be instigated.
  - Accurate, timely information on the person will be shared with police and the courts to ensure that any charging, sentencing or disposal decisions are based upon an authoritative assessment of their mental health, any learning disability and whether they have a substance misuse issue.
  - L&D services support the most appropriate outcome for those individuals. For many this contact with criminal justice agencies will be the first time they will have been assessed and diagnosed.
  - L&D is not itself a treatment service, but it is an identification, assessment and referral service. It uses assessments to make appropriate referrals for treatment and support, and ensures criminal justice practitioners are notified of specific health requirements and vulnerabilities of an individual which can be taken into account when decisions about charging and sentencing are made.
  - Services aim to identify individuals as early as possible after they come into contact with the police and criminal justice system. They will provide coverage at police interview and custody suites and at criminal courts.



They will link up to other parts of the justice process, such as prison, probation, youth offending teams and the young people's secure estate.

11. The Liaison and Diversion service is supplied by the East London NHS Trust in partnership with NHS England the CoLP are part of Cluster I of the North and East London Liaison and Diversion Hub as shown in Appendix 4.

### **Process in custody**

12. As soon as it can be ascertained that a detainee is 17 years old or younger an assessment interview by a Liaison and Diversion nurse is requested. This is to ensure CoLP is not missing any incidents of Child Sexual Exploitation or criminal factors of adult cohesion. The Liaison and Diversion nurses are currently available for assessments in custody during the hours of 8am-10pm Monday to Friday. Outside of these times, and if available, an interview may be conducted by a member of the Public Protection Unit.
13. The CoLP has two custody suites, one based at Snow Hill and the other at Bishopsgate. The principle custody suite is Bishopsgate which has a secure Perspex room, commonly known as 'the bubble' within the reception area of custody. It is designed for use by children and vulnerable persons who have been detained for a criminal matter. This is believed a more suitable place than a cell, as both police and the detained person continue to be visible to each other and there is less chance of the detainee being further alienated or stressed by their predicament. A custody cell is used only as a last resort, dependent upon the circumstances at the time and this would be with other control measures in place to reduce stress and risk as much as possible.
14. The CoLP has a clearly articulated police process for children in custody which is in the form of a flowchart responding to a young person being charged with an offence and this is attached as Appendix 1. The City of London Corporation has also produced a similar flowchart to reflect process from a local authority perspective.
15. The Appropriate Adult service is currently commissioned by the Community and Children's Services Department (CCS) but is managed by CoLP. The service meets with CCS quarterly and statistics are provided on how often the service is used.
16. When a person under the age of 18 years enters custody, every effort is made by the Custody Sergeant and Designated Detention Officer to keep the young person from being placed within a custody cell. The booking in procedure is initiated on arrival to establish many important facts, such as name, age, address, mental wellbeing and health. During the interaction with the detained young person/child, concerted attempts are made to establish the parents or family member details to act as an Appropriate Adult (AA). In some cases there is no alternative but to use the Appropriate Adult service.



17. Police officers will submit an intelligence document, a Form 377, which is comprehensive information to assist the Public Protection Unit (PPU) and social services and allow appropriate follow up processes to be initiated.

### **Local Authority Transfer Arrangements**

18. The CCS department within the City are called initially. If out of hours this is then referred to Hackney, who request accommodation from Tower Hamlets. Tower Hamlets will contact the Local Authority within which the child or young person *lives* and request accommodation. Historically, all accommodation requested has not been provided. The requirement for children to be transferred to overnight accommodation is only for those who have been *charged and remanded*, where bail has not been granted. Where the pre-charge investigation is on-going, the child remains in the custody suite, although every effort is made to reduce the length of time they are there. With the implementation of the pre-charge bail legislation in April 2017 there has been a vast reduction in children being released on bail, the majority being “Released under Investigation” whilst the investigation of the offence proceeds without the requirement for the child to be on bail.
19. All Custody Sergeants are fully aware of the current process both inside and outside of working hours and this has been shared with City of London Corporation (CoL) staff to ensure wider knowledge of the process. Police are mindful that juveniles should not be detained for longer than needed in accordance with paragraph 1.1 of Code C of PACE and should avoid holding young persons and children overnight in police custody cells unless absolutely necessary.
20. If there are no available spaces within the social services’ remit ‘to house the young person or child at an appropriate site’ then current arrangements to provide a cell ‘in extremis’ could potentially lead to extended periods of time for children in custody. The minimum stay for a detainee for the period recorded as shown in Appendix 2, figure 3 was around 0.8 hours, with the maximum 38.8 hours, due to the fact that the child had been charged and remanded in custody and the local authority could not provide accommodation as requested by CoLP.

### **Detention data for 2016/17**

21. This report includes data which has been collated from custody records over the period of April 2016 to March 2017 of Young Persons and Children being detained in custody. The ages are shown at Appendix 2 in figure 6 with ethnicity in figure 7 and gender in figure 8. This report also includes the number of Young Persons and Children being detained in custody over the period of April 2016 to March 2017 for comparative purposes. All figures referred to in this section are at Appendix 2.
22. The data provided within figure 1, ‘Number of children and young people including 18 year olds in custody 2016/17’ shows 42 were under 18 years old (Including 18 year olds 83). This shows a reduction of 45% compared to the previous year 2015/16 when there were 77 young persons and children under 18

in custody (including 18 year olds, details a reduction of 31% when there were 121). 42 young persons and children entered City of London Police custody that year; this equates to an average of just over 3 a month (including 18 year olds, nearly 7 a month). The average per month for the previous year was just over 6 per month which shows a reduction of 50%. November saw the highest number with 5 (Including 18 year olds, 11??) whilst February had the lowest number of 2 (with no 18 year olds). A comparative of the population of under 18 children and young people detained in custody year upon year is provided in figure 2.

23. The length of time young persons and children were detained following arrest/caution is shown at figures 3 and 4, clearly displaying maximum and minimum times with the average times shown.
24. In terms of gender, the data shows that of the 42 young persons and children detained in custody, 39 were male and 3 female. This compares to the previous year when 63 were male and 14 were female. The youngest person detained in police custody was recorded as a 13 year old white British male for an offence of 'possession with intent to supply a class A drug' in October 2016. He had been arrested at 12:55hrs, arrived at the Custody Suite at 13:55hrs and the procedure of booking in, detention authorised (14:15hrs) obtaining the required appropriate adult (requested at 14:47hrs) and the attendance of the appropriate adult from the AA Scheme (16:48hrs) took 2 hours 53 mins; the child was interviewed with a solicitor at 20:02 hrs and left custody with no further action at 22:19 hrs. Therefore the child was in the Custody Suite for 8hrs and 24 mins.
25. The length of time a young person or child was detained following arrest/caution awaiting an appropriate adult is shown in figure 4 and figure 5 displaying the average time waiting for an appropriate adult.
26. A breakdown of offences for which young persons and children were brought into custody during 2016/17 is at figure 10. There were 19 different offences documented, along with one classed as 'other.' The most common offence is possession with intent to supply drugs with 8 offences and the next is possession of an offence weapon with 6 offences.
27. During the recorded period from April 2016 to March 2017 the City of London Police requested the relevant local authority to provide accommodation for 4 young persons who were charged and remanded in custody. Disappointingly, no accommodation was provided by the relevant local authorities for any of the 4 young persons and so they remained in City Police Custody. The Concordat for Children in Custody to prevent the detention of children in police stations following charge was signed off in April 2016 and part of that concordat states;  
  
*"After a child is charged with an offence, custody officers have a duty under the Police and Criminal Evidence Act (PACE) to secure the transfer of the arrested child to local authority accommodation; local authorities have a duty to accommodate the child under the Children Act 1989."*

28. Following a request for secure accommodation, the local authority must do everything within its power to find secure accommodation for the child in question. If the local authority fails to find any secure placements, or reach agreement with the police as to any suitable alternative, for the child then custody officers will have no choice but to retain the child in police custody for the protection of the public.
29. The police are not funded to accommodate under-18 year olds in custody. It is therefore important that local police forces are reimbursed when a transfer to local authority care does not take place, for whatever reason. This reimbursement is a long standing statutory obligation for local authorities. Section 21(3) states:  
  
*“Where a child has been... detained under section 38 of the Police and Criminal Evidence Act 1984, and he is not being provided with accommodation by a local authority... any reasonable expenses of accommodating him shall be recoverable from the local authority in whose area he is ordinarily resident.”*
30. The level of expense for overnight detention must be determined by the police force, and should be based upon the costs of cell use, staffing, healthcare and any other provision required for a detainee. Mechanisms for the recovery of these costs must be determined at a local level and will vary depending upon any existing reimbursement arrangements between police forces and local authorities. The CoLP has commenced recovering costs from Local Authorities for the detention of children after charge when no accommodation was provided by the Local Authority in which the child resides.

### **Use of Force on those Under 18**

31. To set some context, this relates not specifically to use of force within the custody suite but to those brought into the custody suite where use of force (handcuffs) has already been applied on the street or at the scene. The officers dealing with each instance will have made a dynamic risk assessment in each case and assessed the use of handcuffs as both proportionate and necessary to ensure not only the safety of the individual being detained, but also the safety of the officers and/ or the general public. In essence, the decisions regarding the application of force are made before the detainee steps across the threshold of the custody suite.
32. Statistics show that for the period April 2016 to March 2017 a use of force (handcuffs) was used for those under 18 in 25 out of the total 42 occasions, equating to 59% of arrests.
33. So far for the months of April to June 2017 of 19 individuals under 18 brought into custody, 12 have been handcuffed, this equates to 63%. Ages ranged from 13 yrs (one individual who was detained for making threats to kill) to 17 yrs for offences ranging from theft of moped to ABH and possession of drugs. (As a comparison during the same period, 8% of all juveniles' arrests made by Cambridgeshire Police and 13% of all juvenile arrests made by the Metropolitan Police Service (MPS) show use of force applied. However the MPS is not a

reliable comparator for CoLP owing to the sheer numbers that they deal with everyday across London). The Force monitors use of force at its working group that meets quarterly along with other custody issues and stop and search. Part of the remit of this group is to identify any issues and trends and address these if appropriate to do so through further training or learning.

## **Bail and referral pathways**

34. With the Policing and Crime Act 2017 receiving Royal Assent in January 2017 and the changes to pre-charge bail that commenced in April 2017 (there is now a presumption of release without bail in almost all cases unless the necessity and proportionality test are met) there has been a clear and definite shift in the CoLP to the use of Voluntary Interviews to investigate offences where children and young persons are involved. In May 2017 alone there was only 1 child arrested (13 years old and for whom bail was deemed necessary and proportionate) however 4 children/young people attended for Voluntary Interviews during May (aged 13,14,15 and 16)
35. The CoLP has clear referral pathways to City of London Children's Social care through the Force's Public Protection Unit (PPU). A Form 377 (soon to be Public Protection Notice on NICHE, the new crime and intelligence recording system) is completed for every juvenile that comes in to custody. These are reviewed by a PPU officer within 72 hours and generally within 24 hours. All 377 reports are referred to the Duty Desk at the City of London Children's Social Care via their dedicated duty team email. Additionally, the PPU will refer the report to the Children's Social Care Team within the borough where the child resides. This is documented on the 377 report. Once cases have reached the appropriate social care team or referral unit in the appropriate borough, these reports are assessed as per any other referral in line with Pan London Child Protection Procedures and local thresholds.
36. There is no requirement for police to follow up on these referrals unless there is some specific involvement in relation to a S47 or S17 (Child Protection or Child in Need) investigation. This procedure is documented in the CoLP Child Protection Procedures to ensure effective multiagency working and children's safeguarding.
37. It is confirmed that none of the juveniles under 18 arrested during the reporting period 2016-17 reside in the City of London. It should be noted by Members that many of the juveniles who enter the City and are arrested for offences, travel to the City from surrounding boroughs specifically to commit crime and are therefore dealt with by social care teams within the borough in which they reside once due process has taken place in the City.

## **Mental Health Crisis in Custody**

### **Background**

38. The policy covering guidance within custody on mental health is the Police and Criminal Evidence Act 1984 (PACE) which states below:

*“It is imperative that a mentally disordered or otherwise mentally vulnerable person, detained under the Mental Health Act 1983, section 136, be assessed as soon as possible. A police station should only be used as a place of safety as a last resort but if that assessment is to take place at the police station, an approved mental health professional and a registered medical practitioner shall be called to the station as soon as possible to carry it out.”*

39. The Policing and Crime Bill 2017 received Royal Assent in January 2017 with positive implications for Children and Young Persons detained under section 136 MHA 1983 with reference to the use of Police Stations. An amendment to the Mental Health Act 1983 now includes;

*Section 136A Use of police stations as places of safety*

*(1) A child may not, in the exercise of a power to which this section applies, be removed to, kept at or taken to a place of safety that is a police station*

*2) The Secretary of State may by regulations—*

*(a) provide that an adult may be removed to, kept at or taken to a place of safety that is a police station, in the exercise of a power to which this section applies, only in circumstances specified in the regulations;*

*(b) make provision about how adults removed to, kept at or taken to a police station, in the exercise of a power to which this section applies, are to be treated while at the police station, including provision for review of their detention.*

40. The Royal Assent of the Policing and Crime Bill 2017 has also;

- Reduced the maximum duration of detention from 72 hours to 24 hours for the purposes of an assessment.
- Extended police powers to act quickly to detain and remove people experiencing a mental health crisis.
- Included the requirement for police officers to consult health professionals prior to detaining someone under the Act's provisions (if practicable).

41. CoLP does not use Police Custody as a place of safety for any persons detained under section 136 of MHA 1983.

42. The Health Care provision within CoLP Custody suites is provided by a well known supplier of these services. The new contract which commenced in March 2017 stipulates that the Health Care Professionals are embedded 24/7, 365/366 days per year, therefore ensuring that all persons that require an initial mental health assessment will be assessed easily within an hour and generally as soon as the custody officer believes an assessment is required.

43. In May 2017 the CoLP adopted the THRIVE project definition for vulnerable persons;

*“a person is vulnerable if as a result of their situation or circumstances, they are unable to take care or protect themselves, or others, from harm or exploitation.”*

## **Street Triage Scheme**

44. Ten police forces have been piloting the system of 'street triage'. This includes the City of London Police. This is where a police officer and mental health worker act in partnership to assess people on the street and, where necessary, take them directly to a health care facility.
45. Within these schemes, mental health professionals provide on the spot advice to police officers who are dealing with people with possible mental health issues. This advice can include an opinion on a person's condition, or appropriate information sharing about a person's health history. The aim is, where possible, to help police officers make prompt and appropriate decisions, based on a clear understanding of the background to these situations and of the individuals they are dealing with. In addition to having benefits for the individuals, benefits in terms of reducing time in custody and speeding up the end to end process of dealing with the individual are also clear. This has clear implications for increasing efficiency.
46. The City of London Police has two mental health professionals that deploy with Response officers every Wednesday, Thursday, Friday and Saturday from 1500hrs – 0300hrs. This is currently a six month trial and is funded by the NHS. This will be reviewed after three months and further funding will be required in the longer term if the trial is to continue and become embedded as business as usual. The figures suggest that the scheme is currently proving to be highly successful. July alone resulted in 17 individuals being dealt with via alternative pathways rather than being sectioned under S136 of the Mental Health Act. On average, when an individual is sectioned this usually takes at least two officers and a vehicle off the street for at least four hours. When totalled, this is the equivalent of 136 hours of officer time saved which is 17 days in total – a significant saving of officer time.

## **Current Position**

### **Mental Health Process**

47. The City of London Police has two standard operating procedures (SOP's) that relate to mental health, these are: Dealing with Mental Health Incidents and Medical and Mental Health Issues in Custody. These policies provide a framework for dealing with aspects of managing and dealing with persons in police detention to the required standard, as set out in Code C of the Police and Criminal Evidence Act 1984, the Code of Ethics and the College of Policing Authorised Professional Practice (APP) for detention and custody. Both of these procedures are regularly reviewed and updated and are readily accessible for members of staff on the Force's intranet.
48. When a person has been arrested and it becomes apparent whilst the person is in custody they are suffering from a mental health issue, the custody officer must implement the procedure for a mental health assessment. The custody officer will request the Health Care Practitioner (HCP) for an initial assessment of the detained person and if found the detained person is displaying symptoms of a

mental health crisis the HCP will request the attendance of a Liaison and Diversion nurse to conduct an assessment. (If the L&D nurse happens to be present within the Custody suite at the time the custody officer believes an assessment is required, the assessment of the HCP can be bypassed and the assessment can be directly referred to the L&D nurse). If the L&D nurse believes a further assessment is necessary they will contact an Authorised Mental Health Practitioner (AMHP) and doctor to conduct a full assessment. On their decision only and not the police, it will result in the detained person being transferred to a designated Mental Health Trust Hospital for further evaluation or to remain in custody for continuation of the criminal process.

49. The number of Initial Mental Health Assessments conducted on detainees during 2016-2017 compared to number of detainees actually sent to hospital for further assessment (post AMPH and doctor assessment) is detailed in Appendix 3 figure 11.

50. However, if mental health illness has been exhibited and diagnosed whilst in a public place, then the City of London Police will not use custody or the police station as a place of safety. Enhanced engagement and liaison by the Communities Team has established a better working environment between the London Ambulance Service (LAS) and the Mental Health Trust at the Homerton Hospital. All parties have agreed to a working guide:

- LAS will attend S.136 MHA 1983 calls within half an hour. If LAS are unable to provide a priority ambulance and if there are exceptional circumstances, CoLP will convey a person to Homerton Hospital.
- Homerton Hospital will accept the S.136 within one hour of police attendance.

51. The Force has taken the initiative by using a specific point of contact within the community and partnerships team to take the lead in S.136 MHA 1983 issues, developing a liaison with the London Mental Health Trust, recording encounters, increasing links with external organisations and continuing communications with our nominated place of safety, the Homerton Hospital.

52. In the rare circumstances when the Homerton Hospital is unavailable officers are aware through policy and procedure to use the command and control structure to establish an alternative space at another authorised mental health hospital near to the City, such as St Thomas', The Royal London or UCH.

## **Mental Health Data**

53. Throughout the period of April 2016 and March 2017 there has been an increasing number of reported incidents involving mental health. Police are often first to attend a report to provide reassurance, ensure public in the vicinity are safe and to provide an initial response to any person requiring assistance.

54. Incidents are recorded on a Force form, documenting whether action was taken under section 136 Mental Health Act 1983 or Section S.5- S.6 Mental Capacity Act 2005, providing a detailed account of police action and hospital interaction.

55. During the period of April 2016 - March 2017, 167 people were sectioned under S.136 MHA 1983; this is an increase from 129 for the previous financial year. 11 of these were under the age of 18. Of the 167 people, 101 were male and 66 female. All were conveyed to a place of safety, 77 by Ambulance, 87 by a police vehicle (one is logged as not known as not recorded on the CAD).

## **Conclusion**

56. This report presents information to Members of the Force's current position on two key areas prompted by a number of HMIC and IPCC recommendations, but also recognising that these are important areas on which Members would wish to be informed and have oversight. The data presented in this report provides a comparison to be made to the previous year and potential issues or trends highlighted where previous year's data is available. The force continues to develop its framework for collecting data in this area in order to monitor future trends.

57. The City of London Police and City of London Corporation have processes in place to consider the welfare of children entering the custody environment and the force has further demonstrated its commitment by signing up to the 'Welfare of Children in Custody' Concordat. Data shows that on average around 3 children or young people enter City of London Police custody each month and over the period considered, 4 were charged and remanded and requests made to all the relevant local authorities for secure accommodation, however disappointingly none was provided. Data is captured by the Custody Manager on all children and young people entering police custody and shared with senior management on a monthly basis, allowing on-going scrutiny and the identification of any potential issues.

58. The Force has standard operating procedures in place to manage mental health crises both in custody and outside on the street. CoLP does not use police cells as a place of safety for those identified as needing assistance on the street, with tried and tested processes in place under the agreement with the Homerton Hospital.

## **Appendices**

**Appendix 1** - flow chart of custody procedure for detained Young Person and Children

**Appendix 2** – Custody Data- source NSPIS Custody

**Appendix 3** – Mental Health Data

**Appendix 4** – Diagram showing Cluster I of the North and East London Liaison and Diversion Hub

### **Contacts**

*City of London Police*

*Insp Ashlie May*

[Ashlie.may@city-of-london.pnn.police.uk](mailto:Ashlie.may@city-of-london.pnn.police.uk)

0207 601 2375

*City of London Corporation*

*Craig Spencer*

[craig.spencer@cityoflondon.gov.uk](mailto:craig.spencer@cityoflondon.gov.uk)

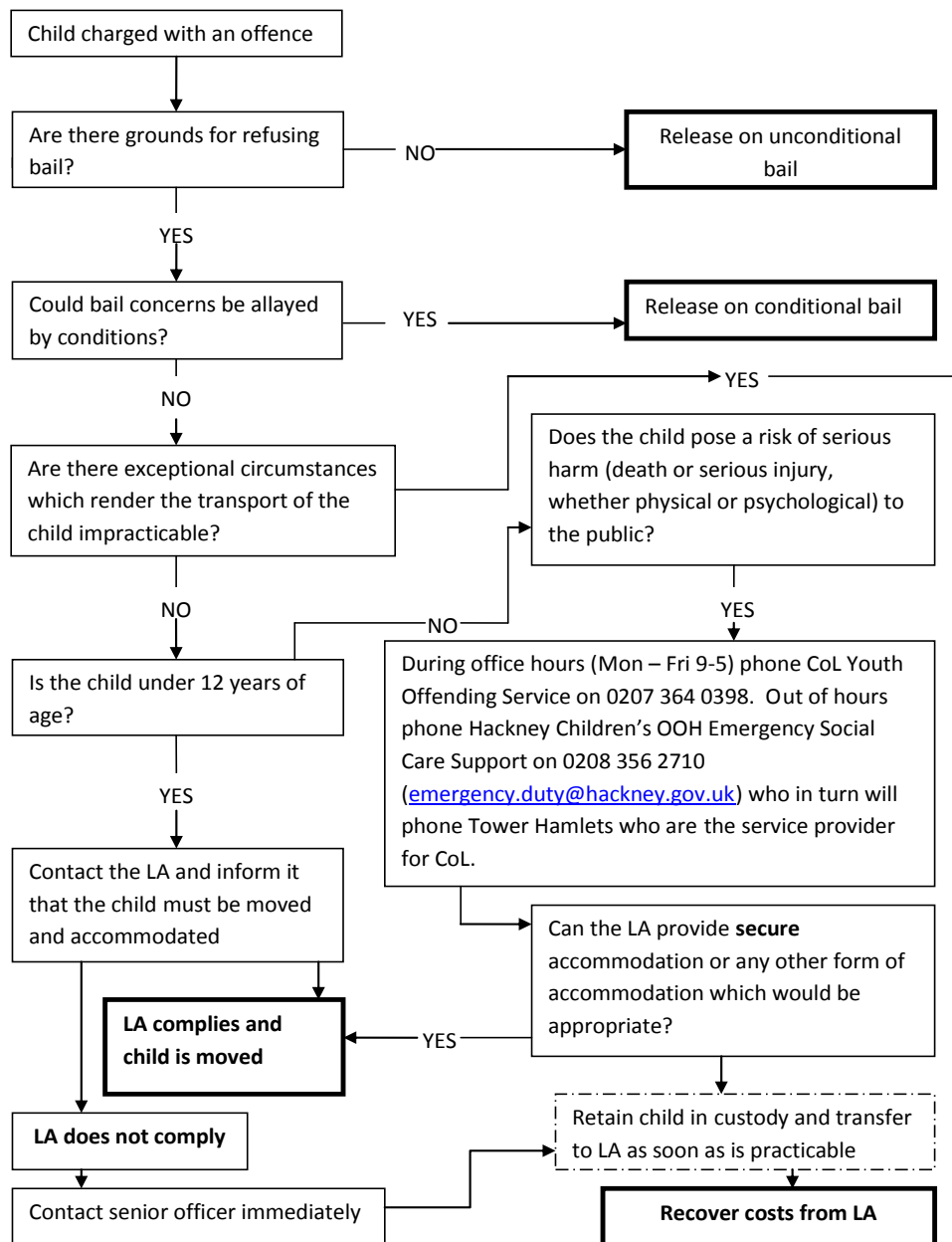
0207 332 1501



## Appendix 1 – flow chart of custody procedure for detained Young Person and Children

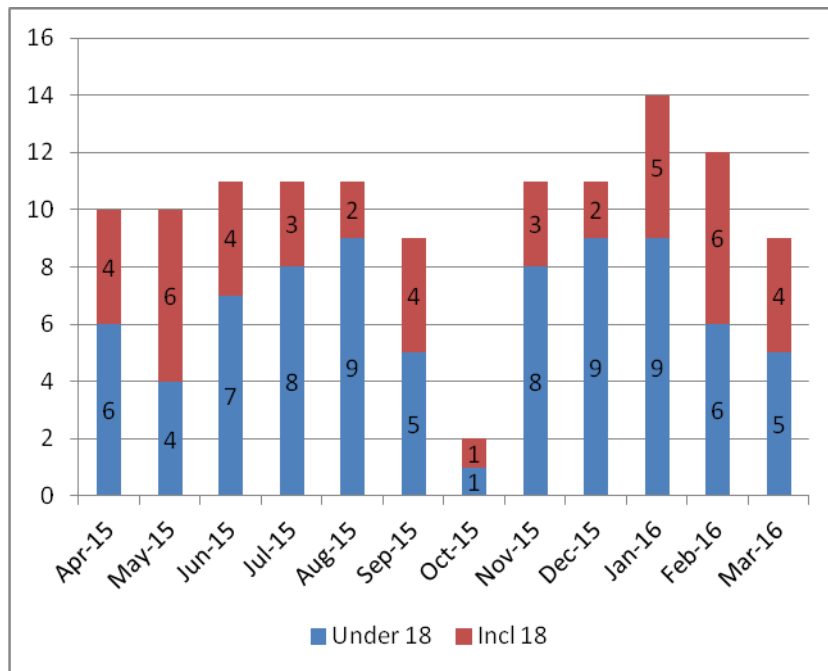


### Police process for children in custody PACE s.38(6)

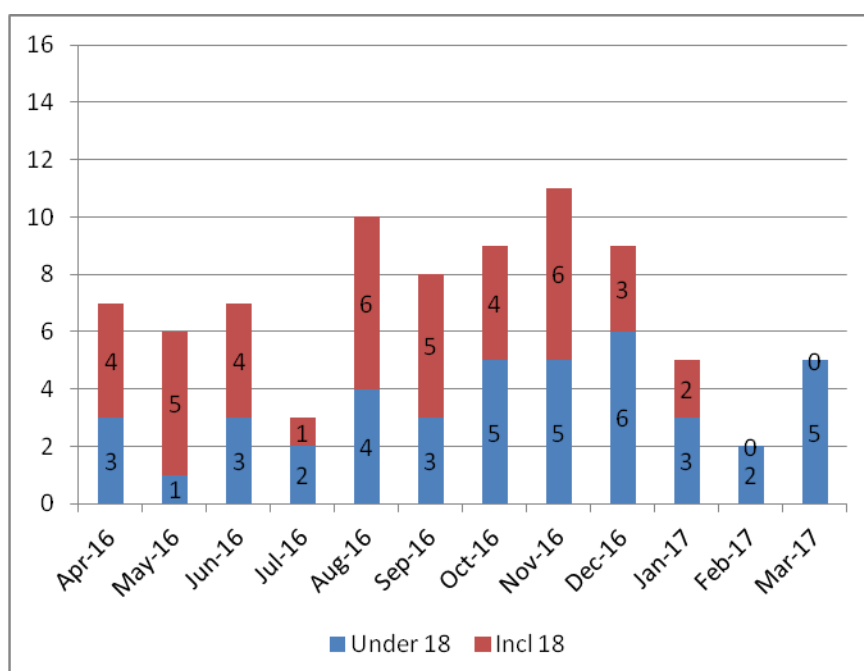


## Appendix 2 – Custody Data: Children and Young Persons

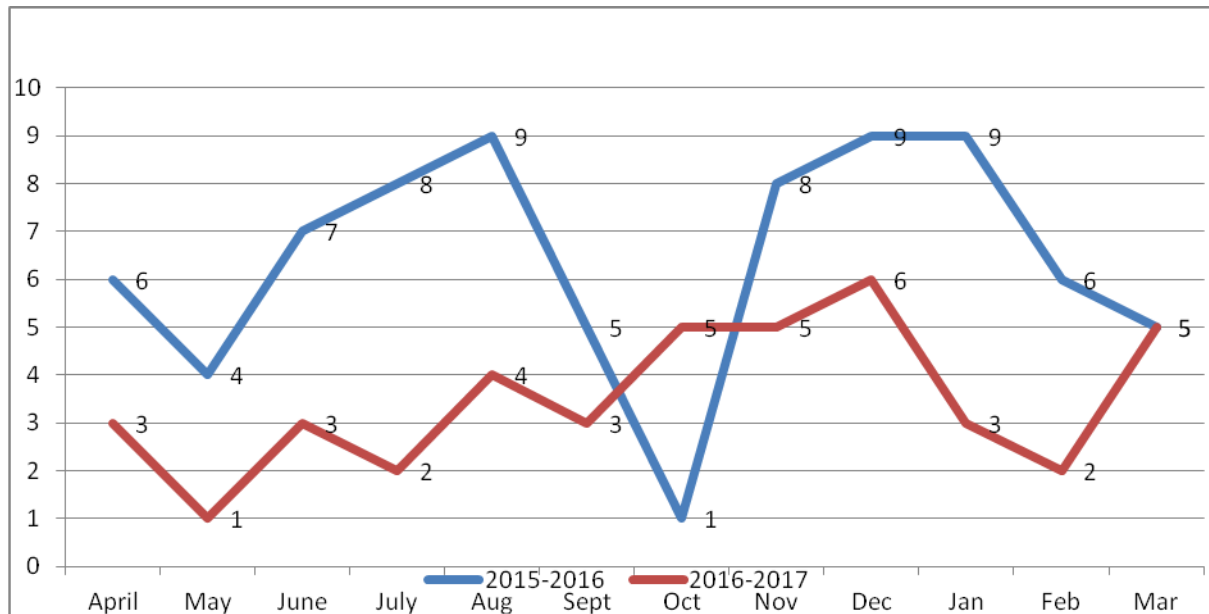
**Figure 1: Number of children and young people including 18 year olds in custody 2015/16**



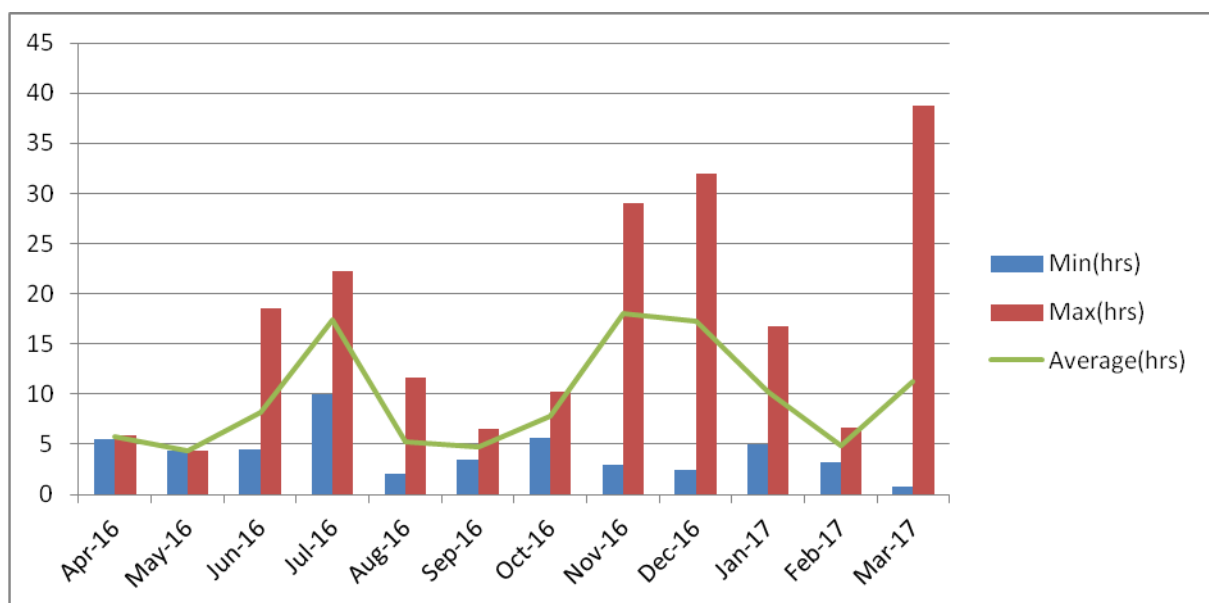
**Figure 1: Number of children and young people including 18 year olds in custody 2016/17**



**Figure 2. Population of children under 18 in Custody  
2015-2016 compared to 2016-2017**



**Figure 3: Length of time detained [under 18]**



The above graphs include the overall detention time for children and young people charged and remanded that remain in Police Custody as no secure accommodation was provided by the Local Authority

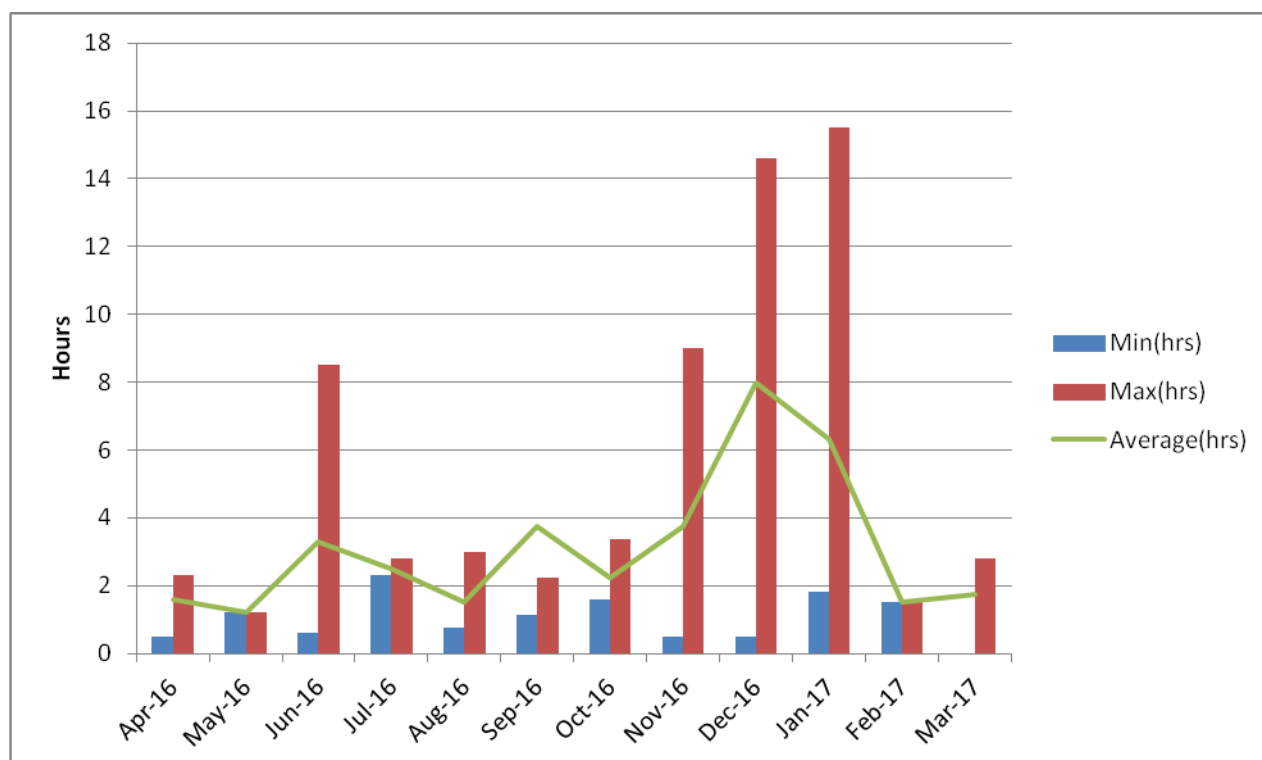
Source: NSPIS Custody System

**Figure 4: Average time spent in police custody by children and young people 2016/2017 including the average detention time for children charged and remanded that remain in Police Custody as no secure accommodation was provided by the Local Authority.**

Year	Month	Time (hrs)
2016	April	5.7
2016	May	4.3
2016	June	8.2
2016	July	17.4
2016	August	5.3
2016	September	4.7
2016	October	7.7
2016	November	18
2016	December	17.3
2017	January	10.3
2017	February	4.9
2017	March	11.

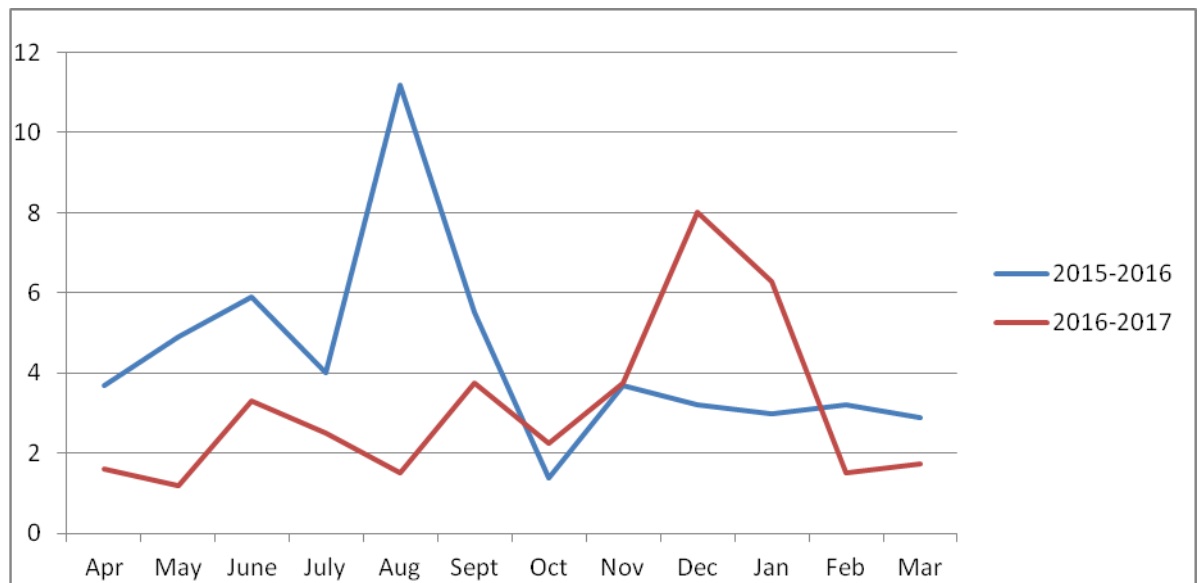
Source: NSPIS Custody System

**Figure 5: Minimum and maximum length of time spent whilst waiting for an appropriate adult 2016-2017**

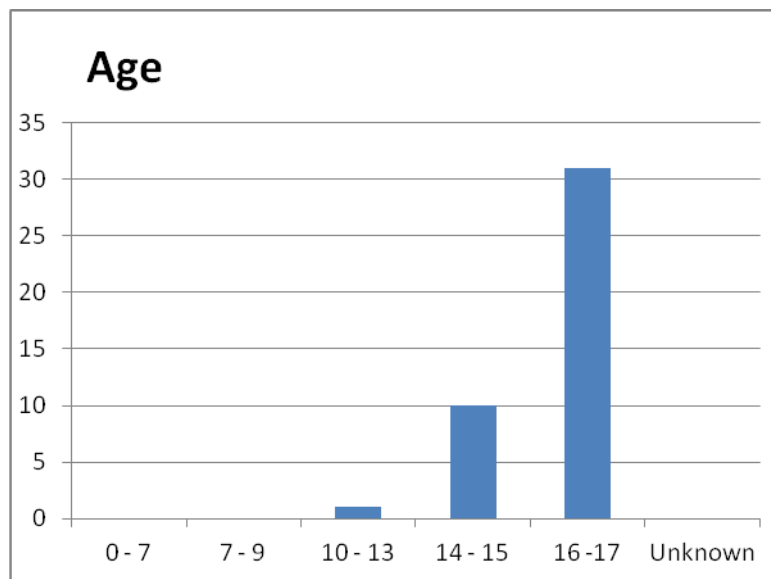


Source: NSPIS Custody System

**Figure 6. Average length of time spent waiting for an appropriate adult to attend 2015/16 compared to 2016-2017**

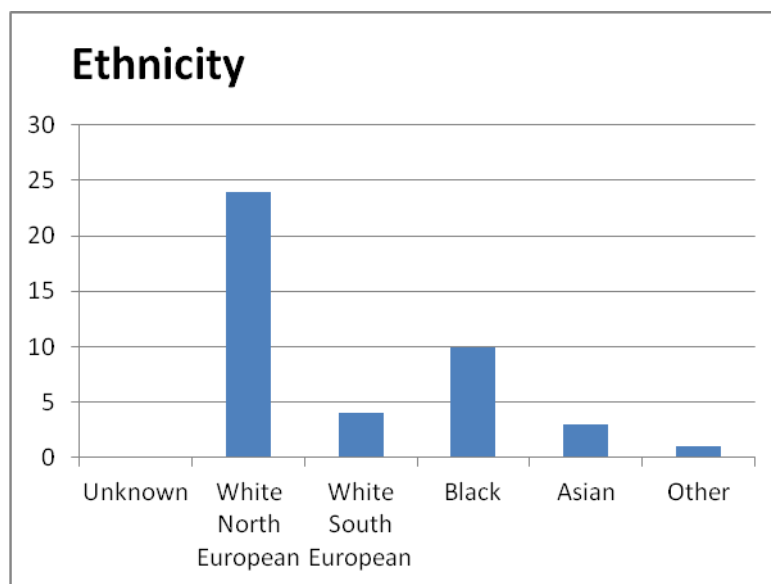


**Figure 7: Children and young people in police custody by age 2016/17**



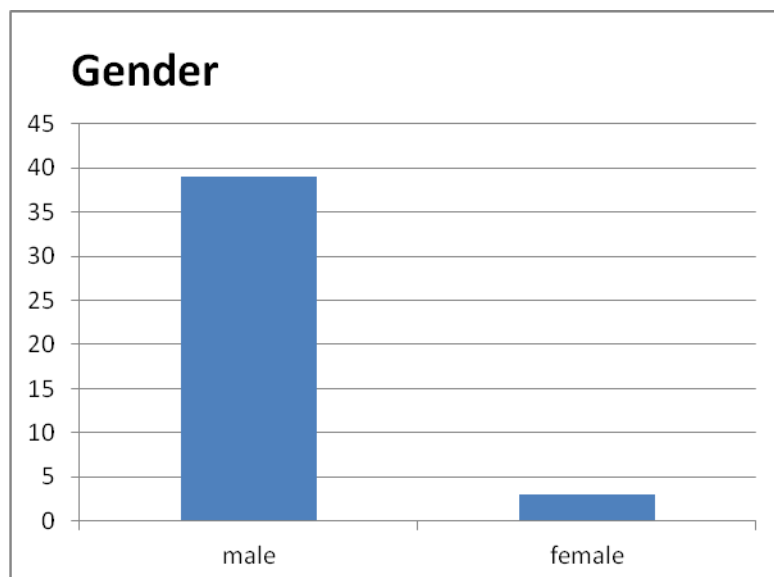
Source: NSPIS Custody System

**Figure 8: Children and young people in police custody by ethnicity 2016/17**



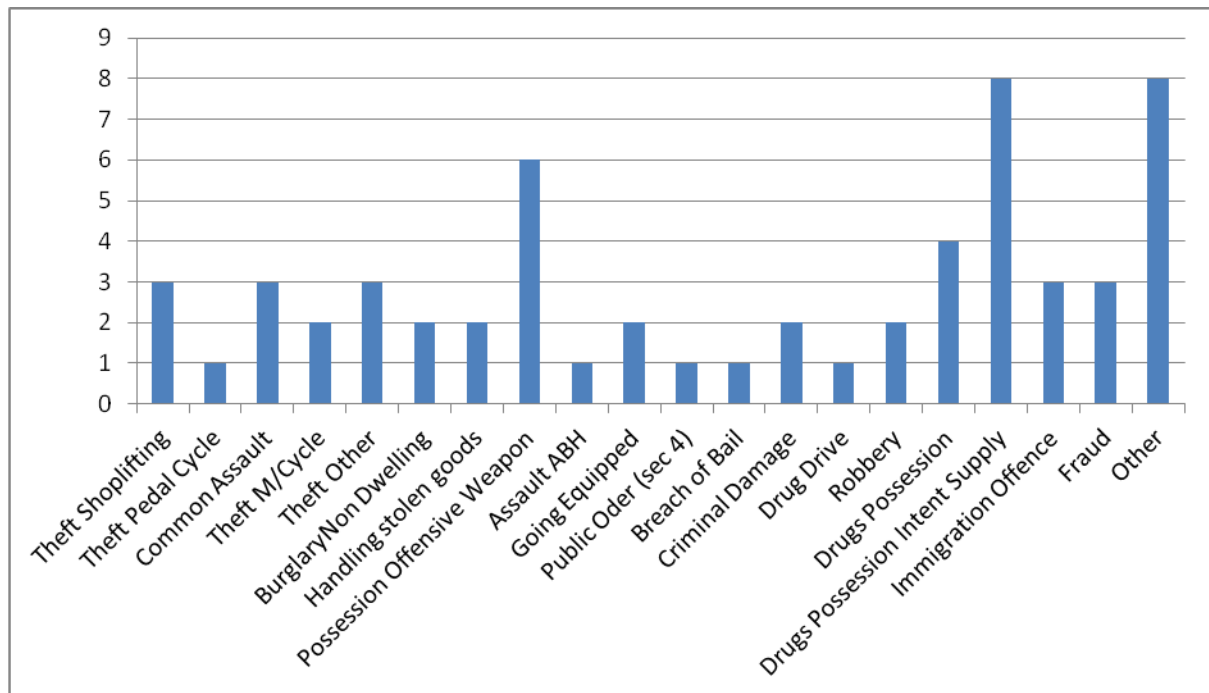
**Source: NSPIS Custody System**

**Figure 9: Children and young people in police custody by gender 2016/17**



**Source: NSPIS Custody System**

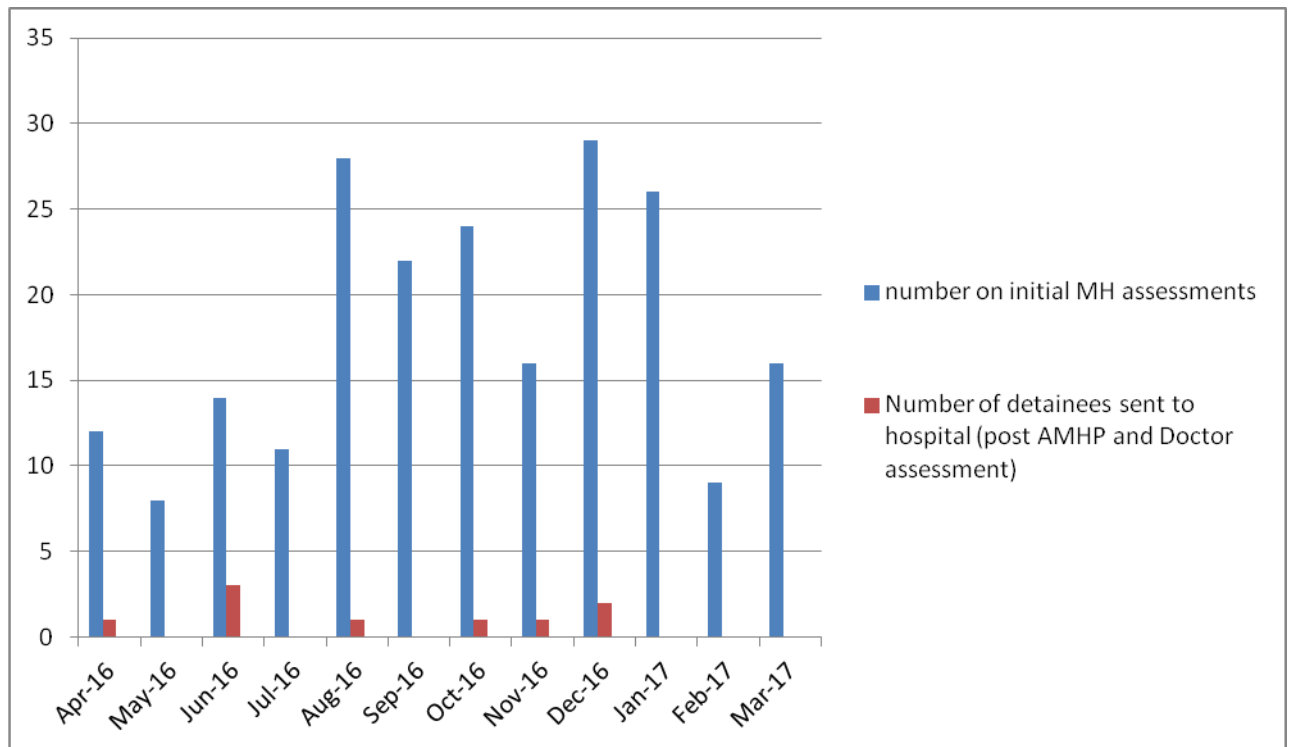
**Figure 10: Offences for which children and young people held in police custody 2016/17**



Source: NSPIS Custody System

## Appendix 3 - Mental Health

**Figure 11. Custody Related. Number of Initial Mental Health Assessments conducted on detainees during 2016-2017 compared to number of detainees actually sent to hospital for further assessment (post AMPH and doctor assessment)**



The initial assessments include but are not limited to assessments due to the detainee suffering: Schizophrenia, Personality Disorder, Anxiety, Depression, Bipolar disorder, Depression, Drug dependency, Self harm, Suicidal, Stress.



**Police Annual Data Requirement, 2016-17 - Detentions under Section 136 Mental Health Act 1983**

<b>Force: London, City of</b>			
<b>Total detentions under Section 136 Mental Health Act 1983</b>			<b>167</b>
			<b>Totals</b>
<u>Age</u>	18 or over	156	<b>167</b>
	Under 18	11	
	Not known	0	
<u>Gender</u>	Male	101	<b>167</b>
	Female	66	
	Other/ not known	0	
<u>Ethnicity</u>	White European	114	<b>167</b>
	Dark European	10	
	Black	21	
	Asian	16	
	Chinese/ Japanese/ South East Asian	4	
	Other	2	
	Not known	0	
<u>Method of transportation to first place of safety</u>	Ambulance	77	<b>167</b>
	Police Vehicle	87	
	Other health vehicle	1	
	Other	0	
	None (Already at a place of safety)	1	
	Not known	1	
<u>Reason for a police vehicle being used</u>	Ambulance not available within 30 minutes	40	<b>87</b>
	Ambulance not requested	10	
	Police or police/ambulance risk assessment (behaviour)	29	
	Ambulance crew refused to convey	1	
	Ambulance re-tasked to higher priority call	4	
	Not known	3	
-		Under 18	18 or over
<u>Type of place of safety used (first PoS only)</u>	Health Based Place of Safety	11	155
	Police custody		1
	A&E used as POS (if not designated health based place of safety) <b>DO NOT count visits to A&amp;E for illness or injury</b>	0	0
	Private home	0	0
	Other	0	0
	Not known	0	0
<b>Totals</b>		<b>11</b>	<b>156</b>
			<b>Total</b>
<u>Reason for police station being used</u>	Joint risk assessment - violent	0	<b>1</b>
	HBPoS - no capacity	0	
	HBPoS - refused admission (violence/intoxication)	0	
	Arrested for substantive offence	1	
	Other	0	
	Not known	0	

## Appendix 4- Cluster I of the North and East London Liaison and Diversion Hub

East London  
NHS Foundation Trust

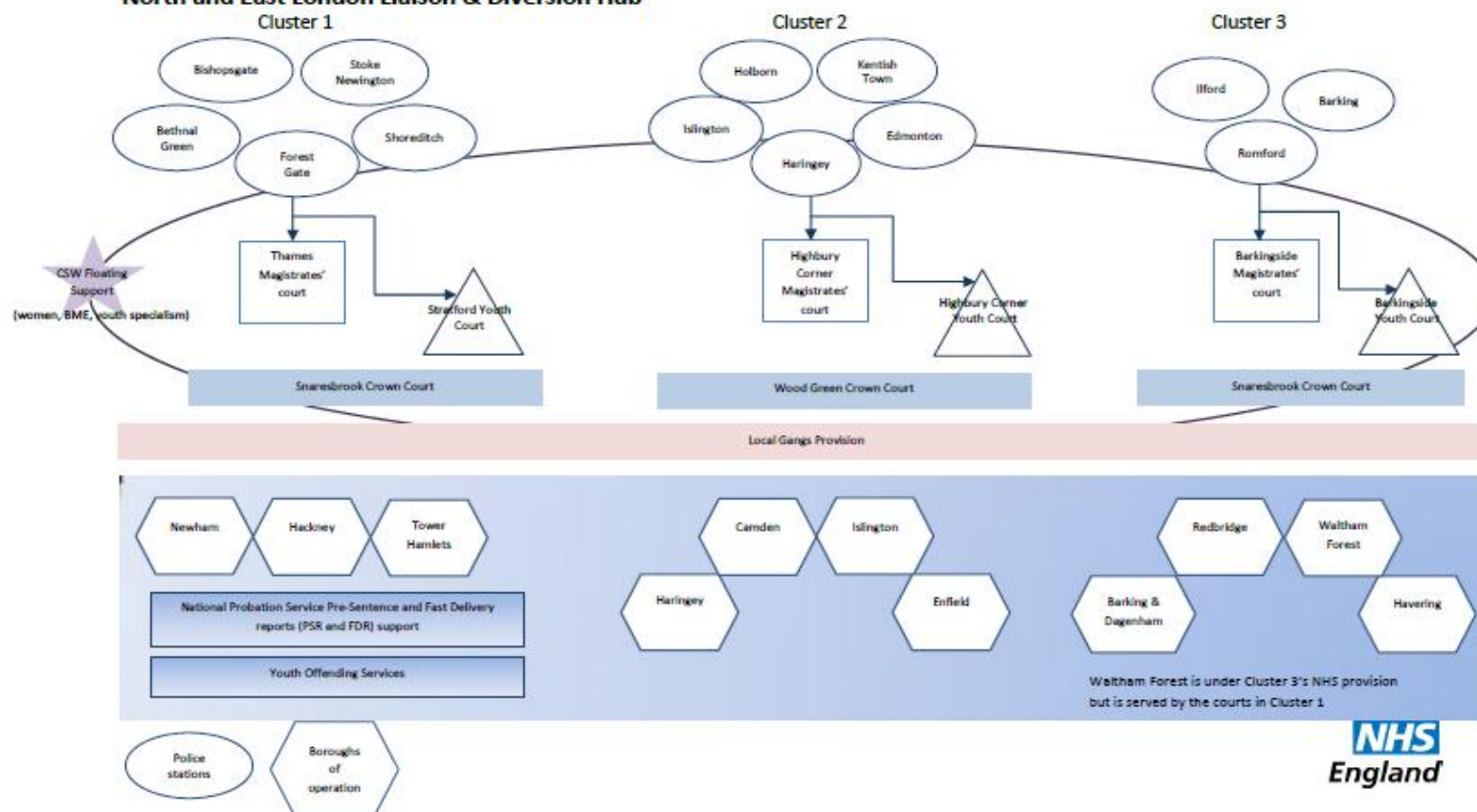
Barnet, Enfield and Haringey  
Mental Health NHS Trust

North East London  
NHS Foundation Trust

together  
FOR MENTAL WELLBEING

In partnership with NHS England

### North and East London Liaison & Diversion Hub



NHS  
England

Committee(s)	Dated:
Safeguarding Sub Committee	27/09/2017
Subject: City of London CQC Inspection – Looked After Child and Safeguarding Action Plan	Public
Report of: Mary Lee, CCG	For Information
Report author: Mary Lee, Safeguarding Lead, CCG	

## Summary

An action plan has been created in respect of the recently published CQC inspection report in respect of the Safeguarding arrangements for the City of London. This has been devised and managed by Mary Lee.

The inspection showed the complex set of health arrangements that exist for the resident children and families living in the City of London. The action plan appended represents a multi-agency response to the findings and recommendations.

Jim Gamble, chair of the City and Hackney Safeguarding Children's Board held a roundtable review of progress on 17 May 2017, to bring partners on board with the improvement work needed to ensure that robust, effective and safe health service arrangements are in place.

A newer, updated version of this action plan is expected in September 2017, Mary Lee may be able to provide verbal updates at the meeting.

## Recommendation(s)

Members are asked to:

- Note the report.

## Appendices

- City of London CQC Inspection – LAC & Safeguarding Action Plan 2016/17

Rachel Green  
Service Manager, Children's Social Care and Early Help

T: 020 7332 3501  
[rachel.green@cityoflondon.gov.uk](mailto:rachel.green@cityoflondon.gov.uk)

This page is intentionally left blank

## City of London CQC Inspection – LAC & Safeguarding Action Plan 2016/17

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
--------	-----------------	-------------	--------------------	-----------	-----------	----------	----------	----------

### Barts Health NHS Trust – updated 12/06/17

CoL CQC Inspection Report 41	1.1 Ensure that the child's full demographic details including the child ethnicity is recorded in the booking at the RLH to support the delivery of culturally sensitive care.	1.1a Audit to be carried to look at recorded patient demographic details when children attend emergency department.	Matron ED and Paediatrics	July 2017		CRS has capacity to record ethnicity  <b>Update June 2017</b> Reception staff book children into CRS and confirm there detail. Then when a nurse goes to do initial assessment; they check details on the physical front sheet and tick off during this assessment. this acts a secondary screening of information		Green
	1.2 Review the use of the glass screen in the booking area for children and young people within the emergency department at RLH to ensure the area is child friendly and welcoming	1.2a Consider art work to make more child friendly. E.g forest with animals. Risk assessment to be completed to review whether glass screen should be removed	ED General Manager	May 2017		<b>Update June 2017</b> This is more of an adolescent area, and for security, it would inappropriate to remove the glass. However there is art work		Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
						in this area across 3 bay windows.		
CoL CQC Inspection Report Page 42	1.3 Ensure that children who are admitted to the paediatric ward at RLH and are waiting for a CAMHS review are kept safe and do not present a risk to themselves or others by carrying out a personal and environmental risk assessment and creating a subsequent plan	1.3a Discuss with mental health team an appropriate environmental risk assessment for the children's wards. Develop with MH a tool for rapid risk assessment. Audit to review children and young people admitted to paediatric areas where there have been concerns around their mental health to ensure robust risk assessments taken place and safety plans in place.	ADON Paediatrics	August 2017		Update June 2017 Mental Health Environment of Care assessment form completed - currently with mental health team getting reviewed. Once feedback obtained will be implementing initially on PASSU as a trial and audit, and then rolled out throughout the Children's Hospital.		Amber
CoL CQC Inspection Report	1.4 Improve the paediatric assessment template used in the ED at RLH to ensure it captures father's details and those of the accompanying adult and that it appropriately reflects the child's voice for all children up to the age of 18 years.	1.4a Update/introduce the safeguarding forms for cerner which ensures robust social assessment has taken place	Matron ED and Paediatrics	June 2017		Safeguarding children team have been working with cerner to amend current safeguarding form used in EPR at Newham, form has been amended to enhance the social assessment and will be rolled out across all sites		Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
Page 43  <b>CoL CQC Inspection Report</b>						<b>Update June 2017</b> ED team/CRS to enable the Paed ikon on CRS system to be applied as mandatory to any 16 + 17 year old attendance in department, this will enable the assessment sheet to be completed to meet this requirement		
	<b>1.5</b> Ensure that systems and proformas are in place to prompt staff to consider and record the safeguarding risks to children of adults who present at ED with risk taking behaviours. This should include the recording of details of any children so that this information can be shared with health or social care professionals as necessary.	<b>1.5a</b> To be on the site safeguarding group forward planner as theme to discuss. Safeguarding children team to work with ED and cerner to produce social risk assessment form for adults that includes details of children	Matron ED and Paediatrics	Sep 17		<b>Update June 2017</b> Same approach as above - ED team/CRS to enable the Paed ikon on CRS system to be applied as mandatory to any 16 + 17 year old attendance in department, this will enable the assessment sheet to be completed to meet this requirement		Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
CoL CQC Inspection Report  Page 44	1.6 Ensure all practitioners who work with children attend appropriate Level 3 safeguarding children training so that their training is commensurate with the requirements of the intercollegiate guidance.	1.6a Lists of non-compliant staff to be sent out to managers on weekly basis	Director of Nursing	ongoing		All Paed Nurses in ED are compliant with safeguarding level 3, Currently within Barts Health policy this level of training is for band 7's and above. In view that 16 years old and 17 year old children are in main ED, a trajectory with available training dates will be worked up to enable all ED staff to be level 3 compliant		Amber
CoL CQC Inspection Report	1.7 Strengthen the arrangements for regular planned safeguarding supervision which is monitored centrally for case holding staff or those who work closely with children or their families.	1.7a Supervision trajectory to be completed and supervision action plan to be implemented.	Director of Nursing	May 2017		A number of staff have completed SoS and supervision skills training and they will be supported by the safeguarding team.  Update June 2017 Band 7 in paed ED leads on supervision for ED, Action = on governance		Amber



Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
						days a session enabled for adult nurse to obtain supervision or in team days to achieve this requirement. Named nurses have developed a supervision trajectory for Royal London site.		
CoL CQC Inspection Report	<b>5.1</b> Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	<b>5.1a</b> Health visitors to be informed all women who live within City of London that book for antenatal care at RLH.	Matron Maternity	April 2017				
CoL CQC Inspection Report	<b>7.1</b> With immediate effect, ensure that appropriate information sharing arrangements are in place to facilitate joint working between CAMHS staff working at the Royal London Hospital and the hospital teams. The sharing of SMART cards across health practitioners is not acceptable practice.	<b>7.1a</b> Arrangements to be put in place in order for CAMHS staff to have CRS access added to their SMART cards	General manager Children's	April 2017		Meeting arranged with IG and ELFT to agree information sharing agreement on 27.03.17. Once established this will enable all CAHMS workers to have CRS access on their own smartcard.	camhs staff.	Amber


Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
Page 46						<p>Update June 2017 The information sharing agreement between BH and ELFT is essentially written, however because the issue of having honorary contracts was raised as a possibility there has been a reluctance to pursue this until HR agree that the honorary contract method is not a suitable option.</p> <p>In the meantime we have agreement with ED that visiting camhs staff will be able to use the temporary access cards in ED however there remains some concern about there always being one available when required. We are now looking at Paeds</p>		


Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
						having one card exclusively for use by visiting		
CoL CQC Inspection Report Page 47	11.1 Ensure that referral forms are completed to a satisfactory standard and that they include full demographic information and an analysis of the risks to enable children's social care to make an informed decision about the safety of the child.	11.1a Referral forms are monitored by safeguarding children team on a daily basis. Monthly dip sample audits to take place	Named Nurse CYP	June 2017		Update June 2017 Feedback on referral forms both positive and negative given at the weekly psychosocial meetings. Also on adhoc basis during the week if required. Audit of interagency referral forms is part of the 2017-2018 safeguarding children audit schedule		Green
University College London Hospital NHS Foundation Trust –updated 15/06/17								
CoL CQC Inspection Report	2.1 Improve the screening for CSE within maternity services to help identify risk of CSE in young pregnant women.	2.1a Distribution of NHS England View the Child Sexual Exploitation pocket guide 2.1b Check understanding by using scenarios in maternity training	Polly Smith/Cheri Barry	September 2017	Open	Currently, all women booked are asked about father of the unborn, including DOB. All those eligible for Family Nurse Practitioner are	MDT minutes Training Programme	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
		<b>2.1c</b> Audit any cases of teen pregnancy for evidence of CSE screening (all boroughs) <b>2.1d</b> Safeguarding team to case-load identified or potential women in the safeguarding clinic if not already identified within community teams				informed of the service, including those from CoL		
CoL CQC Inspection Report	<b>2.2</b> Ensure that plans to invite GPs to share any relevant medical and social history with midwives at the time of pregnancy booking are implemented so that the most appropriate support can be planned.	<b>2.2a</b> Design a letter sent to GPs at the time the booking appointment is arranged to request medical, safeguarding, mental health and domestic violence information. <b>2.2b</b> Modification of letter on Medway as a backup.	Stuart Bell/Tanath Young	April 2017	Open	A letter is currently sent from Medway at the booking appointment informing GPs of the appointment but does not ask for information. A separate letter is being created that will be sent to GP when arranging booking appointment which will request relevant information	Letters to GPs	Amber
CoL CQC Inspection Report	<b>2.3</b> Improve the safeguarding risk assessment used within maternity services to ensure that expectant women benefit from a	<b>2.3a</b> Explore an upgrade to Medway to prompt the user to ask about updates to disclosed mental health, CSC input and social concerns.	Stephanie Wilson / CPF team	October 2017	Open	Medway upgrades are subject to user group approval and can take up to 6 months.	Record will be on Medway system in the future and then subject of regular	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	comprehensive and holistic assessment of their vulnerability. The trust should ensure that this safeguarding risk assessment is revisited throughout pregnancy.	<b>2.3b</b> Continue to include the practice of asking women 3 times about the above during their pregnancy at Skills & Drills.					audit  Skills and drills training materials	
CoL CQC Inspection Report	<b>2.4</b> Ensure that the routine enquiry around domestic abuse is made more than once during pregnancy as per NICE guidance.	<b>2.4a</b> Women to be asked 3 times during a pregnancy about domestic abuse	Natilla Henry	March 2017	Completed	Electronic system now in place to prompt questioning and record outcome	Regular audit	Amber
		<b>2.4b</b> Continue to raise awareness at annual training						
		<b>2.4c</b> Regular audit to monitor compliance						
Page 49  CoL CQC Inspection Report	<b>2.5</b> Ensure that midwives attend sufficient level three safeguarding training which complies with the specialist levels of competence as described in the relevant intercollegiate guidance.	<b>2.5a</b> Additional ad-hoc training to be provided where appropriate (e.g. CSE, Modern Slavery/Trafficking) via skills and drills	Polly Smith / Cheri Barry	Ongoing	Open	All staff are assigned to level three training on arrival in post. For maternity all midwives attend yearly mandatory skills and drills which includes a two hour slot on safeguarding including mental health and domestic violence, maintaining six hours of classroom training per three years. In addition midwives holding	Mandatory training record already in existence  Local record to be developed to capture additional ad hoc training	Green
		<b>2.5b</b> Train super users for level 2 PREVENT training (level 1 is included in annual safeguarding training)						

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
		<b>2.5c</b> Develop process to record additional training (training is undertaken but not fully recorded)				safeguarding cases receive a minimum of two hours safeguarding supervision per year.		
<b>CoL CQC Inspection Report</b>	<b>2.6</b> Develop and introduce effective supervision for community midwives	<b>2.6a</b> Recruitment to Band 8 safeguarding lead for Women's Health, this post will include a strategy for effective supervision for community midwifery	Natilla Henry	June 2017	Open	This is part of a wider review of midwifery staffing. Interviews planned for April 2017.	New midwifery safeguarding structure and JD  Documentation of supervision	<b>Green</b>
<b>Page 66 CoL CQC Inspection Report</b>	<b>5.1</b> Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	<b>5.1b</b> Health Visitor for Camden who covers in and out of area women attends weekly safeguarding and perinatal mental health meetings.	Polly Smith/Cheri Barry	March 2017	Complete	Already in place	MDT meeting minutes	<b>Green</b>
<b>CoL CQC Inspection Report</b>	<b>10.1</b> Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and form	<b>10.1a</b> Women who book antenatally with UCLH are referred to our peri-natal mental health team. This can be done by any professional who has contact with them and the assessment criteria is well known and used by all professionals across the care pathway. We have an MDT who meet weekly Where women are triaged	Polly Smith/Cheri Barry	March 2017	Complete	Already in place	Referral data/MDT minutes	<b>Green</b>

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	whom that support can be obtained.	and care plans put into place GPs are informed of this referral.						
CoL CQC Inspection Report Page 51	11.1 Ensure that referral forms are completed to a satisfactory standard and that they include full demographic information and an analysis of the risks to enable children's social care to make an informed decision about the safety of the child.	11.1a Training to be included in Skills and Drills	CPF team	April 2017	Ongoing	All referrals are checked by named nurse and safeguarding midwives and any substandard referrals are revised and resubmitted.	Monitoring of number of revised referrals	Amber
		11.1b Regular audit of quality of referrals						
Homerton University Hospital NHS Foundation Trust– updated 12/06/17								
CoL CQC Inspection Report	4.1 Strengthen the arrangements for safeguarding supervision for targeted school nurses so that it includes regular, one-to-one, review of individual cases where there is cause for concern.	4.1a Review current supervision arrangements for school nurse and advise if there are any resource implications in providing one to one supervision.	Irene Willie, Named Nurse – Supervision Lead	30 <sup>th</sup> June 2017		The policy has been revised to include that Universal school nurses will receive 121 supervision as per case work need. The universal School Nurse manager and or a member of the	 Safeguarding Children Supervision	Green
		4.1b Update Safeguarding Supervision policy Children Policy						

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
						SCT will be responsible for the delivery of the 121 supervision. Universal school nurses will continue to have termly supervision as per policy		
CoL CQC Inspection Report Page 52	<b>4.2</b> Develop safeguarding supervision for health visitors so that a record of supervision is made in children's records to enable action plans to inform day-to-day delivery of care.	<b>4.2a</b> Guidance to be developed for staff on recording supervision on RIO (patient electronic records)	Irene Willie, Named Nurse – Supervision Lead	30 <sup>th</sup> June 2017		Draft RIO guidelines for recording supervision have been completed. Supervisees are also using a format for recording supervision in the progress notes.	 Child Protection Supervision RIO Guide	Amber
CoL CQC Inspection Report	<b>5.1</b> Ensure that there are effective processes for informing health visitors about women who are resident in the City of London when they register for antenatal care so that health visitors can carry out the antenatal contact.	<b>5.1c</b> The new CHIS hub will send a report of all CoL residents who have booked for maternity care to the trust which will enable HV's to see and visit antenatally	Elizabeth Begley Senior Nurse for Health Visiting and Early Years	31 <sup>st</sup> July 2017		At present the new CHIS hubs are not sending the antenatal report and the commencement date remains unclear. Interim arrangements are that the Named HV for the CoL meets regularly with Neaman Practice and Islington midwives both		Amber



Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
						flag vulnerable women living in City including those booked at UCLH Further work is required to replicate this arrangement with the Tower Hamlets GPs and MWs. There are good links with the Tower Hamlets HVs. Good communication with HUH MWs.		
Page 53 CoL CQC Inspection Report	<b>10.1</b> Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and from whom that support can be obtained.	<b>10.1b</b> The Homerton will contribute to the multi-agency working group	Marcia Smikle			The CCG has a peri-natal mental health pathway which has been disseminated to all key groups of staff. Awaiting mtg date from the CCG for review of pathway and next steps		Amber
CoL CQC Inspection Report	<b>12.1</b> Develop the use of safeguarding chronologies and genograms so targeted service staff and safeguarding school nurses can easily recognise concerning behaviour	<b>12.1a</b> Update Safeguarding Children Policy to include specific reference to the use of chronologies and genograms. Include in core/mandatory training Ensure safeguarding supervisors check that	Marcia Smikle Head of Safeguarding Children	31 <sup>st</sup> July 2017		Draft guidance has been developed which will be discussed at the safeguarding children operational forum on the		Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
--------	-----------------	-------------	--------------------	-----------	-----------	----------	----------	----------

	or escalation of concerns.	chronologies and genograms are in place during supervision sessions				21 <sup>st</sup> June .		
--	----------------------------	---	--	--	--	-------------------------	--	--

## East London NHS Foundation Trust– updated 15/06/17

<p>Page 54</p> <p>CoL CQC Inspection Report</p>	<p>3.1 Ensure that processes are in place to enable regular and effective sharing of information with maternity and health visitor and school nursing teams about risks to children arising from parental mental health or substance misuse.</p>	<p><b>3.1a</b> Remind staff to complete the form on RiO called Safeguarding Children in the Adult Client Network.</p>	<p>Associate Director for Safeguarding Children</p>	<p>April 2017</p>			<p>Email sent to managers to cascade to staff</p>	<p>Green</p>
		<p><b>3.1b</b> Reinforce use of the Safeguarding Children in the Adult Client Network form at regular team meetings/safeguarding supervision/consultation and on training.</p>	<p>Named Professional for Safeguarding Children</p>	<p>Start in April 2017</p>	<p>Ongoing</p>	<p>Discussions at each supervision session, and during level 2 and 3 training sessions.</p>	<p>Minutes of meeting and supervision templates</p>	<p>Amber</p>
		<p><b>3.1c</b> Monitor use of the Safeguarding Children in the Adult Client Network form at monthly management review meetings for Adult Mental Health operational leads and management.</p>	<p>Deputy Borough Director</p>	<p>Start in April 2017</p>	<p>Ongoing</p>	<p>Has been presented at senior nurses meeting on 4<sup>th</sup> May. To be presented at next Hackney DMT meeting for safeguarding children 8<sup>th</sup> August.</p>	<p>Minutes of meetings</p>	<p>Amber</p>
		<p><b>3.1d</b> Audit use of the Safeguarding Children in the Adult Client Network form in May 2017 and again in November 2017. Cases involving maternity, health visitors, and school nurses will be identified and</p>	<p>Deputy Borough Director &amp; Named Professional for Safeguarding Children</p>	<p>Dec 2017</p>	<p>Ongoing</p>	<p>Named professional and safeguarding children team to discuss audit plan at team away day on 6<sup>th</sup> July.</p>	<p>Minutes of team meeting</p>	<p>Amber</p>

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
		a deep dive audit into information sharing practice will be undertaken.						
CoL CQC Inspection Report Page 55	6.1 Ensure adult mental health practitioners identify and record the details of children to whom their clients have access so that children feature in assessments of adult mental health risks.	6.1a Remind staff to complete the form on RiO called Safeguarding Children in the Adult Client Network.	Deputy Borough Director & Named Professional for Safeguarding Children	April 2017	Ongoing	Discussions at each supervision session, and during level 2 and 3 training sessions.	Minutes and supervision templates	Amber
		6.1b Audit use of the Safeguarding Children in the Adult Client Network form in May 2017 and again in November 2017. Information in the Risk Assessment will be included in the audit	Deputy Borough Director & Named Professional for Safeguarding Children	Dec 2017	Ongoing	Named Professional to commence first audit with CCG designated nurse on 14 <sup>th</sup> July	Supervision notes and e-mail discussions.	Amber
		6.1c Reinforce use of the Safeguarding Children in the Adult Client Network form and linking information with the Risk Assessment at regular team meetings/safeguarding supervision/consultation and on training.	Named Professional for Safeguarding Children	Start in April 2017	Ongoing	Discussions at each supervision session, and during level 2 and 3 training sessions.	Minutes and supervision templates	Amber
CoL CQC Inspection Report	6.2 Improve the capability of CAMHS practitioners to recognise and assess the risks to children and young people of CSE.	6.2a Develop and implement ELFT CSE Strategy.	CAMHS Associate Director & Named Professional for Safeguarding Children	May 2017	In progress	First draft completed. To be ratified at Safeguarding Committee on 14.07.17		Amber
		6.2b Use a CAMHS whole service CPD session for CSE awareness.	CAMHS Associate Director	Sept 2017		Arranged for 20.09.17		Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
CoL CQC Inspection Report	6.3 Improve record keeping within CAMHS to ensure that the child's record contains details of any referrals to children's social care, as well as any other safeguarding activity.	6.3a Remind staff to complete the form on RiO called Record of Referrals to Children's Social Care.	CAMHS Associate Director & Named Professional for Safeguarding Children	April 2017	Completed			Green
		6.3b Audit use of the Record of Referrals to Children's Social Care form in May 2017 and again in November 2017.	CAMHS Associate Director & Named Professional for Safeguarding Children	Dec 2017	Part Completed	Initial baseline audit completed. To be repeated in November 2017.		Amber
Page 56 CoL CQC Inspection Report	6.4 Strengthen the arrangements for safeguarding supervision for caseload holding CAMHS practitioners.	6.4a Regular Safeguarding Children group supervision to be provided for CAMHS clinicians by the ELFT Named Professional for Safeguarding Children. Additional one to one consultation, advice and support available as and when required.	CAMHS Associate Director & Named Professional for Safeguarding Children	May 2017	In place.			Green
		6.4b Termly Safeguarding Children group supervision to be provided for CAMHS clinicians by Children's Social Care.	CAMHS General Manager and Clinical Lead	April 2017	In place			Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
CoL CQC Inspection Report Page 57	7.1 With immediate effect, ensure that appropriate information sharing arrangements are in place to facilitate joint working between CAMHS staff working at the Royal London Hospital and the hospital teams. The sharing of SMART cards across health practitioners is not acceptable practice.	7.1a All members of the CAMHS Paediatric Liaison Team to have honorary contracts with Barts so they can use their own smart cards to access Barts CRS system.	CAMHS Associate Director	Feb 2017	Feb 2017	In place		Green
		7.1b Meeting to be held between Barts and ELFT Information Governance and relevant clinical leads to agree and implement information sharing arrangements for all relevant ELFT staff that comply with Information Governance standards.	CAMHS Associate Director	May 2017		Interim arrangements in place using TAC card for CAMHS in ED Dept – compliant with IG requirements. SLA / Information Sharing agreement in development.		Amber
CoL CQC Inspection Report	10.1 Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and form whom that support can	10.1c Develop a multi-agency Perinatal Mental Health Referral Pathway.	Perinatal MH Consultant and partners from Homerton, UCLH & C&H CCG	April 2017		No update available.		

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	be obtained.							
<b>The Whittington Hospital NHS Trust– updated 12/06/17</b>								
<b>CoL CQC Inspection Report</b>	<b>8.1</b> Work with partners to develop a clear threshold criteria and pathway for vulnerable children and young people accessing safeguarding school nursing	<b>8.1a</b> Threshold document drafted. For agreement with partners in Homerton NHSFT.	Karen Miller	May 2017		Awaiting confirmation of meeting with key professionals in HUFT to sign off document	Threshold document	<b>Amber</b>
<b>Page 58</b> <b>CoL CQC Inspection Report</b>	<b>8.2</b> Improve the systematic identification of CSE within the safeguarding school nursing services and the children looked after health team to help identify emergent or existing risk of CSE in children and young people.	<b>8.2a</b> CSE guidelines developed.  <b>8.2b</b> CSE training provided to all staff in contact with children from 'Safer London Foundation'.	Karen Miller/Stella Balsamo	Feb 2017	Feb 2017	CSE guidelines ratified and uploaded to Whittington Health intranet.  CSE guidelines disseminated to partner agencies  Risk assessment included in the guidelines  National guidelines also available on Whittington Health intranet  'Spotting the signs' of CSE shown at all Level 3 training	CSE Guidelines	<b>Green</b>

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
CoL CQC Inspection Report	8.3 Work with partners to ensure the safeguarding school nurses are invited to, attend and contribute to child protection conferences and safeguarding meetings.	8.3a Safeguarding school nurses attend all initial case conferences, the majority of review conferences and core groups when capacity within the team allows.	Eleanora Bennie	Jan 2017	Jan 2017	Embedded in practice	Attendance levels at conferences is recorded for monitoring purposes	Green
		8.3b When unable to attend, a report is sent and follow up on necessary actions is sought from social worker						
CoL CQC Inspection Report Page 59	8.4 Ensure that safeguarding school nurses have opportunities to attend additional level three training that meets with the specialist nature of the role as defined in the relevant intercollegiate guidance.	8.4a Safeguarding school nurses attend CHCSB multi agency training additional to Whittington Health mandatory level 3 training.	Eleanora Bennie/Stella Balsamo	Jan 2017		Mandatory level 3 training compliance monitored closely through WH ICSU Board	Mandatory training reports	Green
		8.4b Passport system is being developed so that additional hours training can be clearly evidence						
CoL CQC Inspection Report	8.5 Ensure the voice of the child is captured and reflected in initial and review looked after health	8.5a Children's views are routinely obtained in assessments.	Eleanora Bennie	January 2017		Audit will be carried out in September 2017 to establish effectiveness of	Audit 9/17	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	assessments and informs final health action plans.	<b>8.5b</b> Emotional health screening tools developed and utilized by team				assessment tools in capturing 'voice of the child'		
<b>CoL CQC Inspection Report</b>	<b>8.6</b> Improve the assessment and monitoring of the emotional health and wellbeing of children looked after by more effective use of the SDQ.	<b>8.6a</b> Emotional health screening tools developed and utilized by team	Karen Miller	September 2017		Review of SDQ use and linking between health and social care practice		Amber
		<b>8.6b</b> SDQ's need to be linked more to assessments						
<b>CoL CQC Inspection Report</b>	<b>8.7</b> Ensure that the current development of the care leaver's passport incorporates true coproduction with young people and care leavers and is reflective of their views.	<b>8.7a</b> Passport system to be developed to ensure it meets the needs of the young people.	Karen Miller	September 2017		Liaison with Leads for Children in City LAC to develop passport system	Passport system agreed and now being utilized.  Timeliness of passport issue needs to be monitored	Amber
<b>CoL CQC Inspection Report</b>	<b>12.1</b> Develop the use of safeguarding chronologies and genograms so targeted service staff and safeguarding school nurses can easily recognise concerning behaviour	<b>12.1b</b> To develop use of RIO significant events prompts to aid chronology production	Stella Balsamo	September 2017	September 2017	Support and training on chronologies will be incorporated into team meetings, training and supervision sessions.	Chronologies existing in notes	Amber



Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
--------	-----------------	-------------	--------------------	-----------	-----------	----------	----------	----------

	or escalation of concerns.	<b>12.1c</b> Safeguarding supervision will regularly review cases and requests chronologies to assist escalation where necessary						
--	----------------------------	--	--	--	--	--	--	--



## The Westminster Drug Project – updated 12/06/17

Page 61  CoL CQC Inspection Report	3.1 Ensure that processes are in place to enable regular and effective sharing of information with maternity and health visitor and school nursing teams about risks to children arising from parental mental health or substance misuse.	<b>3.1d</b> To develop an SLA & Information Sharing Agreement and pathway with Maternity, School Nursing, Health Visiting & MH Services	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead and Adama Jatta, Health & Primary Care Lead	1 July 2017	In progress	SLA written & agreed with Commissioners.  Currently establishing links with all key safeguarding leads in named partner and stakeholder agencies.	Contact made with Children & Adults Social Care (& team meeting visit), school nursing, midwifery & health visiting teams	Amber
		<b>3.1e</b> To add joint working arrangements into local Safeguarding Standard Operating Procedure (SOP)		1 June 2017	Complete	New Safeguarding SOPs (Adult & Children) now in place, incorporating joint working protocols	New Safeguarding SOPs	Green
		<b>3.1f</b> To clearly display above pathways in the office		May 2017	Complete	Dedicated Safeguarding notice board introduced, Inc. Policies, flow chart & Lead details displayed  Flow Charts	Safeguarding notice board  New Safeguarding SOPs	Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
<div> <div>Page 63</div> <div>CoL QC</div> <div>Inspection Report</div> </div>	<b>9.1</b> Share plans for the safe storage of methadone with relevant universal health services to enable them to contribute to safeguarding children against accidental overdoses.	<b>9.1a</b> To develop a safe storage form which service users sign to evidence understanding of requirement for safe storage and associated risks	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead	1 July 17	In progress	also in appendix of Safeguarding SOPs  Safe storage boxes now in stock, with leaflets containing advise / associated risks  Safe Storage & Home Visits SOP in place  Newly designed assessment paperwork in development - implementation due July 17  Evidence of Safe Storage being offered incorporated in to signatory section of new assessment paperwork.	Safe Storage & Home Visits SOP  New Safeguarding SOPs  New Assessment Paperwork	Amber
		<b>9.1b</b> In developing the above form, include a section to request consent to inform other involved agencies of safe storage arrangements agreed		1 July 17	Complete	Evidence of Safe Storage being offered incorporated into inter-agency consent to share information signatory section of new assessment paperwork.	New Assessment Paperwork	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
		<b>9.1c</b> To add local safe storage processes to local Safeguarding		1 June 17	Complete	Incorporated in to New Safeguarding SOP above.	New Safeguarding SOPs	Green
CoL CQC Inspection Report	<b>9.2</b> Ensure that practitioners consider the impact that parental drug misuse has on children and communicate these concerns with other universal health services working with the family.	<b>9.2a</b> To ensure all staff are using the family assessment forms for clients with responsibility for children	Graeme Hodgkinson, WDP City of London Service Manager & Safeguarding Lead	1 May 17	Complete	Incorporated in to New Safeguarding SOPs.  Family assessment prompted within Team Meeting, Client Review meeting, and staff supervision, under Safeguarding agenda item of each meeting.	New Safeguarding SOP  Team Meeting/ Client Review Meeting Agenda & Minutes.  Family Assessment form	Green
		<b>9.2b</b> Update local Safeguarding SOP to include the requirement to share family assessment outcomes with other services involved in the families' care		1 May 17	Complete	New Safeguarding SOP incorporates Family Assessment process	New Safeguarding SOP	Green
		<b>9.2c</b> To embed <i>Think Child</i> approach in all meetings		1 April 17	Complete	Safeguarding and 'Think Child' prompt now standing agenda in all meetings within service	Supervision Agenda  Team Meeting / Client Review Meeting Agenda.	Green
CoL CQC Inspection Report	<b>9.3</b> Ensure that records of safeguarding supervision are made on client records and	<b>9.3a</b> To ensure safeguarding is a standing agenda item at individual supervision and weekly team meetings	Graeme Hodgkinson, WDP City of London Service Manager &	1 April 2017	Complete	Safeguarding now standing agenda on all meetings within service	Supervision Agenda  Team Meeting /	Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
Page 64	that they remain child focused and that the impact of parental drug misuse on children is properly understood.		Safeguarding Lead				Client Review Meeting Agenda.	
		<b>9.3b</b> To update local Safeguarding SOPs to include the requirement for safeguarding cases to be reviewed in supervision and case notes updated following each review		1 June 2017	Complete	New Safeguarding SOP incorporates safeguarding discussions in all meetings  Agendas for each meeting updated accordingly.	New Safeguarding SOPs  Supervision / meeting agendas & minutes.	Green
		<b>9.3c</b> To ensure all staff are completing family assessments with clients who have responsibility for children		1 April 2017	Complete	Family assessment incorporated in to Safeguarding SOP  Family assessment prompted within Team Meeting, Client Review meeting, and staff supervision, under Safeguarding agenda item of each meeting.	New Safeguarding SOPs  Team Meeting/ Client Review Meeting Agenda & Minutes.  Family Assessment form	Green

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
<b>NHS City and Hackney Clinical Commissioning Group</b>								
CoL CQC Inspection Report	<b>10.1</b> Improve the multiagency pathway for peri-natal mental health across the City of London with clear guidance for thresholds and a single point of access so that all professionals working with mothers are clear about how clients can be supported and from whom that support can be obtained.	<b>10.1d</b> C&H CCG to share C&H perinatal mental health pathway with UCLH, Whittington and Barts maternity units (heads of midwifery) and Newman GP practice. Pathway on CCG website so easy to access and has clear point of access based on woman's level of need.	Maternity Programme Board – individual TBC	End April 2017			Local pathway  CCG evidence 1 of Final perinatal MH	Amber
Page 65 CoL CQC Inspection Report	<b>13.1</b> Ensure that the role of designated nurse for looked after children is commissioned and provided by a person who meets the requirements of the intercollegiate guidance and professional nursing bodies.	<b>13.1a</b> CCG to have discussions / plan with the LA on how the role will function in future to separate the strategic and operational functions	Children's Programme Board director	Sept 2017		Discussions with the LA underway in conjunction with forward service commissioning plan		Amber
CoL CQC Inspection Report	<b>13.2</b> Work with the local safeguarding children board, the police and the local authority to enhance the understanding of health visitors and school nurses of domestic abuse risks	<b>13.2a</b> Review audit undertaken by Homerton <b>13.2b</b> Map out notification pathway for COL and Hackney <b>13.2c</b> Audit of cases in COL	Designated Nurse Safeguarding Children	Sept 2017		13.2a Completed 13.2b Completed 13.c Underway	13.2  HUH DV audit_report_feb_	Amber

Source	Recommendations	Action Plan	Person Responsible	Timescale	Completed	Comments	Evidence	RAG Rate
	in individual families and thereby their involvement in domestic abuse safety planning.	<b>13.2d</b> Review follow up by HVs & School Nurses						
		<b>13.2e</b> Share findings & assess any improvement requirements						

**Key**  
 CoL- City of London  
 CQC – Care Quality Commission

**Version Control**

Version	Date Updated	Authorised
Version 1	02.03.17	Mary Lee
Version2	12.06.17	Mary Lee

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	27/09/2017
<b>Subject:</b> Social Work Model in the City	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Rachel Green, Service Manager Children's Social Care and Early Help	

## Summary

The ethos and vision of the Children's Social Care and Early Help Service is relationship-based practice.<sup>1</sup> Relationship-based practice builds on psychosocial and psychodynamic approaches to practice. The social worker and service user relationship is recognised to be an important source of information for the worker to understand how best to help, and simultaneously this relationship is the means by which any help or intervention is offered.<sup>2</sup>

This paper explores options to develop this vision and ethos in practice; differing models are reviewed, and learning from other local authorities is drawn upon. The ambition is to fully and clearly embed relationship-based practice throughout the management and social work systems to improve the quality of life and outcomes for children and their families. To realise this ambition, a systemic psychotherapist will be engaged with the service on a half-a-day-a-week basis and a guide to relationship-based practice for the City will be created, so that families know what to expect, and to set out our vision.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

## Background

---

<sup>1</sup> As developed by social workers and managers following workshops in 2016.

<sup>2</sup> Wilson K., Ruch G., Lymbery M. and Cooper, A. (2011) *Social Work: An introduction to contemporary practice*, Pearson, Harlow.

1. As part of developing a shared vision for Children's Social Care and Early Help, social workers were invited to a workshop to share their ideas on future direction, theories they valued and what they found worked with children and families. The social workers were clear that they valued direct work with children and young people and liked using a range of tools and models. It was also clear that the professional relationship was core to their work.
2. A task and finish group entitled 'Social Work Model in the City' was set up. This comprised a social work representative, the Independent Reviewing Officer/Child Protection Chair, the Service Manager for Quality Assurance, the Service Manager for Children's Social Care and Early Help and the Assistant Director of the People Department.
3. Actions arising from this group include:
  - a. To progress a clear definition of relationship-based practice.
  - b. To identify methods and models available within the overall umbrella of relationship-based practice. To narrow down the methods and models within those available that the City of London will specifically draw upon based on the needs of our service users.
  - c. To review the research base to discover the impact of various models of social work practice and the impact on the service for children and families.
  - d. To review Ofsted reports from a range of local authorities that use differing models.
  - e. To review the evidence gathered above with the social work service, in two formal practice development sessions.

*Progressing a clear definition of relationship-based practice*

4. The following explains that relationship-based practice,
 

".....is closely related to and builds on psychosocial and psychodynamic approaches to practice. Obviously the central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual's internal and external worlds – the social worker becomes the agent of change. The social worker and service user relationship is recognised to be an important source of information for the worker to understand how best to help, and simultaneously this relationship is the means by which any help or intervention is offered."

There are several core characteristics of relationship-based practice:

- It recognises that each social work encounter is unique.
- It understands that human behaviour is complex and multifaceted, i.e. people are affected by the conscious and unconscious – dimensions that enrich but simultaneously complicate human relationships.
- It focuses on the inseparable nature of the internal and external worlds of individuals and the importance of integrated – psychosocial – as opposed to polarised responses to social problems.



- It accepts that human behaviour and the professional relationship are an integral component of any professional intervention.
- It places particular emphasis on ‘the use of self’ and the relationship as the means through which interventions are channelled.
- It cannot primarily be process driven.<sup>3</sup>

#### *Narrowing down the methods and models*

5. Service user feedback via the work undertaken by the City by Action for Children and feedback from the Children in Care Council show the high value placed on a positive relationship with a social worker. Our service is generic, so this affords good opportunities for families to have the same social worker, regardless of category of need.
6. Methods and models used across London and the rest of England were reviewed. This included face-to-face meetings and a review of research and Ofsted reports.
7. Our overarching findings are that made models work better where staff, senior leadership and Members’ buy in and there are manageable caseloads, reflective supervision, and long-term vision and planning that enable staff to learn together.
8. The models included in our review included motivational interviewing, Signs of Safety, the Strengthening Practice programme and systemic practice.

#### *Motivational interviewing*

9. The London Borough of Islington, in partnership with University of Bedfordshire and Professor Donald Forrester, is moving into a second phase of what it calls ‘Doing what counts and measuring what matters’. This is funded by a central government innovation grant. It made sense to look at this, as it is a comprehensive model with ‘relationship-based social work’ at its core and is being used by our neighbour. Key elements of the approach delivered via relationship-based interventions and social workers acting as agents of change include:

- motivational interviewing
- collaborative task-centred social work
- evidence-based practice
- measuring what matters – focus on measuring outcomes for children rather than the number of days it takes to complete an assessment.

10. The key findings of the evaluation report on this approach, published in July 2017, show that parents were positive about the approach and practitioner confidence increased, but there was insufficient evidence about improved outcomes for children.<sup>4</sup> The findings show that cultural and procedural change required the commitment and investment of the whole organisation. One

---

<sup>3</sup> Wilson K., Ruch G., Lymbery M. and Cooper, A. (2011) *Social Work: An introduction to contemporary practice*, Pearson, Harlow, pp. 7–8.

<sup>4</sup> <https://www.gov.uk/government/publications/islington-doing-what-counts-measuring-what-matters-evaluation>. Accessed 4 September 2017.

challenge, consistent with other models of practice, included the occasional disconnect of relationship-based work and statutory timeframes.

11. The Ofsted grading for the London Borough of Islington was the same as the City of London's: Good with Outstanding in one category.

### *Signs of Safety*

12. Signs of Safety is a self-defined strengths-based approach that focuses on safety planning. It was designed to work with child safeguarding, but has been extended and adapted in some authorities to work with children looked after and fostering services. Professor Eileen Munro champions this work.
13. Local authorities involved in the Signs of Safety Innovations Project with their Ofsted ratings in brackets: Brent (Requires Improvement – RI), Bristol (RI), Leicestershire (RI), Lincolnshire (Good), Norfolk (Inadequate – IA), Suffolk (Good), Tower Hamlets (IA), Wakefield (not yet inspected), West Sussex (RI) and Wokingham (RI).
14. Family feedback has been largely positive, and social workers have found the practice tools simple to use.<sup>5</sup>
15. Feedback from a range of local authorities involved in the above project shows that most practitioners like using Signs of Safety approaches in child safeguarding work, but not in work with children looked after, fostering, children with disabilities and children leaving care. Feedback from our social work staff, including managers, was that Signs of Safety offered some very good practical tools, but that these would work in conjunction with other methods and models.

### *Strengthening Practice programme*

16. Waltham Forest uses the Strengthening Practice programme. Its last Ofsted grading was RI.
17. The benefits of this programme are that it can draw together resources using a range of different methods and it is bespoke. The disadvantages are that it is very expensive and few local authorities use it. An improvement in the service received by children and families is yet to be seen.
18. Feedback from staff was not positive about this programme, and from review it seemed that we could broker the different elements of training ourselves.

### *Systemic practice*

19. The main principles of systemic practice are that problems are located in relationships, not in people; that we as social workers are part of what gets created, and never neutral observers – how this interaction turns out is as much our responsibility as the family's; service users are competent people and experts of their own lives; there are always multiple perspectives as opposed to one truth; the approach is strength and relationship based.

---

<sup>5</sup><https://www.nspcc.org.uk/globalassets/documents/research-reports/signs-safety-england.pdf> Accessed 4 September 2017.

20. Face-to-face meetings were held with two local authorities that have introduced systemic practice into children's services. The purpose of the meetings, along with the associated research- and document-gathering, is to scope the development of systemic practice within the People's Directorate, namely Children's Social Care, while also looking at the potential for other services within the Directorate. Feedback from colleagues elsewhere was positive about the model. Their advice was consistent and clear: caseloads need to be small, buy-in is essential at the outset from the whole organisation and a long-term vision is needed. The two colleagues were clear that staff retention was difficult as, once trained, practitioners moved elsewhere.
21. Some staff members (social workers and managers) are trained within systemic practice and bring these skills and values to their work in the City. A workshop with staff was held with a systemic psychotherapist to introduce the model. All staff were positive about developing practice in this way, particularly given their varied caseloads. The advantage of this approach is that it can be used across all types of cases in our generic social work service.
22. Some of the London local authorities that have adopted systemic practice include Lambeth (IA), Tri-Borough (2 x Outstanding, 1 x Good), Southwark (Good), Harrow (Good), Croydon (IA) and Hackney (Good). Systemic practice within the Tri-borough has been evaluated as part of the Focus on Practice programme<sup>6</sup> to largely positive effect in respect of family and practitioner feedback. Earlier reviews of systemic practice across three anonymised local authorities gave mixed reviews of the model, and found factors such as caseload, quality and frequency of supervision and space for reflective feedback, as well as practical points such as avoiding hot-desking and having printers and IT systems that work, were as important.<sup>7</sup>

## Current Position

23. To date, the training and development opportunities offered within the Social Care and Early Help Service have been individually focused. This has been positive, as workers are encouraged to develop their own interests and expertise, and staff feedback is very good in respect of the training offer. This was recorded as a strength in the Ofsted report of July 2016.
24. We need to grow, strengthen and develop as a service. Staff have been fully involved in shaping the direction of our social work service, through a series of workshops. We are clear that we are already operating relationship-based practice and that this ethos directs our work. The ethos can be seen through supervision discussions, audit, and the way in which staff can communicate about their work. The service is clear that a range of methods and tools are needed, to ensure adaptability for differing children and families' needs. There is not a one-size-fits-all approach.

<sup>6</sup> <http://springconsortium.com/wp-content/uploads/2015/07/Triborough-Focus-on-Practice-Evaluation-Summary-July-16.pdf>. Accessed 4 September 2017.

<sup>7</sup> [http://cdn.basw.co.uk/upload/basw\\_11812-8.pdf](http://cdn.basw.co.uk/upload/basw_11812-8.pdf). Accessed 4 September 2017.

25. Currently, several members of our service, including managers, are trained in Signs of Safety methods and use these tools in supervision and direct work. Our child and family assessments (child safeguarding) have been adapted to work with this model. Several members of our service are trained, at least to an introductory level, in systemic practice.
26. We are now building on this expertise and diversity of practice, to bring together a training programme and a guide for all staff. Following on from the above, we aim to use a range of methods. We will focus on systemic training, while using Signs of Safety tools in child safeguarding work.
27. As such, the service is looking to engage a systemic psychotherapist for one afternoon a week to work with the team. Given the size and level of demand in the City, this is seen as the best fit in providing the additional expertise, knowledge and support to realise our systemic ambitions.
28. An in-house systemic psychotherapist will offer tailored, bespoke support to the City of London. Staff and managers will learn and be supported together. The system will be supported from within, and members and managers at all levels will receive input to ensure strong development in relationship-based practice.
29. In addition, we will continue to use development opportunities afforded by our associate membership of the South East London Teaching Partnership and our partnership with King's College's Making Research Count programme.

### **Corporate & Strategic Implications**

30. This work fits within the remit of the current overarching business plan: to provide modern, efficient, high-quality services to our residents.
31. There is potential for developing our relationship-based social work across the People Department. This would strengthen our Think Family approach, through joint development and potentially save training costs by working together.

### **Conclusion**

32. Relationship-based practice will be further developed by way of a guide to what this means for families and through adopting systemic practice alongside other tools for working with children and their care givers.

Rachel Green  
Service Manager, Children's Social Care and Early Help

T: 020 7332 3501

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

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	27/09/2017
<b>Subject:</b> Private Fostering Report for 2016 to 2017	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Pat Dixon, Safeguarding and Quality Assurance Service Manager	

## Summary

There have been no private fostering arrangements identified in the City of London for 2016 to 2017. Therefore, this report will inform Members about how the City of London has met the National Minimum Standards for Private Fostering by raising awareness of private fostering arrangements with professionals and residents in the City of London. The report also identifies the potential barriers to raising awareness within the community, whereby residents associate "private fostering" arrangements as being akin to being a local authority foster carer.

Members will be informed about the recommendations for 2017 to 2018 in raising awareness within the community, and the different approaches that will be used to engage with residents. Where possible, we will collaborate with other organisations and agencies to ensure maximum coverage across the City of London. For professionals, there will awareness-raising sessions during the year through the staff induction programme.

## Recommendation

Members are asked to:

- Note the report

## **Main Report**

### **Background**

#### **1. Definition of Private Fostering Arrangements**

A private fostering arrangement is one that is made privately (that is to say without the involvement of the local authority), for the care of a child under the age of 16 (under 18, if disabled), by someone other than a parent or close relative, with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great-aunt, or they may be a friend of the family or other non-relative, such as the parents of the child's friend. A person who is a close relative of the child, as defined by the Children Act 1989 (a grandparent, brother, sister, uncle or aunt – whether by full- or half-blood or by marriage or civil partnership – or step-parent), is not a private foster carer.

Examples of private fostering arrangements are:

- children sent from abroad to stay with another family, usually to improve their English or for educational opportunities
- asylum-seeking and refugee children
- teenagers who, having broken ties with their parents, have short-term arrangements to stay with friends or other non-relatives
- children living with host families, arranged by language schools or other organisations
- children living with members of the extended family, e.g. a great-aunt.

The primary responsibility of the local authority is to safeguard and promote the welfare of these children and young people by:

- meeting the duty to promote public awareness of the requirement to notify the local authority of private fostering arrangements and, therefore, to reduce the number of 'unknown' private fostering arrangements
- responding to notifications and assessing the private fostering arrangements
- meeting the duty to support private fostering arrangements.

This responsibility is underpinned by the Replacement Children Act 1989 Guidance on Private Fostering; Children Act 2004 (Section 44 amends Section 67 in the 1989 Act); the Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering 2005.

#### **2. Current Position**

Over the past 12 months, there have been no private fostering arrangements identified in the City; it is highly unlikely given the demographics of the City that this is a true reflection of the situation. The City of London is ensuring that it is meeting the National Minimum Standards for Private Fostering, and this is an area that has been identified by the City & Hackney Safeguarding Children Board (CHSCB) as a priority. The attached annual Private Fostering Report will be going to the City Executive Board of the CHSCB.

In 2016 to 2017, there was a considerable amount of activity in raising awareness of private fostering arrangements. A key area of development was the introduction of the private fostering app. Launched in July 2016, it was promoted through the following methods:

- Partnership events, where briefings were given to partner agencies as part of a wider conference event.
- Articles about private fostering in magazines going out to residents across the City of London.
- Awareness-raising with the police, schools, early years settings and general practitioners in the City through the distribution of posters and leaflets.
- Training events for City of London Corporation staff and partner agencies which included private fostering training.
- Partnership events at which leaflets were distributed to professionals and residents in the City.

Any contacts or referrals about private fostering are directed to the Children and Families team and information on private fostering is captured as part of the performance data set.

In 2016, the City of London was subject to the Ofsted “single inspection framework” of local authorities’ children’s services. This inspection acknowledged the low number of private fostering arrangements. However, it judged completed assessments as being thorough and timely in providing ongoing support.

### **3. Conclusion**

As evidenced in this report there have been no private fostering arrangements identified in the City over the past 12 months. However, given the demographics of the City of London, it is likely that there are unreported private fostering arrangements. Although there have been attempts to engage the community through residents’ meetings and publications, it has proved difficult to raise the profile of private fostering in the community. Therefore, the communication strategy for 2017 to 2018 will focus on areas where residents are likely to visit, such as schools and libraries.

Parents’ and carers’ initial response when informed about private fostering arrangements is to believe it is synonymous with becoming a foster carer for the local authority. This perception often prevents them from reading any further about these arrangements, as they consider them to be irrelevant. Therefore, it is important that they receive the information as a whole rather than just as a headline, as this often leads to disengagement from the message being given. This will be taken into consideration in the awareness-raising sessions for the community in 2017 to 2018.

### **Appendices**

- Appendix 1 – Private Fostering Report

### **Background Papers**

Private Fostering leaflet for Professionals, Parents and Carers and Children and Young People

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

**Pat Dixon**

Safeguarding and Quality Assurance Service Manager

T: 020 7332 1215

E: [pat.dixon@cityoflondon.gov.uk](mailto:pat.dixon@cityoflondon.gov.uk)





## **Annual Report Private Fostering Arrangements April 2016 to March 2017**

### **Context of City of London**

The City has a relatively small resident population of approximately 9,400 (including 1,370 people who occupy a second home outside the City of London). There are approximately 4,400 households and large numbers of people of working age. The average household size is small and many people (56%) live alone.

The City has proportionately more people aged between 25 and 69 living in the square mile than Greater London. Conversely there are fewer young people. Approximately 1,200 children and young people under the age of 18 years live in the City. This is 12.4% of the total population in the area.

The resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed - Asian and White. The City has a relatively small black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 42.6% of all children living in the area, compared with 21.5% in the country as a whole.

In 2016 the City of London was subject to the Ofsted "Single Inspection Framework" of Local Authorities children's services. In this inspection the low number of private fostering arrangements was acknowledged. However assessments that had been completed were judged as being thorough and timely in providing ongoing support.

### **DEFINITION OF PRIVATE FOSTERING**

A Private Fostering arrangement is one that is made privately (that is to say without the involvement of the local authority), for the care of a child under the age of 16 (under 18, if disabled), by someone other than a parent or close relative, with the intention that it should last for 28 days or more. Private Foster Carers may be from the extended family, such as a cousin or great aunt, or they may be a friend of the family or other non-relative, such as the parents of the child's friend. A person who is a close relative of the child, as defined by the Children Act 1989 (a grandparent, brother, sister, uncle or aunt (whether by full or half blood or by marriage or civil partnership) or step-parent) would not be considered a Private Foster Carer.

Examples of private fostering arrangements include:

- Children sent from abroad to stay with another family, usually to improve their English or for educational opportunities;
- Asylum seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
- Children living with host families, arranged by language schools or other organisations;
- Children living with members of the extended family, e.g. great aunt.

The primary responsibility of the local authority is to safeguard and promote the welfare of these children and young people by:

- Meeting the duty to promote public awareness of the requirement to notify the local authority of private fostering arrangements and, therefore, to reduce the number of 'unknown' private fostering arrangements;
- Responding to notifications and assessing the private fostering;
- Arrangements; and meeting the duty to support private fostering arrangements.

This responsibility is underpinned by the Replacement Children Act 1989 Guidance Private Fostering; Children Act 2004 (Section 44 amends Section 67 in the 1989 Act); the Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering 2005.

### **Meeting National Minimum Standards on Private Fostering,**

**Standard 1: The local authority has a written statement or plan, which sets out its duties and functions in relation to private fostering and the way in which they will be carried out.**

The City of London's 'Statement of Purpose' on private fostering was reviewed and updated in 2017. A communications plan was developed for 2016 to 2017 to ensure that there was a sustained campaign to raise awareness about private fostering with professionals and potential carers. The objectives identified in this plan were for;

- young people know what to expect if they go through private fostering and how they should be treated
- professionals understand what their responsibilities are relating to private fostering
- parents understand what private fostering is and whether it is a suitable option for them and their family.

**Standard 2: The local authority: promotes awareness of the notification requirements and ensures that those professionals who may come into contact with privately fostered children understand their role in notification; Responds effectively to notifications; and deals with situations where an arrangement comes to their attention, which has not been notified.**

There has been considerable activity in raising awareness around Private Fostering over the past year, Fig 1 shows some of the activity that has taken place to raise awareness around Private Fostering.

Fig 1 below shows some of the activity that took place over the past year to raise awareness:

Event	Date	Resident or Professionals	Activity
Residents Meeting	May 2016	Residents	Distributed leaflets and information on Private Fostering.
Community Fair Event	July 2016	Residents	Distributed leaflets and information on Private Fostering.
Children's Social Care had input into Private Fostering App	July 2016	City of London Corporation Staff	Staff tested function and content of app.
Launch of Private Fostering App across DCCS	September 2016	DCCS	Promote Private Fostering App
Information Distributed through Health Watch new letter	September 2016	City of London staff and Health Partners	Digital distribution
Partnership event with DCCS Staff, City and Hackney Safeguarding Children Board, Police and CityGateway	November 2016	Professionals	Partnership Event
City Induction, with City of London Staff and Partners	March 2017	Professionals	Case Scenarios were used in workshop.

Private fostering data is reviewed through the Quality Assurance Sub Group of the CHSCB; there have been no private fostering referrals this year.

**Standard 3: The local authority determines effectively the suitability of all aspects of the private fostering arrangement in accordance with the regulations.**

There have been no referrals received by the City for 2016 to 2017; however there are procedures in place to assess the placement and ascertain the views of the young person. Assessments completed would include and cover the expectations within the National Minimum Standards by:

- Ascertaining the wishes and feelings of the child about the proposed/actual private fostering arrangement. The young person being privately fostered would be spoken to alone as part of the assessment process, this would occur when they are visited by the social worker.
- Establishing the child's physical, intellectual, emotional, social and behavioural development is essential and this would be addressed as part of the assessment process.
- The child's needs arising from their religious persuasion; racial origin and cultural and linguistic background are being met by the placement.
- That consideration has been given and where necessary steps have been taken to make arrangements for the child's education.
- A risk assessment has been carried out on the home conditions and the standard of care offered within the arrangement.
- The young person is registered with a G.P and Dentist.
- That DBS checks are completed in respect of all the adults within the household.
- The social worker supports the young person in accessing leisure activities in their locality.

**Standard 4: The local authority provides such advice and support to private foster carers and prospective private foster carers as appears to the authority to be needed:**

The Children and Families Team social workers are aware that it is within their role to assist and advise all private foster carers with general parenting skills, and provide advice on an on-going basis. There would also be assistance with practical issues for carers around benefits, housing and immigration status if required. The City would ensure that all carers had support in accessing education and health provision for the child or young person.

**Standard 5: The local authority provides advice and support to the parents of children who are privately fostered within their area as appears to the authority to be needed:**

Where possible all parents would be seen and spoken to during the course of establishing the arrangements (if living abroad contact would be made by telephone, if domiciled in the UK then the expectation is that a visit would take place).

A leaflet designed for parents, carers and young people about private fostering arrangements is available, and would be given to anyone entering into such an arrangement. There is also information available about services and activities in the

City of London which would be provided for parents, carers and young people from the Family and Young Peoples Information Service.

Contact details of the allocated social worker would be provided to all parents where possible.

**Standard 6 Children who are privately fostered are able to access information and support when required so that their welfare is safeguarded and promoted. Privately fostered children are enabled to participate in decisions about their lives:**

The allocated social worker would consult with all children and young people individually about their views and ensure that their private foster carers understood their needs and wishes. Children and young people's views and wishes would be incorporated into the assessment report.

As part of the on-going involvement the social worker would be expected to make termly contact with the education provision to discuss the child/ young person's progress.

If required the social worker would undertake direct work with the child or young person in the community.

Children who are subject to private fostering arrangements would be given information about what they should expect if they are being privately fostered, where age appropriate. Children and young people who are privately fostered in City of London would also have access to the advocacy service.

Contact details for the social worker will be provided to all children where appropriate and to all parents (who are in contact with the service).

**Standard 7 The local authority has in place and implements effectively a system for monitoring the way in which it discharges its duties and functions in relation to private fostering. It improves practice where this is indicated as necessary by the monitoring system:**

All information pertaining to children and young people is placed onto Frameworki, the integrated children's system used by the Children and Families Team. There are no paper files and the information stored on this system can be utilised for performance reports and National Indicator returns for the Department of Education, PF1. This includes age of the child, place of birth, ethnicity, first language and any disability.

As part of the Quality Assurance Framework any private fostering arrangements would be subject to an auditing process and the qualitative and quantitative information obtained would be reported into the CHSCB quality assurance sub group.

## **Summary**

As evidenced within this report there have been no private fostering arrangements identified in the City over the last 12 months, given the demographics of the City of London it is likely that there are private fostering arrangements that have not been reported. Although there have been attempts to engage the community through residents meetings and through publications it has proved difficult to raise the profile of private fostering in the community. Therefore the communication strategy for 2017 to 2018 will focus on areas where residents are likely to visit, such as Schools and Library's.

Parents and carers initial response when informed about private fostering arrangements is to align it to becoming a foster carer for the Local Authority. This perception often prevents them from reading any further about these arrangements as they consider it would not apply to them. Therefore it is important that they receive the information as a whole rather than just a headline, as this often leads to disengagement from the message being given.

In the coming year there will be more emphasis placed on raising awareness with residents in the City; this will be achieved through linking in with community resources, such as libraries and community groups where there will be direct face to face engagement. These priorities will be included into the Private Fostering Plan for April 2017 to March 2018.

Pat Dixon  
Safeguarding and Quality Assurance Service Manager  
City of London

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	27/09/2017
<b>Subject:</b> Designated Officer Annual Report for 2016 to 2017	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Pat Dixon, Safeguarding and Quality Assurance Service Manager	

## Summary

This report summarises the work of the Designated Officer (DO), formally known as the Local Authorities Designated Officer (LADO) for 2016 to 2017. The role of the DO is set out in *Working together to safeguard children*, March 2015 and the *London Child Protection Procedures*, 5<sup>th</sup> edition, Chapter 7. All allegations made against staff (including volunteers) that call into question their suitability to work or be in a position of trust with children, whether made about events in their private or professional life, need to be formally reported to the DO.

The report identifies that there has been a reduction in referrals to the DO for 2016 to 2017; this in part has been due to more rigour in the application of thresholds. There is also some indication that the role of the DO is not fully understood by some professionals. Therefore, a recommendation from this annual report is to deliver more in-depth training on the management of professional allegations, using anonymised case scenarios from across London.

## Recommendation(s)

Members are asked to:

- Note the report.

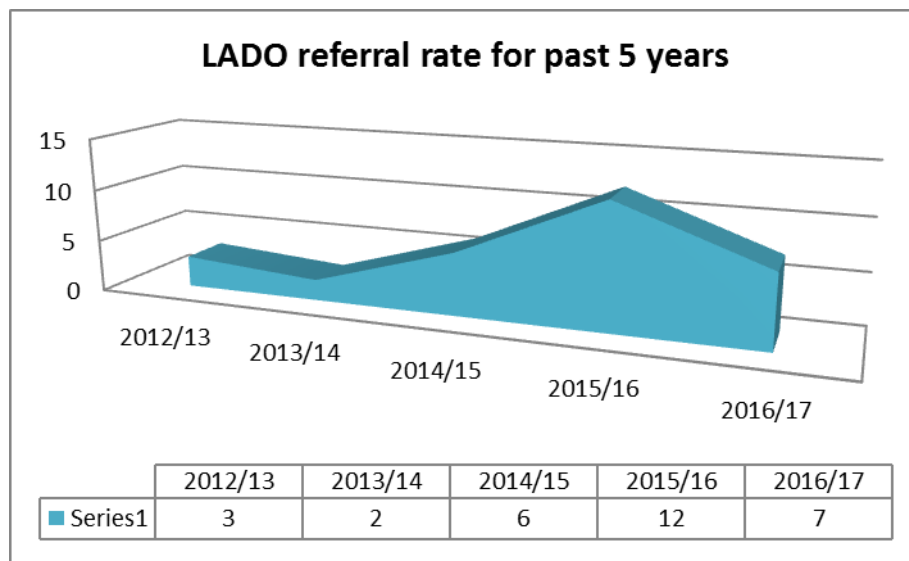
## Main Report

### Background

1. In the City of London, the DO work is carried out by the Safeguarding and Quality Assurance Service Manager. The current DO is a qualified social worker with a background in child protection investigation and experience of managing professional allegations for over 14 years. In 2016, the City of London Corporation was subject to the Ofsted “single inspection framework” of local authorities’ children’s services. In this inspection, the role of the DO was described as being effective in raising awareness about professional allegations, demonstrating a commitment to good practice in the management of professional allegations.
2. In 2016, peer audits were completed by the Hackney DO on City of London cases. The audits found that the City of London was adhering to thresholds and that decision making was grounded in research-based analysis. There was only one recommendation from the peer audits, which related to case recordings being on the electronic recording system. This has been slightly delayed due to changes in the recording system, as the City of London Corporation is moving from Frameworki to Mosaic. The new recording system has been configured to include the work of the DO in the future.

### Current Position

3. There have been concerns in the past about the low referral rate to the DO in the City of London; in 2015 to 2016 there was a concerted effort to raise awareness of the role. This awareness campaign increased the number of referrals and awareness sessions were carried through into 2016 to 2017 as part of the staff induction programme. However, as can be seen from the graph below, there has been a significant reduction in referrals for 2016 to 2017.





4. In 2016 to 2017, seven referrals were made to the DO; however, of those seven referrals only one met the threshold for a professional allegation. There does appear to be a discernible reduction in the number of appropriate referrals that meet the threshold for the DO in comparison to previous years. This may in part be due to a more rigorous application of thresholds, as there appeared to be a lack of clarity between what constituted a referral to the DO and what was a general safeguarding enquiry.
5. There was also evidence that some agencies were sometimes unable to differentiate between when a referral needed to be made to the DO and when it should be dealt with by their own internal disciplinary procedures. Often the situations that were referred were related to complex human resource issues, rather than meeting the threshold for a professional allegation.
6. Although six referrals did not meet the threshold for the DO, one of the referrals resulted in learning, which is leading to improvements in safeguarding for children and young people in the City of London. A member of the public raised concerns that parents and carers were not always aware of the potential risks when hiring nannies and au pairs. When this area was researched, there appeared to be limited information for parents and carers on recruiting nannies and au pairs safely. This is now being redressed by information made available through the Family and Young People's Information Service.

## **Conclusion**

7. Due to the decreased number of referrals and the lack of clarity in relation to thresholds, there is evidence that although professionals are aware of the role of the DO, they have a limited understanding of when to make a referral or the process involved. This has highlighted the need for more in-depth training on the thresholds and remits of professionals responsible for making referrals, to ensure that they understand the potential risks involved. This will hopefully give professionals the confidence to know when and how to make referrals to the DO.
8. In collaboration with the Metropolitan police, Hackney DO and the City of London police, a training package has been developed to support the in-depth training required. As part of this training, professionals will use anonymised case scenarios, which have been collated through the DO London network. These scenarios will support an understanding of the range of cases being dealt with by the DO and the potential outcomes.
9. The DO will deliver this training, which will be in addition to that offered by the City and Hackney Safeguarding Children's Board. Success will be measured through the number of referrals and contacts being made and whether or not they meet the threshold for a professional allegation.

## **Appendices**

- Appendix 1 – City of London Designated Officer (DO) Annual Report 2016-17

**Pat Dixon**

**Safeguarding and Quality Assurance Service Manager**

T: 020 7332 1215 E: [pat.dixon@cityoflondon.gov.uk](mailto:pat.dixon@cityoflondon.gov.uk)

This page is intentionally left blank



## **City of London Designated Officer (DO) Annual Report 2016- 17**

### **1. Introduction**

This report to City and Hackney Safeguarding Children Board provides an overview of the work undertaken by the City of London's Designated Officer (DO) between April 2016 and March 2017. This role was previously known as the Local Authority Designated Officer (LADO), but has now been changed to Designated Officer. The report will review the impact of the continued raising awareness campaign of the DO role, identifying key priorities for 2017/2018 based on data analysis and audit findings completed with commissioned services.

### **2. Designated Officer role**

The responsibilities of the DO are set out in "Working Together" to safeguard children, March 2015 and the London Child Protection Procedures 5<sup>th</sup> edition, updated 2016, Chapter 7. All allegations made against staff (including volunteers) that call into question their suitability to work with or be in a position of trust with children, whether made about events in their private or professional life, need to be formally reported to the DO.

In the City of London the DO work is carried out by the Safeguarding and Quality Assurance Service Manager who reports directly into the Assistant Director People. Guidance and training on professional allegations is available through the City and Hackney Safeguarding Children Board website and agencies have access to consult with the DO in the City of London. In 2016 the City of London was subject to the Ofsted "Single Inspection Framework" of Local Authorities children's services. In this inspection the role of the D.O was described as being effective in raising awareness about professional allegations.

### **3. Referrals**

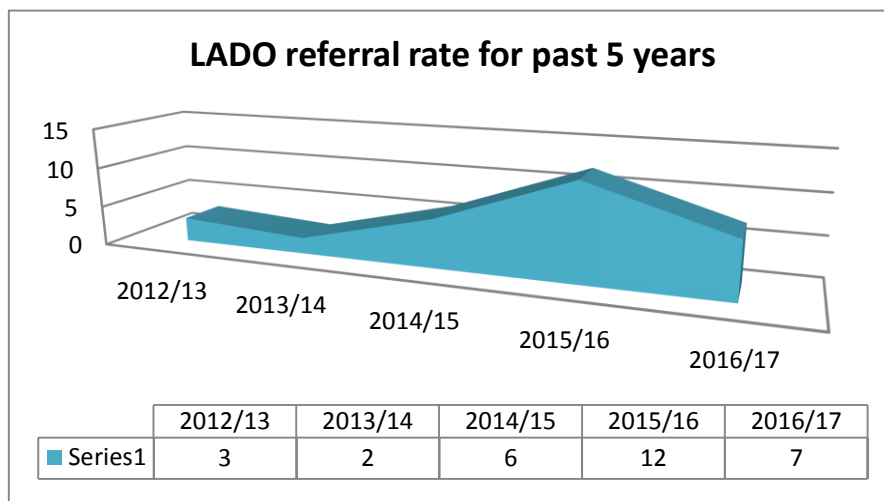
As can be seen in Fig 1 there have been seven referrals made to the DO for 2016/2017, however out of those seven referrals only one met the threshold for the D.O. There does appear to be a discernible reduction in the number of appropriate referrals that meet the threshold for the DO in

comparison to previous years, as can be seen by Fig 2. This in part may be due to a more rigorous application of thresholds, as there appeared to be a lack of clarity between what constituted as a referral to the DO and what was a general safeguarding enquiry.

Although six referrals did not meet the threshold for the DO there was learning identified from one of the referrals, which is leading to improvements in safeguarding for children and young people in the City of London. A member of the public raised concerns that parents and carers were not always vigilant as to the potential risks when hiring Nannies and Au Pairs. When this area was researched there appeared to be limited information for parents and carers on recruiting Nannies and Au Pairs safely. The majority of the information available related to employment rights.

In light of recent allegations relating to the sports field it is concerning that there is such limited information available about safeguarding advice for parents and carers. This is especially pertinent in relation to the recruitment and employment of Nannies and Au Pairs, as they are often resident in the family home and have considerable unmonitored contact with children. The lack of regulation in this area compared to registered child-minders demonstrates the gap in safeguarding; going forward for 2017 to 2018 the City of London will be providing some information and guidance for parents and carers in this area.

**Fig 1**



A key priority for 2015 to 2016 was to raise the profile of the LADO role across the City of London Corporation, and with partner agencies, from the statutory and voluntary sectors. As can be seen in Fig 1 this strategy considerably improved the numbers of referrals being made in 2015 to 2016, although it has not been sustained through 2016 to 2017.

**Fig 2**

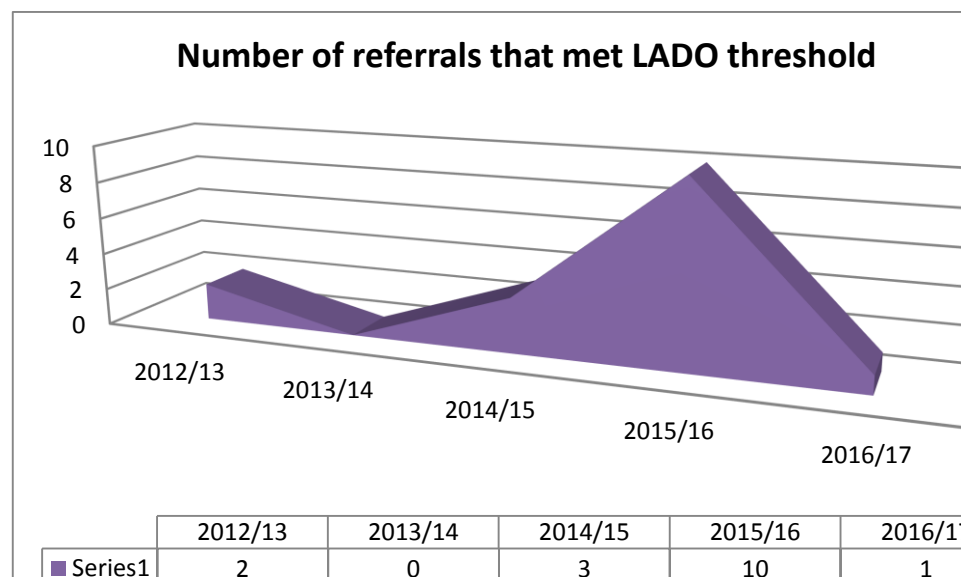
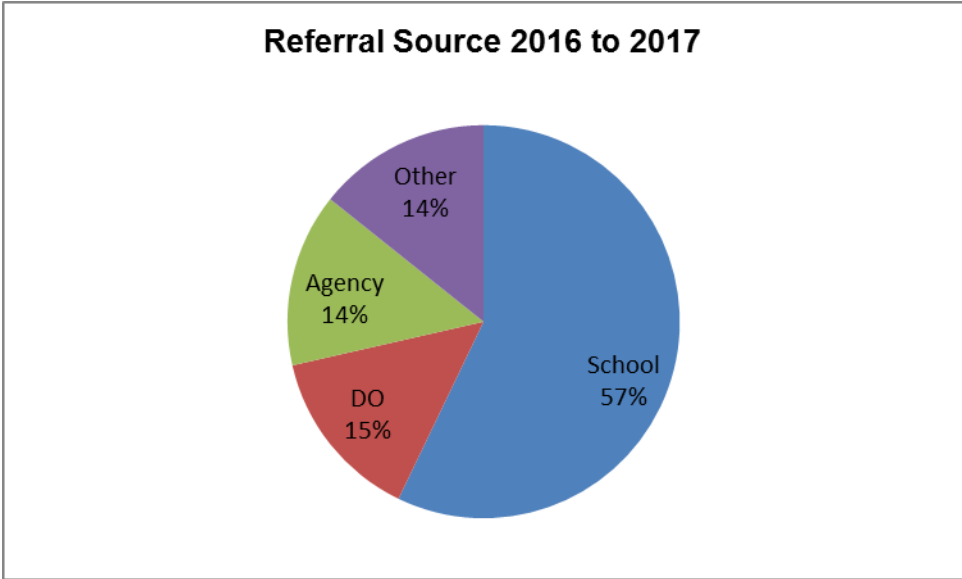


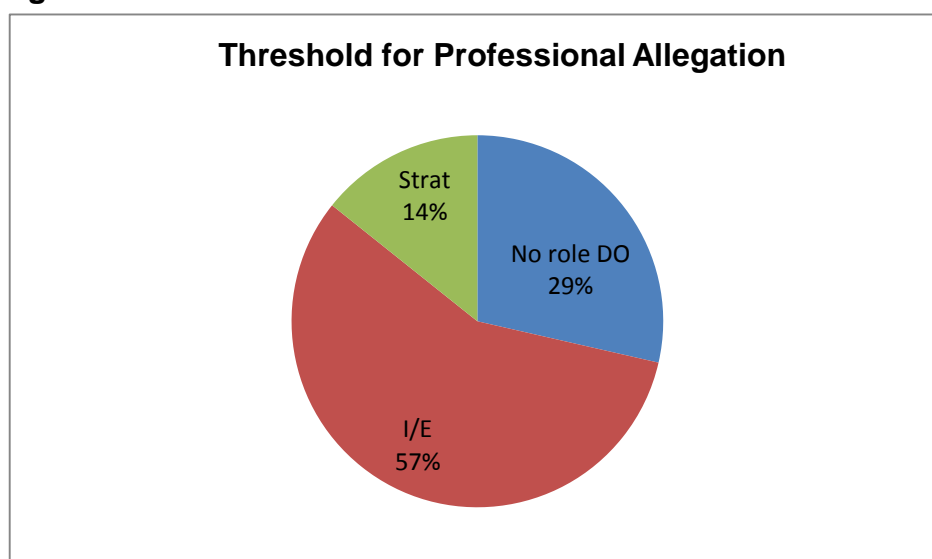
Fig 3 shows the referrals source for 2016 to 2017, there were four referrals from Schools, one from an agency who provided teaching staff, one from the courts and one from another Local Authorities D.O. As identified in Fig 4 only one referral met the threshold for professional allegation and that was from a Teaching Agency. Two referrals were not progressed as they did not meet the threshold for the D.O, four did have an Initial Evaluation meeting however they did not meet the threshold for the D.O and were dealt with by the organisation’s internal HR procedures.

**Fig 3**



Audits completed on commissioned services identified that although frontline staff were aware of the role of the D.O they appeared less clear around the threshold and process of dealing with professional allegations. Therefore more in-depth training will be offered around thresholds and the process involved, looking at the potential outcomes, to give professionals the confidence to know when to refer. This training tool is currently being developed in conjunction with the City of London Police, Metropolitan Police and Hackney's D.O.

**Fig 4**



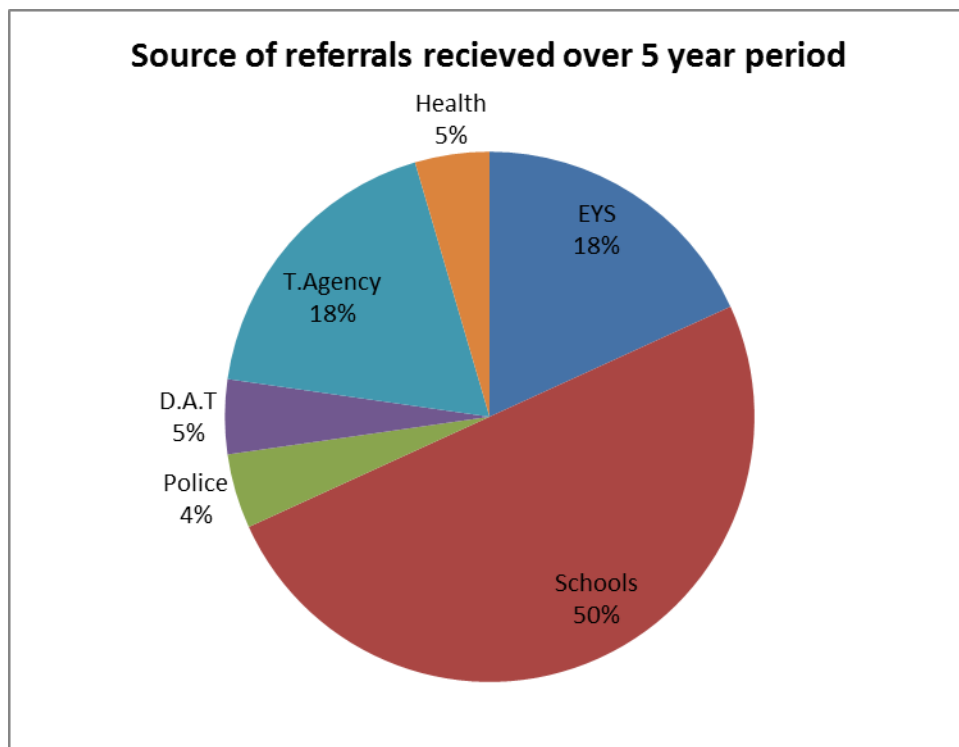
The “Single Inspection Framework” Ofsted inspection in 2016 identified that the work carried out in relation to professional allegations in the City of London showed “commitment to good practice”. This was further identified within the peer audits completed by the Hackney's D.O, whereby the audits found the City of London were adhering to thresholds and decision making was based on research based analysis. The only recommendation to come from the audits was around recording the information on the electronic recording system, Frameworki. The City of London is in the process of changing the current system; once this is complete this will be progressed.

When looking at the referral sources over the past five years it is evident that we are continuing to receive low numbers of referrals from some organisations, and in some instances there have been no referrals, such as the voluntary sector. Fig 5 shows the referrals source over the past five years, the data below shows how this equates in numbers;

- There have been four referrals from Early Years Settings – There are currently 9 Nurseries and Pre- School settings in the City of London.
- There have been 11 referrals from Schools – There is one maintained School and four Independent Schools in the City of London.
- There has been one referral from the City of London Police.

- There has been one referral from the Drug and Alcohol Team, which related to a professional in another service.
- There have been four referrals from a Teaching Agency based in the City of London; this followed the introduction of a new manager and safer recruitment training for staff.
- There has been one referral from Health.

**Fig 5**



As previously identified in earlier LADO reports the number of referrals received from agencies in the City of London is proportionally lower than its statistical neighbours. There has been an ongoing awareness campaign around the role of the D.O and this initially precipitated an increase in referrals; however this does not appears to have been sustained. The contact details of the D.O have now been put on the City of London web site and this has generated referrals from the public, but the majority of these referrals relate to other Local Authorities in London.

#### **4. Raising Awareness**

Members in the City of London have continued to support the role of the DO by raising awareness around the role through the various committees. In 2016/2017 the annual DO report completed for 2015/2016 went to the following committees, from September 2016 through to January 2017;

Safeguarding Sub (Community & Children's Services) Committee  
Community & Children's Services Committee  
Establishment Committee  
Culture, Heritage and Libraries Committee  
Barbican Residential Committee  
Board of Governors of the City of London Freeman's School  
Board of Governors of the City of London School  
Board of Governors of the City of London School for Girls  
Board of Governors of the Guildhall School of Music and Drama  
Chief Officers Group

There have been awareness sessions around the role of DO throughout 2016/2017 as part of a staff induction programme.

#### **5. Emerging themes**

Due to the low number of referrals it is difficult to discern emerging themes; however given that there has been only one referral out of seven that has met the threshold for a professional allegation it is likely that agencies are not clear on the threshold for referring. Often the situations that were referred were related to complex Human Resource issues, rather than meeting the threshold for a professional allegation.

As identified earlier within this report the D.O for the City of London is also the Safeguarding and Quality Assurance Service Manager. As part of this broader role general safeguarding advice is offered to partners around their safeguarding duties, policies and procedures, as well as individual case advice on potential referrals to Children's Social Care within the City of London and in other Boroughs. This dual role may in part be a factor in the confusion around the role of the DO, as it may be difficult to discern the difference between general safeguarding advice and advice relating to professional allegations.

#### **6. Multi-agency working**

During 2016/2017 there were raising awareness sessions with partners through the Staff Induction programme and multi-agency forums, such as the City of London's Executive Safeguarding Children Board and the Education Forum. As previously identified within this report there will be more in-depth training for 2017 to 2018 on professional allegations. This training will focus on the thresholds for the D.O and the updated Pan London Child Protection Procedure on professional allegations. Scenarios



will be used to give people the opportunity to see the various types of referrals and potential outcomes following the investigation. It is envisaged that this will give professionals an understanding of the thresholds and more confidence in knowing when to refer. Multi-agency safeguarding training is also available for partner agencies through the City and Hackney Safeguarding Children Board.

Links have been made with the City of London Police, Professional Standards Department, this has enabled a better understanding of their role and the interface between Professionals Standards and the D.O. It was agreed that it would be advantageous to maintain contact to ensure there was good information sharing.

## **7. Links in London and nationally**

The City of London D.O is a member of the pan-London designated officer group, which meets on a quarterly basis. This is a sub-group of the London Safeguarding Children Board. The City of London DO is also a member of the City and Hackney Safeguarding Children's Board and is a member of the Quality Assurance Sub Group, Training and Development Sub group and City of London's Executive Safeguarding Children Board.

## **8. Police Notifications – Notifiable Occupational Scheme (NOS)**

Between April 2016 and March 2017 there have been no direct notifications from the Police. The City of London, Public Protection Unit (PPU) has identified that there have been no professional allegations for the City of London in 2016 to 2017 that would have met the threshold for a professional allegation. PPU are involved in developing a joint training tool with City and Hackney D.O's and the Metropolitan Police.

Pat Dixon,  
Designated Officer, (LADO)  
Safeguarding and Quality Assurance Service Manager

# ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN IN

Date: April 2016 -March 2017

1. Total number of referrals to the Designated Officer			
Local Authority	City of London	Number of referrals regarding allegations and matters of concern	1
2. Number of referrals from each or organisation			
Agency		Number	
1.Social Care		0	
2.Health-hospital staff		0	
3.Health-community		0	
4.Education		0	
5.Early Years-Child-minder		0	
6.Early Years-Nursery Staff		0	
7. Foster Carer-IFA with other LA children or other LA in house carers living in City.		0	
8.Police		0	
9.Probation		0	
10.CAFCASS		0	
11.Voluntary Organisations Include sports clubs, scouts, brownies, dance clubs and charitable organisations		0	
12.Faith Groups		0	
13.Immigration/Asylum Support services		0	
14.Transport Transport provided to services through a contract		0	
15.Care Agency – Education Employment agency		One referral	
16.Other Dept. in City of London		0	
17 Other – Anon Youth Services		0	
18. Leisure Services		0	
19.Adult Services		0	
20.Housing Associations/ Providers		0	

<b>3. Who made the Referral</b>	
	<b>Number</b>
<b>1.Social Care</b>	<b>0</b>
<b>2.Health-hospital staff</b>	<b>0</b>
<b>3.Health-community</b>	<b>0</b>
<b>4.Education</b>	<b>0</b>
<b>5.Early Years-Child-minder</b>	
<b>6.Early Years-Nursery Staff</b>	<b>2</b>
<b>7.Foster Carer-IFA with City of London children</b>	<b>0</b>
<b>8.Police</b>	<b>0</b>
<b>9.Probation</b>	<b>0</b>
<b>10.CAFCASS</b>	<b>0</b>
<b>11.Voluntary Organisations</b> Include sports clubs, scouts, brownies, dance clubs and charitable organisations	<b>0</b>
<b>12.Immigration/Asylum Support services</b>	<b>0</b>
<b>13.Transport</b> Transport provided to services through a contract	<b>0</b>
<b>14.Care Agency- Education Employment Agency</b>	<b>One referral</b>
<b>15.Other Dept.'s City of London</b>	<b>0</b>
<b>16. Other</b>	<b>0</b>
<b>17.Leisure Services</b>	<b>0</b>
<b>18.Adult Services</b>	<b>0</b>
<b>19.Housing Associations/Housing Providers.</b>	<b>0</b>

Number of referrals about an adult within specific employment/volunteer sector which reached a multi-agency strategy discussion and/or meeting and primary reason(s) for referral.						
Employer	Physical <i>state whether concern arose from authorised physical intervention restraint or arrest</i>		Emotional	Sexual	Neglect	Behaviour which called into question person's suitability
	Yes	No				
Social Care						
Health-hospital staff						
Health-community						
Education-teaching staff				3 allegations from 1 referral source, involving one case		4 <sup>th</sup> Allegation in relation to the one referral
Education-non teaching staff						
Early Years-child-minders						
Early Years-nursery staff						
Foster Carers-IFA with City children						
Police						
Probation						
CAFCASS						
Voluntary Organisations						
Faith Groups						
Armed Forces						
Immigration/Asylum Support Services						
Care Agencies						
Transport						
Other						
Leisure Services						
Adult Services						
Housing Associations/Provider						

<b>4. Number of referred cases that resulted in:</b> <i><b>please note there could be more than one outcome</b></i>						
Being Substantiated	1 allegation involving behaviour					
Being Unsubstantiated	3 Allegations in regard to sexual abuse					
Being Unfounded						
CSM held						
Met the threshold for LADO input but not for a Complex strategy meeting						
Criminal investigation/joint work with CAIT						
Criminal prosecution						
Caution						
Conviction						
Acquittal						
Initial inquires by employers						
Disciplinary investigation						
Disciplinary meeting/hearing						
Suspension						
Dismissal						
Cessation of use						
Deregistration						
Training needs identified for member of staff or the agency.						
Risk Assessment completed by Employer						
Referral to DBS						
Referral to regulatory body e.g. GMC /Ofsted etc...						
<b>5. At the point of conclusion, the number of cases that were resolved within the following timeframes</b>						
1 month						
3 months	1- Delay due to complexity of the case which involved numerous agencies/LA					
6 months						

This page is intentionally left blank

<b>Committee(s)</b>	<b>Dated:</b>
Safeguarding Sub Committee	<b>27/09/2017</b>
<b>Subject:</b> Education and Early Years Service Safeguarding Update	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Kirstie Hilton, Lead Advisor, Universal Education Services	

## Summary

This report is being presented to the Safeguarding Sub Committee to demonstrate the work that has been carried out over the past year by the Education and Early Years Service to improve the safeguarding and welfare of City-resident children being educated in the City of London and other boroughs as well as all non-resident children attending schools within the City of London.

It provides a summary of the work over the past year and includes the following:

- 1) The location of all City of London children and their schools.
- 2) The new children missing education (CME) regulations and the impact that this is having on the City of London.
- 3) Children at risk of missing education.
- 4) Electively home educated children.
- 5) Performance licences and work permits.
- 6) Learning from the Hackney case review.

## Recommendation(s)

Members are asked to:

- Note the report.

## **Main Report**

### **Background**

1. The City of London has a unique educational landscape in that it has only one maintained primary school and no maintained secondary schools. Most of its primary age children and all of its secondary age children are educated either in the independent sector or outside the City of London altogether. This puts them outside the standard reporting and/or legal framework that governs the City of London's statutory responsibilities.
2. In 2015, in the light of current concerns over young people at risk of sexual exploitation and radicalisation and the often-invisible practice of private fostering arrangements, the City of London strengthened its systems and procedures for locating and monitoring its resident primary and secondary age children who fell within the statutory school age, as part of its safeguarding children programme. Authorities are required to monitor and take appropriate action for those children who may be at risk of missing education as well as those who fall within the statutory definition of children missing education (CME).
3. In September 2016, new legislation came into force to help local authorities and schools in England improve collaboration, communication and information-sharing in identifying CME and to help local authorities meet changes to the regulations. The regulations have been strengthened to ensure that schools (including independent schools) provide regular and accurate information to their local authority about children as they are removed or added to school admission registers.

### **Current Position**

#### **The location of all City of London children and their schools**

4. Over the past two years, the Education and Early Years Service has implemented a rigorous system to try to identify all City of London children of statutory school age and where they attend school. The City of London then maintains this record of where children are placed through the primary and secondary transitions process. A school tracker is updated and reviewed regularly. The school tracker also records the names of City of London children with Special Educational Needs and Disabilities (SEND) and Looked After Children (LAC).
5. In a previous Committee report, it was reported that 650 children of statutory school age may live in the City of London. However, a look at the most recent census information puts this figure at 540. Of those, the service has identified 424 children of statutory school age, who attend both maintained and independent schools. Some 300 of these children attend maintained primary and secondary schools. This figure has been substantiated by Department for Education data produced in 2016.



6. Last year, efforts were made to identify all 540 children as well as maintain the school tracker each term and reconfirm the City of London children on school rolls and their current attendance. However, this has proved difficult to maintain due to the level of resource required. While it is possible that the outstanding children are attending independent schools throughout the country, there is no evidence either to confirm this or that there are a further 116 children to locate. While it is unlikely that many more children will be identified, the service will continue to update the data held in the school tracker by carrying out an annual census. It will also update the school tracker to record children transferring into primary and secondary schools.

### **The new CME regulations and the impact on the City of London**

7. Since September 2016, a change in the law means that for the first time independent schools come within the scope of schools' duty to report children missing education. This means that during the school year, at non-standard transition points, all City of London schools are required to inform the Education Service when pupils are about to be taken off or added to the school roll. In addition,, the schools have been provided with the means by which to submit a full pupil school roll at the beginning of the academic year and by the end of March (following their annual census return). All schools provide attendance information; this intelligence is then used by our Education Welfare Consultant to provide a support and challenge role to the schools. A protocol, outlining the requirements for all City of London schools, was circulated in the summer term 2017. A copy of this can be found as Appendix 1.

### **Children at risk of missing education (CME)**

8. For children who are at risk of or who are missing education, either as a result of medical reasons or exclusion, we maintain a CME database, which is also accessible to the Children and Families team. Children on this database are given a Red, Amber or Green (RAG) rating depending on the level of concern and the Admissions and Attendance Manager monitors their attendance.
9. For children who are unable to attend school due to medical reasons, following a referral from the school, a professionals meeting is held and tuition is commissioned through the National Teaching and Advisory Service (NT&AS). For children who are excluded, we commission the services of Fresh Start in Education, an organisation that specialises in working with challenging or disruptive pupils.
10. The Education and Early Years Service also works closely with the Children and Families team to ensure that support to families is coordinated. Our Education Welfare Consultant works with our individual families and all schools within our locality to encourage and, where necessary, enforce attendance and to safeguard and promote the children's welfare so that they can reach their full potential.

## **Electively home educated children**

11. A potentially vulnerable group of children are those who are electively home educated – children who receive an ‘education otherwise than at school’. Parents are responsible for ensuring that their children receive a suitable level of education. Although our aim in the City of London is to work constructively with parents to help them promote their children’s learning and development, parents have the right to refuse entry for their children to education services, which could potentially result in them suffering from serious neglect and significant harm.
12. The City of London is well aware of these risks and has a rigorous process in place to ensure the safety and welfare of these children. Although the numbers of City of London children being electively home educated are small, cases are openly discussed with key professionals and referrals are made if required. Case information is shared on our case management system to enable more effective information sharing. The City of London also ensures that home visits exceed the statutory minimum of one a year. Progress on cases is sent to the senior managers regularly.

## **Performance licences and work permits**

13. Children and young people of compulsory school age who are at an organisation or company in paid or voluntary work must have a valid work permit. The City of London is responsible for issuing licences to all organisations and companies located within the City of London. We ensure that, at the point of application, all children are given adequate breaks, work no longer than they are legally permitted and do not carry out dangerous or risky tasks and that their employer carries out a health and safety risk assessment in the workplace.
14. There are also specific rules covering children working in entertainment. It is essential that local authorities recognise this statutory duty and fulfil their safeguarding responsibility towards children taking part in performances, paid sport and modelling. All children of compulsory school age require a performance licence to take part in any performance. There are also strict rules regarding performances and conditions under which children and young people can perform. The City of London Education and Early Years Service is informed of all productions and performances taking place within the City of London where children are performing. We then carry out inspections to ensure that a child’s welfare is being maintained. One of our additional duties is the employment of children’s chaperones, and includes interviewing candidates, issuing Disclosure and Barring Service (DBS) certificates and acquiring references before a licence is issued.

## **The recent case review and review of local policies and procedures**

15. The recent Hackney case review has initiated a call for the review of all local policies and procedures within schools located in the City of London and

Hackney. The key issue for the review was that the child, although not of statutory school age attended a primary school in Hackney. As a result of a medical condition, the mother of the child passed away. A number of recommendations were made to Edward Timpson MP to encourage schools to identify the risks and vulnerabilities of certain children and to guide them in deciding whether or not a child being absent is as a result of an attendance issue or a potential welfare issue.

16. In direct response to this work, after attending the case review in April, the Education Service has been working with Sir John Cass's Foundation School to review its attendance policy and it has drafted a 'rapid response flow chart'. This will provide a clear guide to schools on what to do if a child does not turn up to school and the school cannot contact the family. The process has a timeframe of three days in which to locate a child from the first day of absence. The flow chart and revised policy are in the final stages of development and will be finalised by October. The school has also reviewed its data collection form to include additional emergency contacts, parents'/carers' medical conditions/disabilities as well as access restrictions to the properties where pupils reside. This form is sent to all parents and carers and is a valuable source of information.

### **Future priorities**

17. Over the next year, the Education and Early Years Service plans to finalise its current procedures for monitoring attendance. In line with the protocol, which has been sent to all City of London schools and is attached for your information, the Admissions and Attendance Manager and Performance Analyst will monitor all returns. Work will also continue to maintain the school tracker through an annual census.
18. The Education Service is applying to the Department for Education for information held on the national pupil database (NPD), which will support this work and our research into finding out the numbers of City-resident children who are receiving SEND support in schools located out of the City of London. If successful, we will be able to provide a City-wide picture of how all our children and young people with SEND are progressing.
19. There will be a review of all relevant policies and procedures over the next year to ensure full compliance with our statutory duties. Regular reviews take place to ensure that procedures are in line with best practice and national guidance.

### **Corporate & Strategic Implications**

20. This work supports priorities 1 and 2 in the Children and Young People's Plan 2015:
  - Children and young people in the City are seen, heard and helped, effectively safeguarded and properly supported and their lives improved by everyone working together.

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

## **Conclusion**

21. Over the past year, one of our key priorities in the Education and Early Years Service has been to ensure the safeguarding and wellbeing of City-resident children accessing education both outside and within the City of London. We will continue to build on our success in locating our City-resident children and monitoring their attendance at school. Working in partnership with our City of London schools, we will continue to identify children at risk of missing education and offer support on attendance issues. The rigorous policies and processes to keep children safe, ensure they receive a suitable level of education and safeguard those performing in film, television and the theatre are reviewed and maintained.

## **Appendices**

- See Appendix 1 – Protocol for City Schools Post CME Legislation

### **Kirstie Hilton**

Lead Advisor, Universal Education Services

T: 020 7332 3274

E: [kirstie.hilton@cityoflondon.gov.uk](mailto:kirstie.hilton@cityoflondon.gov.uk)

**This document sets out the requirements for schools identifying children missing education (CME) and is for the attention and action of all schools with pupils of statutory school age (5 – 16). This includes Independent schools.**

#### Background

The Department for Education made amendments to the Education (Pupil Registration) (England) Regulations 2006 (“the Regulations”) to improve communication and co-ordination between schools and LAs. This includes independent schools.

Guidance can be found at the following:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550416/Children\\_Missing\\_Education\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf)

We can also provide you with a hard copy if required.

During the education year there are two types of enrolments – standard transitions and non-standard transitions. Standard transitions include all children of statutory school age who move into Primary school (Reception class) or into secondary school (Year 7) in September. Non-standard transition entry includes children from all other year groups who move schools during the rest of the school year

We have been working closely with all of our schools to offer support through our Education Welfare Consultant in the areas of attendance and individual case work and schools have been providing us with pupil information. We would like to continue to build on these excellent working relationships.

#### What we are asking you to do

At the beginning of and during the education year we will request pupil information from all City schools. The key points to remember are:

- 1) All schools must inform their home LA (in this case the City of London) when they are about to delete a statutory school aged pupil’s name from the admission register. Names must be recorded on the **‘Migration Form’**
- 2) For all children and young people leaving a school, an entry must be recorded on the Migration form and must include the following details for each pupil:
  - The full name and address of any parent with whom the pupil normally resides
  - The full name and address of any parent with whom the pupil normally resides
  - At least one telephone number of the parent
  - The pupil’s future address (if applicable) and destination school
  - The ground in regulation 8 under which the pupil’s name is to be removed from the admission register (see Appendix 1 at the end of this protocol)
- 4) Schools must provide information to the City of London when registering new pupils within **five** days of the child or young person being enrolled, including the pupil’s address and previous school (where they can reasonably obtain this information).

## Additional Information Required

The City has been implementing a programme of tracking and monitoring school attendance so that we can address instances of children who are at risk of missing education or who are out of school. In addition to the above information, we would also like schools to provide us with a list of all pupils twice a year, including all pupils resident in the City and those residing in other authorities. We will provide a '**Pupil Roll Form**' to enable you to do this. An electronic copy of all the forms will be sent to you.

To enable us to ensure that attendance is recorded consistently, it would be very helpful to us if attendance data provided to us is recorded in line with DfE guidelines. Guidance to support you with this is attached.

Children who are offered a school place, but who don't turn up to school are a particular concern. To ensure the City of London fulfils its safeguarding responsibility, it is requested that Independent schools use the '**Migration Form**' to notify the City of London of children that have not arrived as expected. The school must have carried out their own checks before passing this information to the City.

## Table of Requirements

A timetable of what information we need from you and when is captured in the table below for easy referencing.

Standard or Non-standard Transition Points?	Reason for Notification	Method of recording information	Timeframe / Frequency
Standard	1. Full Pupil School Roll including new starters and leavers for Reception and Year 7 2. Attendance for Summer 2017 term	Pupil Roll Form	30 <sup>th</sup> September 2017
Non-Standard	1. Full Pupil School Roll January School Census 2. Attendance data for Autumn term 2017 and Spring term 2018	Pupil Roll Form	End March 2018
Non-Standard	New Starter	Migration Form	<b>To be sent 5 days after registering a new pupil</b>
Non-Standard	Leaver	Migration Form	To be sent to the City of London before removing a child or young person from school roll
Non-Standard	Children not arriving at school when expected	Migration Form	To be sent into the City of London immediately with concerns

## Documents Included

Document name	Format
Letter to all schools	PDF
Pupil Roll Form	Excel Document (password protected)
Migration Form	Excel Document (password protected)
DfE School Attendance Policy	PDF

## Secure method of notification

We thank all City of London Schools in helping improve communication and co-ordination with the City, which is vital in keeping children safe. Monitoring children who are either missing education or are at risk of missing education ensures better outcomes for families and helps avoid tragedies.

As the information is highly confidential, it will need to be sent to us securely. For our one maintained school, Sir John Cass's Foundation Primary School, all information can be sent to us using the LGFL Document Exchange. For all other schools, returns will need to be made via the S2S Website (access is given by the Department for Education) or by password protecting the Migration and Pupil Roll Form.

All information returned to the City of London will be checked and monitored by the Performance Team and will be the key contact for any enquires.

**Primary notification officer** – Elizabeth Malton [Elizabeth.malton@cityoflondon.gov.uk](mailto:Elizabeth.malton@cityoflondon.gov.uk)

**Secondary notification officer** – Amrul Khan [Amrul.khan@cityoflondon.gov.uk](mailto:Amrul.khan@cityoflondon.gov.uk)

**It is the responsibility for each school to ensure that notifications are sent to the City's Strategy and Partnerships team. Reminders will not be sent but the designated officer will contact you if notifications have not been submitted for a period of 4 weeks**

### Other Useful contacts:

#### The Education and Early Years team:

**Tel:** 020 7332 3274

**Email:** [Kirstie.hilton@cityoflondon.gov.uk](mailto:Kirstie.hilton@cityoflondon.gov.uk)

#### Early Help Service in City of London:

**Tel:** 020 7332 3621 (Mon-Fri 9am to 5pm), after hours please phone Hackney Emergency Duty Team on 020 8356 2710

**Email:** [children.duty@cityoflondon.gov.uk](mailto:children.duty@cityoflondon.gov.uk)

## Appendix 1: Grounds For Deleting a Pupil from the School Admission Register

<b>Grounds for deleting a pupil of compulsory school age from the school admission register set out in the Education (Pupil Registration) (England) Regulations 2006, as amended</b>	
1.	8(1)(a) - where the pupil is registered at the school in accordance with the requirements of a school attendance order, that another school is substituted by the local authority for that named in the order or the order is revoked by the local authority on the ground that arrangements have been made for the child to receive efficient full-time education suitable to his age, ability and aptitude otherwise than at school.
2.	8(1)(b) - except where it has been agreed by the proprietor that the pupil should be registered at more than one school, in a case not falling within sub-paragraph (a) or regulation 9, that he has been registered as a pupil at another school.
3.	8(1)(c) - where a pupil is registered at more than one school, and in a case not falling within sub-paragraph (j) or (m) or regulation 9, that he has ceased to attend the school and the proprietor of any other school at which he is registered has given consent to the deletion.
4.	8(1)(d) - in a case not falling within sub-paragraph (a) of this paragraph, that he has ceased to attend the school and the proprietor has received written notification from the parent that the pupil is receiving education otherwise than at school.
5.	8(1)(e) - except in the case of a boarder, that he has ceased to attend the school and no longer ordinarily resides at a place which is a reasonable distance from the school at which he is registered.
6.	<p>8(1)(f) - in the case of a pupil granted leave of absence in accordance with regulation 7(1A), that —</p> <p>(i) the pupil has failed to attend the school within the ten school days immediately following the expiry of the period for which such leave was granted;</p> <p>(ii) the proprietor does not have reasonable grounds to believe that the pupil is unable to attend the school by reason of sickness or any unavoidable cause; and</p> <p>(iii) the proprietor and the local authority have failed, after jointly making reasonable enquiries, to ascertain where the pupil is.</p>
7.	8(1)(g) - that he is certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he nor his parent has indicated to the school the intention to continue to attend the school after ceasing to be of compulsory school age.
8.	<p>8(1)(h) - that he has been continuously absent from the school for a period of not less than twenty school days and</p> <p>(i) at no time was his absence during that period authorised by the proprietor in accordance with regulation 6(2);</p> <p>(ii) the proprietor does not have reasonable grounds to believe that the pupil is unable to attend the school by reason of sickness or any unavoidable cause; and</p> <p>(iii) the proprietor of the school and the local authority have failed, after jointly making reasonable enquiries, to ascertain where the pupil is.</p>



9.	8(1)(i) - that he is detained in pursuance of a final order made by a court or of an order of recall made by a court or the Secretary of State, that order being for a period of not less than four months, and the proprietor does not have reasonable grounds to believe that the pupil will return to the school at the end of that period.
10.	8(1)(j) - that the pupil has died.
11.	8(1)(k) - that the pupil will cease to be of compulsory school age before the school next meets and  (i) the relevant person has indicated that the pupil will cease to attend the school;  Or  (ii) the pupil does not meet the academic entry requirements for admission to the school's sixth form.
12.	8(1)(l) - in the case of a pupil at a school other than a maintained school, an Academy, a city technology college or a city college for the technology of the arts, that he has ceased to be a pupil of the school.
13.	8(1)(m) - that he has been permanently excluded from the school.
14.	8(1)(n) - where the pupil has been admitted to the school to receive nursery education, that he has not on completing such education transferred to a reception, or higher, class at the school.
15.	8(1)(o) where  (i) the pupil is a boarder at a maintained school or an Academy;  (ii) charges for board and lodging are payable by the parent of the pupil; and  (iii) those charges remain unpaid by the pupil's parent at the end of the school term to which they relate.

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank



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

Document is Restricted

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank