



Safeguarding Sub (Community & Children's Services) Committee

Date: WEDNESDAY, 19 SEPTEMBER 2018

Time: 2.15 pm

Venue: COMMITTEE ROOMS, GUILDHALL, 2ND FLOOR WEST WING.

Members: Randall Anderson
Marianne Fredericks
Deputy Joyce Nash
Dhruv Patel OBE
Ruby Sayed
Mary Durcan
Susan Pearson

Enquiries: Natasha Dogra
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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 minutes of the previous meeting.

For Decision
(Pages 1 - 6)
4. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) - UPDATE**
Report of the Director of Community and Children's Services.

For Information
(Pages 7 - 30)
5. **MENTAL HEALTH STRATEGY**
Report of the Director of Community and Children's Services.

For Information
(Pages 31 - 40)
6. **EARLY HELP ANNUAL REPORT 2017-2018**
Report of the Director of Community and Children's Services.

For Decision
(Pages 41 - 54)
7. **CORPORATE PARENTING STRATEGY ANNUAL REPORT 2017-18**
Report of the Director of Community and Children's Services.

For Information
(Pages 55 - 70)
8. **ACTION FOR CHILDREN ANNUAL SURVEY 2018**
Report of the Director of Community and Children's Services.

For Information
(Pages 71 - 114)
9. **SERVICE IMPROVEMENT PLAN 2017-2018**
Report of the Director of Community and Children's Services.

For Information
(Pages 115 - 126)
10. **PROGRESSION OF WORKFORCE DEVELOPMENT COMMISSIONING ARRANGEMENTS**

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

For Information
(Pages 127 - 130)

11. **THE CITY AND HACKNEY SAFEGUARDING ADULTS BOARD (CHSAB) ANNUAL REPORT 2017/18**

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

For Information
(Pages 131 - 208)

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

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

14. **EXCLUSION OF THE PUBLIC**

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

For Decision

Part 2 - Non-Public Agenda

15. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting.

For Decision
(Pages 209 - 212)

16. **ADULT SAFEGUARDING PERFORMANCE REPORT**

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

For Information
(Pages 213 - 218)

17. **CHILDREN'S SAFEGUARDING REPORT FOR QUARTER FOUR AND YEAR-END 2017/18 AND QUARTER ONE 2018/19**

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

For Information
(Pages 219 - 246)

18. **CITY OF LONDON CHILDREN IN CARE COUNCIL (CICC) - UPDATE**

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

For Information
(Pages 247 - 252)

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

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

SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE

Wednesday, 2 May 2018

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services) Committee held at the Guildhall EC2 at 11.30 am

Present

Members:

Randall Anderson (Chairman)
Marianne Fredericks

Dhruv Patel
Ruby Sayed (Deputy Chairman)

Officers:

Chris Pelham - Community and Children's Services
Pat Dixon - Community and Children's Services Department
Julie Mayer - Town Clerk's Department

1. APOLOGIES

Apologies were received from Joyce Nash.

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

There were no declarations.

3. MINUTES

The public minutes and non-public summary of the meeting held on 6 February 2018 were approved.

4. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE REPORT

Members received a report of the Director of Community and Children's Services which provided Members with an update on Special Educational Needs and Disability.

The SEND Inspection Feedback session with Ofsted was very positive. Do we know when we will be receiving formal notification? How are we planning to implement the learning from the Inspection?

The Inspection Report was being quality assured and the outcome would be reported to Members later this month. When the report is shared with Members, it will capture the wider SEND ambitions. The self-evaluation was found to accurately reflected the priorities of all partners. As Ofsted had visited during the planning stage, the timescales would also be visible in the outcome report.

In order to implement learning from the Inspection; parents of SEND children and young people are in the early stages of implementing a carers' forum.

Giving a voice to parents and young people, and the co-production of services, is very much at the forefront of Year-2 priorities.

Parents are very keen to promote weekend activities. However, this can be challenging given the low numbers and age range of the young people concerned. Priorities for this year include short breaks, commissioned from Hackney; including siblings with disability as well as SENs. Parents feel that the current offer is limited, mainly due to the restraints within the City, but options were being explored; ie swimming at Golden Lane Leisure Centre.

Members suggested that officers engage with the Departments of Planning and Transportation and Open Spaces and the Barbican Arts Centre. Officers advised that the development of the local leisure offer is a high priority and, whilst this is a work in progress, parents and partners are encouraged to share their experience with web searches. A recent session at a City Library had been very successful and resulted in the children's work being displayed at a City Museum. Another parent is working with Friends of City Gardens on a proposal for a sensory garden for autistic visitors. The Chairman suggested feedback to a later meeting on the development of the local leisure offer.

The report author is very active on the Children and Young People's Maternity Workstream, which ensures the City is fully engaged negotiations. This Group is at an early stage and its governance has been established.

Ofsted was very impressed with the feedback from all City Schools and particularly complimentary about the City Corporation's flexibility and responsiveness. They were also able to track excellent progress in children receiving SEN support in out of borough secondary schools. The City Corporation ensures that every child educated outside of the City attends a good or outstanding school.

The Chairman of the Community and Children's Services Committee has attended the Ofsted meeting, which he had found very positive and commended the team for their hard work.

RESOLVED, that – the report be noted.

5. **RADICALISATION AND MODERN DAY SLAVERY**

Members received a report of the Director of Community and Children's Services in respect of radicalisation and modern day slavery and how the City is mitigating potential risks in these areas.

To what extent do we think Modern Slavery is a risk to our young people? How are the risk assessments undertaken and how often are they completed/reviewed?

City Corporation Social Workers have a very high level of expertise in respect of unaccompanied asylum seekers and the issues affecting this cohort of young people. An area for development is the template being used to assess the potential risks, which is currently under review. The new template will be

developed to offer guidance on the potential vulnerabilities and behaviours of young people and how to respond effectively .

There was some discussion in respect of modern day slavery being a far wider issue than children and adult services; ie economic and social mobility and ensuring that workers receive a living wage. It is therefore proposed to introduce training and sharing of information across the entire City Corporation. The Assistant Director advised that this issue is a priority for both national Safeguarding Boards and for the Police. Members stressed the importance of ensuring that all young people are equipped with confidence, knowledge and resilience if they are faced with this threat, either personally or in their communities. Members acknowledged the good work of the Children in Care Council in raising awareness and always welcomed the opportunity to meet care leavers.

RESOLVED, that – the report be noted.

6. SERVICE IMPROVEMENT PLAN (SIP) AND OFSTED IMPROVEMENT

Members received a report of the Director of Community and Children's Services in respect of the Service Improvement Plan and Ofsted Improvements, covering the period December 2017 and February 2018.

How much of an issue is it that partners are not directly doing Common Assessment Framework (CAF) assessments, if the actual number is going up because of increased referrals to the Early Help Service?

The officer confirmed that this was not an issue, as the Social Worker in the Early Help Service was working on a revised CAF form, which would be more streamlined and outcome focussed. Partners had been encouraged to contribute to this work.

How are we ensuring that the service is maintaining appropriate caseloads, reflective supervision and training opportunities for our staff?

Reflective supervision is greatly valued by City Corporation Social Workers and they have also engaged in reflective practice and supervision sessions with external agencies. A training needs analysis will be fed in to the Work Force Development Plan and a training workforce matrix is being developed for the service. Whilst case work is relatively low in the City Corporation, Managers ensure that the work is varied and equitable.

RESOLVED, that the report be noted.

7. QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE

Whilst accepting that some of the working service plans need to use acronyms, Members asked if they could be avoided in Committee Reports. The Town Clerk had emailed and tabled a glossary of accromyns to Assist Members with the Service Improvement Plan on today's agenda.

In respect of Case C, Members noted that the Safeguarding Board was able to approach the Secretary of State directly and had been developing training including a community based video and conference. Procedures and Policies would be developed to put safeguarding at the forefront of school absences.

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

The Chairman agreed to receive a presentation in respect of the results of a Survey of Children and Young People supported by The City of London Corporation and conducted in April 2018. Members noted that the report on the Survey's findings was being finalised and would be presented to the next meeting of the Sub Committee and the Education Board but the Director was keen to share the headlines with Members at an early stage. The Town Clerk advised that the presentation would be published on the public City Corporation web page for today's meeting.

Members noted very high satisfaction levels across all results, with care users being very satisfied with their social workers and foster carers. Members of the Sub Committee had met with care leavers on several occasions and had always found them to be very engaging and content. Offices advised that the outcomes from the survey would be reflected in the next Service Improvement Plan. Members noted that a request for laptops to assist with school and college work had since been actioned.

During the discussion, Members acknowledged the important of a smooth transition for care leavers into further education, work and accommodation. One Member suggested a 'Life Handbook' which was used in another borough. Members noted that the Chairman of the Community and Children's Services Committee particularly championed assistance with immigration status.

9. **EXCLUSION OF THE PUBLIC**

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

Item	Paragraph
10 - 17	1 & 2

10. **NON-PUBLIC MINUTES**

The non-public minutes of the meeting held on 6 February 2018 were approved.

11. **AIDHOUR AUDIT REPORT NOVEMBER 2017**

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

12. **ADULT SAFEGUARDING REPORT: QUARTER 3**

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

13. CHILDREN SAFEGUARDING REPORT: QUARTER 3

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

14. LONDON WIDE CHILDREN IN CARE COUNCIL (CICC) UPDATE

Members received a report of the Director of Community and Children's Services in respect of the London wide CiCC.

15. CITY OF LONDON CICC UPDATE

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

16. RADICALISATION AND MODERN-DAY SLAVERY - NON PUBLIC APPENDIX IN RESPECT OF AGENDA ITEM 5

Whilst aiming to be as transparent as possible, Members noted that it was necessary to make some appendices non-public as the very small number of cases in the City could lead to individuals being identified.

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

There were no questions.

18. 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 closed at time not specified

Chairman

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Agenda Item 4

Committee	Dated:
Safeguarding Sub Committee	19/09/2018
Subject: Special educational needs and disability (SEND) – Update	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Theresa Shortland, Head of Service – Education and Early Years	

Summary

This report provides an update to the Safeguarding Sub Committee on the Development Plan 2018/19 and the progress following the Local Area SEND Inspection of the City of London 12–16 March 2018.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The City of London local area was inspected under section 20 of the Children Act 2004 from 12 March 2018 to 16 March 2018. The inspection provided an independent external evaluation of how well the City of London local area carries out its statutory duties in relation to children and young people with special educational needs and disabilities to support their development.

2. Ofsted published the inspection findings in a letter on 19 May 2018, setting out briefly the context of the inspection, the evidence gathered, strengths and weaknesses and areas recommended for improvement for the local area. The inspection was timely and happened as the outcomes of the first year of the three-year strategy were being reviewed. This report provides an update on progress of the work on SEND in the local area since March 2018.

SEND Strategy 2017–2020

3. In February 2018, the SEND local area self-evaluation form (SEF) was reviewed to record the progress during the first year. The SEF identified the main areas for development in 2018/19. The SEND Improvement Action Plan for 2018/19 includes the identified areas for development, the recommendations from the Ofsted and Care Quality Commission (CQC) Joint Local Area SEND Inspection and reflects the ambition of the City of London Corporation to continue to improve the services and outcomes for children and young people with SEND.

4. The priorities for development in the next year are to:

- continue to drive a high level of ambition for excellent outcomes for children and young people with SEND and their families within all Corporation and partners' systems and structures
- increase the level of challenge from the SEND Programme Board and the focus on outcomes for children and young people with SEND
- increase the participation of children, young people and families in co-production so that their voices are integral and impact on the quality and delivery of commissioned services
- work with families, City organisations and/or charities to develop new short breaks and social and learning opportunities for children and young people with SEND, particularly young people in the 14 to 25 years age group
- ensure that commissioning arrangements reflect and meet the needs of City of London children and young people with SEND and develop ways to inform the joint commissioning of services and the monitoring of contracts for children and young people and their families
- develop an effective system to evaluate outcomes that will inform our commissioning and strategic planning, oversight and scrutiny
- improve co-ordination of personal budgets across agencies, and develop the market of services from the public, charity and commercial sectors to offer

parents and young people greater choice and control over delivery of provision in Education, Health and Care (EHC) plans

- develop closer relationships, including data-sharing protocols, with the Early Years settings, schools and colleges outside the City of London local area and in the independent school sector where children and young people with SEND who are resident in the City are educated
- increase Education, Health and Early Help joint working through the multi-agency referral process to create more effective pathways and services for children and young people with SEND
- develop a systematic, comprehensive Children's Centre offer for young children age 5 years and under, and their families
- develop plans for post-16 and post-19 progressions and exit pathways so that, when children and young people are transitioning into adulthood, their access to training, employment and independent living is facilitated
- develop links with available resources to support employment and training and to ensure that action pathways are in place to work towards increased employability and improved employment levels
- improve the arrangements for collecting and sharing information about the outcomes and achievement of children and young people, as well as information that relates to their attendance, exclusions and achievement.

Update on progress

5. The National Parent Carer Forum has been working with parents and carers from the City to establish an independent City Parent Carer Forum. In June, the SEND team and the City Parent Carer Forum arranged a joint meeting with SEND families and the City Parent Carer Forum was formally launched. A representative from the City Parent Carer Forum co-chairs the SEND Programme Board with the Assistant Director-People Services.

6. The Tower Hamlets SEND Information Advice and Support Service (SENDIASS) has provided an independent, impartial advice and information service to City parents for several years. Although over this time the numbers of families using the service have been small, the City does need an identifiable service with a dedicated resource that provides independent and impartial advice to parents and young people, as this is a statutory obligation.

7. The inspection in March 2018 identified the need to develop and raise the profile of access to good-quality information and advice for parents and young people. The report indicated that, although the Tower Hamlets SENDIASS is meeting the needs of parents based in the City, there is a need to enhance the service available. Since the inspection, the SEND team have worked with Tower Hamlets SENDIASS and submitted a joint application for funding to the Council for Disabled Children. The application for funding was to secure the costs for a part-time post dedicated to the City local area. The funding application was successful in securing £20,000 to cover the cost of a part-time worker for 20 hours a week.

8. It is essential that this service has an independent identity and provides an impartial service to users. Therefore, the post will be based with the Tower Hamlets SENDIASS and will be managed as part of their organisation. A job description has been agreed and the recruitment process is underway. A joint contractual agreement between Tower Hamlets SENDIASS and the City of London will be secured. This will ensure that

service provision is measured against the current quality standards for impartial information, advice and support services. The post will be dedicated to the City local area to provide information, advice and support to parents. Initially these developments will include consultation with the City Parent Carer Forum and the Young People's Forum, particularly in the development of work with young people and preparation for adulthood.

Health

9. In terms of health services, the Local Area Inspection identified capacity issues in relation to the Designated Medical Officer (DMO) which "*has meant that their work for children from the City focuses on operational priorities ... and the DMO is unable to attend the SEND programme board meetings.*" *Ofsted CQC Local Area Inspection letter May 2018*

10. Progress has been made in this area, with the appointment of a Designated Clinical Officer (DCO). This means that, as well as having oversight of operational issues, there is now capacity for the DMO or DCO to have oversight of, and be engaged in, strategic priorities. The DMO has carried out an audit of the quality of medical assessment being used in the EHC plans and has reported this to the SEND Programme Board. There will be DMO or DCO representations at all future SEND Programme Board meetings.

11. Parents' dissatisfaction with GPs in the City in relation to advice and/or referrals to specialist services was also identified during the inspection. Progress has been made in this area, with the Children's Programme Board Manager from the City and Hackney Clinical Commissioning Group meeting with the Practice Manager at the Neaman GP practice to address the issues raised. Further work is planned, which will include representatives for the City Parent Carer Forum and the DCO or DMO.

Conclusion

12. The Local Area SEND Inspection provided an independent external evaluation of how well the City of London local area carries out its statutory duties in relation to children and young people with SEND to support their development. The evaluation identified many strengths as well as areas for further development, which are being addressed through a SEND Improvement Action Plan and monitored through the SEND Programme Board.

Appendices

- SEND Improvement Action Plan 2018/19

Theresa Shortland

Head of Service – Education and Early Years.

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SEND Service Improvement Action Plan – 2018 - 2019

Name:	SEND Service Improvement Action Plan				
Duration:	2018 -2019				
Relevant strategies:	SEND Joint Strategy 2017 – 2020				
Previous version(s) of action plan /relevant plans:	SEND Strategic Action Plan 2017-2018 SEND Service Action Plan 2017-2018 Special Educational Needs and/or Disabilities (SEND) Strategy 2013 – 17 Action Plan				
Board responsible for monitoring action plan:	SEND Programme Board				
Strategic Lead:	Chris Pelham (CP) Theresa Shortland (TS)				
Lead Officer:	Sharon Cushnie (SC)				
Implementation date:	July 2018	Review date:	July 2019	Frequency of monitoring/reporting:	Monthly/Quarterly SEND Programme Board, Service Improvement Board
Aims:	To ensure that children and young people with special educational needs and/or disabilities from birth to 25 years, have their needs identified and met early, that services are co-produced and developed with them and their families and that they are supported to achieve good and ambitious Outcome.			Key	Blue – complete, no further action Green – progressing as expected and on time Amber – problems/risks identified and delayed progress Red – significant issues /risks which need to be escalated

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Her Majesty's Chief Inspector of Education, Children's Services and Skills gave notification on 5 March 2018 that the City of London local area was to be inspected, under section 20 of the Children Act 2004, from 12 to 16 March 2018.

The inspection provided an independent external evaluation of how well the City of London local area carries out its statutory duties in relation to children and young people with special educational needs and /or disabilities (SEND) to support their development.

Ofsted and the Care Quality Commission (CQC) published the inspection findings in an [outcome letter](#) on 18 May 2018. The letter set out the context of the inspection, the evidence gathered and the local areas strengths and areas for development in relation to:

- the effectiveness of the local area in identifying children and young people’s special educational needs and/or disabilities;
- the effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities;
- the effectiveness of the local are in improving Outcome for children and young people with special educational needs and/or disabilities.

This improvement action plan:

- sets out the actions to address the key areas for development identified in the outcome letter, as well as the priority areas identified in the SEND Joint Strategy 2017-2020;
- incorporates the outstanding actions from the SEND Service Action Plan 2017-and the SEND Strategic Action Plan 2017-2018

The main findings of the inspection have been set out in a summary document which aligns the strengths and areas for development to the priority areas of the SEND Joint Strategy 2017-2020.

The SEND Programme Board will monitor the progress and quality of the improvement and outcome across the local area through report by the lead professionals to the SEND Programme Board. The Service Improvement Board (SIB) and Safeguarding Sub Committee will also provide further scrutiny and challenge.

Appendices

- Appendix A – SEND Joint Strategy 2017-2020
- Appendix B – Summary and Deep Dive SEF
- Appendix C – Main findings of the Inspection – summary document
- Appendix D – SEND Service Action Plan 2017-2018 V8 (Updated June 2018)
- Appendix E – SEND Strategic Action Plan 2017-2018 V5 (Updated June 2018)
- Appendix F – Governance Structure

SEND Service Improvement Action Plan – 2018 - 2019

Priority: 1		<p>IDENTIFYING NEEDS EARLY</p> <p>Primary question from the inspection</p> <p>Question A: How effectively does the local area identify children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Helping families to know how to access services independently, making a contribution and challenge our thinking • Equipping professionals with the skills and knowledge to recognise needs early, know what resources are available, what process to follow and provide support and advice to families from the outset 								
Specific aim:										
Ref:	Inspection findings/Action:	Start:	End:	Measure/outcome:	Evidence	Lead officer/partner:	DLT lead:	Comments:	BRAG status:	
1.1	<p>Inspection finding <i>One of the main areas for development is for leaders to improve the City's data collection with providers that educate City children outside of the local area. This is particularly in relation to monitoring information that relates to the SEN support group. Leaders have recognised the need to make better arrangements to collect and share information that relates to attendance, exclusions and achievement more quickly. This work is important because a very high proportion of children and young people are educated outside the local area.</i></p> <p>Action To improve data collection regarding attendance, exclusion and achievement from schools and settings outside of the City in relation to City resident children and young people who are at SEN support.</p>	Sept. 18	Dec. 18 <i>(then annually)</i>	<p>Measure Data sharing agreements are set up with educational settings outside of the City.</p> <p>Data sharing agreements are set up with educational settings the independent schools in the City.</p> <p>Data relating to attendance, exclusion and achievements is being captured.</p> <p>Joint work with Hackney Learning Trust to approach the DfE regarding issues relating to the sharing of data.</p> <p>A comprehensive SEND dataset is routinely reported to the SEND Programme Board, CSMT and the SIB.</p> <p>Outcome More accurate data is available regarding children and young people who are on SEN Support and attending educational settings outside the City of London (CoL) as well as in the City.</p> <p>The CoL will have an accurate picture of needs and outcome of City resident children attending educational settings outside the City to inform joint commissioning of services and provision and to evaluate services.</p> <p>The CoL is able to respond to needs/arrange provision in a timely manner.</p>	SEND Data Dashboard School Tracker	KH, MR/ Hackney Learning Trust	CP/TS			

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SEND Service Improvement Action Plan – 2018 - 2019

	<p>Develop data sharing protocols, with the educational settings outside the City so that we can capture and evaluate outcome and more closely match services to needs and aspirations.</p> <p>To establish a Board that has a strategic overview of the SEND panel and all other education resources. The education lead to develop an Education Forum/Panel oversight group to review data and further develop actions to improve outcomes for children educated both in the City and outside of the City local area.</p>			<p>We will have established strong relationships with out borough schools and settings where City resident children and young people attend.</p>				<p>Two applications have been sent to the DfE requesting information from the National Pupil Database(NPD) on the out-borough schools where City resident children attend. This has been refused twice because the indication is that we will not be using the data for research purposes. This data cannot be used for operational purposes.</p>
1.2	<p>Inspection finding <i>Some initiatives in the local area are relatively new, for example the network meetings for special educational needs coordinators. As a result, not all initiatives have secured a high level of impact.</i></p> <p>Action To continue to develop the SENCo Network to include all schools and settings in the City including the independent schools, all schools in the City of London Multi Academy Trust and schools attended by City resident children and young people. Develop engagement with health colleagues in the SENCo Network.</p>	July 18	July 19	<p>Measure SENCO meetings held three times per year, increased engagement from SENCOs and schools.</p> <p>Focus on specific areas of needs in the CoL e.g. autism, mental health and wellbeing</p> <p>Outcome Consistency of identification of SEND and of provision at SEN Support</p> <p>Innovative collaborations across state and independent sectors</p> <p>Higher level of understanding of current SEND landscape and issues across all schools</p> <p>Consistently high quality EHC plans</p>	Agenda and minutes – SENCo Forum meetings	LH, IB-D	CP/TS	<ul style="list-style-type: none"> A number of EY settings in the City attended the last SENCO Network meeting. A transition form for all children (including those with SEND) was shared. All EY settings have a copy of the EY SENCO handbook and are starting to use referral forms included. A new Primary SENCO Handbook is currently being prepared.
1.3	<p>Inspection findings <i>Leaders are aware there is a need to build on their initial work to identify any children or young people who may have a social, psychological or emotional health need, particularly for those aged 13 to 19. Their recent research has suggested that this needs to be explored further.</i></p> <p>Action The City and Hackney CAMHS School Alliance workstream to provide training</p>	Sept. 18	July 19	<p>Measure For Sir John Cass staff and SENCOs from the ‘Family of Schools’ and the independent schools to be trained to better identify anxieties and mental health concerns and apply a ‘tool kit’ of strategies to support them in school and/or refer on to CAMHS if needed.</p> <p>Develop a data set to establish what the current picture is. Gather more relevant data and information to develop an action plan to address the needs identified.</p>		LH/AA/KH	CP/TS	

SEND Service Improvement Action Plan – 2018 - 2019

	<p>to Sir John Cass staff and for First Steps CAMHS professional to support them through supervision and resources.</p> <p>The Anna Freud Centre training to be rolled out to SENCOs at the SENCO network meetings through a series of information dissemination. In addition, Anna Freud professionals providing a session of training on 'Recognising Mental Health in School' and 'School based strategies to support Mental Health'.</p>			<p>Outcome Schools, settings and partners have a higher level of understanding of mental health needs and how to respond to support these.</p> <p>Alongside the involvement of Anna Freud Centre and City and Hackney CAMHS School Alliance in Sir John Cass, Mental Health in Schools training to be rolled out to SENCOs in the 'Family of Schools' to cascade down to their staff.</p>					
1.4	<p>Inspection finding <i>Leaders acknowledge their work to engage children and young people in co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is at an early stage of development, for example collating and analysing their feedback as part of the transition process so that any improvements made reflect their views and opinions.</i></p> <p>Action Provide ways to ensure that the voice of children, young people and families are integral and impact on the specification, quality and delivery of services.</p>	July 2018	July 2019	<p>Measure A SEND Participation Strategy/Plan is co-produced with children and young people</p> <p>CPCF is actively involved in all aspects of consultations for the DCCS.</p> <p>Strategy, individual plans, evaluations and quality assurance framework reviews demonstrate the voice and impact of engagement with children and families.</p> <p>The views of children and young people are collated and analysed as part of the transition process.</p> <p>Children and young people with SEND are actively encouraged to participate in the Youth Forum.</p> <p>An active Parents forum is supported, and issues, suggestions and actions arising from it are discussed and responded to at the SEND Programme Board.</p> <p>A wider parent carer network is established.</p> <p>CPCF actively engaged in the co-production of the short breaks commissioned for the City of London local area.</p> <p>Outcome Children and young people and will be actively involved in the co-production of services, planning, evaluation and delivery of services for SEND.</p>	All Service Leads -	CP/TS			
1.5	<p>Inspection finding <i>The designated medical officer (DMO) works across both Hackney and the City</i></p>	July 2018		<p>Measure</p>	SC/SD, JE	CP/TS	DCO recruited June 2018		

SEND Service Improvement Action Plan – 2018 - 2019

	<p>of London. A lack of time for the DMO role has meant that their work for children from the City focuses on operational priorities. For example, the DMO is unable to attend the SEND programme board meetings. The children's programme board manager attends these meetings and feeds back to the DMO.</p> <p>Action To build capacity by recruiting a Designated Clinical Officer (DCO)</p>	and ongoing		<p>To engage with neighbouring CCGs where the issue of City residents with GPs based out of area. To include Tower Hamlets and Islington.</p> <p>Outcome A DCO is recruited</p> <p>The DMO or DCO attends SEND Programme Board so that her expertise is immediately heard when strategic issues are being discussed.</p>				DCO and DMO attended SEND Programme Board June 2018. DCO to attend future meetings.
1.6	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Develop practitioner pages on the Local Offer</p>	Sept.18	July 19	<p>Measure Promote the use and awareness of the practitioners' pages</p> <p>Liaison with providers regarding content</p> <p>Outcome Practitioners are better informed and able to access information via the Local Offer.</p> <p>As well as accessing information, practitioners are also signposting families to information on the Local Offer</p>		To be advised	CP/TS	Review of the FYI website in progress. This has implications for the development of the practitioners site.
1.7	<p>Action from SEND Service Action Plan 2017-2018</p> <p>Increase the representation on the Parent Carer Forum</p> <p><u>CPCF to advise</u></p>	July 18	July 2019 and ongoing	<p>Measure Promote to families at Sir John Cass's Primary School and those at SEN Support</p> <p>Promote within the SENCo Network - support from the SENCo Network to engage parents whose children attend schools outside of the City</p> <p>Outcome <u>CPCF to advise</u></p>	Minutes of meetings	SC/CPCF	CP/TS	
1.8	Embed SEND training in People's Directorate Workforce Development Plan.	Mar 18	Dec. 2018 and ongoing	<p>Measure Increased attendance at training provided and feedback of better understanding of roles, processes and responsibilities.</p> <p>Comms used to promote training and outcome from the SEND work.</p> <p>SENCO Handbook is developed</p>		SC, LH/ZD	CP/TS	Early Years SENCo Handbook published February 2018. Primary and secondary handbooks to be published in autumn 2018.

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				<p>Outcome Staff understand their responsibilities in relation to the special educational needs and disability reforms. They understand how services are delivered locally to meet the needs of children and young people with SEND, thresholds and the process for developing education, health and care plans.</p> <p>Consistency of identification of SEND and of provision at SEN Support.</p> <p>Improved workforce skills and knowledge</p>				
1.9	Review the effective functioning of the Targeted Education Resources Panel (TERP) and Transition Panel	Sept. 18	July 19	<p>Measure Terms of Reference (ToR) for SEND panel and strategic panel developed</p> <p>Revised ToR implemented from autumn term 2018 Review initial phase in April 2019 and address any initial operational and procedural issues.</p> <p>Evaluate the effectiveness of the new structure in the summer term 2019.</p> <p>Outcome SEND Panel and strategic panel operational from autumn term 2018</p> <p>All partners (Education, Health and Social Care), are involved in decision making</p> <p>Decision- making for 0-25 years is more robust, consistent, and transparent and accountability is clear</p>	Terms of Reference	SC	CP/TS	
1.10	Ensure an appropriate number of Early Help referrals from health partners	Oct 17	Sept 18	<p>Measure Early Help to attend GP link meetings</p> <p>Outcome Evidence of improved joint working and early support for those children and young people with health/SEND</p>		SA, JH	CP/TS	The Early Help Worker regularly attends the Neaman Practice GP link meeting.
1.11	To develop a systematic, comprehensive Children’s Centre offer (Revised Summary SEF – February 2018)	July 18	July 19	<p>Measure Families with children with SEND have access to information, advice and childcare that meets their needs. Families with children with SEND can access stay and play/rhyme time/ story time sessions at Sir John Cass and City Libraries.</p>		IB-D	CP, TS	

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				<p>Outcome Strategic review board in place by July 2018</p> <p>All City parents (including those who have children with SEND) are consulted on the services they need by November 2018</p> <p>A new Children’s Centre Service is in place, offering a holistic approach to family support across the City of London. Families with children with SEND feel welcome and supported by children’s centre services across the City (including at Sir John Cass Child and Family Centre and City Libraries)</p>						
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Priority: 2 Page 17	<p>EFFECTIVELY ASSESSING AND MEETING NEEDS</p> <p>Primary question from the inspection</p> <p>Question B: How effectively does the local area assess and meet the needs of children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Timely, skilful and multi-disciplinary assessments of need leading to ambitious and meaningful plans • Gathering benchmarking data across all schools and settings to compare the educational and other Outcome for children and young people with SEND 									
	<p>Specific aim:</p>									

Ref:	Inspection findings/Action:	Start:	End:	Measure/outcome:	Evidence	Lead officer/partner:	DLT lead:	Comments:	BRAG status:
2.1	<p>Inspection finding <i>Although there are examples of co-production being used to develop provision, more still needs to be done. This includes ensuring that leaders make more effective use of the views of children and young people. Also, the PCF is not yet a fully productive partner in deepening and developing the co-production of provision across the local area.</i></p> <p>Action Provide ways to ensure that the voice of children, young people and families are integral and impact on the specification, quality and delivery of</p>	July 18	July 19	<p>Measure Strategy, individual plans, evaluations and quality assurance framework reviews demonstrate the voice and impact of engagement with children and families.</p> <p>An active Parents forum is supported, and issues, suggestions and actions arising from it are discussed and responded to at the SEND Board.</p> <p>A memorandum of understanding (MOU) to be agreed between the CPCF and agencies.</p> <p>Parents are represented on the SEND Board</p> <p>Establish a wider parent forum</p> <p>Plan a conference with the wider parent forum</p>	<p>Strategies and service plans</p> <p>Minutes of SEND Programme Board</p> <p>Children and young people and parent/carer surveys</p>	SC, All Service Leads/CPCF	CP/TS		

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	services. (SEND Strategic Action Plan 2017-18) Include Prospects work with Youth Programme Board			<p>Outcome Children, young people and their families are actively involved in the co-production of services, the planning, evaluation and delivery of services for those with SEND.</p> <p>There is a high level of satisfaction from children and young people and their families about how their needs are being met/the services provided</p>	Evidenced in strategies/policies CPCF to advise Feedback following conference			
2.2	<p>Inspection finding <i>Leaders know that there is a need to continue to improve the local offer through including more activities within the local area and broadening the range of short breaks that are available.</i></p> <p><i>Parents and carers have requested a review of the availability of library provision, which currently closes at 4.00pm on weekdays.</i></p> <p>Action Develop the Local Offer to include more activities in the local area Publish Short Breaks guidance including process map and timescales on the Local Offer To further develop the parent area of the Local Offer</p>	July 2018	July 2019	<p>Measure Short breaks strategy is updated to include sufficiency of short break placements Wider range of youth and play activities are available New Short Breaks provision available for City Parents.</p> <p>Outcome Families report that they access a wider range of activities in the local area.</p>	Local Offer includes a wider range of short breaks activities	FYI Manager/MP, SA, JH		<p>In response to needs of the community, weekday library opening times have been extended to 5.30pm (May 2018)</p> <p>The placement sufficiency section of the Short Breaks Strategy has been drafted.</p> <p>A new Youth and Play offer for summer activities was launched, including provision for SEND</p> <p>Joint tender with Hackney for Short breaks provision has been approved. Tendering process due to begin end of August 2018.</p>
2.3	<p>Inspection finding <i>Although health professionals provide a thorough and comprehensive report to the EHC planning process, they are not routinely providing comments on the draft EHC plan. Some practitioners, such as speech and language therapists, receive the draft plans but other professionals, such as the CAMHS team, do not. Health professionals are not challenging how their reports are being interpreted into</i></p>	July 18	July 19 and ongoing	<p>Measure Audit by DMO of EHC Plans for children and young people in the City Health professionals are represented at EHC planning meetings and their view on draft EHXC plans re sought Health outcomes and provision to be included in EHC plans DCO to be represented at SEND panels EHC plans signed off by Health</p>	EHC plans	SC/Health	CP/TS	Reported to SEND Programme Board June 2018

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	<p><i>the final EHC plan.</i></p> <p><i>The targets that health professionals set for children and young people are not always included in EHC plans in their entirety. This means that families and professionals are unable to focus on the very specific Outcome that have been identified, for example in relation to speech and language therapy, physiotherapy and occupational therapy.</i></p> <p>Action Review of the functioning of health process in the EHC needs assessment process</p>			<p>Outcome Health outcomes and provision fully included in EHC plan Families and professionals are able to focus on the specific outcomes that have been identified.</p>				
2.4 Page 19	<p>Inspection finding Although the SENDIASS is meeting parents' needs, leaders are aware of the need to enhance their evaluation of the service, for example making clear to parents how their needs will be met should they need to contact their SENDIASS caseworker during holiday periods or when their caseworker is not available.</p> <p>Action Undertake an evaluation of the SENDIASS Service and how this can best meet the needs of City resident children and young people</p>	July 2018	July 2019 and ongoing	<p>Measure Annual Outcome Evaluation conducted with service users, with a report to the SEND Programme Board Regular wider consultation with parent, carers and young people</p> <p>Outcome Parents, carers and young people have timely access to the SENDIASS service, including during holiday periods and there are no delays to the service being accessed and issued being resolved.</p>	Annual Evaluation Report	SC/Tower Hamlets SENDIASS	CP/TS	<p>Government funding has been secured (July 2018) following a joint application with Tower Hamlets SENDIASS.</p> <p>This funding will allow for a dedicated City of London support worker to work with City families, the development of coproduction models, increased parent participation through the City of London parent/carer forum, and to undertake systematic quality and impact assessments.</p>
2.5	<p>Inspection finding <i>Some parents expressed some dissatisfaction with the timeliness of follow-up to concerns. However, this was not commonplace among the views expressed by the wide range of parents spoken to during the inspection.</i></p> <p>Action Establish ways to measure parent/carer satisfaction and dissatisfaction.</p>	Sept. 18	Dec.18	<p>Measure Satisfaction surveys undertaken following EHC needs assessments. Practitioners signpost parents and carers to the appropriate service.</p> <p>Outcome Communication with parents and carers is clear, prompt and timely. Parents and carers report that professionals keep them well informed.</p>		SC	CP/TS	

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	To ensure that written correspondence is responded to within the City of London’s Customer Service Standards timescale (10 working days).			Parents, carers and young people report that services are responsive to their concerns/needs					
2.6	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Implement a quality assessment process for EHC plans and annual reviews</p>	Sep 18	July 19	<p>Measure Quality assurance framework is in place</p> <p>Independent review (Aid hour)</p> <p>Outcome All EHC plans include SMART Outcome which have been developed with children, young people and their parents/carers.</p> <p>Consistently high quality EHC plans.</p> <p>Outcomes from EHC plans inform the JSNA and joint commissioning EHC provision value for money.</p> <p>Aspirational outcomes are agreed with parent, carers, children and young people.</p>		SC/LH	CP/TS		
2.7	Strengthen relationships with Tower Hamlets CCG to ensure clear pathways for City of London children and young people with SEND registered with a Tower Hamlets GP	July 18	July 19	<p>Measure A strategic approach at a senior level is developed to strengthen the relationship with Tower Hamlets CCG</p> <p>Joint training and work with professionals in Tower Hamlets services is undertaken to build relationships and develop understanding of City of London needs and pathways</p> <p>Outcome Clear pathways for City of London children and young people with SEND who are registered with Tower Hamlets GPs</p> <p>Agreement for single City and Hackney DMO to have health oversight of cases to ensure equity of provision</p>		EW SD/JE	CP/TS		Green?
2.8	Identify or develop a tool with which to evaluate/measure Outcome from EHC plans to link to and inform joint commissioning of services and the monitoring of contracts (Revised Summary SEF – February 2018).	July 18	July 19	<p>Measure Outcome measures are developed and implemented to measure and report education, health, wellbeing and social care impacts</p> <p>Outcomes for education, health and social care and being effectively monitored and scrutinised and reported to the SEND Programme Board</p> <p>Outcome Outcome data is informing commissioning and strategic planning, oversight and scrutiny</p>	EHC plans	SC, LH	CP/TS		

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				Outcomes from EHC plans inform the JSNA and joint commissioning EHC provision value for money.					
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Priority: 3	<p>PROTECTING CHILDREN FROM HARM, SUPPORTING INDEPENDENCE</p> <ul style="list-style-type: none"> • Training our children and young people how to respond to a risk to their safety • Ensuring all young people have sexual health training • Making sure education health and care plans provide suitable challenges and opportunities to take appropriate risks • Assuring ourselves of the safety of the school (and other) environments where our children and young people are placed <p>Inspection findings</p> <p><i>Professionals and leaders have a clear understanding of the risks facing children and young people who have SEN and/or disabilities. The sharing of information and monitoring of individual pupils means that additional social care support and interventions are in place to help young people to manage any identified risks.</i></p>								
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Specific aim:

Page 21	1	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Ensure newly commissioned youth and play services support CYP with SEND to access their community.</p>	Sept 2017	July 19 and ongoing	<p>Measure Monitor SEND children and young people accessing services.</p> <p>Get feedback and evaluate the services with young people with SEND</p> <p>Outcome The Core Specification for Children’s and Young People ensures inclusive provision for SEND</p> <p>All monitoring for DCCS Children’s and young people’s commissioned services includes reporting on SEND</p>		MP	CP	Continued monitoring and review of services to ensure that they are supporting children and young people with SEND to access the community.
	3.2	<p>Ensure that all commissioned and recommended services are quality assured in terms of safer recruitment, DBS checks, appropriately qualified staff and safeguarding procedures are in place.</p>	July 2018	July 2019 and ongoing	<p>Measure Quality Assurance measures demonstrates that appropriate safeguarding procedures are in place</p> <p>Processes are in place to ensure that the voice of the child or young person is heard</p> <p>Outcome Children and young people report that they feel safe and that they know what to do if they are worried about their safety</p>		PD		
	3.3	<p>Raise profile of sexual and relational health service to be provided by newly commissioned youth service to young people and families.</p>	Jan 2018	July 2018	<p>Early help and Education workers to have information on the new service and to share it.</p> <p>Numbers of referrals to youth services increase.</p>		SA JH	CP	

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Priority: 3		<p>PROTECTING CHILDREN FROM HARM, SUPPORTING INDEPENDENCE</p> <ul style="list-style-type: none"> • Training our children and young people how to respond to a risk to their safety • Ensuring all young people have sexual health training • Making sure education health and care plans provide suitable challenges and opportunities to take appropriate risks • Assuring ourselves of the safety of the school (and other) environments where our children and young people are placed <p>Inspection findings</p> <p><i>Professionals and leaders have a clear understanding of the risks facing children and young people who have SEN and/or disabilities. The sharing of information and monitoring of individual pupils means that additional social care support and interventions are in place to help young people to manage any identified risks.</i></p>								
Specific aim:										
Page 22	3.4	Early Help, education service and Children’s Social Care to refer any young person who is vulnerable around unsafe relationships to the Vulnerable Adolescent’s Forum (with parental consent).	Sept 2017	July 2018	Vulnerable Adolescent’s Forum (multi-disciplinary) minutes to evidence young people with SEN support needs are being considered. Audits to show Early Help and Children’s Social Care are referring cases to the forum, and Outcome measured using either the CIN/CP review process or the distance travelled tool.		RG SA JH	CP		
	3.5	Type of short breaks offered considers opportunities for risk taking and independence training.	Sept 2017	July 2019 and ongoing	Early Help case audit shows short breaks include an element of risk taking opportunity.		SA, JH	CP	Independence and travel training has been now considered within Short Breaks planning for summer 2018	

Priority: 4		<p>PROMOTING INCLUSION</p> <ul style="list-style-type: none"> • Working with all major stakeholders within the City of London to actively remove barriers to participation, including physical barriers, informational, communicational or attitudinal • Supporting families creatively with short breaks that increase children and young people’s opportunities • Mystery shopping venues and building a reliable information bank of accessible activities • Creating a queue-jumping pass for families who cannot wait in line for long • Developing a working group for improving playground design 								
Specific aim:										
Ref:	Action:	Start:	End:	Measure/outcome:	Evidence	Lead officer/partner:	DLT lead:	Comments:	BRAG status:	
4.1	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Ensure that integrated commissioning arrangements reflect and meet the needs of City of London children and young people with SEND</p>	Sept. 2017	July 2019 and ongoing	<p>Measure</p> <p>The City of London is represented on the Children and Young People Workstream and any relevant sub-groups that emerge</p> <p>City of London needs are well understood, and strategic needs assessments and wellbeing strategies are aligned across the system</p>		EW TS	CP	<p>Integrated Commissioning arrangements across health, social care and public in City and Hackney began in April 2017.</p> <p>Key City officers engaged including Head of E&EY.</p>		

Page 23				<p>There is specific consideration of City of London needs within the workstream</p> <p>Value is added to the services already provided to City of London children and young people with SEND in any transformation projects</p> <p>City of London Children, young people and their families are actively involved in the co-production of services, planning, evaluation and delivery of services for SEND that are considered through integrated commissioning</p> <p>Outcome measures are developed and implemented for services commissioned through integrated commissioning in order to measure and report education, health, wellbeing and social care impacts</p> <p>Outcome The quality of provision and outcomes for children and young people are improved as a result of the local authority and health making best use of resources through joint commissioning services.</p>				<p>CYPM workstream to propose opportunities for aligned budgets</p> <p>Workstream priority to have oversight of the health elements of the SEND offer and targeted joint work as appropriate. Need to ensure City relevance.</p> <p>There is a London ADASS Peer Review of integrated commissioning in City of London in September 2018.</p>
	Ensure the City's needs are met in any future joint commissioning (including through attending the Integrated Joint Commissioning Group, coordinated by Hackney Learning Trust)	Sept 17	July 2019 and ongoing	<p>Measure The City of London representation on this work stream.</p> <p>Outcome City of London children and young people have access to a range of services to meet their needs.</p>	MP	CP/TS		
	4.3 Ensure all CoL specifications take into account the needs of children and young people with SEND	Sept 2017	July 2019 and ongoing	<p>Measure SEND provision included within Core Specification for Children and Young People.</p> <p>Work with Open Spaces to ensure SEND is considered within future provision.</p> <p>Outcome City families report that services meet the needs of their children and young people.</p>	MP/CPCF	CP		

Priority: 5	<p>CREATING SMOOTH TRANSITIONS BETWEEN STAGES AND SERVICES</p> <ul style="list-style-type: none"> • Preparing for change with each of our children and young people at key stages • Ensuring all the pieces are in place before asking a child or young person to make a transition • Preparation for adulthood for all vulnerable children and young people • Undergoing formal transition assessments in preparation for adult care services
Specific aim:	

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Ref:	Action:	Start:	End:	Measure/outcome:	Evidence	Lead officer/partner:	DLT lead:	Comments:	BRAG status:
5.5	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Identify the City of London strategic lead for post 19 developments.</p>	Sept 2017	Sept 18	Post 19 lead to establish a plan to develop pathways and a range of service to support transition in to adulthood post 19.		IT	CP		
5.6	Put broad scope plans in place for post 16 and post 19 progressions with exit pathways so that when young people are transitioning to adulthood their access to training and employment is facilitated.	Sept 2017	Sept 18	Plan developed for 16- 19 pathways and support networks.		IT JA (Information, Advice and Guidance)	CP		

<p>Priority: 6</p> <p>Page 24</p>	<p>IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning
Specific aim:	

Ref:	Action:	Start:	End:	Measure/outcome:	Evidence	Lead officer/partner:	DLT lead:	Comments:	RAG status:
6.1	<p>Inspection finding</p> <p><i>Parents are dissatisfied with the - service from general practitioners (GPs) in the City. Parents felt that their GPs were not always supportive when they asked for help, advice and/or referrals to specialist services. The local area has not ensured that enough parents are aware of the fact that they can self-refer for access to specialist services.</i></p> <p>Action</p> <p>Steps are taken to ensure staff within GP services understand the SEND reforms</p>	June 2018	Dec. 2018	<p>Measure</p> <p>The GP service is made aware of the views of parents and young people and are supported to address these.</p> <p>Outcome</p> <p>Parents and young people are aware of the pathways to access specialist health services</p> <p>Staff within GP services have an understand the SEND reforms and their responsibilities in relation to this. They understand how services are delivered locally to meet the needs of children and young people with SEND, thresholds, and the process for developing EHC plans.</p>		SD/CPCF, DCO	CP	SD has met with the Practice Manager and GP at the Neaman (June 2018) to address the issues raised during the SEND inspection and a further meeting is planned for September to include representatives for the CPCF and the DCO to discuss this further.	

Priority: 6		<p>IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 						
	and their responsibilities in relation to this.							
Page 25	<p>6.2</p> <p>Inspection findings <i>Health professionals, providers and families stated that, in some cases, access to health services was unclear. Families living in certain postcodes in the City who access GP services not associated with the NHS City & Hackney Clinical Commissioning Group found the pathways confusing and at times transfer between health services was necessary. This means that children and young people may experience disruption to the care that they are receiving.</i></p> <p>Action Steps are taken to ensure that health professionals, providers and families have clarity regarding health pathways for City of London residents.</p>	Sept. 18	July 19	<p>Measure A clear referral guide is made available to professionals and families.</p> <p>Outcome Children and young people are signposted to the appropriate health services, relevant to their postcodes and so do not experience disruption to the care they are receiving because of postcode issues.</p>		SD/JE	CP	SD/JE to report to the SEND Programme Board in December 18 on referral pathways and work/planned work with primary care.
	6.3	<p>Inspection findings <i>The DMO is currently in the process of collating information to undertake an audit of the quality of medical assessments being used in EHC plans, but this is still in its infancy. This means that the DMO has no oversight of the quality of the health input into the EHC plans of children and young people who are not</i></p>	Sept. 18	Jan.19	<p>Measure Audit by DMO of EHC Plans includes children and young people registered with GP practices outside of the City.</p> <p>EHC plans are amended to reflect recommendations of the review</p> <p>Outcome The DMO has oversight of the quality of the health input into the EHC plans of children and young people who are not registered with a City and Hackney practice and can influence improvement.</p>		SC/JE	

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Priority: 6		IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT							
		Primary question from the inspection							
		Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?							
		Priority as set out in the Joint Strategy							
		<ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 							
	<i>registered with a City and Hackney practice and cannot influence any improvement.</i>								
6.4	<p>Inspection findings <i>Leaders have prioritised improving pathways into employment for adults with learning difficulties. The local offer is currently being improved to include more information about preparing for employment and signposting possible pathways.</i></p> <p>Action The Local Offer is improved to include more information about preparing for employment and signposting possible pathways.</p>	Sept. 18	July 19	<p>Measure</p> <p>Outcome Young people are able to access a wide range of information about preparing for adulthood, employment and training.</p>		FYI Manager	CP		
6.5	<p>Inspection findings <i>There is currently no use of personal budgets in the local area beyond direct payments for short breaks and the offer of personal health budgets for children and young people eligible for continuing care.</i></p> <p>Action Promote the use of/option of personal budget with parents and carers and</p>	Sept. 18	Dec. 18 and ongoing	<p>Measure The option of personal budget is discussed with families at EHC planning meetings and at annual review meetings.</p> <p>“Easy read” version of the Personal Budget policy is available on the Local Offer</p> <p>Outcome Parents and young people report that they have more choice and control about the provision and how they access this.</p>		SC	CP		

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Priority: 6		<p>IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 							
	young people who have an EHC plan or who are undergoing an EHC needs assessment.								
Page 27	<p>6.6</p> <p>Inspection findings <i>Leaders have created a 'data digest' of information that relates to children and young people who have SEN and/or disabilities. They review the digest regularly and use it to report to the SEND programme board. Although the digest includes a lot of valuable information, it does not fully reflect the Outcome being achieved by those who are on SEN support. Leaders acknowledge the need to consider how best to account for the broad Outcome of this group of children and young people.</i></p> <p>Action The data digest is further developed to include data relating to outcomes of children and young people who are at SEN support and attending schools and settings outside of the City.</p>	July 18	July 19 and ongoing	<p>Measure A comprehensive SEND dataset is routinely reported to the SEND Board, CSMT and the SIB</p> <p>Outcome Performance analysis and reporting enables strategic planning, oversight and scrutiny.</p>		MR	CP		
6.7	<p>Actions from SEND Service Action Plan/SEND Strategic Action Plan 2017-2018</p> <p>Develop links with available resources for employment and training support.</p>	July 2018	July 2019	<p>Outcome Increased employability and employment levels</p> <p>Measure Quality Assurance demonstrates employment being considered Number of people in paid employment. Outcome Measurement Tool</p>		IT/MP	CP	<p>Accessing and engaging in work, training, education or volunteering is one of the National Eligibility Criteria under the Care Act. This is a mandatory section ASC FACE Assessment tool used for Transitions</p>	

<p>Priority: 6</p>		<p>IMPROVING LONG-TERM OUTCOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 						
<p>Page 28</p>	<p>Ensure Action pathways in place to work towards increased employability and raising employment levels.</p>			<p>ASCOF local reporting</p>				<p>and all subsequent needs assessments. Where this is assessed as a need it will automatically be brought forward to the FACE Support plan and the Support plan review completed a minimum of annually.</p> <p>Available Resources include:</p> <ul style="list-style-type: none"> • CoL Adult Education and Apprenticeships • Tower Project – Employment Support currently with Commissioning to agree spot purchase contract • ASC Employment project <p>Included in Youth and Play Services Contract specification outputs and KPIs</p> <p></p> <p>Final draft Addendum - youth services.pdf</p>
	<p>6.8</p>	<p>Identify people at an early stage in their childhood to plan for adulthood. Adults team to allocate a case worker at 16+ to work jointly with transition planning.</p>			<p>Outcome A smooth transfer to an adult environment where young adults move from child-centred to adult-orientated health and social care systems as distinct from a single chronological event</p> <p>Measure Quality assurance from Case recording demonstrates ASC involvement from 16+ Quality Assurance of Transition forum recording</p>		<p>IT</p>	<p>CP</p>

Priority: 6		<p>IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 								
									Named ASC Qualified Social Worker to work jointly on transitions planning.	
6.9	Develop information pack for adulthood, including directory of support available and useful advice.	July 2018	July 2019	<p>Outcome Accessible information available for young people, their parents/carers to support them in planning for adulthood</p> <p>Measure Printable website directory in place to include easy read versions.</p>		IT	CP	No specific guide for adulthood currently in place. However, Community Active Guide printed and available.		
6.10	Ensure that every adult and Young person is encouraged to have an annual health check including dental and oral care.	July 2018	July 2019 and ongoing	<p>Outcome Improvements in health Outcome for young people and carers</p> <p>Measure Quality Assurance of evidence Outcome measurement tool regarding health Outcome</p>		IT	CP	<p>Mandatory Check/prompt to be built into adults annual review form.</p> <p>Youth and Play services spec as in 6.2 Above.</p> <p>Discuss with commissioning around clauses in contracts for adults providers Update: 11/09/18 –Meeting with Commissioning.</p> <p>Raise with Local GP surgeries</p>		
6.11	Ensure that a clear process is in place to signpost to carer support networks. Identify options for emotional and practical support for individuals, including peer support networks and advocacy.	Sept 2017	April 2018	<p>Outcome All carers are aware of their status of carers and their right to assessment Support networks are in place to meet needs of carers</p> <p>Measure Quality assurance around offers of and completion of carers assessments, support plans and support plan reviews Universal support services in place for carers and included in directory of services</p>		IT	CP	<p>Carers of 16+ young people identified at transitions Forum</p> <p>Carers of 16+ young people identified at transitions Forum</p> <p>Carers Strategy in place. Refresh planned for Jan 2019</p> <p>Carers Assessment and support plans include how individually identified needs are met</p>		

SEND Service Improvement Action Plan – 2018 - 2019

Priority: 6		<p>IMPROVING LONG-TERM OUTOMES AND CREATING AN AREA WIDE IMPACT</p> <p>Primary question from the inspection</p> <p>Question C: How effectively does the local area improve Outcome for children and young people who have special educational needs and/or disabilities?</p> <p>Priority as set out in the Joint Strategy</p> <ul style="list-style-type: none"> • Securing excellent long-term life Outcome through challenge, support and opportunity • Monitoring and accounting for Outcome; using performance data to measure impact and inform re-commissioning 									
Page 30											<p>Carer directory of support available on Website</p> <p>Carer Advocacy provision in place.</p> <p>Peer support networks available:</p> <ul style="list-style-type: none"> • SEND Parents Group and Forum • ASC commissioned Carers Support Group offer to all carers.
	6.12	Develop an Outcome based tool to use with the person to identify and track their progress on their identified Outcome.	Sept 2017	March 2018	<p>Outcome Implementation of evidence-based tool for both supporting and measuring change</p> <p>Measure Quality assurance of case recording on MOSAIC Outcome tool is in place for each person and updated at each review.</p>		IT	CP	<p>Outcome star functionality explored as part of MOSAIC upgrade but significant cost of building and maintaining license. FACE overview assessment implemented in system with recorded Outcome pulled through to support plans and revisited each review. FACE is also being used for Transition assessments.</p>		
	6.13	Explore the 'Shared Lives' approach in anticipation of YP's supported independence	Sept2017	Dec 2017	<p>Measure Clear information on any available access to shared lives pathways.</p> <p>Outcome Increased choice of supported independence for YP</p>		IT	CP	<p>Shared Lives scoping project looking at viability of either a scheme being set up in the City or partnership with a neighbouring scheme. To be Completed by end September 2018.</p>		

Committee	Dated:
Safeguarding Sub-Committee	19/09/2018
Subject: Mental Health Strategy	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Tizzy Keller, Strategy Officer (Health and Children)	

Summary

This report provides members with an update on the City of London Corporation’s (CoLC) new Mental Health Strategy. The current Mental Health Strategy is due to be refreshed and it has been agreed that the new strategy will be joint with City and Hackney Clinical Commissioning Group (CCG) and the London Borough of Hackney (LBH). This collaborative approach aligns with the integrated commissioning agenda and will enable more effective partnership working to deliver better outcomes for the residents of City and Hackney.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The City Corporation’s current Mental Health strategy 2015–2018 was approved by the Health and Wellbeing Board in December 2015. The CoLC and City and Hackney CCG share ownership of the document. It aims to improve the mental health of people in the City, keep people well and then ensure that we provide effective support when mental health problems do arise. An action plan was developed to monitor the progress against four priorities to deliver better outcomes for residents, workers and rough sleepers. This strategy is due to be refreshed.
2. The majority (89%) of the actions on the current action plan were complete or on track and the remaining actions have been delayed but were progressing (see appendix 1). Any actions that are not yet completed will be taken forward and incorporated into the new strategy.
3. The CoLC is part of an integrated commissioning programme with the CCG and LBH. The aim of the integrated commissioning programme is to work as a single system, transforming the way we work to improve health and wellbeing outcomes across City and Hackney. It aims to make best use of shared resources, making savings by being more efficient and effective so that we can invest in more services that City and Hackney people need. It also aims to integrate health, public health, social care and wellbeing services across our providers and to support people to look after their own health and wellbeing. The four workstreams of the integrated commissioning programme (unplanned, planned, prevention and children, young

people and maternity services) are the delivery arm of the programme. There is also a Mental Health Co-ordinating Committee (MHCC) that supports all the workstreams to consider and embed mental health into their work.

Current Position

4. At the last MHCC meeting, partners agreed to produce a joint Mental Health Strategy between the CoLC, City and Hackney CCG and LBH. Partners agreed that a joint strategy would be more effective as mental health and wellbeing falls across health, public health and social care, and an increasing amount of mental health work will be delivered through the integrated commissioning programme.
5. The new strategy will be a high-level document that outlines our shared vision and priorities and provides the strategic direction for the mental health activity of the integrated commissioning programme and each organisation. The aim is that this strategy will ensure commitment and accountability across all organisations to enable us to work in synergy to deliver better outcomes.
6. The implementation of the strategy will be supported by a delivery plan with clear and measurable outcomes. The MHCC will oversee the implementation of the delivery plan and will monitor progress against the priorities and aims of the strategy.
7. A mental health needs analysis is currently underway. The information from this analysis, together with local intelligence gathered from engagement with service users and stakeholders, will be used to develop the priorities of the strategy.
8. The aim is for the final strategy to be approved in early 2019.

Corporate & Strategic Implications

9. The development of a joint Mental Health Strategy will support the CoL Corporate Plan's aim to contribute to a flourishing society.
10. It also supports the following priority from the Department of Community and Children's Services Business Plan: "Priority Two – Health and Wellbeing: Promoting the health and wellbeing of all City residents and workers and improving access to health services in the square mile."

Health Implications

11. A joint Mental Health Strategy will enable a collaborative approach to provide more effective mental health and wellbeing services and improved health outcomes for the workers and residents of the City of London.

Appendices

- Appendix 1 – Mental Health Strategy Action Plan 2015-18

Background Papers

- City of London Mental Health Strategy 2015–2018

Tizzy Keller

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Name:	Mental Health Action Plan		
Duration:	2015-18		
Relevant strategies:	Mental Health Strategy		
Previous version(of action plan /relevant plans:	N/A		
Board responsible for monitoring action plan:	Health and Wellbeing Board		
Owner:	Marcus Roberts / Tizzy Keller		
Review date:	30.09.16	Frequency of monitoring/reporting:	Quarterly

Priority 1 :	Prevention						
Objective 1:	Promote good mental health and mental health self-help, and support prevention and early identification of mental health problems through mental health services, healthcare pathways and our work with the community.						
Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		2015 Ongoing	Deliver 'Books on Prescription' throughout City libraries. Promote the libraries as places of refuge from stress and run activities to promote positive mental wellbeing.	Carol Boswarthack	Books on Prescription has been delivered and the Read and Relax group takes place monthly. Additionally, on 20/9/16, 2 librarians visited the memory Club (Forget me Not) at COLSEC to talk about library services and delivered a mini Read & Relax session to them. Last year Shoe Lane Library was remodelled to incorporate several "Sanctuary Spaces", one of which also specifically showcases selfhelp wellbeing materials. The Libraries regularly host lunchtime talks on coping strategies such as mindfulness, self-esteem and self-development and improving sleep patterns. Since February 2018 Shoe Lane Library has been hosting the Dragon Café in the City which aims to promote good mental wellbeing by providing a quiet and calm environment,that is open to everyoe, to reflect and take a break from the stress of daily life and work. it runs a bi-weekly programme of activities including tai chi, chess, art workshops, talks and film screenings.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		Jul-16 Jul-17	Extend the Learning Well Programme, which promotes recovery and wellbeing for people with low-level mental health problems, for another year.	Barbara Hamilton	The leaning well programme ran for two years until the end of 16/17.	Completed
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		Apr-16 Ongoing	Increase the number of referrals to the Social Prescribing service from the Neaman practice and increase the number of City based activities it refers to.	Beverley James	Regularly attends the Neaman practice clinical meetings and attending network meetings to raise the Social Prescribing profile. CoL PH team and Social Prescribing working more closely to increase referral activities. Working with One Hackney and City SP to refer patients with more sever needs to their service. The number of referrals increased in 2017/18.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		Apr-16 Ongoing	A City lead allocated for the City and Hackney 5 to thrive programme and City based 5 to thrive events delivered.	CCG - Rhiannon England/ Poppy Middlemiss (City lead)	City lead allocated and attending the steering group meetings. Website updated and linked to the Icare website.We are working towards getting City events on the website.	Green
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		Jan-16 Sep-16	Include a prevention-focused education element in the new young person clinical health and wellbeing service, which focuses on building the knowledge, self-esteem and resilience of children and young people	Farrah Hart/ Poppy Middlemiss	Services started on the 1st November 2016. We are currently working with the providers of the health and wellbeing service to increase engagement of City young people with the service and will be using the Youth Forum to consult with them.	Completed
1.1	Deliver services that support primary prevention of Mental Health issues and support emotional wellbeing		Jun-16 Oct-16	The HWMPA service will empower and motivate participants to make informed choices to improve their physical, mental and social well-being through physical activity and healthy eating by offering support tailored to specific groups, including people with mental health issues, and ensuring effective referral and exit routes with partner services.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
1.2	Provide Mental Health education and promote positive Mental Health messages through our commissioned services.		Jan-16 Ongoing	The Square Mile Health service provides information on the links between substance misuse and smoking and mental health	Mark Davison	This forms part of the Square Mile service and the City will monitor this at monitoring meetings	Green
1.2	Provide Mental Health education and promote positive Mental Health messages through our commissioned services.		Apr-16 Ongoing	The City Advice training programme for advisors to include strategies to explore solutions for diverse client groups including people with mental health problems	Lorna Corbin	Toynbee Hall is developing new policies and procedures including ones dealing with users and staff who are experiencing mental health problems. The City Advice Team Manager has attended a number of workshops in the City hosted by Healthwatch City of London on Mental Health provision, as well as participated in a few informal session run by City and Hackney MIND, all of which has been cascaded down to the team. City Advice are in the process of formalising referral protocols and joint working arrangements with City and Hackney MIND and MAYTREE a local suicide prevention charity The City Advice team has had a recent change of staff and are currently reviewing training needs in this area.	Green
1.3	Commission clinical services that enable early identification of Mental Health issues and provide treatment for mild to moderate Mental Health issues		Jan-16 Sep-16	Offer swift and easy referrals into brief psychological support for children and young people with mild to moderate mental health issues, in the new young person clinical health and wellbeing service	Farrah Hart/ Poppy Middlemiss/ Nadia Seeker	Services started on the 1st November We are currently working with the providers of the health and wellbeing service to increase engagement of City young people with the service and will be using the Youth Forum to consult with them.	Completed
1.3	Commission clinical services that enable early identification of Mental Health issues and provide treatment for mild to moderate Mental Health issues		Apr-16 Ongoing	Reduced waiting times for IAPT through increased investment, increased capacity and service provision, collaborative working and staff training	CCG	City & Hackney Mental Health Programme Board has invested additional funding to reduce waiting times through increasing capacity and collaborative working, group therapy and ECBT	Green

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.4	Commission Mental Health first aid training for frontline corporation staff so they can identify those with mental health issues and signpost them to appropriate services.	May-16	Ongoing	Number of frontline staff trained in mental health first aid	Farrah Hart/ Tizzy Keller	Mental Health First Aid (MHFA) training was delivered on the 1 st and 2 nd December 2016. 13 members of frontline staff in the Corporation, including staff from Tower Bridge, Housing, Community and Children's services and City Police were successfully trained. On the 5th and 6th April 2018 a second course of MHFA training took place at Guildhall. 10 out of 16 places were given free of charge to our commissioned providers including Reed Momenta, WDP, Fusion and Bluebird. Feedback has been overwhelmingly positive and we are looking into running a course in a similar format in the near future	Green
1.5	Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular school nurses	May-16	Sep-17	Mental health first aid training to be provided for front line staff and partners who work with children.	Tizzy Keller/ Jeanne Barnard	A course of Youth MHFA is being organised jointly between the Public Health and Education teams. This course will take place in the summer term.	Amber
1.6	Provide extra support to children and unborn children in families where the adults have mental health or substance abuse issues.	Jan-16	Ongoing	Audit and evaluate the use of the 'Think Family' approach to meet the needs of children living in households with adults with additional needs.	Rachel Green/ Jo Hendersen	In the last evaluation in 2016 the Think Family approach was found to be working well. A formal review of the approach is due to take place in 2018.	Green
1.7	Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	May-15	Jul-16	Mental Health Needs Assessment; 0-5 Needs Assessment; 5-19 Needs Assessment; Substance Misuse Needs Assessment	Poppy Middlemiss	Mental Health Needs Assessment; 0-5 Needs Assessment; Substance Misuse Needs Assessment; 5-19 Needs Assessment are complete. The substance misuse needs assessment is due to be updated in 2018	Completed
1.7	Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	Apr-16	Aug-16	Commission an enhanced CAMHS service for looked after children.	Prachi Ranade	Contract for an enhance CAMHS service in place.	Completed
1.8	Deliver additional mental health support to vulnerable new and expectant mothers.	Jan-16	Apr-16	Commission an enhanced health visiting service with a specification to assess and identify maternal mental health concerns and offer subsequent support.	Farrah Hart/ Nicole Klynman	The new health visitor service (provided by the Homerton Hospital) is commissioned by the London Borough of Hackney and the contract started on 1 st July 2016.	Completed
1.9	Implement the Carers' Strategy to improve support services and mitigate the risk that a caring role may lead to mental ill health.	Jan-16	Ongoing	Carers' Strategy and Action Plan developed and monitored by the Adult Wellbeing partnership.	Ian Tweedie	The renewal of the carers strategy is on this year's commissioning work plan. Will be commissioning an organisation to come in and review and draft new one.	Green
		Jun-16	Sep-16	Include a City Carers Service in the new Reach Out Network to provide help, advice and support for Adult Carers.	Emma Goulding	The tender process for the Reach out Network is completed. Carers Network Westminster won the tender for the City Carers service which commenced mid-September. The service includes two monthly carers groups, a weekly 'listening ear' service over the phone, Skype or email and a monthly 1:1 drop in service and development of peer networks.	Completed
1.10	Identify and support young carers to promote and safeguard their welfare, mitigate the risk that a caring role may lead to mental ill health.	Jun-16	Sep-17	Refresh the Young Carer's Strategy.	Chris Pelham	The renewal of the Young Carers Strategy is, along with the adult carers strategy, on this year's commissioning work plan. Will be commissioning an organisation to come in and review and draft new one.	Amber
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	Depression screening is included in the diabetes template in primary care.	CCG	Done	Completed
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	Include a 5 to Thrive wellbeing reminder in Recovery Care Plans	CCG- Rhiannon England	Done	Completed
1.11	Integrate care pathways so that the mental health needs of people with long-term physical health issues are identified and met.	May-16	May-17	A Mental Health check is included in young people's health checks in Primary care.	CCG	There are MH questions on the EMIS YP health check template for clinicians to use if appropriate including links to WEMWBS and the MH resources leaflet for YP	Completed
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jan-16	Ongoing	Social isolation strategy and action plan developed and implemented.	Adam Johnstone	The Social Isolation Strategy and action plan has been developed and is being implemented.	Green
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Apr-16	Jul-16	Extend the City's befriending scheme to include people with low level mental health needs.	Prachi Ranade	The befriending service commenced on July 4th. Official launch took place on 27th September 2016 attended by over sixty people. The number of people accessing the service has been increasing since it's relaunch	Green
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jun-16	Sep-16	Include a Wellbeing and Independence Service in the new Reach Out network which will encourage and support people to actively participate in their community to prevent social isolation.	Lorna Corbin	The tender process for the Reach out Network is completed. Toynbee Hall won the tender for the City Wellbeing service which commenced mid-September. The service includes one to one support from the Outreach worker and monthly 'coffee mornings'	Completed
1.12	Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Jan-16	Jan-17	Provide a 'Little Explorers' program for mothers with young children at risk of social isolation.	Theresa Shortland	Little Explorers programme took place in 16/17.	Completed
1.13	Improve diagnosis rates for dementia	Apr-16	Ongoing	CCG working with GP practices to promote early identification and improved coding practices for dementia.	CCG	New GP Dementia Lead and a newly appointed MH facilitator are working with practices to improve coding and improve diagnosis rates for practices with potential to improve diagnosis rates	Green
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jun-16	Sep-16	The new Reach out network to include a City Memory group to provide group and peer support for people diagnosed with dementia, their families and carers.	Lorna Corbin	The tender process for the Reach out Network is completed. Toynbee Hall, subcontracting to Forget Me Not, won the tender for the City Memory Group which commenced mid-July. The service includes weekly group sessions and is actively working with the City Befriending service to provide befrienders to group members who need extra support.	Completed
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jun-16	Jul-16	Establish a new integrated Dementia Care Pathway with input from all key stakeholders.	CCG/Ian Tweedie	The new dementia care pathway is in place. Pathway currently being updated	Completed
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jul-16	Mar-17	Provide those diagnosed with dementia with advanced care plans and crisis plans as part of the new Dementia Care Pathway.	CCG/ Ian Tweedie	Work is underway in the Care planning work stream in Phase 2 of the dementia alliance are working towards agreement to use Coordinate my care to create care plans for people diagnosed with dementia. These care plans will include crisis and advanced care plans where possible. Phase 2 is now complete and admin capacity has been secured by the dementia alliance to go through all those diagnosed with dementia to ensure they have a Coordinate my Care plan in place. Governance protocols are now in place.	green
1.14	Ensure that advice and support is available to those diagnosed with dementia and their carers.	Jul-16	Mar-17	All carers offered an assessment of their needs and receive carers support package as part of new integrated Dementia Care Pathway.	CCG/ Ian Tweedie	The new phase of the dementia alliance will focus on plans to map out support available to carers and identify gaps in service provision. We are working with the Local Authority to obtain data on % of Carers for people with dementia on their carers register. With phase 2 now complete this is informing phase 3 and plans for a Dementia hub	Amber

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.		Jan-17 Ongoing	Identification of open spaces in the City that would benefit from further protection or enhancement of the acoustic environment.	Rachel Sambells	The Noise Strategy Action Plan has commenced with the first stage of evidence gathering. A 'sounds of the City'	Green
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.				Rachel Sambells	The Noise Strategy Action Plan has commenced with the first stage of evidence gathering. A 'sounds of the City'	
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.		Jan-17 Ongoing	Initiatives and policies are in place to protect areas of tranquillity which are relatively undisturbed by noise and are prized for their recreational value.	Rachel Sambells	The Noise Strategy Action Plan has commenced with the first stage of evidence gathering. A 'sounds of the City'	
1.15	Protect, and where possible enhance, the acoustic environment in suitable parts of the City to mitigate against the Mental Health effects of noise and contribute to an improvement in mental well-being of City residents, workers and visitors.		Jan-17 Ongoing	Encourage developers, architects and planners to consider a variety of soundscape initiatives (including tranquillity) in the design of new developments.	Rachel Sambells	The Noise Strategy Action Plan has commenced with the first stage of evidence gathering. A 'sounds of the City'	
1.16	Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments.		Jan-16 Apr-16	Complete an evaluation of the EASL service to determine what further action is required to help rough sleepers with mild mental health needs into accommodation.	Will Norman	The initial evaluation completed in April 2016. EASL are currently working to a new, interim spec pending by the completion of the health and homelessness scoping work (see action below). This will expire in May when the service will be reviewed..	Green
1.16	Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments.		Apr-16 Jun-18	Complete an assessment of the Mental Health needs of rough sleepers in the City.	Will Norman/ Simon Cribbens	This piece of work has begun and will be completed at the end of June 2018. The commissioned provider who will be undertaking it will liaise with EASL and ELFT.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.		Jan-16 Ongoing	Information relevant to Mental Health and suicide on the Business Healthy resource pages	Nicole Klynman/ Xenia Koumi	Business Healthy has put lots of evidence on the website, weekly newsletters with lots of supportive information. Business Healthy launched a mental health awareness and suicide prevention campaign, "Release the Pressure" in summer 2017. It is ongoing and is aimed at those working, living in and visiting the Square Mile, encouraging people to recognise day-to-day stresses that could trigger poor mental health and to seek help for them. By advertising in high-footfall areas in the City, including location-specific digital adverts, press coverage and engaging with employers, the campaign has seen much engagement and was seen 30 million times across its first four weeks, with a tenfold increase in views of the list of mental health support services on the CoLC's website. The Dragon Café in the City's 6 month pilot launched in February 2018. It provides a calm and welcoming space for city workers and residents to take time out and hosts free activities to help visitors de-stress and build mental resilience	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.		Feb-16 ongoing	City of London Corporation to run the This is Me campaign	Justin Tyas	To celebrate World Mental Health Day, CityWell launched a video-based mental health campaign at the Celebrating Our People Awards in October 2016. The 'This is Me' campaign is part of a larger City-wide movement involving 70 organisations across the City, working in partnership with the Lord Mayor's Appeal. Other businesses taking part include Barclays, PwC, BNY Mellon and the Bank of England. The City of London Corporation will be running the This is Me campaign again and this will be launched at the Mental health and Wellbeing seminar at Guildhall in May 2018.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.		May-16 ongoing	Hold a suicide prevention educational event for the business community with CMHA.	Xenia Koumi/ Nicole Klynman	Business Healthy together with the Samaritans hold suicide prevention awareness training sessions 4 times a year.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.		Mar-16 Ongoing	Identify and appraise options for providing non-NHS health services for City workers within the Square Mile, including mental health, particularly for lower-paid City workers.	Xenia Koumi/ Simon Cribbens	A mental health centre for City workers and residents is being explored, which would offer a range of clinical interventions at low cost to those on lower incomes. Premises have been identified and funding is currently being secured. Support is in place from key stakeholders, including Members, and a programme of work has been outlined. The timeline has not been confirmed but we are currently hoping for a 2019 opening.	Green
1.17	Support the business community by providing tools and training to mitigate the impact of stress and anxiety at work reduce mental health issues amongst City Workers.		Jul-16 Ongoing	Learning Well programme working with Business Healthy to engage City workers. Run the release the pressure campaign.	Barbara Hamilton	The learning well programme ran for 2 years. The release the pressure campaign was run in summer 2017.	Green
1.18	Increase access to Individual Placement Support (IPS) for SMI in secondary care services by 25%		Apr-16 Apr-17	Increased access to Individual Placement Support (IPS) for SMI in secondary care services by 25%	CCG & Devolution Partners	This work stream will be covered under the Prevention workstream of the integrated care programme. The CCG are currently working with LBH and CoL to establish the baseline and the action plan for this workstream. We were not eligible for Waive 1 funding so we are waiting for Waive 2 funding to commence. On hold at present.	Amber
1.19	Reduce rates of detention under the MH act		Apr-16 Ongoing	Rates of detention are reduced for those with SMI, psychotic disorders, BME groups and those in crisis	CCG	Through expansion of our EIP programme to those with psychotic disorders, working with the statutory sector and VSO to ensure better reach into BME communities who are disproportionately represented in detentions and our community based crisis interventions aimed at de-escalating a crisis to avoid admissions or detentions. Through the street triage pilot in the City we are seeing a large reduction in those detained under the MH health act. ELFT have completed an analysis of the issues.	Green
1.20	Physical health screening and interventions for those with SMI		Apr-16 Apr-19	60% of those on GP SMI register have screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services)	CCG	We have created a mental health dashboard, which monitors SMI physical health checks in primary care for against an SMI register and have also invested in more comprehensive GP physical health checks which go beyond the QOF requirements. 30% target has now been replaced by a 2018-19 60% target. This will be supported by 2018-19 GP performance incentives and the employment of 2 HCAs.	Green

Priority 2:		Personalisation					
Objective 2:		Design and deliver services that are tailored to meet individual needs and offer people the greatest possible choice and control over their lives					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
2.1	Design and deliver services that improve the experience of those with specific cultural needs, to ensure equal access to services.		Jun-16 Ongoing	Provide the opportunity for service users to feedback on Mental Health services and recommend how they can better cater to their needs	CoL Public Health Team/ CCG	Mental Health Programme Board is liaising with PPI groups on specific issues to gain feedback on how to improve services. In 2018-19 CCG plans to commission a co-design group with people with lived experience to support the work of the MHCC.	Green
2.1	Design and deliver services that improve the experience of those with specific cultural needs, to ensure equal access to services.		Apr-16 Apr-17	Provide a programme of community psychology providing outreach and education to BME communities.	CCG/ ELFT	The psychological therapies alliance piloted the Tree of Life within the BME population and Bikur Cholim piloted OCD and Derman piloted group therapy with the Turkish and Kurdish communities.	Completed

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
2.2	Invest in mental health care in the community.		Apr-16 Ongoing	Statutory sectors delivering care in more accessible, less stigmatised community based locations	CCG	Crisis Café opened in 2016. More secondary care patients being seen in primary care locations through EPC	Green
2.2	Invest in mental health care in the community.		Apr-16 Ongoing	Community groups are adequately represented in local commissioning and service design	CCG	City and Hackney CCG Innovation fund support a community psychology model for Emotional health and well-being	Green
2.2	Invest in mental health care in the community.		Apr-16 Apr-17	Employment of a community based specialist team for children and young people.	CCG	Community team in place	Completed
2.2	Invest in mental health care in the community.		Apr-16 Ongoing	Community based staff to recognise the signs of psychosis to enable swifter referrals	CCG/GP	City and Hackney CCG Innovation fund support a community psychology model for Emotional health and well-being	Green
2.2	Invest in mental health care in the community.		Jan-16 Sep-16	Provide First Steps sessions, which offer support for young people and their families experiencing emotional difficulties, in the community	Theresa Shortland	The first steps programme is run at SJC children's centre. We are currently reviewing the programme as the contract has come to an end. As one of the commissioned services, they will be part of the wider children's centre review currently taking place	Completed
2.3	Offer mental health support on GP practice premises where possible and transfer the case management of some patients with mental health problems to primary care.		Apr-16 Apr-17	Increase the patient cohort for the Enhanced Primary Care mental health service to include a higher % of mood disorders, PD and older adults and increase staff capacity and range of skills to support this.	CCG	Already being done	Completed
2.3	Offer mental health support on GP practice premises where possible and transfer the case management of some patients with mental health problems to primary care.		Apr-16 Apr-17	The transfers from secondary care to primary care increased to meet the target of 50 per month.	CCG	Currently achieving approximately 40 a month	Amber
2.4	Increase the capacity of psychological therapy assessment and treatment services.		Apr-16 Apr-17	Reduce the waiting times for IAPT through increased investment, increased capacity and service provision, collaborative working and staff training.	CCG	NHSE waiting times standards have been met.	Green
2.5	Offer an extended range of Mental Health services		Apr-16 Ongoing	The CCG to Increase the range of MH interventions available for Children and Young People, those with Dementia, Perinatal MH disorders, BME, Veterans, Homeless and those in crises.	CCG	Various work streams currently on going to address these areas funded by recurrent, non –recurrent and innovation funds	Green
2.6	Improve the physical health of those with enduring mental health issues.		Jun-16 Sep-16	Include a community health engagement service as part of the weight management and exercise on referral service which directs those with mental health needs towards sport and leisure opportunities at fusion /libraries.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
2.6	Improve the physical health of those with enduring mental health issues.		Apr-16 Ongoing	Refer people with low level mental health needs to physical activity services through the social prescribing service.	Beverley James	Working to increase referrals from City residents. · CoL PH team and Social Prescribing working more closely to increase referral activities. The referrals increased between the end of 2016//17 and 2017/18.	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.		Apr-16 Apr-17	Development of care plans in primary care for complex patients to improve integrated service provision for these patients	CCG	Shared care plans are in place for all frail/complex patients with Dementia. We are improving the range of organisations inputting into the plans. It has been decided not to extend care plans to patients with less frailty as they will not be seen regularly enough to ensure plans are updated and this could cause a clinical risk.	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.		Jul-16	Establish a new integrated Dementia Care Pathway with input from all key stakeholders.	CCG/ Ian Tweedie	The integrated dementia care pathway is in place but being updated currently	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.		Jan-16 Jan-17	A Care ACT COMPLIANT Care Programme Approach (CPA) is being developed in ELFT and the City sits on the Development Board	Ian Tweedie	The new CPA process is in place and embedded on Rio	Green
2.7	Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.		Jan-16 Jan-17	Establish a multi agency Hoarding and Self-neglect Panel with partners from Environmental Health, Public Health , Housing, CCG, Legal, LFB, COL Police and ASC	Ian Tweedie	Panel has met monthly since Jan 16 , 6 cases have been presented and progressed through a multi-disciplinary protection plan - will be an ongoing meeting - therefore action is complete.	Completed
2.8	Research and assess the need for MH services and support for victims and perpetrators of domestic violence and abuse, and their children		Jul-16 Dec-16	Include questions on MH in assessments of victims and perpetrators of domestic abuse and their children, and refer them on to appropriate care	Robin Newman	This action is complete. We either refer to CAMHS or the Positive Change Programme.	Completed
2.8	Research and assess the need for MH services and support for victims and perpetrators of domestic violence and abuse, and their children		Jan-16 Jan-17	Explore options to offer a non-clinical alternative to CAMHS as first step support for children and young people affected by domestic violence and abuse	Rachel Green	DV specialist social worker in post	Completed
2.9	Create a "dementia-friendly" City of London, so that people with dementia are well supported by the wider community.		Jan-15 Jan-16	Achieve the Dementia friendly City status	Ian Tweedie	Dementia Friendly Status achieved	Completed
2.9	Create a "dementia-friendly" City of London, so that people with dementia are well supported by the wider community.		Apr-16 Ongoing	Raise awareness amongst residents and workers regarding the needs of people living with Dementia and how they should be supported	Ian Tweedie	This work is on-going through the ASC service all workers have Dementia training and awareness raising as a key objective of their appraisals. All commissioned providers in domiciliary care , and community services have clear Dementia targets and outcomes. the Reach Out Networkare commissioned to provide a regular Memory Group and run regular information stalls and City events to raise awareness.	Green
2.10	City residents registered with GP's in neighbouring areas will receive joined up Mental Health care		Apr-16 Mar-17	Explore options to establish clear referral routes and care pathways with Tower Hamlets CCG for City residents that are registered with out-of-area GPs.	Farrah Hart/ Ellie Ward	Work has begun with Tower Hamlets CCG to link across to their local integrated care networks and review referral routes and care pathways across a number of areas. Mental Health services are woven into all this work.	Amber

Priority 3:		Recovery					
Objective (if applicable):		Provide support that is focused on recovery and self-management					
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
3.1	Implement a Mental Health Rehabilitation Programme to support those stepping down from supported living		Jan-16 Dec-16	Mental Health rehabilitation project in place	Ian Tweedie	ELFT rehab contract now in place from April 2017 to March 19	Complete
3.2	Employ a floating support worker to facilitate integration across a number of services which support independence		Dec-16 Apr-17	Floating support worker recruited	Ian Tweedie	Full time Floating support now included with the ELFT rehab contract. Floating support to be accessed via Penderials third party support brokerage on ad hoc basis as required for individual service users and bespoke support plan put in place.	Complete
3.3	Provide employment support and advice for individuals with mental health issues to keep them in work or support them back into employment		Apr-16 Apr-17	Individuals with mental health issues receive employment support as part of their care package to gain employment or stay in employment	CCG	Currently part of the delivery in the CCG's psychological therapies alliance work	Complete
3.4	Provide recovery methods to support mental health sufferers who find it difficult to commit to regular treatment		Sep-15 May-16	Establishment of the Service User Network, aimed at individuals who frequently present to health services in crisis to provide recovery and self-help strategies.	ELFT/ City and Hackney Mind	The Service User Network is now open and successfully operational	Complete

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:
3.5	Increase IAPT recovery rate (50% national target)	Apr-16	Apr-17	IAPT recovery rate above target	CCG	The recovery rate improvement programme is being implemented. The clinical dashboard is being used to monitor recovery rate, focus is on recovery, reducing waiting times and better application of the Stepped Care Model. The recovery rate has been above target for the last 3 months and is projected to stay that way in future	Green

Priority 4:	Delivery						
Objective (if applicable):	Commit to delivering effective Mental Health services and respond effectively to people in crisis						

Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:	Comments:	RAG status:
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Jan-16	Ongoing	Suicide Action Plan developed and Implemented	Tizzy Keller	The Suicide Action Plan was renewed in June 2017 and is now a joint document with the City of London Police. The actions are being implemented and the HWBB will be updated in June 2018	Green
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Apr-16	Mar-17	The implementation of the Bridge Pilot to reduce the number of people committing suicide from City Bridges.	Tizzy Keller	The bridge pilot ran from April 2016-April 2017 and a formal evaluation of the pilot is currently underway. Since the pilot, suicide prevention work focused on the bridges has continued: Samaritans signs up are up on 4 City bridges, numerous training sessions run, 10,000 leaflets given out on City bridges	Green
4.1	Minimise the number of suicides in the City by co-ordinating a multi-agency approach to prevention through the development and delivering of a Suicide Prevention Action Plan.	Apr-16	Ongoing	Number of front line staff and general public trained in suicide prevention	Tizzy Keller	The public health team have now established a sustainable method of delivering their suicide prevention awareness training with the Samaritans. Business healthy and the Samaritans will deliver 4 paid for sessions annually aimed at City workers (profits split between Samaritans and city businesses). Business health promotes the Samaritan's training to businesses that want to offer suicide prevention training more widely within their organisation. Frontline staff that have been trained include Tower Bridge staff, St Mungo's outreach team, CoL police. We are in the process of organising it for street pastors in the City.	Green
4.2	Provide an out-of-hours "safety net" for those with recurring mental health problems or those who reach crisis point at a time when traditional routes into services are not open.	Sep-15	May-16	Set up a crisis network which includes a 24 hours helpline and an open door, drop in service for vulnerable individuals in times of crisis when regular services are not open.	ELFT/ City and Hackney Mind	Both the Service User Network and Crisis Café are both now open and successfully operational. Both have been agreed for extended funding.	Completed
4.3	Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services	Jan-16	Jan-17	Continue to discuss cases transitioning to adult services through the Transitions Forum to ensure that there is a smooth transition and no gap in service provision	Rachel Green/ Jo Hendersen	The young carers strategy will be reviewed in 2018/19.	Green
4.4	Work to create parity of esteem between mental health and physical health services.	Jun-16	Sep-16	Include a community health engagement service as part of the weight management and exercise on referral service which directs those with mental health needs towards mental health services/ leisure at fusion /libraries.	Lorna Corbin	Reed Momenta won the tender for the new HWMPA service, now branded as City LivingWise, and commenced service delivery on the 24 October	Completed
4.4	Work to create parity of esteem between mental health and physical health services and reduce mortality gap for MH patients	May-16	Ongoing	Ensure physical health-checks for those on Severe Mental Illness register.	CCG	The CCG has recently committed to increase mental health investment by £2.2m from 2017-18 onwards to achieve the PoE target. We are increasing the number of physical health checks conducted by GPs in primary care for people with severe mental health problems (see SMI section below). We are monitoring the number of checks and the results in terms of referrals to lifestyle interventions and physical health improvement in our primary care mental health dashboard.	Green
4.4	Work to create parity of esteem between mental health and physical health services.	May-16	May-17	Development of a shared-care protocol to improve the physical healthcare of patients prescribed psychotropic medication.	CCG	Protocol developed and now needs to be agreed by providers (GP Confed and ELFT)	Green
4.4	Work to create parity of esteem between mental health and physical health services.	May-16	Ongoing	Improved identification and referral to MH treatment for people with long-term conditions and medically unexplained symptoms.	CCG	Working on ways to monitor and support frequent attenders, and providing MUS training for GPs - There is a frequent attenders review in the GP contract and we delivered 2 hours mandatory training 16/17 for GPs on medically unexplained symptoms	Green
4.5	Develop a robust pathway together with substance misuse services to ensure that those with a dual diagnosis receive better care.	Apr-16	Apr-17	WDP and Adult Social Care have redeveloped the pathway for those with dual diagnoses.	Ian Tweedie	The revised ASC/WDP pathway document has now been signed off and shared with WDP.	Completed
4.6	Increase ease of accessing treatment for City residents	Apr-16	Ongoing	There is provision and access to mental health services for hard to reach community groups	CCG	Self-referral and referral by schools	Green
4.7	Reduce suicide rates by 10%	Apr-16	Apr-17	Reduction in suicides in City & Hackney by 10%	CCG/CoL	We have a joint multi-agency plan to reduce suicide rates by 10%. We have recently created a 24/7 crisis line supported by a crisis café and crisis therapy project. This increases the support available to people, who feel suicidal. We plan to improve links between the crisis line, the police and ambulance services. The street triage in the City has reduced s136s and a similar service will be piloted in Hackney. We will monitor and increase the use of crisis plans for service users. This will help service users manage suicidal ideation. Progress with work is on target	Green
4.8	FYFV: Increase access to IAPT to 15.8%	Apr-16	Ongoing	An increase in access rates for IAPT, an increase in BME recovery rates for IAPT and an increase in the number of older people accessing IAPT services	CCG	As part of our Five Year Forward View, in 2017-18 we are investing an additional £300,000 recurrently to increase IAPT access rates. We are expanding the IAPT provision to include 3 VSOs with reach into BME communities. Collectively these will increase access rates by 2%. We are encouraging GPs to increase referrals of older adults to IAPT services and we are monitoring the age distribution. Targets agreed and in place.	Green
4.9	Reduced waiting times for IAPT services	Apr-16	Apr-17	75% of people to have been seen by IAPT within 6 weeks, 95% within 18 weeks	CCG	These targets are being consistently achieved	Completed
4.10	Ensure children with diagnosable MH condition have access to evidence based treatment	Apr-16	Ongoing	28% of children with diagnosable MH condition have access to evidence based treatment	CCG	As part of the CAMHS Transformation Programme, the CAMHS Alliance will manage this work. The increase trajectories and investment has been agreed by the CCG FPC. On target to deliver these trajectories	Completed
4.11	24/7 community-based mental health crisis response for CYP	Apr-16	Apr-18	A 24/7 community based mental health crisis response for CYP is available	CCG	In 2018-19 the CYP response in A&E will be expanded through investment in CYP Psychiatric Liaison. A CYP Crisis café will also be piloted.	Amber

Ref:	Action:	Start:	End:	Measure/output:	Lead officer/partner:	Comments:	RAG status:	
4.12	95% of CYP receive treatment for eating disorder within 4 weeks (routine) or 1 week (urgent) – community eating disorder teams		Apr-16	Apr-18	95% of CYP with eating disorder receive treatment within 4 weeks (routine) or 1 week (urgent)	CCG	This is part of the CAMHS Transformation Programme at CCG Consortium level. We have collaborated with our Consortium partners, Newham and Tower Hamlets CCGs in setting up a model that is contracted to deliver in full against these standards and timelines. Current standards requirements are being met. We are on target to meet future trajectories as more requirements / targets come in to place	Green
4.13	Ensure people with first experience of psychosis start treatment within 2 weeks of referral		Apr-16	Ongoing	People with first experience of psychosis start treatment within 2 weeks of referral	CCG	In 2017-18 the service achieved national wait time targets.	Green
4.14	Eliminate out of area placements for non-specialist acute care by 2020/2021		Apr-17	Apr-18	There are no out of area placements for non specialist acute care for City & Hackney	CCG & STP Partners	There are no out of area placements for non specialist acute care for City & Hackney	Green
4.15	FYFV: Ensure 24/7 access to community crisis resolution teams, home treatment teams and MH liaison in acute trusts		Apr-16	Apr-17	Reduced mental health admissions including self-harm, detention	CCG	We have funds allocated to provide a 24/7 home visiting emergency assessment service. We have NHSE funding for psychologist to run a self harm clinic for adults	Green
4.16	Increase the number of people with a mental health illness in settled accommodation		Apr-16	Apr-17	Reduced level of unsettled accommodation for people with mental health problems.	CCG & LBH	City of London commissions ELFT to deliver a Reablement Step-Down' service which helps people with MH issues and others in supported housing to be ready to move-on and offers ongoing support in their new home. The housing needs of people with MHI will be considered in the scoping of the housing strategy. This will be taken forward within the Planned Care workstream.	Amber
4.17	Ensure we are meeting all care standards for Perinatal mental Health needs		Apr-16	Apr-18	100% of perinatal mental health needs are met and care is NICE compliant	CCG	The CAMHS Alliance and related CAMHS Transformation investment will develop a new perinatal service that meets care standards. We have submitted an STP bid for Perinatal Investment and we are awaiting the results, however we already have a fairly comprehensive service which is almost NICE compliant. We are 2 WTE short.	Amber

Committees	Dated:
Safeguarding Sub Committee – For information Previously shared with: Early Help Sub Group – For information Children’s Service Improvement Board – For information	19/09/2018
Subject: Early Help Annual Report 2017–2018	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information only
Report author: Jacqui Frisby, Early Help Co-ordinator	

Summary

This report provides a summary of Early Help activity co-ordinated via the Children and Families Team across 2017–2018. The report includes an overview of children and young people supported via the Common Assessment Framework (CAF) and Team Around the Child (TAC) mechanisms. Caseload data in this report is available as part of the 2017–2018 performance monitoring dataset and is covered in the Safeguarding Sub Committee quarterly and annual reports.

This report also outlines the service development work (specific to Early Help) progressed by the Early Help team and the Multi-Agency Practitioners Forum (MAPF). These work streams are detailed in the Early Help Action Plan which is overseen by the Early Help Sub-group. A brief overview of the activity and progress of the Early Help Sub-group is also noted in this report, along with an outline of the key priorities agreed for the new 2018–2020 Early Help Action Plan.

Note: This report does not consider Early Help provision within Tier 1, (universal services and universal programmes), which is managed and overseen by the Education and Early Years Team.

Recommendation

Members are asked to:

- Note the report.

Main Report

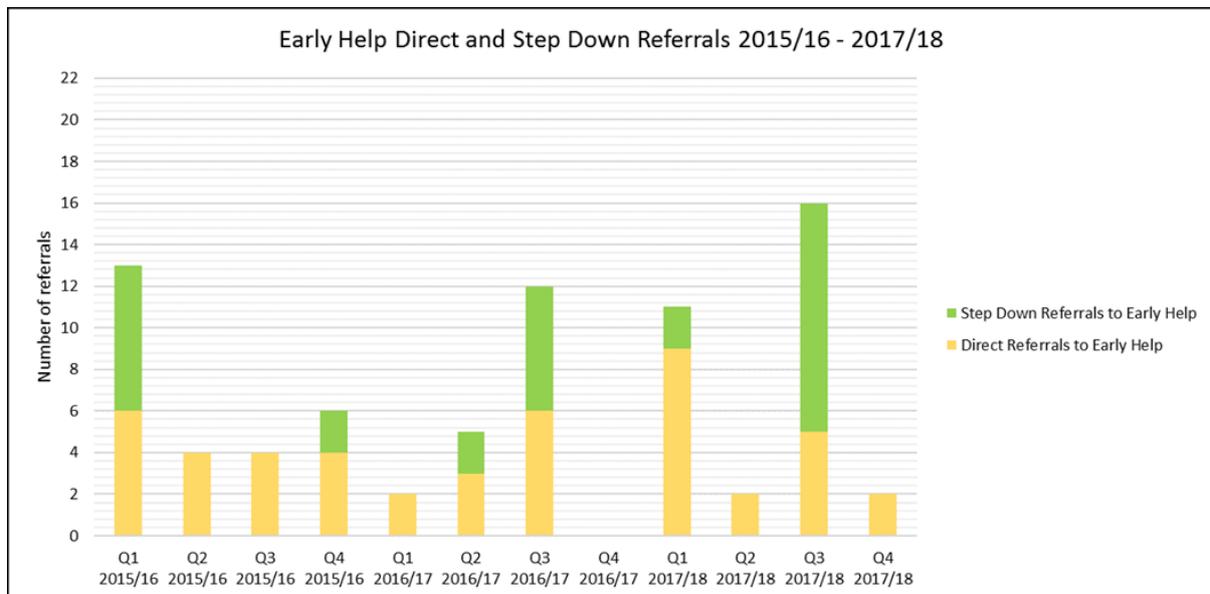
1. Background: vision and operational model

The vision and aim of Early Help, articulated in the Early Help strategy, is that we reach the right families with the right help, in the right place at the right time. This includes responding

to current needs and putting support in place so that escalation to statutory services is prevented wherever possible. The goal is that children and families would be able to manage well without targeted support and that early help would prevent dependency on, or referral to, statutory services in the future. Direct work with children and young people at Tier 2 is coordinated through the CAF and TAC mechanisms. While partner agencies have been encouraged to complete CAFs and to lead TAC meetings, there were no external CAFs completed in 2017/18. Therefore, data in this report refers only to cases held within the Children and Families Team.

2. Current position: Referrals in and movement of cases through Early Help

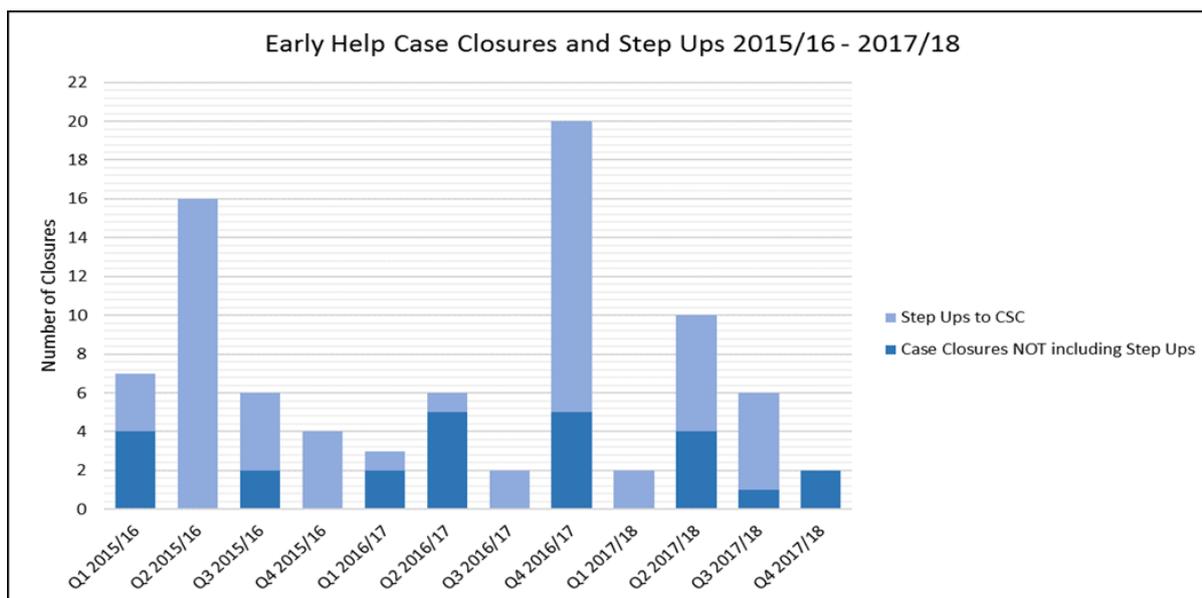
2.1 Early Help and Step Down cases referrals from statutory services



Note: Of the Step Down figures above, initial referral sources are:
 Police = 5, Health Visitor = 3, Self/family member = 1

The number of referrals allocated to Early Help from the front door, combined with cases stepped down from Children’s Social Care have increased by more than 50% year on year compared to 2016/17, and are also higher than numbers seen in 2015/16.

2.2 Case closures from Early Help and cases stepped up to statutory services



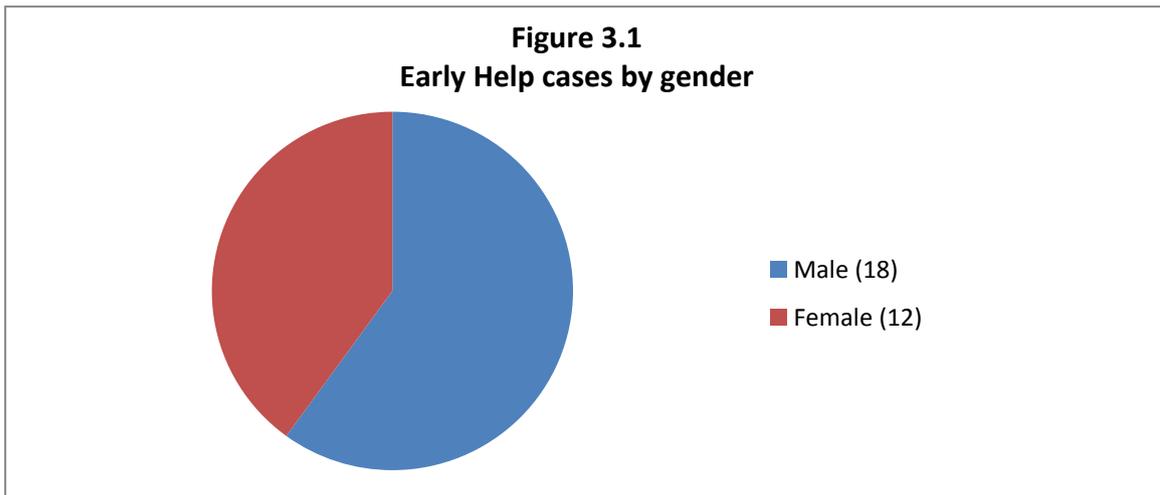
- A total of 20 Early Help cases were either closed or stepped-up across 2017/18.
- The number of case closures from Early Help remained largely consistent between 2015/16 and 2017/18 with no significant, identifiable spikes.
- The increased stability and consistency of the Early Help team and offer across 2017/18 may have had an impact on the number of step-ups. For example, spikes seen in the past correlated to changes to the team (in 2015/16 an Early Help worker moved into the statutory social work team) or changes to processes (2016/17), or to reallocation of some special educational needs and disability (SEND) cases for a Child and Family Assessment or to Children in Need (CIN) status.

3. Current position – CAF/Early Help case work

Across Q1-Q4 2017/18 there were a total of 30 cases active and open to Early Help within the Children and Families Team. These cases can be broken down by gender, age, ethnicity, residential location, referring agency and presenting need, as shown in figures 3.1 – 3.6 below:

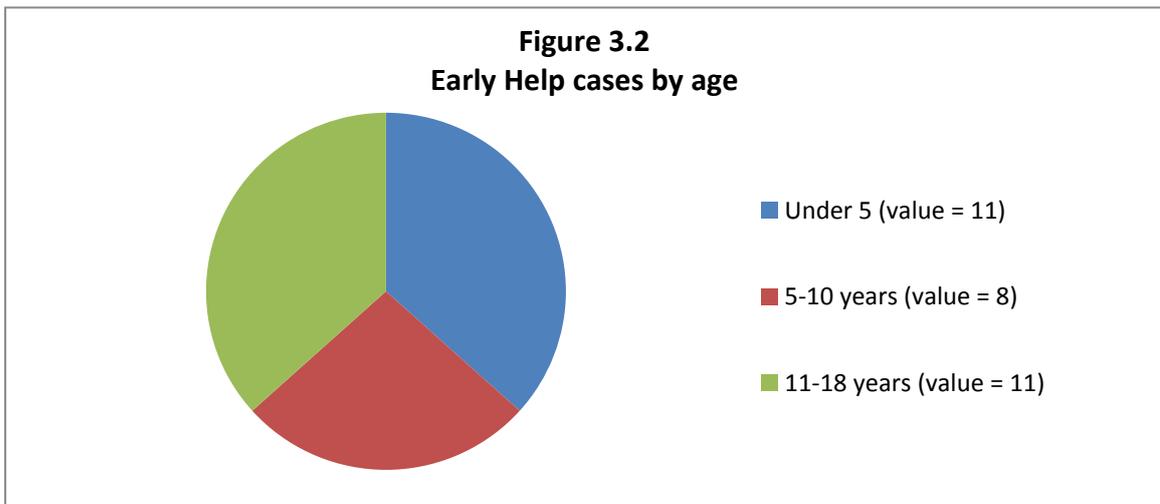
3.1 Gender

- A higher proportion of males vs. females have continued to be supported by Early Help across 2017/18 (this trend was also seen in 2016/17, whereas in 2015/16 there was a much more even split of males vs. females being supported).
- Males who were supported by Early Help across 2017/18 were evenly split across all age groups (five were aged under 5 years old, six were aged 5 to 10 years and seven were aged 11 to 18 years). Although a broadly even split, this is the first year that 11- to 18-year-olds comprised the largest age cohort, (albeit marginal).



3.2 Age

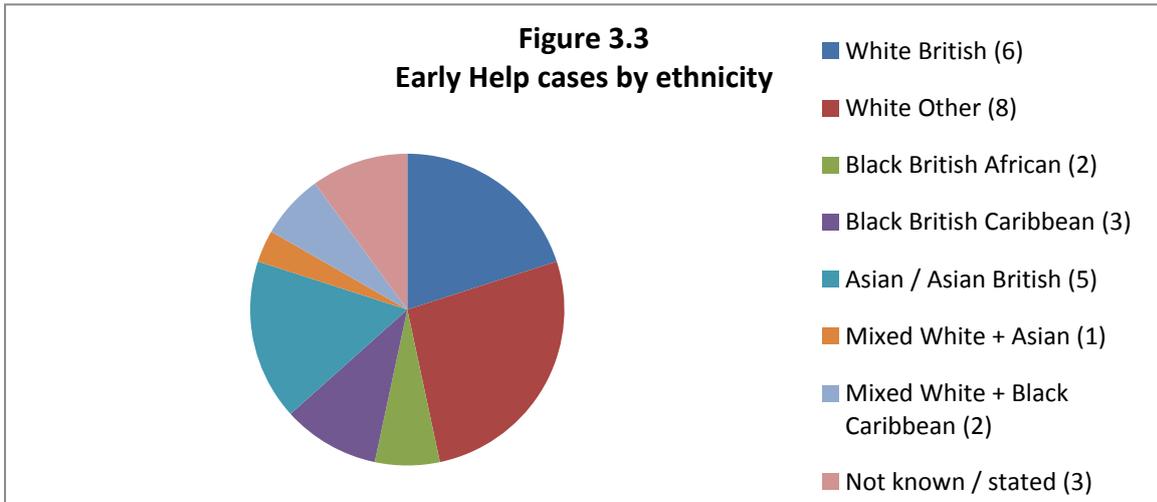
- Children of all ages, from unborn to aged 16 have been supported by Early Help across 2017/18.
- The split across the age ranges remains broadly even.
- This continues the trend of increased access to Early Help by the school-age population in the City of London (also seen in 2016/17, whereas in 2015/16 almost 50% of children supported by Early Help were aged 5 years and under).



3.3 Ethnicity

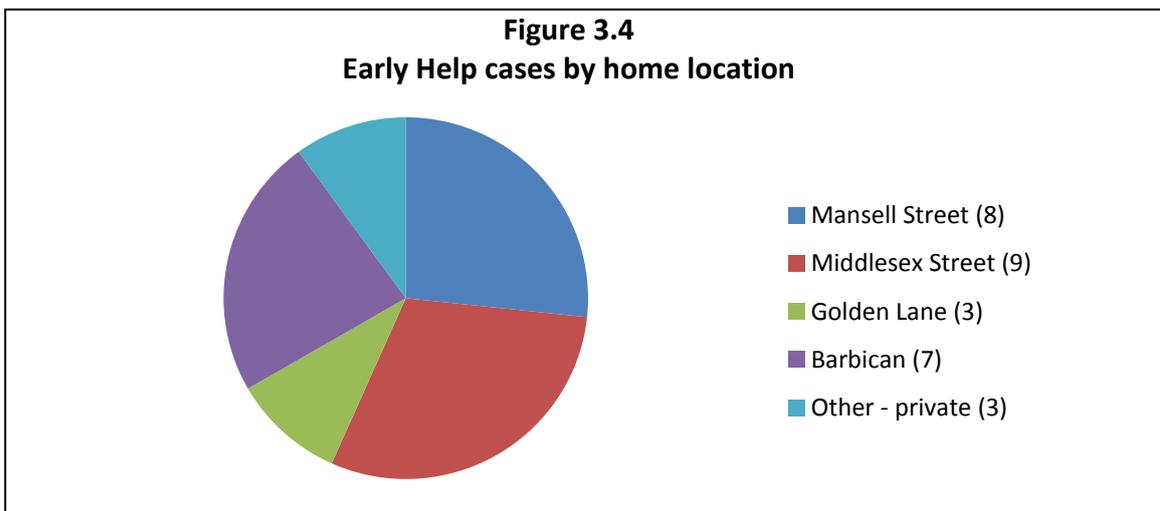
- Children from a broad range of ethnic groups were supported by Early Help across 2017/18.
- There was an increase in the number of White British children supported by Early Help across 2017/18. This is in contrast to the low number of White British children and young people accessing support across 2015/16 and 2016/17. However, despite the increase, White British children remain under-represented when compared to the population in the City of London.
- The number of children and young people from all other ethnic groups who are accessing support have either remained constant or increased. Although, the

Black, Asian and Minority Ethnic (BAME) cohort as a whole is over-represented in access to Early Help support.



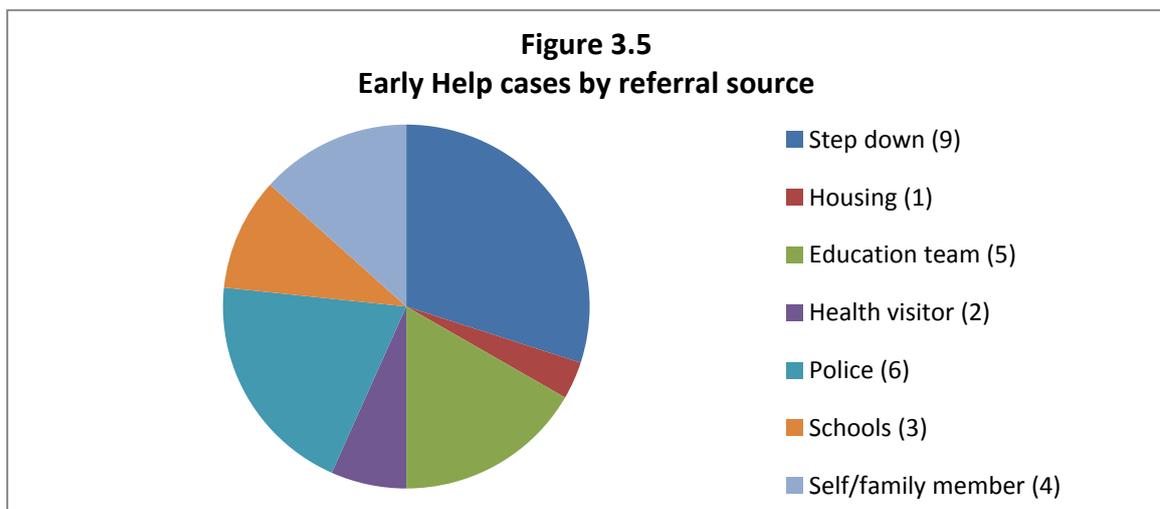
3.4 Home location

- With the exception of Golden Lane, there has been an increase in the number of children and young people accessing Early Help support from all locations within the City.
- There has been a decrease (from five to three) in the number of children and young people from Golden Lane accessing Early Help support in 2017/18.
- The Portsoken ward is home to almost 60% of cases that have been open to Early Help across 2017/18. This is possibly linked to the different social and economic characteristics of the ward.



3.5 Referral source

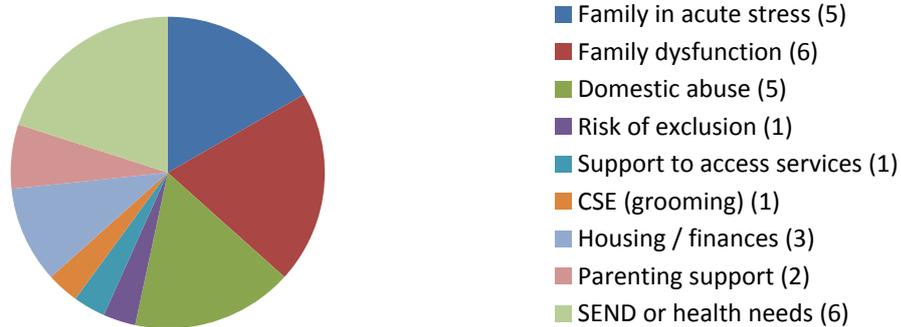
- The number of cases in Early Help that have been stepped down following statutory social care involvement (either a Child and Family Assessment or a child or young person supported through a CIN plan) has significantly increased during 2017/18 compared to the previous two years.
- The Education Team remain a key source of referrals, particularly in terms of children and young people with SEND.
- The Police have been a significant source of referrals across 2017/18 (of cases allocated on referral to Early Help as well as stepped-down cases). This is in contrast to 2016/17 when no cases open to Early Help were originally referred by the Police.
- The number of referrals from schools and housing partners which result in Early Help work, although broadly similar to those seen across 2016/17, have declined slightly.
- There is a notable lack of referrals from youth service providers (City Gateway until January 2018, and Tower Hamlets since 1 February 2018) and this will need to be explored jointly between commissioning and the Children and Families Team.



3.6 Presenting need

- There has been an increase in the breadth of needs identified at the time of referral and allocation (or step down) to Early Help.
- Family dysfunction and families in acute stress or experiencing domestic abuse make up just over 50% of cases being supported by Early Help – this is a significant increase when compared to 2016/17 and 2015/16.
- Children and young people with SEND remain a significant cohort within the Early Help caseload across 2017/18.

Figure 3.6
Early Help cases by presenting need



Note: 'Family in acute stress' includes issues with parental mental health difficulties, and serious risk of homelessness. 'Family dysfunction' includes socially unacceptable behaviour (parental), inter-parental conflict, and relationship difficulties between adolescents and their parents/carers.

3.7 External (partner agency) casework

- While partner agencies have previously been encouraged to complete CAFs and to lead TAC meetings, across 2017/18 there were no external CAFs completed.
- Multi-agency partners do, however, continue to make a significant contribution to the CAFs completed by the Early Help Support Worker. They also make a significant contribution to the TAC review meetings. All TAC review meetings take place outside of the Guildhall, usually in school for school-age children, although sometimes in the home (when requested by the family).
- There has been ongoing dialogue among the partnership about the CAF within the Early Help Sub-group. Following consultation and feedback, the Early Help Sub-group agreed to simplify and redevelop the assessment and planning tools via a Task and Finish Group.

3.8 National and London-wide context

- Benchmarking the number of CAFs against other local authorities is difficult due to variance in reporting – some authorities report the number of assessments initiated on an annual basis and some report open cases (regardless of date the CAF was opened).
- In addition, some authorities (such as Hackney) require a CAF as a referral for specific multi-agency services. As a result, CAF numbers may be higher.
- The Association of Directors of Children's Services (ADCS) thematic report on Early Help, published in early 2017 shows that 1.78% of the national children and young people (CYP) population had an Early Help assessment (CAF or other) completed during 2015/16. Figures for City of London show that more than 3% of the CYP population have been supported via an Early Help Assessment (CAF) across each of the last three years 2015/16, 2016/17 and 2017/18. The rate is therefore above the national average.
- Other London local authority figures obtained for 2016/17 range from less than 1% to a maximum of 7% of the CYP population having CAFs (or equivalent) across a full year

(2017/18 not available). Again, City of London figures show that Early Help support in the form of a CAF is well within the range of other London boroughs.ⁱ

4. Annual Consultation

4.1 For the first time, Early Help cases were included in the annual consultation (2017/18) completed by Action for Children. There were six respondents who received support via Early Help. Feedback about Early Help was very positive, particularly when it came to relationships with the support worker. Comments include:

“She’s very reachable.”

“She is genuine, she cares. She has my child’s best interest at heart.”

“She’s trustworthy, proactive.”

“I give her 10/10. She’s doing everything she can. I’m blessed, lucky.”

4.2 Comments describing further support desired or required related specifically to the Short Breaks offer and to health provision within the City. This feedback has been passed on to commissioners.

4.3 It is anticipated that Early Help will continue to be a part of the annual consultation going forward.

5. Early Help Workforce and Structure

5.1 A permanent Early Help Support Worker joined the team in September 2017 and is line managed by the Early Help Co-ordinator. The previous worker was also employed on statutory social care cases. Returning to a structure with a dedicated Early Help Worker has increased capacity within the team. There is also evidence of increased movement of cases since the permanent Early Help Support Worker has been in post.ⁱⁱ

5.2 The Early Help Co-ordinator has been line managed by the Children and Families Team Manager as a six-month pilot from November 2017. This has provided a context in which the Team Manager maintains oversight of cases across all thresholds. However, the majority of the service development work across Early Help is supported and overseen by the Service Manager.

6. Service Development: Early Help Action Plan

6.1 Summary of progress of 2016–18 Early Help Action Plan

The Early Help Sub-group approved a refreshed version of the 2016–2018 Early Help Action Plan in December 2016 and have been monitoring progress against all actions on a quarterly basis. The Sub-group agreed to closure of the plan in April 2018 with the majority of actions complete (two incomplete actions have been transferred to the 2018–2020 plan).

6.2 Overview of Early Help Action Plan 2018–2020

The Early Help Sub-group has approved the new 2018–2020 Early Help Action Plan which details priorities for the Early Help work being led by the Early Help Co-ordinator. The new Action Plan has been informed by the Children and Young People's Plan, the joint Health and Wellbeing Strategy and the Community and Children's Services Outcomes Framework. In addition, it has been developed in line with the service development requirements identified by the Service Improvement and Development Board and the Children's Senior Management Team.

6.3 Progress against outcomes and actions in each of six priority areas will be monitored on a quarterly basis by the Early Help Sub-group. Priorities are:

- Priority 1: Developing Early Help casework
- Priority 2: Evidencing the impact of Early Help support
- Priority 3: Quality Assurance and Service Improvement
- Priority 4: Raising awareness and community engagement
- Priority 4: Multi-agency partnership and joint working
- Priority 6: Service user involvement and co-production.

7. Service Development: Progress of the MAPF

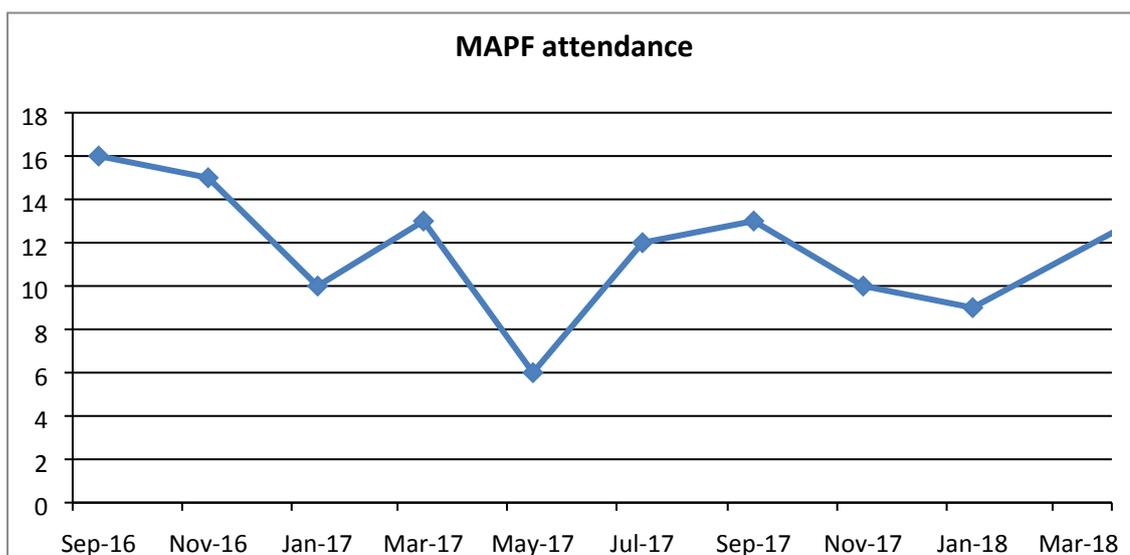
7.1 Purpose of the MAPF

- The core purpose of the MAPF, as set out in its terms of reference, is:

“... to provide regular opportunity for front line staff within a multi-agency context to discuss practice matters, encouraging consistent and effective service delivery to children, young people and their families.”

- The MAPF is accountable to the Early Help Sub-group and plays a significant role in the development and implementation of tools and processes used by Early Help practitioners across the partnership.

7.2 Attendance at the MAPF



- Attendance has averaged 12 over the past two years, with representation from the following regular partners:
 - Children and Families Team (Early Help)
 - Education and Early Years Team
 - Prospects
 - Sir John Cass's Foundation Primary School and the Cass Child and Family Centre
 - Health (Health Visiting, First Steps, Hackney Wellbeing Network)
 - Vulnerable Victims Advocate
 - City of London Police
 - City Advice
 - City of London Housing/Estate Management Team
 - Young Hackney Substance Misuse Service.

7.3 MAPF case discussion and shared learning

- The MAPF continues to make use of Child and Adolescent Mental Health Services (CAMHS) and First Steps practitioners who regularly facilitate case discussions using a Solihull Approach consultation framework. This helps to maintain awareness of the approach across the Early Help partnership and has encouraged a shared language to describe practice, based on Solihull Approach principles. Recent case discussions have covered the following presenting needs and practice issues:
 - Children missing education due to exclusion from school
 - Adolescent substance misuse
 - Parental anxiety over the denial of a child's Special Educational Needs
 - Mental health needs, including the negative impact of excessive parental expectations
 - Neglect of emotional needs
 - Impact of parental conflict on a child
 - Financial hardship and the impact of universal credit
 - Building effective working relationships with difficult or confrontational parents.

7.4 MAPF contribution to service development

- The MAPF actively contributes to service development in a number of different ways. It is often the first group to be consulted on each of the Early Help Action Plan priorities and MAPF workshop minutes and outcomes are regularly incorporated into review papers. Examples include:
 - Engaging with the Bangladeshi Community Workshop summary used to inform a wider DDCCS engagement project
 - Distance Travelled tool developed collaboratively by MAPF members
 - Co-location report included feedback from MAPF
 - Draft CAF communications reviewed, amended, and shared with service users for feedback by MAPF
 - Service User Engagement report based on MAPF workshop
 - A number of MAPF members completed CAF self-evaluations which will be used to inform the redevelopment of the CAF or an alternative assessment and outcomes framework.

8. Service Development: Progress of the Early Help Sub-group

8.1 Thematic reports and review papers

- Across 2017/18 thematic reports were requested and presented to the Early Help Sub-group covering the following areas:
 - CAF progress summary
 - service user involvement
 - review of co-location
 - summary of MAPF activity
 - distance travelled and evidence of impact
 - interface with short breaks.

Feedback and recommendations from discussions resulting from these reports have been incorporated into the 2018–2020 Early Help Action Plan.

8.2 Service updates and building evidence across the partnership

- During 2017/18 a partner update template was developed for the Early Help Sub-group to consistently record the activity and progress of Early Help work across the partnership. At each of the quarterly meetings, one or more of the multi-agency partners present an update which includes:
 - current priorities and projects
 - forward planning: areas of service development relevant to Early Help
 - existing or emerging needs within the community/service user group
 - number of MARFs or other agency referrals made to date
 - number of CAFs completed to date
 - evidence of impact (distance travelled and case studies) including examples
 - recording service users' views and involving them in planning
 - opportunities for partnership working
 - upcoming events and training (if applicable).

There were six partners who submitted update reports in the formats listed above across 2017/18. These are held by the City & Hackney Safeguarding Children Board (CHSCB) as part of the evidence bank for the broad Early Help offer.

8.3 Task and Finish Group to review the CAF

- The Early Help Sub-group have agreed to review the CAF via a Task and Finish Group comprised of leads from Health Visiting, Education and Early Years and Early Help, along with the senior professional advisor to CHSCB.
- So far, the group have met once for an initial discussion to explore whether a multi-agency assessment and support plan is realistic.
- This remains an ongoing area for development within the new Early Help Action Plan.

8.4 Terms of Reference

- Following declining attendance across 2017/18, particularly from external partners, there has been a review of the terms of reference and membership of the Early Help Sub-group. This is due to be finalised at the meeting in July, with subsequent communication from the Sub-group chair and the CHSCB to ensure that the group remains quorate and can effectively fulfil its core purpose:

“The Early Help Sub-group will be tasked with seeking assurance of the effectiveness and impact of the implementation of the City of London Early Help Strategy. As such, the Sub-group will build on and improve partnership working across agencies, creating the infrastructure to provide a seamless service delivery which will evidence clear and positive outcomes for our children and families.

The group will provide strategic oversight and assurance to the work being carried out by all agencies charged with realising the ambitions of the City of London Children and Young People’s Plan and Early Help Strategy.”

8.5 Innovation

- The multi-agency nature of the Early Help Sub-group ensures that there is a partnership approach to pilot programmes and innovative practice, for example:
 - An exam stress webinar for years 10 to 13, facilitated by First Steps in the Easter holidays, was first discussed at the Early Help Sub-group. Meetings between Early Help, First Steps, Youth providers (Tower Hamlets and Prospects) and the Education and Early Years Team followed to discuss how to best implement the webinar within the City.
 - Early Help has offered support and involvement with the Tenancy Visits Programme to profile and highlight the City of London’s local offer in terms of services for children, young people and their families.

9. Concluding remarks and next steps

- The caseload of targeted Early Help support by the Children and Families Team has increased – in numbers and in terms of the breadth of needs being supported across 2017/18. This is a positive trajectory and it is hoped that cases (both referrals allocated to Early Help, and step-downs from Children’s Social Care) will continue to progress well through the service. This would result in a reduction of cases open long-term and an increase in cases closed due to outcomes being met and needs being well supported via universal services.
- In addition to the progress seen in Early Help casework, there has been a significant amount of wider service development activity within Early Help across 2017/18. This has been led by the Early Help Co-ordinator. It also includes a significant contribution from the MAPF which continues to be a key context in which partnership working is supported and facilitated at a practitioner level.
- Ongoing priorities and next steps for Early Help are clearly outlined in the 2018–2020 Action Plan which has now been approved and has active work streams. Successful delivery of the Early Help Action Plan should result in:
 - higher levels of engagement with Early Help, from families and from partner agencies (and better outcomes for children and young people as a result)
 - growing evidence of the impact of Early Help, both during and after targeted support and intervention
 - robust and regular quality assurance of Early Help work
 - meaningful learning from, and co-production with, service users.
- Early Help continues to fit within wider service delivery contexts – with improvement actions identified in the Children’s Social Care Self Evaluation, the Children’s Service Improvement Plan and the SEND Implementation Plan. In this way, there is robust governance and oversight of Early Help from multiple sources.
- The Early Help strategy will be reviewed and updated across 2018/19 and will sit under the new Children and Young People’s Plan. This will provide a framework and direction for the continued development of the Early Help service offer within the City of London.

Jacqui Frisby
Early Help Co-ordinator
June 2018

ⁱ Data sourced from published annual reports or from Early Help contacts including data from Hackney, Islington, Barking & Dagenham, Brent, Lambeth, and Lewisham.

ⁱⁱ Excluding the spikes described in section 2.2.

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Committee:	Dated:
Safeguarding Sub-Committee – For Information	19/09/2018
Subject: Corporate Parenting Strategy Annual Report 2017–18	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report authors: Rachel Green, Head of Service (Children and Families) and Raj Singh, Business Administration Apprentice, Strategy and Performance Department of Community and Children’s Services	

Summary

This report informs the Committee of the performance of the City of London as a Corporate Parent, and the outcomes that have been achieved for the children in its care over the past year. It provides a summary of the full report which is attached as Appendix 1.

Recommendation

Members of the Safeguarding Sub Committee are asked to:

- Note the Corporate Parenting Report and the progress of its annual objectives.

Main Report

Background

1. The City of London Corporation is a Corporate Parent to the children who are in its care. These looked-after children are children and young people aged from 0 to the eve of their 18th birthday who cannot safely remain with their family, or those for whom the City Corporation acts as a parent in the absence of family. children in care (CIC) can include unaccompanied asylum-seeking children (UASC), children with multiple disabilities and those who have suffered abuse and/or neglect. As such, looked-after children and young people are one of the most vulnerable and disadvantaged groups in our community.
2. In 2016 the City of London Children’s Services was rated ‘Good’ with a number of ‘Outstanding’ features, and the City and Hackney Safeguarding Children Board was rated ‘Outstanding’.

Current Position

Children in our Care

3. In 2017/18 the City Corporation looked after a total of 26 children and young people under the age of 18. This was the largest recorded annual intake. In comparison, the Corporation looked after a total of 17 children and young people in 2016/17. Of the 26 children looked after across 2017/18, 93% were UASC. Of the eight young people who had been in the City's care at the start of the year, seven transitioned into a City Corporation's care-leaver's service, and one was transferred to another local authority.

Corporate Parenting Board (Safeguarding Sub-Committee)

4. Over the past year, the Sub Committee has considered reports on topics including: how social workers engage neglectful parents from affluent backgrounds in the Child Protection System, and in suicide prevention.

Corporate Parenting Strategy and Action Plan

5. The Service Improvement Plan for 2017–2018 was developed in line with the Corporate Parenting Strategy and includes actions such as: ensuring that every young person seeking asylum is linked with a community refugee organisation; ensuring that young people are supported fully in respect of their immigration situations; that every young person has the opportunity to participate in at least one organised leisure activity; and that all care leavers are exempt from Council Tax.

Children in Care Council (CiCC)

6. A new CiCC Officer and Deputy CiCC Officer were elected in 2017. The Director of Community and Children's Services joined the CiCC meeting in December 2017, providing an opportunity for informal discussion about the CiCC's activities and focus.
7. The main issues addressed during the year included: keeping safe; consultation on changing the pathway plan approach; contributing to the City's Children and Young People's Plan; learning and discussion on preparing for independent living. In addition, members participated in Whitehall Takeover Day and the new London-wide CiCC.
8. Activities during the year included: an activity week in South Wales; celebration of achievement event; and a boat trip on the Thames.

Health and Wellbeing

9. In 2017–2018, all 25 children who remained in the City's care for more than one week received their statutory health assessment. Discounting the UASC who removed themselves from our services within one week, every child who came into care this year received their initial medical assessment by a paediatrician, and all those who had been in care for 12 months or more received their annual review by the looked-after children (LAC) health nurse. All children looked after

by the City at 31 March 2018 had up-to-date immunisations or were in the process of undertaking the UASC Booster programme at year end.

10. As the majority of our CIC are UASC who have often experienced journeys to the UK that increase risks of health conditions, we introduced a new health offer this year of automatic referral for infectious disease screening. We have also improved our sexual health recommendations on CIC reports, as this was identified as an area needing improvement.

Safeguarding

11. There was one allegation made by a child in City's care, against their previous foster carer. This was subsequently dealt with by the Local Authority Designated Officer (LADO) in the relevant local authority. The City of London has received no complaints from the children or young people in its care, or from care leavers.
12. Over the year, three UASC, aged between 15 and 17 years, went missing from their placements, with a total of four episodes between them. One, who had just come into our care, did not return. Of the other three missing episodes: two returned within 24 hours; but one was missing for an extended period of five weeks.

Education and Employment

13. The report covering the 2017–2018 academic year is due for circulation in November 2018. The attainment in the virtual school meeting now forms a part of the Children and Social Care Team meeting. This is to ensure full contribution from the children's social workers, to review processes, discuss cases, and develop policies. In 2017–2018, all UASC and their foster carers are provided with a toolkit to support language development. The first celebration event for our young people was held, praising their educational and employment successes.

Assessments, Case Planning and Permanency Planning

14. A Permanency Policy and Panel continued to strengthen the oversight of care planning in 2017–2018. This included a new record of decision whether to issue care proceedings or not. The Permanency Panel has led to a young person having a formal celebration to recognise that his foster placement would be for the remainder of his childhood.

Independent Reviewing Officer (IRO) Service

15. The IRO conducted approximately 60 visits to meet children in the last two years. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and, in all cases, to consult children and monitor the quality and progress of their care.

Accommodation

16. UASC are often initially placed in accommodation under time pressure, often with the providers receiving little information about the child. These children are often, therefore, subject to placement changes within the first few months. As so many of our CIC are UASC, placement instability is a challenge for us.

17. Of the 26 children looked after during this reporting period, 13 were newly accommodated UASC. Of those, 12 new UASC remained in our care for more than one week: four had one temporary foster care placement each before transfer to another local authority; and one older new UASC was placed in a supported shared residential placement awaiting transfer to National Asylum Support Service (NASS) accommodation. Of the other six new UASC during the year: one remained in their original foster care placement; three remained in their second foster care placements (all three having moved from emergency provisional foster care placements); but two were in their third placements by 31 March 2018. The one non-UASC coming into care remained in the same foster care placement throughout their period in care.

Areas of development and priorities for the year ahead

18. In order to continue achieving the City Corporation's commitment to ensuring the children in and leaving care reach their full potential, and have lives in which they can thrive, we will continue to enhance services and deliver targeted actions in 2018–19, including:

- dedicated placements officer in place to help reduce placement breakdown
- improved recording of young people's views, including within pathway plans
- specific measures in place to safeguard UASC
- care leavers to have a trusted friend/adult they can talk to
- care leavers to have access to a peer mentor
- improving our work where we think young people are working illegally
- LAC reviews to be triggered if a young person is at risk of being excluded
- training for social workers to ensure that plans are consistently SMART (that is, Specific, Measurable, Attainable, Relevant and Timely)
- further develop our expertise around education and employment for UASC
- social workers to attend London Asylum Seekers Consortium training
- service entitlements for CIC and care leavers to be published on our website and shared with care leavers.

Appendices

- Appendix 1 – Corporate Parenting Annual Report 2017–18

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Corporate Parenting in the City of London

Annual Report – 2017/18

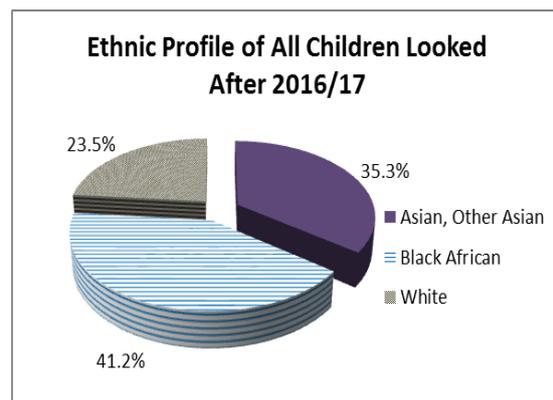
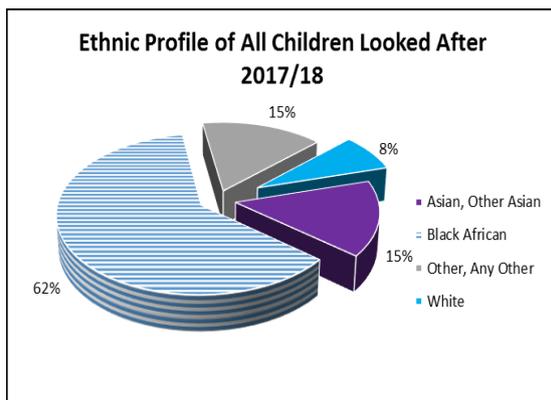
1 Introduction and context

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

2 The children in our care

- 2.1 During 2017/18 the City Corporation looked after a total of 26 children and young people under the age of 18. Twelve were in care at the start of the year and a further fourteen came into care during the year. This was the City Corporation's largest recorded annual intake and included seven children and young people who came into care within just one 24 hour-period. 93% of those coming into care this year were unaccompanied asylum seeking children (UASC).
- 2.2 In total 16 children and young people ceased to be children in care and of these 50% had also come into care in year. Of the eight young people who had already been in care at the start of the year: six transitioned to the City Corporation's care leavers service on their 18th birthdays and one as the outcome of a judicial review of an age assessment; and one was transferred to the services of another local authority. Of the eight who came into our care during the year: five were transferred to the services of other local authorities via the National Transfer Scheme; one was transferred to the services of the National Asylum Support Service; one went missing within one week and did not re-engage with our services; and one was returned to the care of their parent under a supervision order. At 31 March 2018 ten young people under 18-years-old remained in the City of London's care.
- 2.3 The City Corporation's looked after children are predominantly older. 96% of the children cared for during the year were 15 years or older, and 93% of the young people coming into care during the year were at least 16 years old at 31 March 2018.

- 2.4 Our children in care cohort continues to be pre-dominantly male: 96% of those in care at any point in the year were male; as were all the UASC in care, and all those coming into care during the year.
- 2.5 The age and gender profile of the City’s children in care reflect the dominance of children who are UASC among this group. 92% of children looked after in 2017/18 were UASC, including 15 of the 16 children coming into care during the year. For reference the national data for UASC in care on 31 March 2017 tells us that 92% were male, and 78% were aged 16+¹.
- 2.6 The impact of such a high proportion of UASC is also seen within the ethnic profile of our children in care. Of the 26 children looked after across 2017/18 the largest cohort was Black African (16), including ten Sudanese, five Eritreans and one Ethiopian. The second largest cohorts were Asian, Other Asian (4) and Other, Any Other (4), four Afghans; two Libyans, one Iraqi and one Vietnamese.² Two looked after children were white: (Albanian and White British). Of the 13 UASC coming into care in year nine were Black African (six Sudanese and three Eritrean) and four were Other (two Libyans, one Iraqi and one Libyan).
- 2.7 *The tables below compare the ethnic profile of our looked after cohort in 2017/18 to the 17 in care in 2016/17*



- 2.8 For reference, the rate of UASC looked after by the City Corporation on 31 March 2018 was 79.8 per 10,000 City of London population aged 0 - 17, compared to the average rate of 7.7 UASC per 10,000 0-17 population across London at 31 March 2017.
- 2.9 Of the 13 UASC coming into care, one was assigned to City of London via the Pan London Rota, and the rest self-presented as asylum-seekers to City of London Police or British Transport Police within our borough.
- 2.10 During 2017/18 a total of 23 young people aged 18 to 24 years-old received care leavers’ services – including the seven young people mentioned above as transitioning from CIC services during the year, and one other young person who joined the service as a qualifying care leaver. In addition, one former care leaver, who was still eligible to access the service, was briefly re-opened for immigration support.

¹ Children looked after in England year ending 31 March 2017, SFR50/2017 National Tables, table A3

² Due to changes in the Common Basic Data Set in recent years Afghans are now also classified under the headline ethnic group Other, Any Other and any new children coming into our care from Afghanistan in future will be coded Other.

- 2.11 19 care leavers were male, and 20 were former UASC.
- 2.12 At 31 March 2018 18 young people were still open to the care leavers' service, of which 77.8% were male; 83.3% were former UASC and one was a mother. All were in accommodation deemed to be suitable with four independently living (three in City of London social housing units); 10 were accommodated in semi-independent living projects; another two were in other supported provision; and two had 'stayed-put' with their former foster carers. Two were residing with the City itself. During the year two care leavers had been in accommodation deemed automatically to be unsuitable, one had continued in prison and one was briefly held in an immigration detention centre. Both were deported.
- 2.13 Our care leaver population is ethnically diverse, and as with our children in care, is markedly different from that of the City's resident population. Of the 23 supported by the service during 2017/18 eight (34.8%) were Asian Other; seven (30.4%) were White; seven (30.45%) were Black African; and one was Other, Any Other. The nationalities were: Afghan (5), Albanian (5); Eritrean (3); Iranian (3), Sudanese (3), British (2) and other non-British (2).

3 Corporate Parenting Board (Safeguarding Sub Committee)

- 3.1 Within the City Corporation the function of Corporate Parenting Board is undertaken by the Safeguarding Sub Committee which reports to the Community and Children's Services Grand Committee.
- 3.2 The Safeguarding Sub Committee meets four times each year, and in its capacity as the Corporate Parenting Board it is responsible for:
- achieving improved outcomes for children in care and care leavers;
 - developing and overseeing implementation of the City Corporation's Corporate Parenting Strategy to drive improved outcomes;
 - providing challenge to ensure that the Council's duties as Corporate Parent are carried out effectively and consistently.
- 3.3 The Sub Committee formally received two of reports in respect of the Ofsted Inspections of Children's services at the City Corporation and the City and Hackney Safeguarding Children Board in July 2016. The reports informed members that Children's Services was rated 'Good' with a number of 'Outstanding' features and the City and Hackney Safeguarding Children Board had been rated 'Outstanding'.
- 3.4 Membership includes the lead member for children, and the Chairman of Community and Children's Services Grand Committee. Over the past year the Sub Committee has considered reports on topics including:
- How Social Workers Engage Neglectful Parents from Affluent Backgrounds in the Child Protection System
 - The CQC inspection looked after children and safeguarding action plan.
 - Suicide prevention
 - The London regional Children in Care Council
 - Quality assurance in Children in Need cases

3.5 The Sub Committee formally received the Annual Report of the City and Hackney Safeguarding Children Board and Local Authority Designated Officer (LADO) Annual Report.

4 Corporate Parenting Strategy

4.1 The Corporate Parenting Strategy set out the City Corporation's commitment to ensure that children and young people have the support, care and encouragement to reach their full potential. The Service Improvement Plan for 2017-2018 sets out objectives for children in care and care leavers. The plan was developed in line with the strategy, listening to children and young people's views, formally obtained via the consultation by Action for Children, from audits undertaken by Aidhour, multi-agency audit, from staff feedback and from recommendations from Ofsted.

4.2 To achieve this, and deliver the City Corporation's roles and responsibilities as a corporate parent the plan includes new actions such as:

- Ensuring every young person seeking asylum is linked with a community refugee organisation, for support with shared experience, improving friendships, independence and boosting resilience
- Ensuring that young people are supported fully in respect of their immigration situations, including ensuring that pathway plans look at practical help and support in case of being held in detention or if there is a risk of return to their home country.
- Children/young people to be visited intensively at the start of a new placement, to help settling in and to try and address any difficulties early on.
- Every young person to have the opportunity to participate in at least one organised leisure activity
- Care plans to be redesigned so they are clearer, and SMART (Specific, Measurable, Attainable, Relevant and Timely).
- Care leavers to be exempt from Council Tax whether they reside inside or outside the City of London.

5 The Children in Care Council (CiCC)

5.1 The City of London's Children in Care Council (CiCC) has been meeting regularly since November 2014. The CiCC meets six times a year in each holiday and half term period. Meetings generally take place in the Guildhall during the morning and are followed by lunch in the Gild and an activity together during the afternoon. Meeting at the Guildhall is a link for CiCC members to come into the City of London, particularly as often they live beyond the City's boundaries.

5.2 We have continued to use Spice time credits to acknowledge members' participation, although it is not always straightforward to find opportunities to spend the credits.

5.3 Participation means more than the 'formal' meeting; they are generally followed by an activity which enables informal time together and which is valued by CiCC members.

5.4 A new CiCC Officer and Deputy CiCC officer were elected in 2017. The Director of Community and Children's Services, joined the CiCC meeting in December 2017, providing an opportunity for informal discussion about the CiCC's activities and focus.

5.5 The main issues addressed together during the year include:

- Keeping safe – information and discussion on personal safety when out and about;
- Preparing interview questions to be used in recruitment;
- Discussion and consultation on pathway plans and changing the approach, introducing 'Mind of My Own' as a potential tool;
- Contributing to the City's children and young people's plan
- Learning and discussion on preparing for living independently, what to expect and budgeting
- Participation by two members in Whitehall Takeover Day – joining a government department and shadowing a minister for the day
- Participation in the new London-wide Children in Care Council which is being developed and led by the City of London, to bring together care experienced young people from across London
- Discussion and decision to start a CiCC WhatsApp group to enable communication between group members between meetings – the existing Facebook group was underused and not popular though can still be useful for news and updates, notice of meetings etc.

5.6 Activities together during 2017-18 have included:

- A week at an outward-bound centre in South Wales in Summer 2017. 13 young people travelled by bus and then embarked on an active week, including hill walking, walking down a river, caving, canoeing, climbing, and a day on the beach playing cricket, football and swimming. Everyone was presented with a certificate of achievement at the end of the week before travelling back to London.
- Bowling at Finsbury Park
- Celebration of achievement event (organised by Virtual Head)
- Lunch at Nando's
- Star Wars – cinema trip
- Boat trip on Thames
- Exploring London 's South Bank
- Opportunity to attend Lord's for a county cricket game

5.7 The CiCC reviewed the welcome pack for newcomers which every young person receives; a backpack containing essential items for the first days as well as information sheets outlining The Pledge and opportunities available to them.

5.8 The Pledge is the City's promise to provide the care and help that children and young people in its care have told the City they want in order to thrive – and sits within the Corporate Parenting Strategy. The Pledge was reviewed by the CiCC during the year and feedback offered to the safeguarding sub group.

5.9 The CiCC is represented at the youth programme board and a member of the team attends meetings and reports back to CiCC meetings.

6 Health and wellbeing

- 6.1 As corporate parents the City Corporation takes responsibility for assessing and promoting good physical and mental health among the children and young people in our care. This is achieved through annual assessments of health and dental health, and by ensuring children and young people are fully immunised. The City Corporation's performance in achieving health and dental assessments and immunisations exceeds national performance.
- 6.2 Our CIC population largely comprises unaccompanied asylum-seeking children who have often experienced very difficult journeys to the UK, involving increased risk of health conditions. A new offer to our young people in 2017-18 arising from regular review with our CIC health service provider, is a referral for infectious disease screening in the paediatric department of UCLH, directly made by the statutory CIC initial medical. As a result of CIC health service review in April 2017, sexual health work needed improving. CIC health reports are now clearer on sexual health recommendations.
- 6.3 During 2017/18 all 25 children who remained in the City's care for more than one week received their statutory health assessment. Discounting the UASC who removed themselves from our services within one week, every child who came into care in year received their initial medical assessment by a paediatrician and all those who had been in care 12 or more months received their annual review by the LAC health nurse. The latest reported national figures show that only 89.4% of children were looked after for at least 12 months had had an annual health assessment.³
- 6.4 All children looked after by the City at 31 March 2018 had up-to-date immunisations or were in the process of undertaking the UASC Booster programme at year end, compared to 84% of those who had been in care nationally for at least 12 months at 31 March 2017.⁴
- 6.5 Annual dental checks were conducted during the year for all those who were in care at the start of the year, compared to nationally reported performance of 83% in for those who had been in care nationally for at least 12 months at 31 March 2017.
- 6.6 No child in care was identified as having a substance misuse issue. For reference, the national average for those who had been in care for at least 12 months at 31 March 2017 was 4% and the inner London average was 7%⁵
- 6.7 Section 7 of the Local Authorities Act 1970 requires that an annual strength and difficulties questionnaire (the SDQ) is completed for all LAC aged 4 to 16 years-old who have been in care over one year at 31 March.⁶ This questionnaire measures emotional health and well-being and the scores are recorded by the DfE as part of the annual census of children who are looked after.⁷ Although the Department for Education (DfE) has not yet published the validated scores for 2018 they identified

³ Children looked after in England, year ending 31 March 2017 SFR 50/2017.

⁴ Ibid.

⁵ Ibid.

⁶ Please note that the City of London extends the SDQ to all its children in care, but the annual bench mark score is based on those within the statutory remit

⁷ The annual SSDA903 census

two City of London CIC for inclusion in this year's calculation, with an average score of 3.5 (low is good: and 0 - 13 is considered the 'normal' range).⁸

- 6.8 All our children received their health histories in 2017-2018 which was an Ofsted recommendation, as well as an objective from our previous service improvement plan.

7 Safeguarding our children

- 7.1 All our looked after children and young people leaving care are allocated a fully qualified social worker. Social workers offer support in areas such as identity, health, leisure, education and friendship.
- 7.2 There was one allegation made by a child in our care against his previous foster carer. This was subsequently dealt with by the LADO in the relevant Local Authority. The City Corporation has received no complaints from the children or young people in its care or its care leavers.
- 7.3 Over the year three UASC, aged between 15 to 17 years-old, went missing from their placements, with a total of four episodes between them. One, who had just come into our care, did not return. Of the other three missing episodes: two returned within 24 hours; but one was for an extended period of five weeks.
- 7.4 Children who go missing can be at risk of serious harm. There are particular concerns about the vulnerability of missing or runaway children to sexual exploitation or other exploitative harm such as violence crime, gang exploitation or drug and alcohol misuse. Looked after children who go missing from placements are at particular risk and vulnerable to sexual and other exploitation. Therefore, the children in the City Corporation's care who went missing were considered vulnerable to Child Sexual Exploitation (CSE) and were reviewed by the Multi Agency Sexual Exploitation group. This resulted in vulnerability factors being addressed in case planning and multi-agency meetings.

8 Education and employment

- 8.1 The Virtual School Head (VSH) reports on education and employment of our children looked after and care leavers on an annual basis following the educational year. The report covering 2017-18 academic year is due for circulation in November 2018.
- 8.2 Improvements over the financial year 2017-2018 include ensuring every young person receives a lap top if this is needed to improve their educational or employment prospects. The attainment in the virtual school meeting now forms a part of the Children and Social Care Team meeting. This ensures full contribution from the children's social workers and ensures that processes are reviewed, cases discussed, and policies are developed. This keeps education and employment at the forefront of social worker's practice. In 2017-2018 all UASC and their foster carers are provided with a toolkit to support language development. This toolkit contains:
- Booklet describing strategies to develop language
 - Picture dictionary

⁸ 2018 SDQ validated data to be published December 2018

- Story boards
- Whiteboards and pens
- Exemplars of ESOL exam papers
- Cards of 100 key words used when speaking English
- List of useful websites

8.3 The first celebration event for our young people was held, praising their educational and employment successes. 12 of our young people attended, along with the Director and Assistant Director and five members. This was an excellent opportunity to celebrate the achievements of our young people.

9 Assessments, case planning and permanency planning

9.1 During 2017/18 the quality of assessments, care planning and permanency planning have been kept under review and scrutiny through supervision, tighter scrutiny of the Independent Reviewing Officer (IRO) service and the Quality Assurance Framework.

9.2 A Permanency Policy and Panel continued to strengthen the oversight of care planning in 2017/2018, this newly included a record of decision whether to issue care proceedings or not. We have not issued care proceedings in respect of any UASC to date. This is on account of the age of young people arriving and not wishing to harm any ties with birth family, wherever they may reside.

9.3 The Permanency Panel has led to, for example, a young person having a formal celebration to recognise that his foster placement would be for the remainder of his childhood. Previous social workers and a former Independent Reviewing Officer came back to the City to celebrate.

9.4 Case planning is well thought through and the social work team very able. There was one non UASC CIC in care proceedings, and positive feedback was received in Court on timely planning and the quality of assessment.

10 IRO service

10.1 The independent reviewing officer's statutory task is to ensure that the care plan for the child fully reflects the child's needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. There is one full time IRO who is responsible for carrying out the functions of the role to all children in the care of the City Corporation.

10.2 The IRO sits away from the Children's Social Care Team and is not involved in the preparation of the child's care plan, management of the child's case, or the control over resources to ensure their independence.

10.3 The Children's Social Care Team notifies the IRO of all children received into care within 72 hours. The IRO conducted approximately 60 visits to meet children in the last 2 years. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and in all cases to consult children and monitor the quality and progress of their care.

11 Accommodation

- 11.1 Stable and caring home environments help children in care. Children looked after benefit from living with foster carers and are placed with independent fostering agencies judged Good or Outstanding by Ofsted. Foster placements are carefully commissioned on an individual basis in order to meet the needs of children and young people and we systematically monitor these arrangements to ensure they provide stable placements that meet the physical, emotional and social needs of children. The Quality Assurance Manager now reviews placements with the fostering agencies. Semi independent accommodation will be considered based on the young person's needs, wishes and feelings, and any risk identified. Foster care will always be the starting position.
- 11.2 When it is feasible our LAC are placed as close to the City as possible. Although the City Corporation did not have any sibling groups within its care cohort during 2017/18, wherever it is appropriate to do so, siblings that are looked after are placed together.
- 11.3 With regards to placement stability, of the 26 children looked after during this reporting period, 13 were newly accommodated UASC. UASC are often initially placed under time pressure often with little information about the child and their needs, abilities and risks. They are often, therefore, subject to placement changes within the first few months. As so many of our CIC are UASC, placement instability is a particular challenge for us.
- 11.4 Of the 12 new UASC who remained in our care for more than one week: four had one temporary foster care placement each before transfer to another Local Authority; and one older new UASC was placed in a supported shared residential placement⁹ awaiting transfer to NASS accommodation. Of the other six new UASC in year: one remained in their original foster care placement; three remained in their second foster care placements (all three having moved from emergency provisional foster care placements); but two were in their third placements by 31 March 2018. In the case of the latter both UASC's first placement were terminated by the City Corporation due to concerns regarding their care by either the carer or the fostering agency. The one non-UASC coming into care remained in the same foster care placement throughout their period in care.
- 11.5 Of those who had been in care at 1 April 2017: four remained in stable foster placements throughout the year (or until at least their 18th birthday); of this group two young people had been in the same foster placement for at least four years at the point of transition to care leaver. A fifth remained in supported provision through their transition to care leaver; and a sixth moved once, to semi-independent provision in preparation for transition to care leaver services. Another two older UASC, although settled in single placements from 1 April until turning 18, had been in at least two placements in the year to their birthday.
- 11.6 Of the other three young people who were already in care at 1 April 2017 and remained in care for more than six weeks: two had three placements in 12 months before their 18th birthdays and the reasons for changes on placement included: a move to facilitate attendance at specialist education provision; a child's request to

⁹ Supported residential accommodation for older children in care providing semi-independent living accommodation in a shared facility (not subject to Children's homes regulations)

move placement; a carer's request; and a move from foster care to semi-independent provision as part of the transition to care leaver services. A third young person who was still in care at 31 March 2018 had four changes of foster placement during the year as one placement was terminated due to an extended period missing; two placements were temporary emergency provision on their return; and the fourth placement change was at the child's request.

- 11.7 Of our three long-term looked after children¹⁰ at 31 March 2018: none had been in their current placement for over two years, although one would achieve this milestone in the first week of 2018/19. Of the other two: one had recently moved to semi-independent provision as part of their transition to care leaver services; and the other had a period of placement instability after being missing from care.
- 11.8 The City Corporation works to ensure that 100% of care leavers are supported in a range of accommodation suitable to their needs including semi-independent living projects, independent living in social housing units, and some 'stayed put' arrangements with former foster carers. As noted in 2.11 above, one care leaver was in accommodation automatically classified as unsuitable (prison).

12 Areas of development and priorities for the year ahead

12.1 The Corporate Parenting Strategy sets out the City Corporation's commitment to ensuring the children in and leaving its care meet their full potential and have lives in which they thrive. We will continue to drive the achievement of this in 2018/19 through continuing and enhanced services and the delivery of targeted actions. These included:

- Dedicated placements officer to be in place to help reduce placement breakdown and continue work to improve placement stability.
- Improve recording of young people's views, including within pathway plans
- Specific measures are in place to safeguard unaccompanied asylum-seeking children and young people in our care, with all staff to receive training on radicalisation and modern slavery
- Care leavers to have a trusted friend/adult they can talk to – boosting further the linking with refugee groups
- Care leavers to have access to a peer mentor
- Improving our work where we think young people are working illegally
- LAC reviews to be triggered if a young person is at risk of being excluded from school
- Training for social workers to ensure plans are consistently SMART
- Further develop our expertise around education and employment for UASC
- Social workers to attend London Asylum Seekers Consortium training to keep themselves updated on rules and policy to best support the young people through the immigration process
- Service entitlements for CIC and care leavers to be published on our website and shared with care leavers

¹⁰ Long-term LAC are those who have been in care continuously for at least 2.5 years. The national indicator for stability for long-term placements is those who have been in care for 2.5 years or more and have been at their current placement for 2 years or more.

Agenda Item 8

Committee:	Dated:
Safeguarding Sub Committee	19/09/2018
Subject: Action for Children Annual Survey 2018	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Pat Dixon, Safeguarding and Quality Assurance Service Manager, Department of Community and Children's Services	

Summary

Between February and March 2018, Action for Children carried out the annual service user survey with children and families supported by the City of London's Children and Families Team. This survey included families open to early help, children assessed as being in need, children subject to a child protection plan, children looked after by the City of London, and care leavers. The survey sought to establish the views from children of varying age ranges, so questionnaires and methodologies were adapted to suit the needs of the children.

Overall the feedback from the survey was positive, especially about the relationships between young people and their social workers. This was particularly evident in looked-after children and care leavers. Children and young people felt safe and there was positive feedback about the Children in Care Council (CiCC). Three young people who were looked after by the City raised concerns that there were not enough laptops for educational use. This issue has been resolved and young people who need one have been allocated a laptop.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Action for Children were asked to conduct a survey with children and families open to the City of London's Children and Families team, who were receiving support from early help, children in need, child protection, looked-after children and care leavers. The survey started in February 2018 and was completed by the end of March 2018. It used various methodologies to collate information, including phone interviews, postal questionnaires and the SurveyMonkey online tool. A total of 63 children and young people were eligible for the survey. The total number of responses received was 37, making for a 58.7% response rate (compared with 68% in 2016 and 48.6% in 2015).
2. The questionnaires were developed in conjunction with the City of London. The questions were tailored to the areas of intervention covered in the area. The main focus of the survey was to establish the experience of children and families in their journey through the Children and Families Team. The survey was separated into the different service areas covered by the City. This allowed the survey's report to look at the different experience of children and families depending on their reason for being involved with the Children and Families Team. Overall the survey presents positive feedback regarding the experience of children and families.

Current Position

Survey Outcome: Children in Need and Children Subject to a Child Protection Plan

3. The report identified that children and families from this cohort have repeatedly proven to be the hardest group to engage in the survey. This year has proved exceptionally difficult. Out of the 18 children in need cases listed, five were under 5 years old, so were unable to complete questionnaires; three were older than 5 years of age and did complete the questionnaires; parents of eight children opted to answer a shortened survey. This gave a total of 11 surveys completed out of a possible 18, which was 61% of service users.
4. Although most of the families expressed the opinion that they had a good relationship with the social worker, half of the parents in the survey qualified this view with expressions of frustration about how effective the actual support was. Five parents stated that they needed urgent support with re-housing. Their main preoccupations were with problems around overcrowding, poor health, financial worries and being out of work. In terms of effecting change, this sub-group felt that social workers were powerless to provide the specific support they were looking for.
5. Overall, 75% of respondents commented that they got 'a lot' or 'some' support from their social workers. Parents appreciated their social worker's input with

things like 'getting things for the children', general advice (for example, child's school), help with completing a housing application, and someone to turn to when faced with a problem.

Children Looked After

6. There were 11 responses in total (73.3% of the total compared with 72% in 2016). As in previous years, this category of young people expressed very high satisfaction levels with almost all aspects of their care. They found their social worker easy to talk to and appeared to feel well supported. They gave concrete examples of feeling listened to and generally having their needs met. For many, their social worker seems to be the 'go to' person with any concerns or problems.
7. The majority feel their educational needs are fully or mostly being met. However, not having laptops was one issue that was raised by three respondents. This has now been addressed by the Virtual School Headteacher, and young people who need laptops for their education are being provided with them. Young people know about the CiCC and value the social network and support offers. They also have a good awareness of the complaints procedure and how to access advocacy and, to a slightly lesser extent than in previous years, their Independent Reviewing Officer.
8. Compared with last year, there was an improvement in the safeguarding section – in the general sense of safety expressed, and in terms of finding support if harmed or bullied. Reassuringly, all respondents felt that they had at least one person they could turn to if such crises were to arise.

Care Leavers

9. The response rate for this category was 52.9% (compared with 69% in 2016, although numerically the cohort was the same size). In terms of feedback, the responses were remarkably consistent. For example: 100% of the sample find it easy to contact their social worker and 77% find their social worker 'very easy to talk to' (identical to the 2016 survey results); 66.6% say they get 'a lot of help' from their social worker (compared with 88.8% in 2016); and in the narrative part of the survey, there was a great deal of appreciation for social workers who have given emotional and practical support (for example, as the main person to turn to if harmed or bullied, or as a source of health information). Two respondents commented on the vital – even life-saving – support they received at times of crises and in terms of not giving up (such as placement, college courses). Most respondents (88.8%) felt appropriately consulted and listened to and 100% were helped to understand their life story (compared with 33% in 2016).
10. One young person raised the issue of needing greater permanency with regards to accommodation. Another highlighted the difficulties in transitioning out of foster care, advising (with the benefit of hindsight), that all young people should be encouraged to remain in foster care for as long as possible.

11. More young people are currently in education or training than in 2016. A very high percentage rate it as 'very good' (88.8%, compared with 55.5% in 2016). All respondents (100%) said they knew how to contact the Virtual School Headteacher and singled her out for very high praise for her proactive, helpful approach. Several young people commented that they would like more opportunities for work experience and apprenticeships and most appeared focused and ambitious about their future careers.

Early Help

12. This year families receiving Early Help were included in the survey for the first time. Feedback was received on behalf of six out of the 11 eligible children/young people. Parents were generally very open and positive about being interviewed. Their feedback was consistently positive. For example, all of them said that contact and communication with Support Workers was easy and they valued the support offered. Respondents gave many and varied examples of the kind of interventions they found helpful and were particularly complimentary about the interpersonal qualities of the staff they worked with. They also gave some helpful suggestions about service improvements (such as an updated resource list) and additional support needed (for example, occupation therapy and speech therapy).

Conclusion

13. The survey overall has been very positive regarding the relationships between the social workers and the young people. Young people have indicated that they feel supported by their social workers and would turn to them if they were worried. This was a theme across all the services covered by the Children and Families Team. The 2016 survey showed that some young people felt unsafe. However, this year, 100% of feedback from young people said that they do feel safe.

14. The most positive feedback has come from looked-after children and care leavers. This was to be expected, as this group of young people have had time to develop close relationships with their social workers. The stability of the workforce in the Children and Families Team has also contributed to this positive feedback. Where concerns have been raised, there is evidence of significant effort being made to improve the situation for young people – such as providing laptops and working hard to support a young person who has not had leave to remain.

15. Action for Children used various methods to engage children and families in this survey. The slight fall in uptake may have been due to the proximity to another feedback request, which went out as part of the annual audits on all cases open to the Children and Families team in October 2017. The City of London aims to complete this survey on an annual basis.

Appendices

- Appendix 1 – Action for Children, Children and Young People supported by the City of London Annual Survey 2018

Pat Dixon

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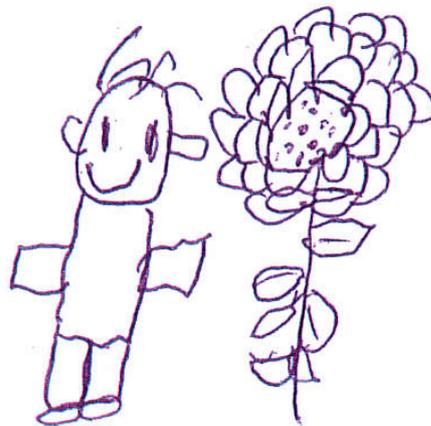
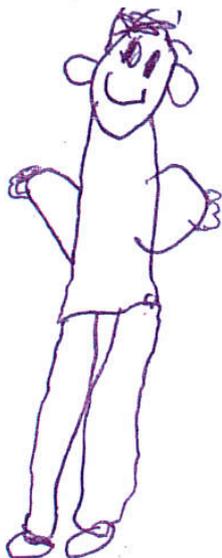
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Action for Children

Children and Young People
supported by The City of London

Annual Survey
March 2018



Me and my Social Worker Robert

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The City of London – Survey Report

1. Introduction

During February and March 2018, Action for Children carried out the Annual Service User Survey among children and young people supported by the City of London Children’s Services Teams. This year, the brief was extended to include Early Help as well as Children in Need, Looked After CYP & Care Leavers, as well as CP cases. It was also decided to capture some feedback for children under the age of 5, so a short questionnaire for parents/carers was also utilised.

The following tools were designed in collaboration with City of London:

- a. Questionnaire for Care Leavers
- b. Questionnaire for Children Looked After aged 10+
- c. Questionnaire for Children in Need aged 10+
- d. Questionnaire for Children on CP plans aged 10+
- e. A simplified pictorial questionnaire for children aged 5 – 9 from b. to d.
- f. A short questionnaire for parents/carers for children aged Under 5

The total number of children and young people eligible for the survey was 63. The total number of responses received was 37, making for a 58.7% response rate (compared with 68% in 2016 and 48.6% in 2015). The total may have been even higher if all contact details (especially telephone numbers) had been available. 2 young people requested interpreting support.

Overall, the preferred methods of responding were

Telephone interview	Postal survey (10+ questionnaire)	Postal survey (5-9 pictorial questionnaire)	Survey Monkey
22 = 59.4%	11 = 29.7%	3 = 8.1%	1 = 2.7%

By Category, the response rates were as follows

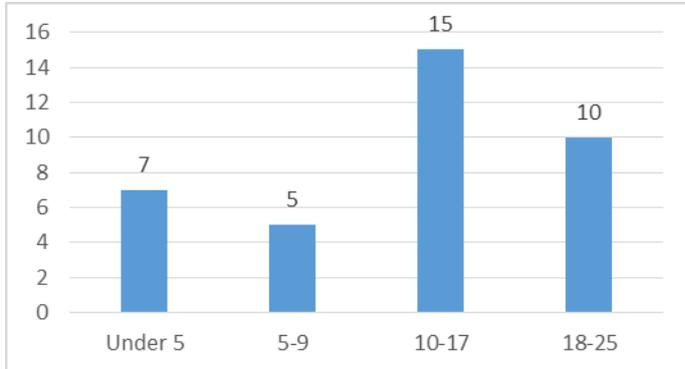
Care Leavers	Children Looked After	CiN	Children on CP plans	Parents/carers questionnaire (for EH)
9/17=52.9%	11/15=73.3%	11/18=61% (parental survey 8, CYP 3)	0/2= 0%	6/11=54.5%

2. Summary of Results

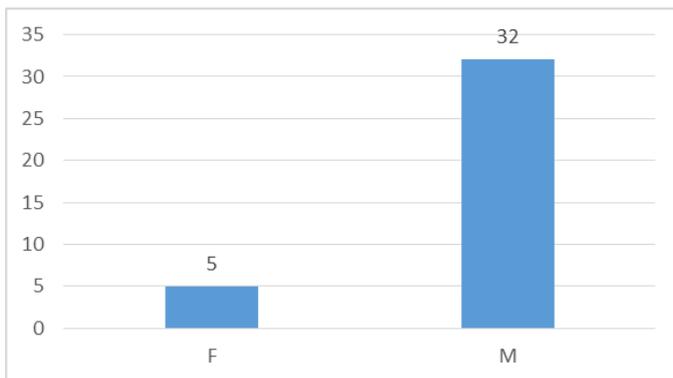
2.1 Statistics

The overall statistical information on the survey population (37 CYPs) is as follows:

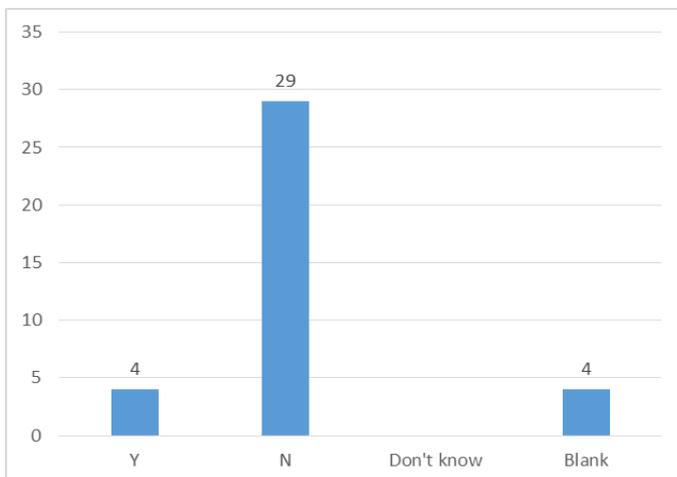
2.1.1 Age



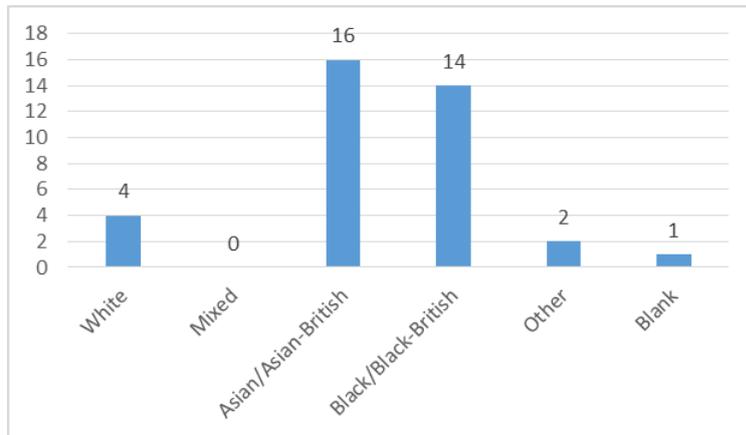
2.1.2 Gender



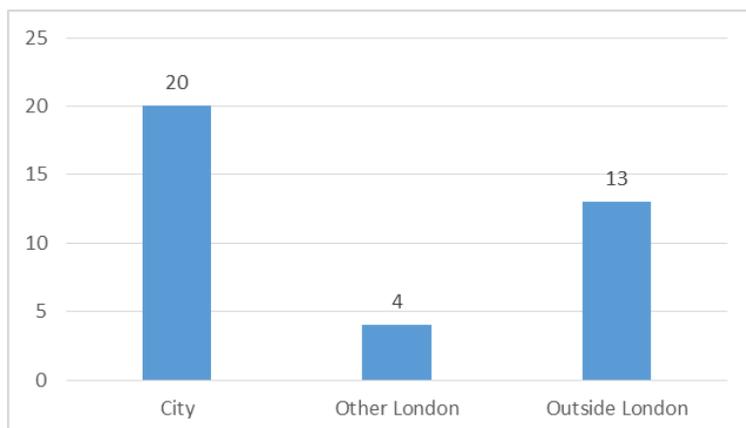
2.1.3 Disability



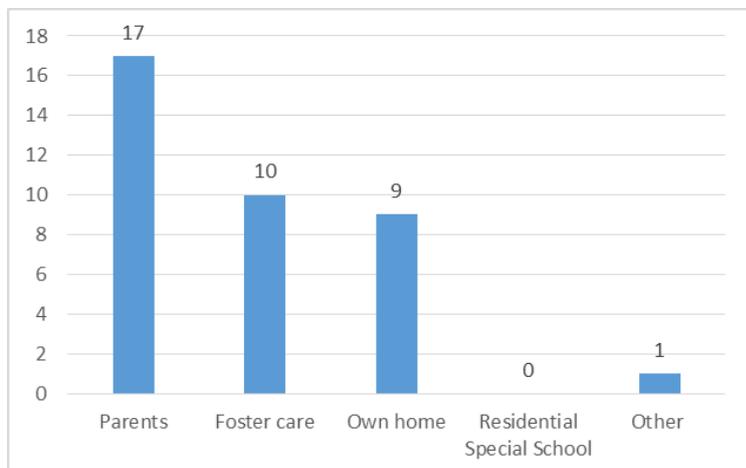
2.1.4 Ethnicity



2.1.5 Geographical placement



2.1.6 Type of placement



a. Children in Need and CP Plan (see Appendix 1, page 9)

This cohort has repeatedly proven to be the hardest to engage in the survey, and this year proved exceptionally difficult. In fact, out of the 18 CiN listed, 5 were under the age of 5. 3 young people aged 5+ completed the questionnaires and for another 8 children, the parents opted to answer a shortened survey themselves, saying things like, "You'll never get him to fill in a questionnaire." This gives a total of 11 out of 18 respondents, that is, 61% of service users.

Overall, the respondents were overwhelmingly positive about their social workers. They said they found them responsive, friendly and 'very easy to talk to' (87.5%). In the young children's questionnaire, the respondents rated their social workers 1/10 and 9/10 demonstrating the contrasting experiences within families. Both children commented that they felt positive about being listened to by their social worker.

The young person who completed the longer questionnaire commented that the social worker explained why he visited but he (the YP) still did not understand what was happening. He did not understand what the meetings were about and his only qualifying comment was "I don't want to be taken away from my family."

Despite the mostly good relationships between families and social workers, half of the parents in this survey qualified this view with expressions of frustration about how effective the actual support is. 5 parents expressed that they needed urgent support with re-housing. Their main preoccupations were with problems around overcrowding, poor health, financial worries and being out of work. In terms of affecting change, this subgroup felt that social workers were powerless to provide the specific support they were looking for.

Overall, 75% of respondents commented that they got 'a lot' or 'some' support from their social workers. Parents appreciated the social workers' input with things like 'getting things for the children', general advice (e.g. child's school), help with filling in a Housing application, and someone to turn to when faced with a problem.

b. Looked After Children (See Appendix 2, page 12)

There were 11 responses in total (73.3% of the total compared with 72% in 2016). As in previous years, this category of young people expressed very high satisfaction levels with almost all aspects of their care. For example, 10 out of 11 respondents gave their social workers top marks. They (10/11) find their social worker easy to talk to and appear to feel well supported. They gave concrete examples of feeling listened to and generally having their needs met. For many, their social worker seems to be the 'go to' person with any concerns or problems.

As in previous years, the young people appear mostly (9/10) very happy in their placements, commenting on how carers offer emotional, practical and educational support. Several young people spoke of their carers with great warmth and affection. In fact, in the Care Leavers Survey, several young people mentioned their former foster carers as people who continue to be an important source of support indicating the strength of the bond and relationships built with carers over time. Foster carers were also singled out as a source of information on health (above GPs and social workers).

All respondents are in school or college and are happy with their education provision (50% rating it very good, the rest saying 'good' or 'ok'). The majority (8/10) feel their educational needs are fully or mostly met however, not having laptops was one issue that was raised by 3 respondents. Awareness of the Virtual Head teacher and knowing how to access the service has decreased compared with last year (71.4% in 2016 compared with 30% in 2018). This means that they may be missing out on a resource which the older care leavers highlighted as extremely important and helpful during their school/college years.

Young people know about the Children in Care Council and value the social network and support this offers. They also have a good awareness of the complaints procedure and how to access advocacy and, to a slightly lesser extent than in previous years, their IRO.

In the safeguarding section - compared with last year - there was an improvement both in the general sense of safety expressed and in terms of finding support if harmed or bullied. In fact, reassuringly, all respondents felt they had at least one person they could turn to if such crises were to arise.

c. **Care Leavers** (see Appendix 3, page 21)

The response rate for this category was 52.9% (compared with 69% in 2016 though numerically the cohort was the same size). In terms of feedback, the responses were remarkably consistent. For example, 100% of the sample find it easy to contact their social worker and 77% find their social worker 'very easy to talk to' (identical to the 2016 survey results). 66.6% say they get 'a lot of help' from their social worker (compared with 88.8% in 2016) and there was, in the narrative part of the survey, a great deal of appreciation of social workers who have given emotional and practical support (e.g. as the main person to turn to if harmed or bullied or, as a source of health information). Two respondents commented on the vital – even lifesaving - support they received at times of crises and in terms of not giving up (e.g. placement, college courses). Respondents (88.8%) felt appropriately consulted and listened to and 100% were helped to understand their life story (compared with 33% in 2016).

7 out of 9 young people are happy where they are living and many commented on the big amount of help they had received with moving into independent accommodation. Of those who are not, one is due to move shortly and the other is in a precarious situation (due to having 'no recourse to public funds') and is sofa surfing. Of those that still have carers, all expressed appreciation of the care received. In fact, several respondents reminisced with great fondness about their former foster carers and are still in touch with them (e.g. celebrating special occasions together). One young person raised the issue of needing greater permanency with regards to accommodation and another highlighted the difficulties in transitioning out of foster care, advising (with the benefit of hindsight), that all young people should be encouraged to remain in foster care for as long as possible.

Knowledge of The Pledge and their Pathway Plans remains relatively low (comparable with 2016) and may again be partly attributable to the fact that many respondents are in their 20s and in the process of detaching from social care.

More young people than in 2016 are currently in education or training and a very high percentage rate it as 'very good' (88.8%, compared with 55.5% in 2016). 100% said they knew how to contact the Virtual Head teacher and she was singled out for very high praise for her proactive, helpful approach. Several young people commented that they would like

more opportunities for work experience and apprenticeships and most appeared focussed and ambitious with regards to future careers.

CiCC meetings continue to be popular, even more so than in previous years. However, knowledge of the Complaints Procedure, the Advocacy Service and the role of the IRO have all decreased (again, possibly due to many respondents being in their 20s).

In terms of safeguarding, young people in this cohort feel uniformly safe in their environments and if harmed or bullied, most (66.6%) would have someone to turn to for support (e.g. their social worker or carer). However, 3 out of 9 would not know who to go to for support, making this a significant concern. Issues around vulnerability, isolation and loneliness were raised also in connection with not having enough contact with parents (100%) and wider families and, for example, having no one to share significant life events with (4/9).

In terms of health, most respondents felt sufficiently well informed and their primary source of information remained their social worker and GP (as in 2016).

With regards to leaving care, most young people feel well supported, with their primary concerns being money worries and planning for college/university. Anecdotally, money and how to make ends meet were a significant preoccupation with several respondents talking about the stress they experience navigating the benefits system.

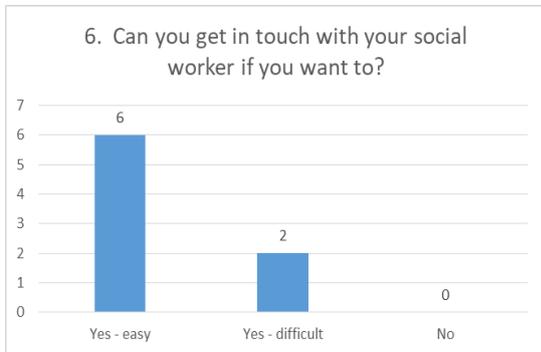
In terms of their future plans, most of the young people appeared motivated and hopeful. They were articulate in expressing their aspirations, making suggestions for improvements and expressing their gratitude for the support they received in getting ready for independence.

d. **Early Help – Parental Questionnaire** (See Appendix 4, page 37)

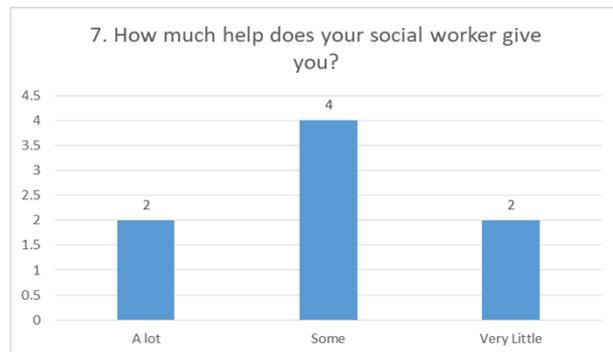
This year saw the inclusion of families receiving Early Help in the survey for the first time. Feedback was received on behalf of 6 out of the 11 eligible children/young people. Parents were generally very open and positive about being interviewed. Their feedback was consistently positive. For example, all of them said contact and communication with Support Workers was easy (e.g. 100% found it very easy to get in touch with their Support Worker) and they valued the support offered. They gave many and varied examples of the kind of interventions they found helpful and were particularly complimentary about the interpersonal qualities of the staff they worked with. They also gave some helpful suggestions about the service improvements (e.g. an updated resource list) and additional support needed (e.g. OT, speech therapy).

APPENDIX 1 Parents of Children in Need & Young Children in Need

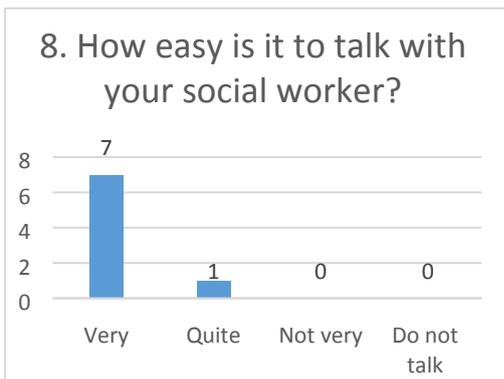
A. PARENTS OF CHILDREN IN NEED



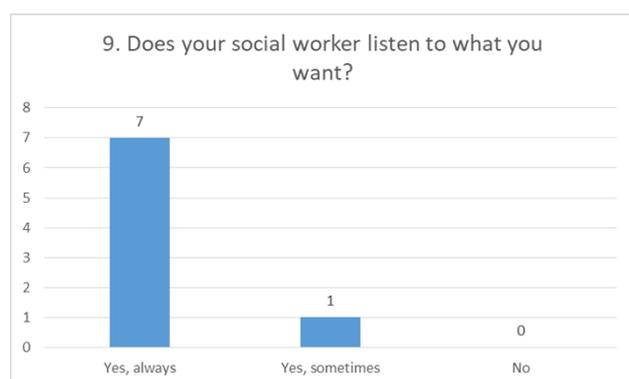
- “I call when I need her and she calls or texts about meetings.”
- “Yes and no. She works part-time and is not there when we call. But when I leave a message she gets back.”
- “I struggled and called for help but didn’t get it.”



- “She’s very helpful and does things for the children.”
- “It’s just talking, not helping. We’re overcrowded, 2 bedrooms with 4 children. And I feel lonely and scared in this neighbourhood. The children don’t like it here either.”
- “She just comes and looks at the baby. What’s the point? She couldn’t help us with finances. Though she is a nice lady.”
- “She’s really nice, I’ve got nothing against her personally but we’re not getting the support we need and deserve.”
- “I don’t need any help at the moment.”

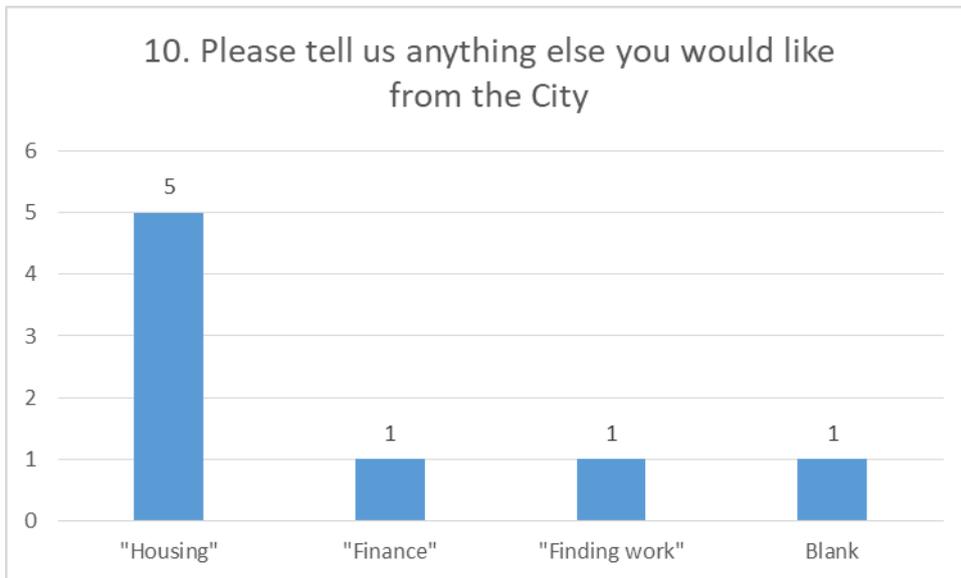


- “She listens to me what I want.”
- “I open up and trust her.”
- “If I have concerns, she’s who I turn to.”
- “She’s very friendly. I like her a lot.”
- “We talk but I’m not taken seriously.”
- “We meet and sit down for a chat.”
- “We talk but she isn’t helping so what’s the point of the plan.”



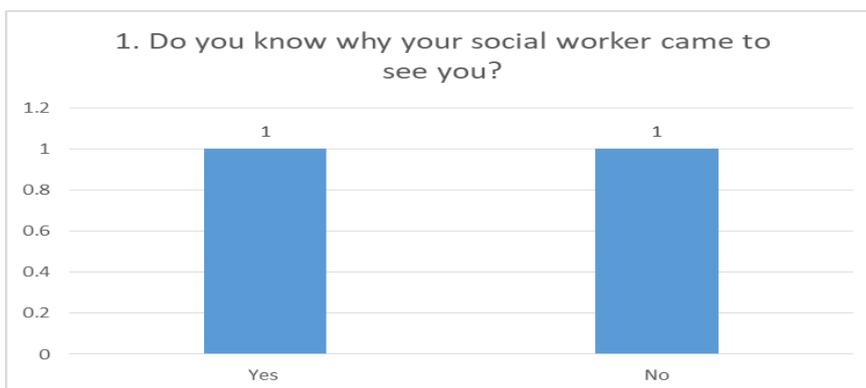
- “Yes, she does listen.”
- “She’s a good lady but doesn’t do anything.”
- “She listens but she says, ‘it’s not up to me.’”
- “She’s always busy with someone else.”
- “We just catch up on what’s happening.”

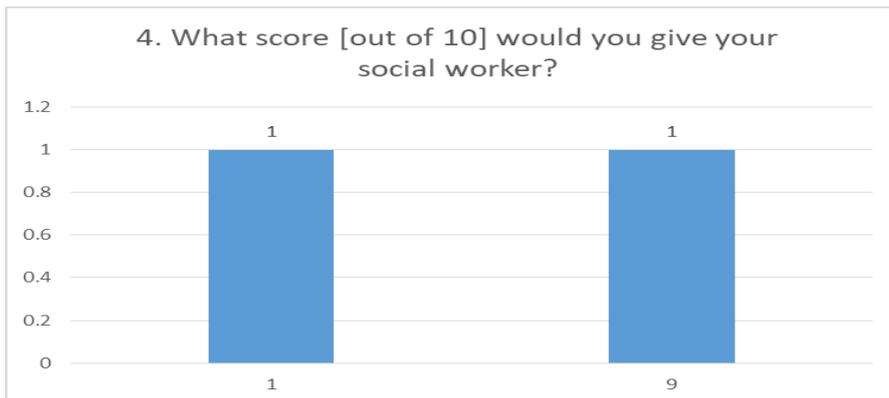
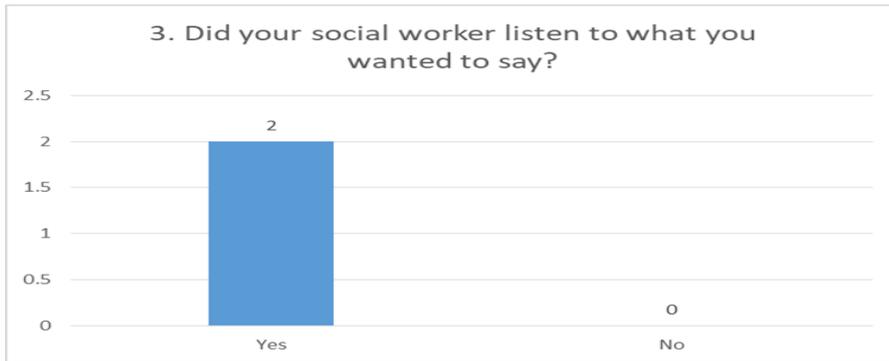
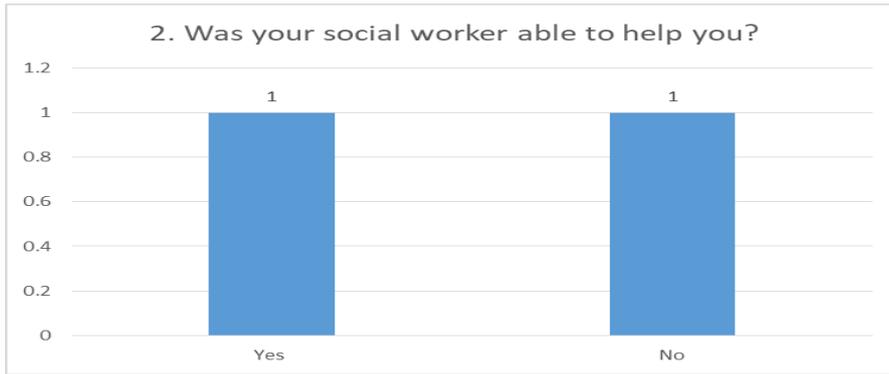
- “It’s hard to admit, when you need help. It took me a lot to acknowledge and then they say ‘that’s not what we are here for.’ I give 8/10 for being a nice person and 4/10 for the help we got.”
- “I asked for a new social worker and they are finding me one.”



- “I need help with housing, but she can’t help. We are 4 people in one bedroom.”
- “We really need to move.”
- “He’s out of work, we need help finding work and finances.”
- “We have one bedroom with 2 kids and 2 adults. She has helped me with the application to Housing and now we are waiting to see the outcome.”

B. YOUNG CHILDREN IN NEED

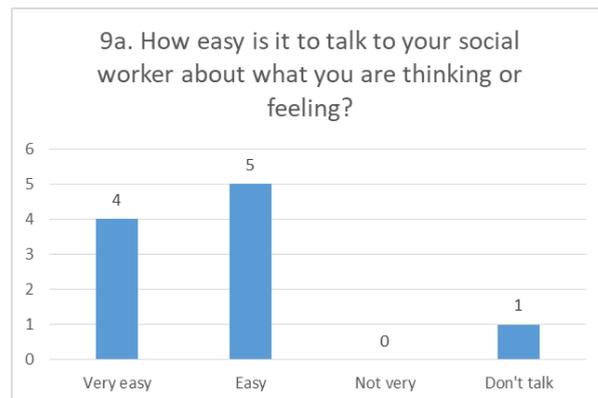
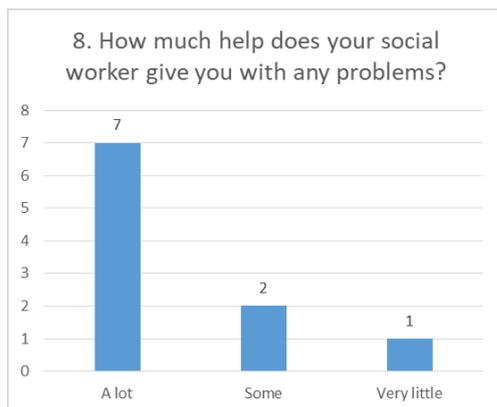
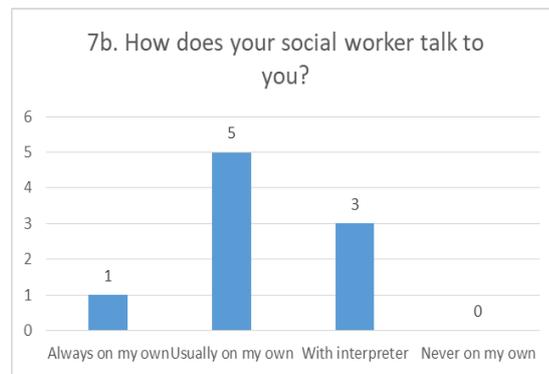
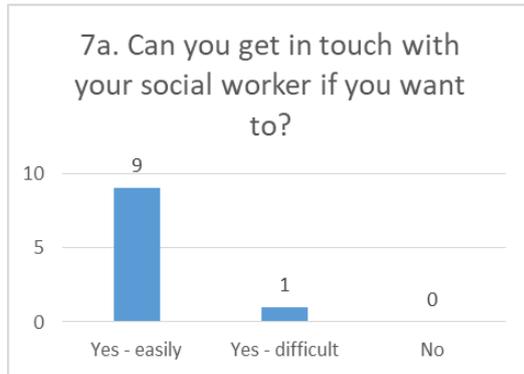




APPENDIX 2 – Looked After Children Survey

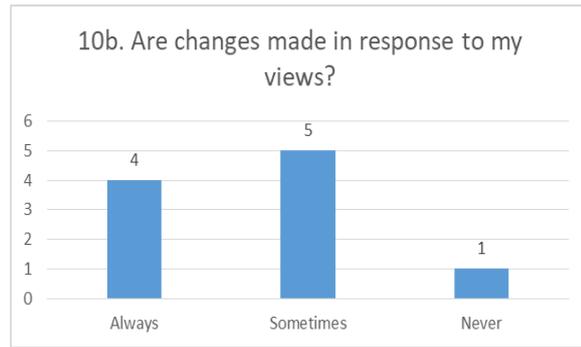
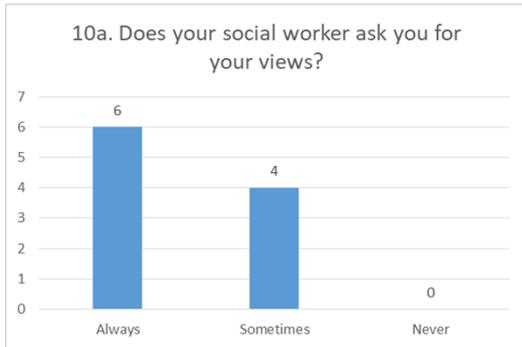
A total of 11 completed surveys were received, however, one of the respondents was under the age of 10 so completed the shortened pictorial survey (not included in the tables below).

SOCIAL WORKER



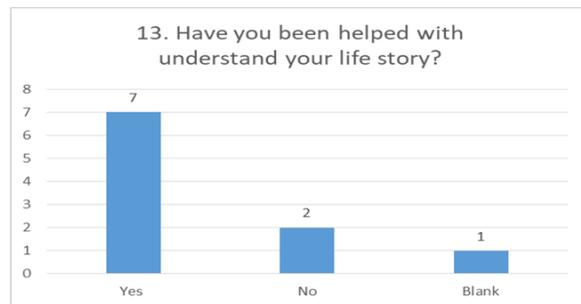
9b. What is it about your social worker that makes you feel this way? What helps you talk or stops you talking with them?

- “My social worker helped me stay in care.”
- “She is a nice person and she listen to me. “
- “The language barrier stops me from talking to my social worker.”
- “The interpreter helps me to talk to my social worker.”
- “She is helpful, she listens, she supports me with money.”
- “New social worker, haven’t bonded with her yet.”
- “I can speak to them easily”
- “My social worker is always help me, which makes me feel good and happy.”
- “He helps a lot. When I talk I feel better.”



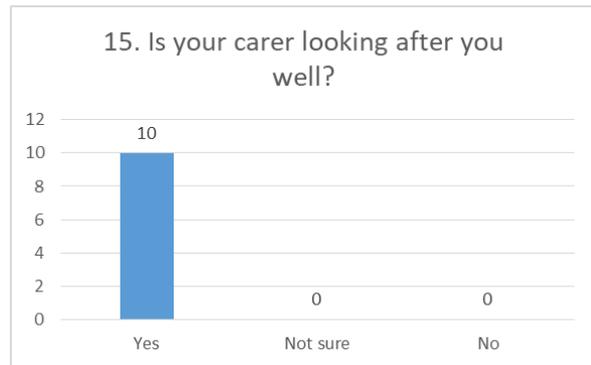
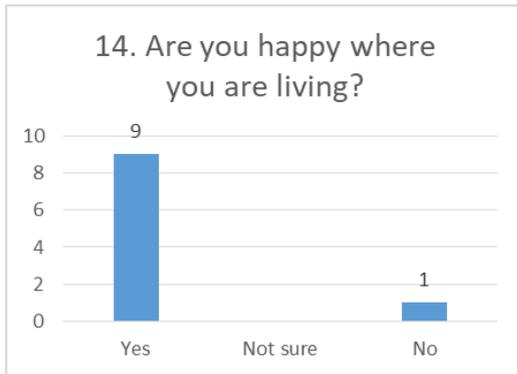
11. Can you give an example of something that changed or when you were disappointed?

- “When I wanted my friends to come over at my care home.”
- “Social worker has not provided laptop to support my study, and phone. “
- “We asked for computer to be provided and it is not provided yet.”
- “I did not like my old school and she help me to change schools. I am now very happy.”
- “She [SW] helped me to move to my present accommodation because unhappy with my previous foster carers....I feel better as my key worker helps me and supports me with my health and hospital and GP appointments.”
- “I asked for a winter coat and they got me one. “
- “When I ask something he do it quick. “
- “The money for my phone card is stopped for 2 month. I ask my social worker why, and now City of London send money for me. “



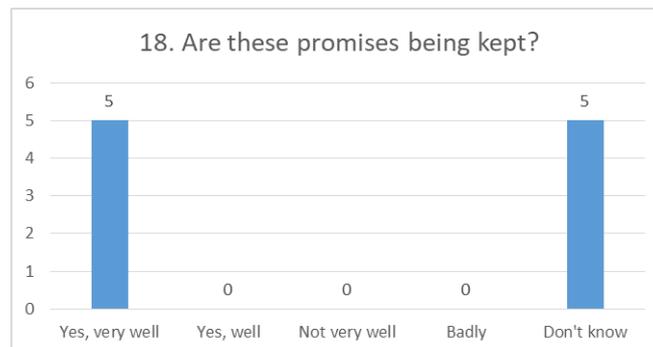
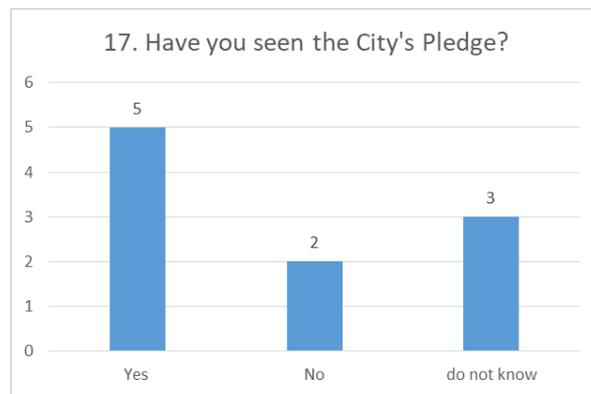
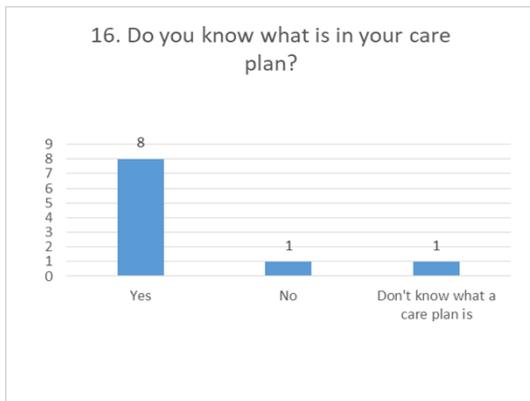
- “My social worker helped me to understand.”
- “I talked a lot with my social worker and my key worker.”
- “My foster carer and my social worker.”
- “We talked about my life.”
- “My social worker help me.”
- “When I worry I see them.”

CARE



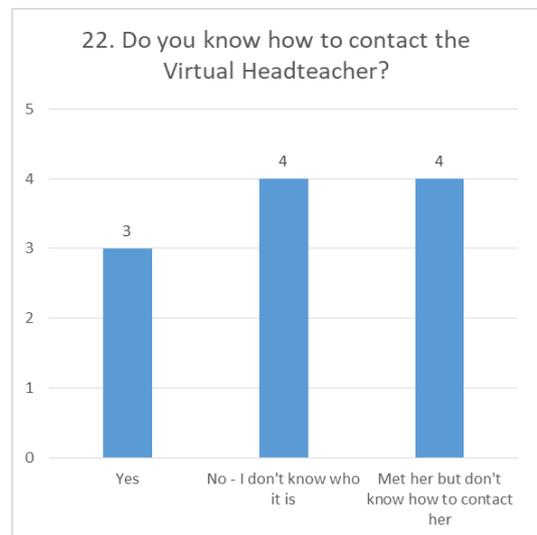
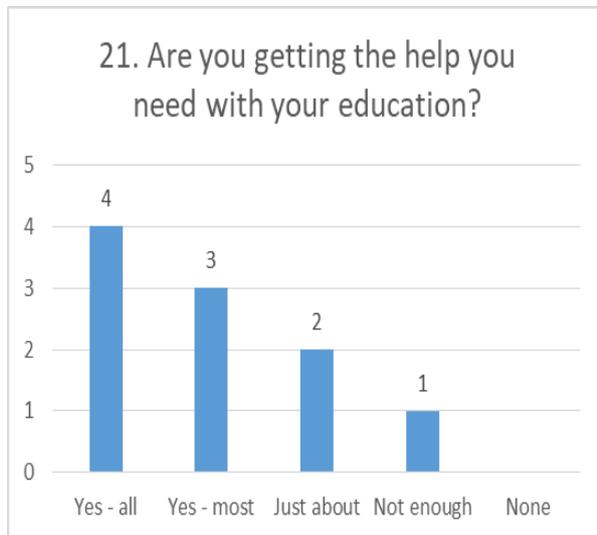
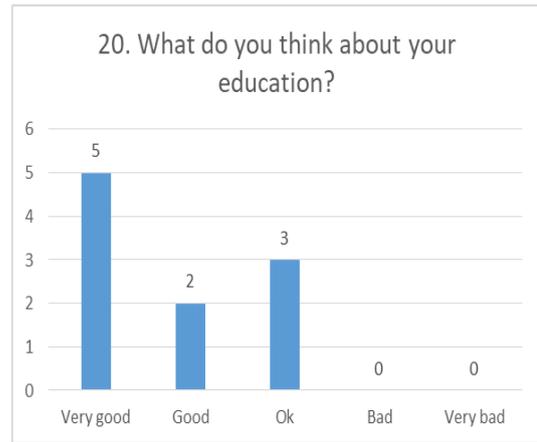
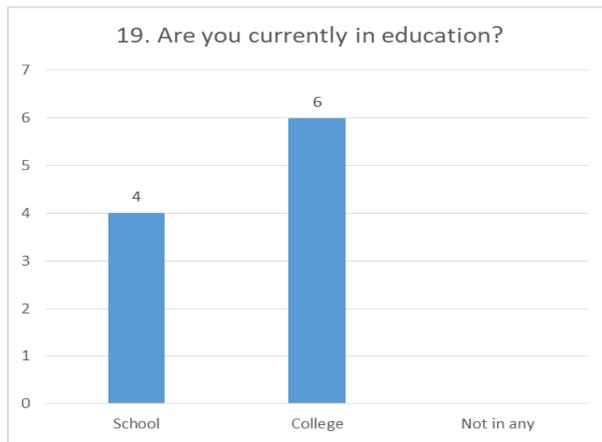
- “Very happy, everyone is so caring and loving.”
- “Because I met nice housemates and get support from my keyworker.”
- “They explain me things about my immigration status.”
- “I feel good and happier than before. They help me cooking, shopping. They support me with my education.”
- “Yes, I get food and shelter.”

- “My carers help me with my English and school. I like the house.”
- “They are nice and we talk and eat dinner together.”
- “She takes care of me well.”
- “I have friends and people to look after me.”
- “My carer is always looking after me very well.”
- “I’m happy always where I live because my foster family is very nice.”
- “I don’t have any words, how can I explain about my foster family, I just like to say Thank You so much.”

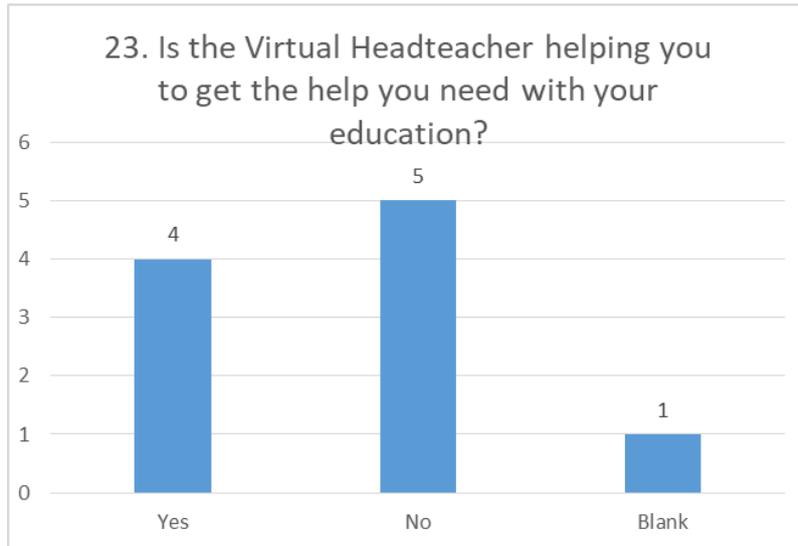


“The City is keeping all these promises to me. “

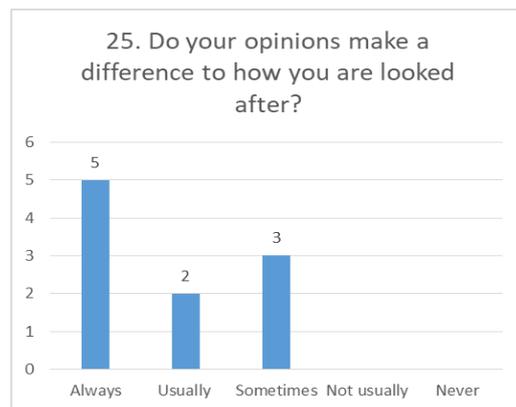
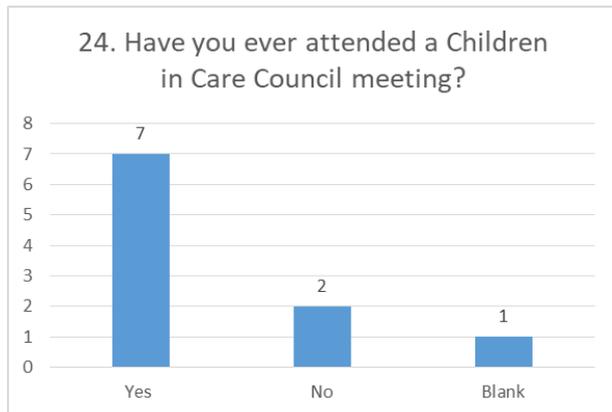
EDUCATION



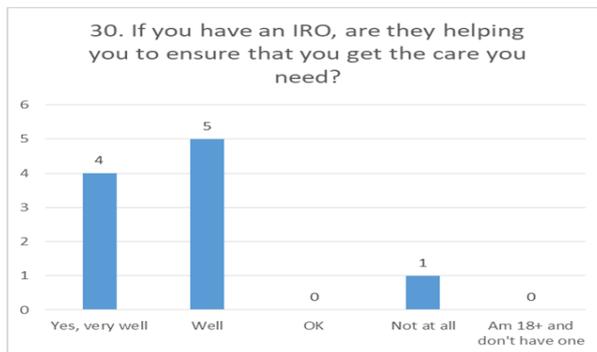
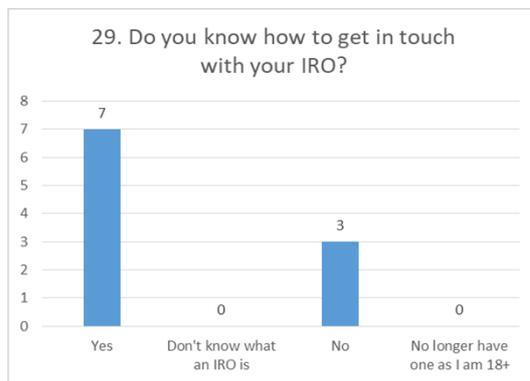
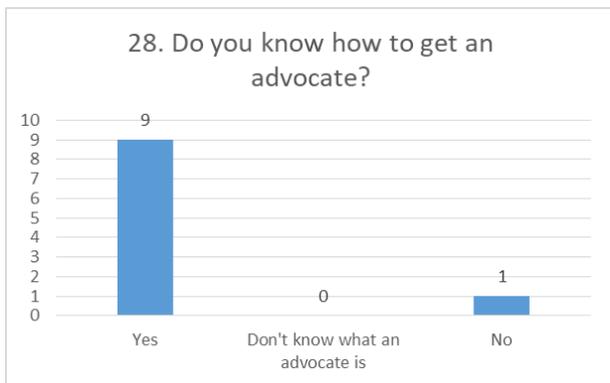
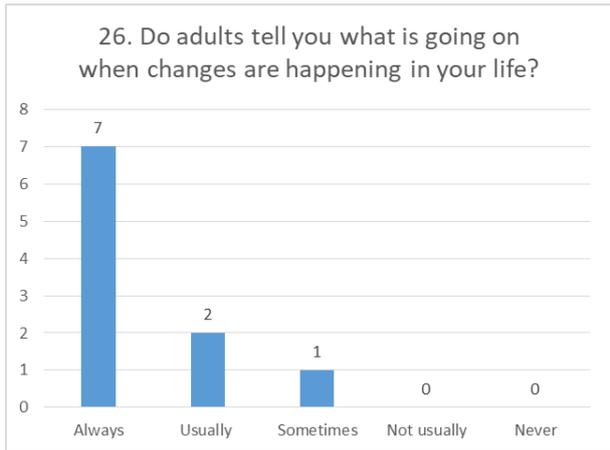
- “I need laptop to help study independently”
- “My carers help me with English and Maths”
- “I’m getting lots of help but still when I have any questions I ask my social worker.”
- “I go to college and get help from home.”



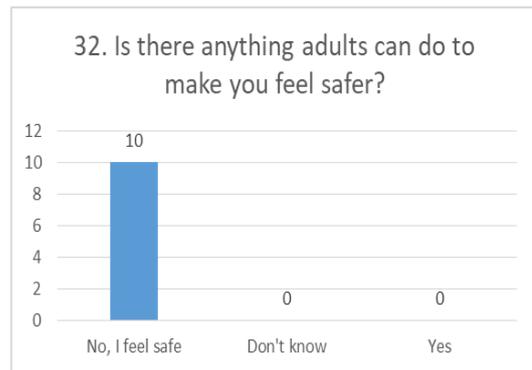
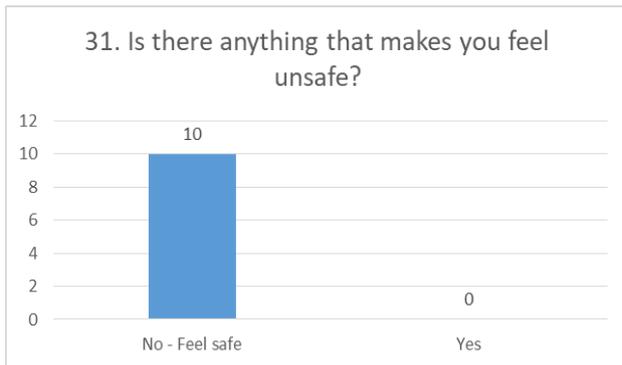
INVOLVEMENT



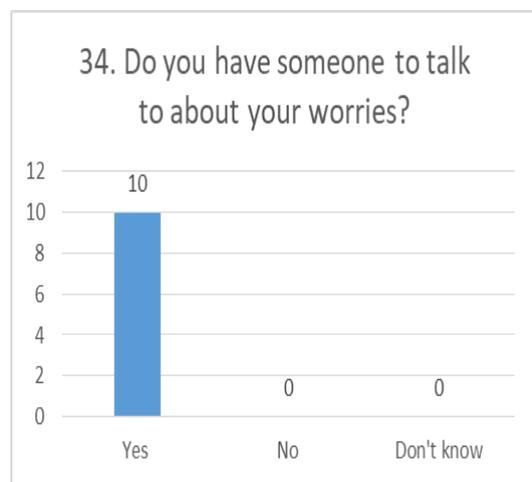
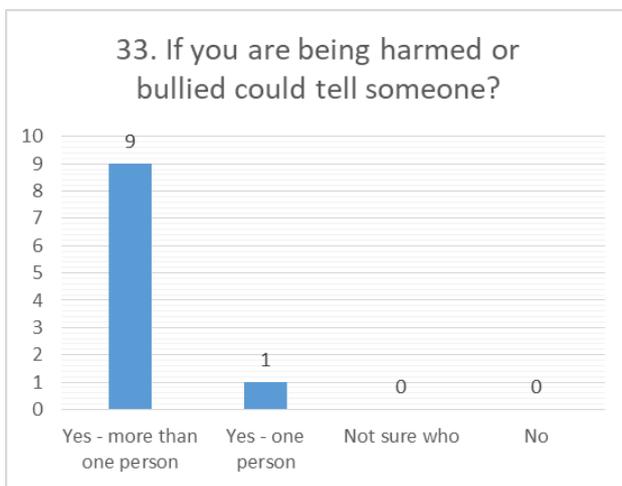
- “I was invited but I had college on the day.”
- “I went to the cinema and they asked me about the future, after 18 years old. “
- “I was pleased to meet other children and we had a good time.”
- “It was good, everybody helped me. “



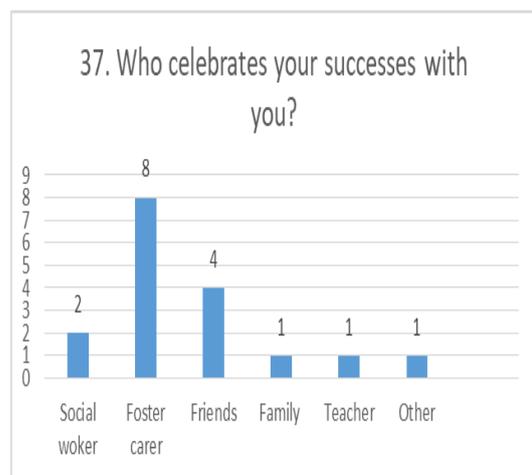
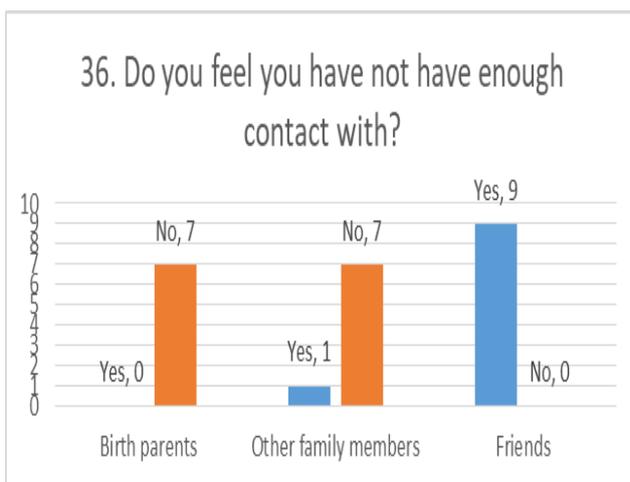
SAFETY



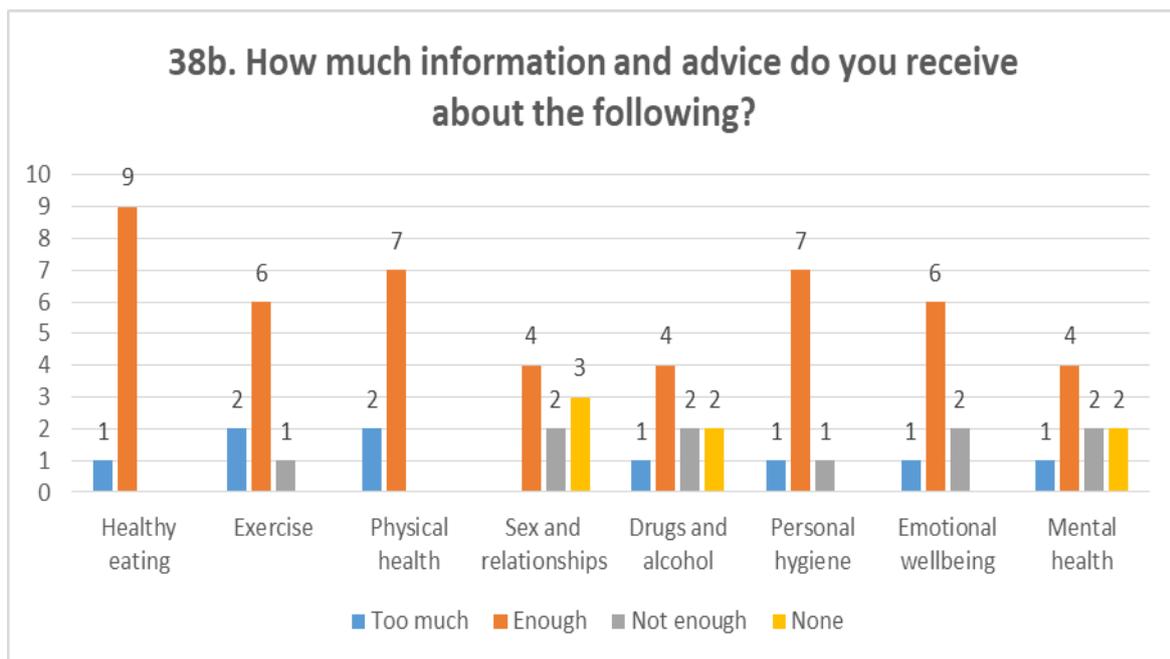
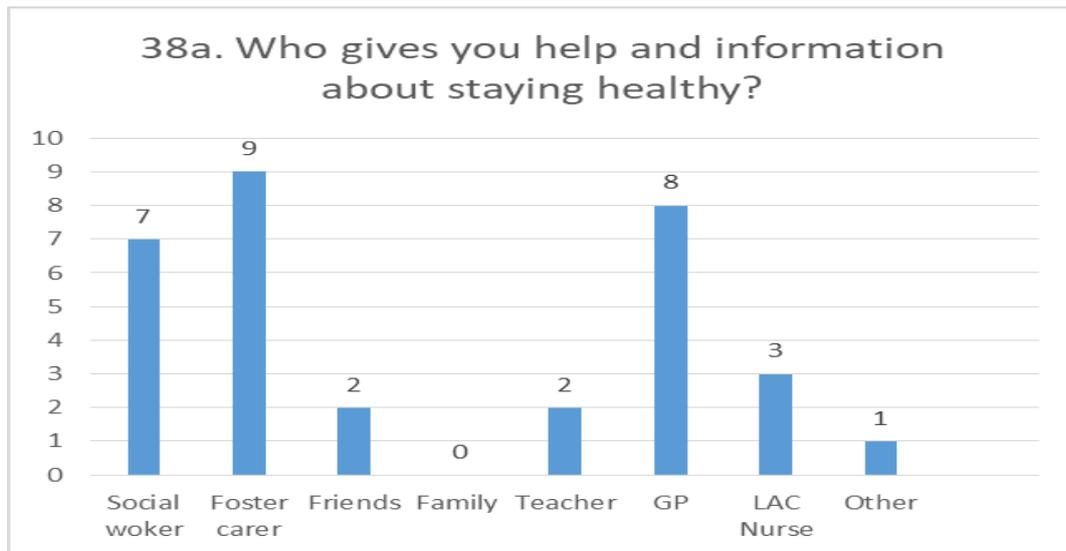
- “I feel very safe in the UK. “



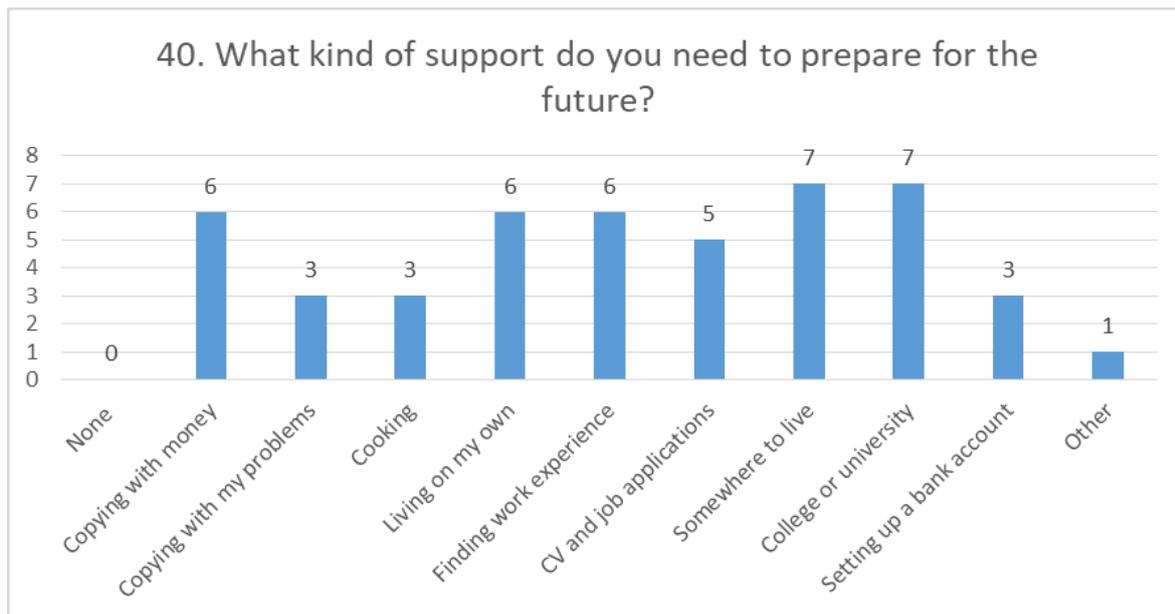
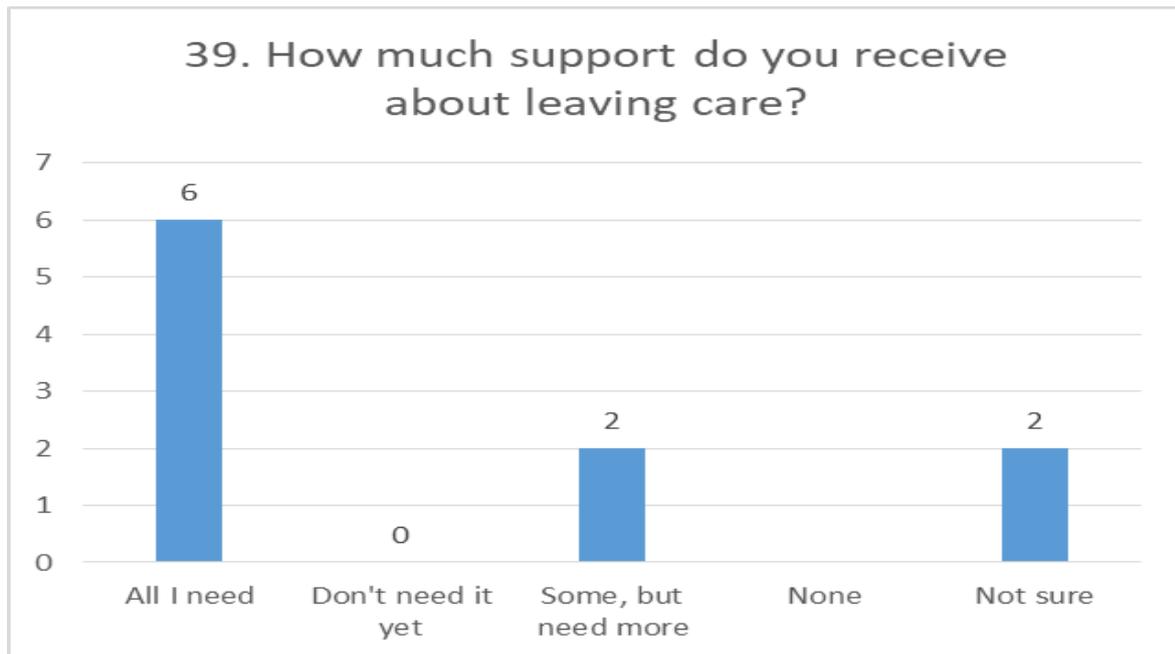
SOCIAL CONTACTS



HEALTH



FUTURE



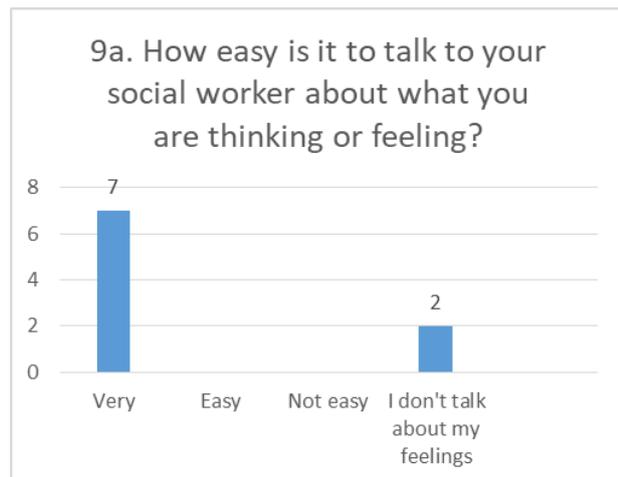
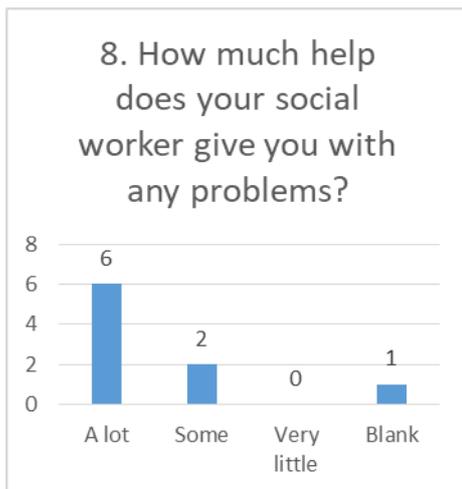
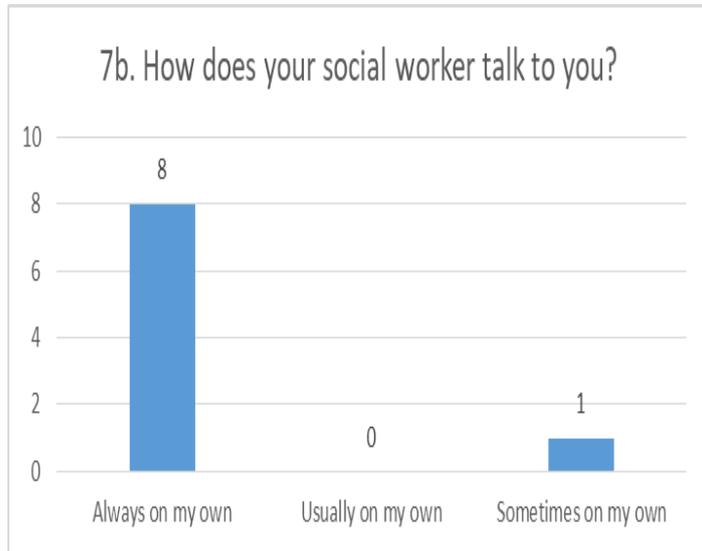
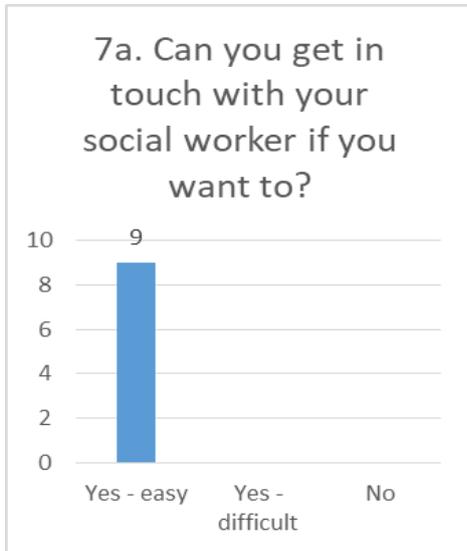
UNMET NEEDS

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

- "I need help with driving lessons when I turn 18. "
- "Social help".
- "I need support how to live on my own. "
- "I would like support about my asylum. Please contact my solicitor. I'm so worrying, I can't sleep."

APPENDIX 3 – Care Leavers Survey

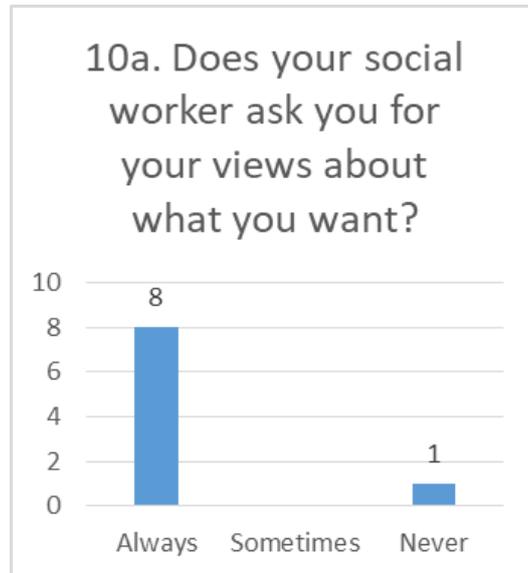
SOCIAL WORKER



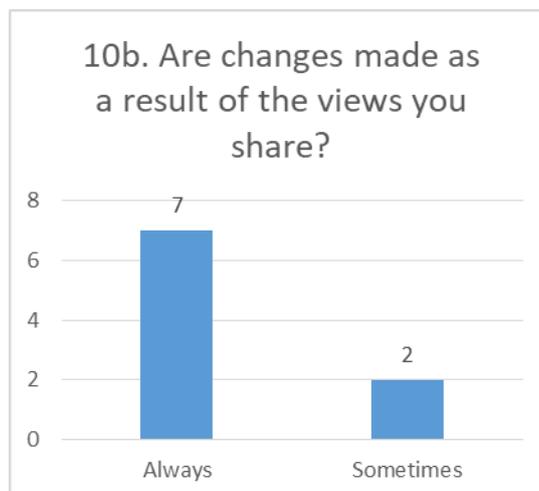
9b. What is it about your social worker that makes you feel this way?

- “He’s always willing to help.”
- “He understands what I’m saying.”
- “He does his best to be helpful.”
- “I don’t talk openly; no one can help me now.”
- “As a care leaver, I don’t see my social worker, but my keyworker is supportive.”
- “She is good.”
- “If I need anything, he helps”
- “I just text or call and can go and see them anytime. I love them, they are all nice.”
- “She’s a good person; I got help with NHS, education, everything.”

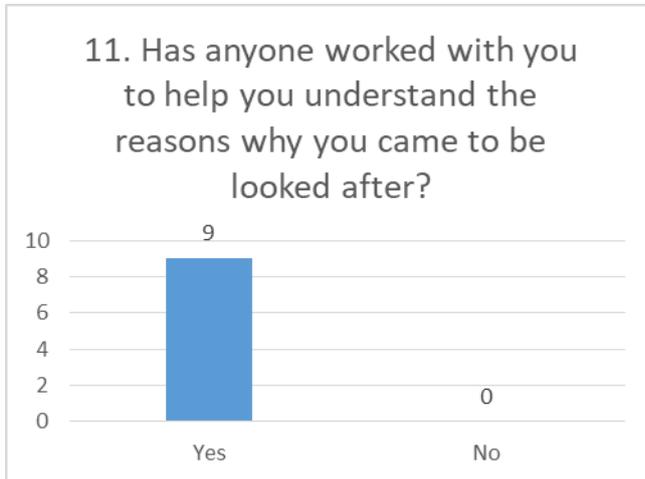
- “I feel like my concerns aren’t always taken seriously and what I say may be misunderstood and used against me. “
- “I’ve had the same social worker for a long time; it makes things easy. When I need something, I contact them. They are all the time nice. “



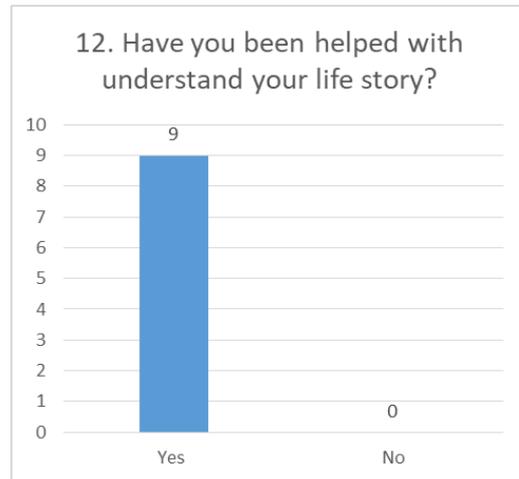
- “We aren’t in much contact.”
- “When we discuss, he always ask me first.”
- “Always asks, ‘Do you want anything? Are you happy?’”
- “She never does anything without asking me first.”



- “A lot of changes, to do with my GP, my flat...she listened and helped.”
- “I’m lovely to him and he is lovely to me. If you’re nice to someone, they are nice to you.”
- “He listens but can’t do anything. Social workers don’t have enough power.”
- “I was disappointed that I wasn’t given support for my education and now I receive some support I am really happy.”

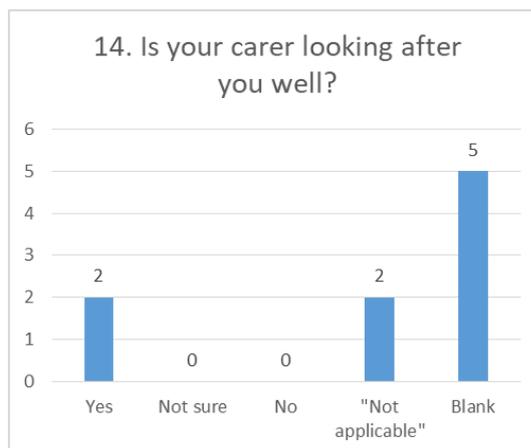


- “I had an issue with becoming looked after and an advocate tried to explain the situation.”
- “Some time ago.”
- “They explained everything.”

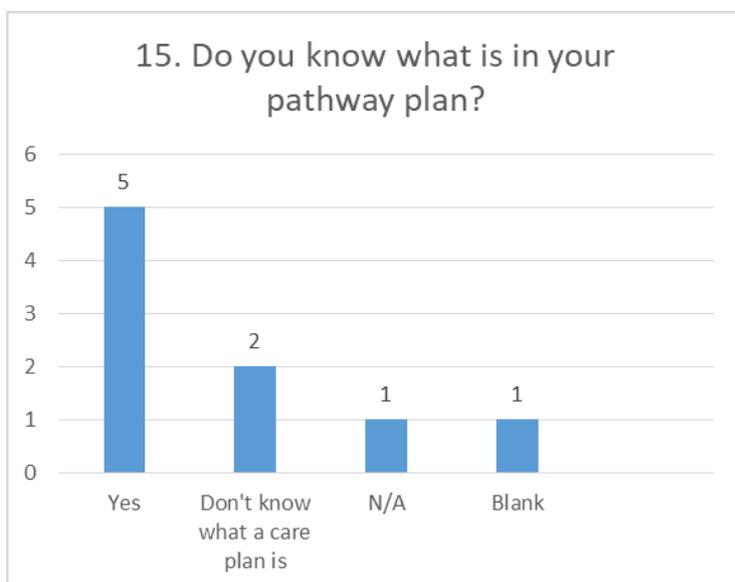


- “A keyworker from MyLife.”
- “Yes we talked.”
- “They sent me to a counsellor and it helped a lot.”
- “I talked to Emma a lot. I’m upset she’s gone now. “

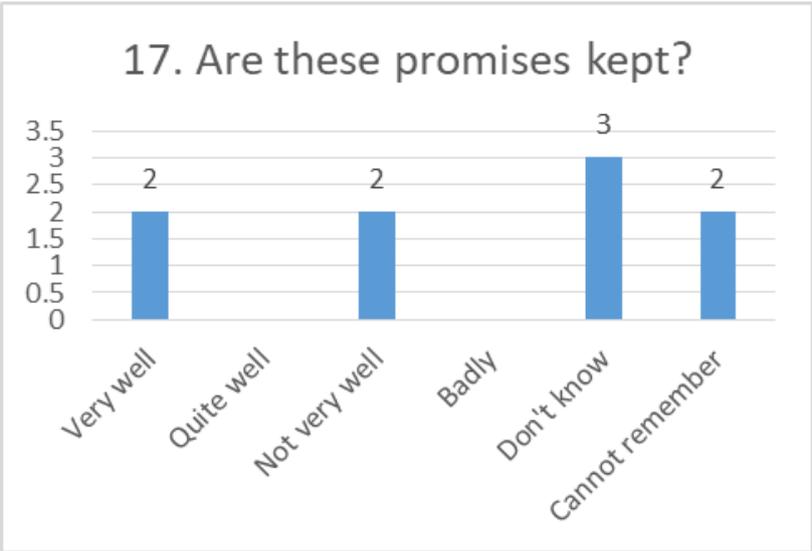
CARE



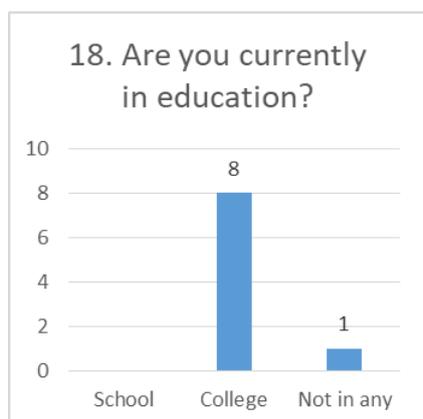
- "No, it's to do with immigration status. They can't do anything."
- "It's nice; it's a roof over my head."
- "It's great; I have everything."
- "It's a nice place in a nice area."
- "I want to move out of foster care. They are helping to get my new place ready."
- "City is the best company for getting social help."
- "They supported me with getting all the furniture. It was one month sleeping on the floor, then it was all sorted."
- "It's a nice place and I feel safe but it's not permanent so I feel on edge."



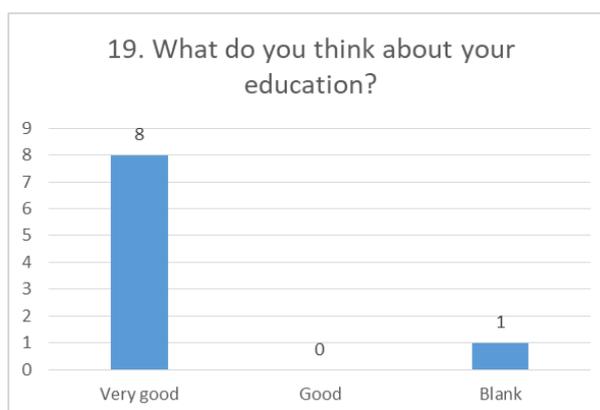
- "We talk about it every 2 -3 months."
- "I had a letter about it."
- "Can't remember."



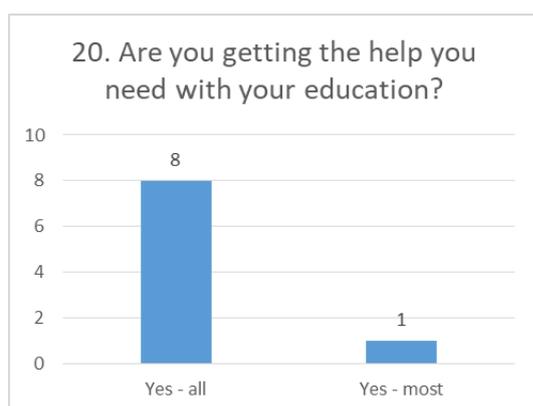
EDUCATION



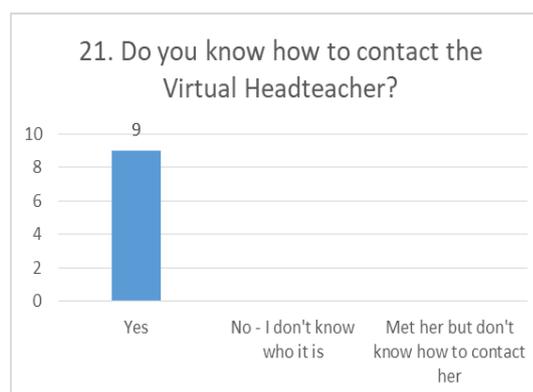
- “Yes, it’s amazing. Very nice teachers.”



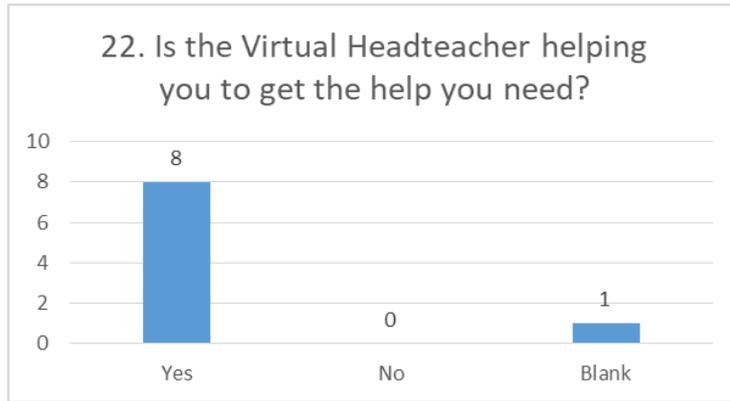
- “I’m doing a course in construction. I really like it.”
- “At first I was in the wrong course. Now it’s perfect.”



- “I did additional Maths, it was very good.”
- “My Maths and English teachers are very good.”
- “My keyworker visits and helps.”
- “I’d like more work experience but was told ‘No’ because of the budget.”
- “It would be great to know more about apprenticeships.”

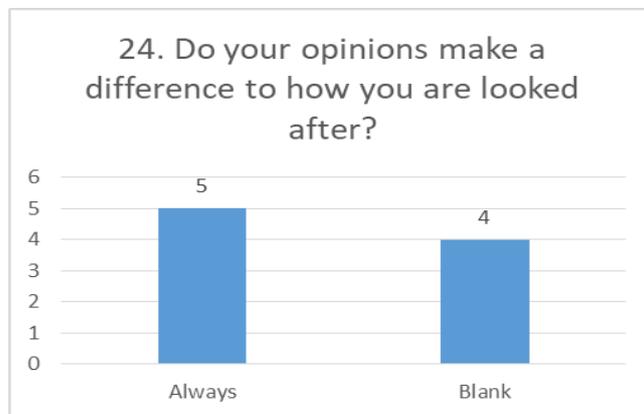
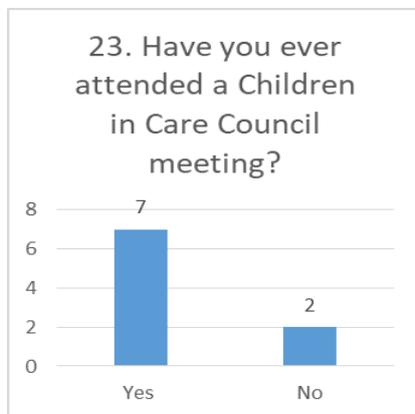


- “I used to. I forgot her name...a really good woman.”
- “Julia was very helpful.”
- “I love Julia, she helped a lot.”
- “Julia keeps in touch. She calls me about college.”

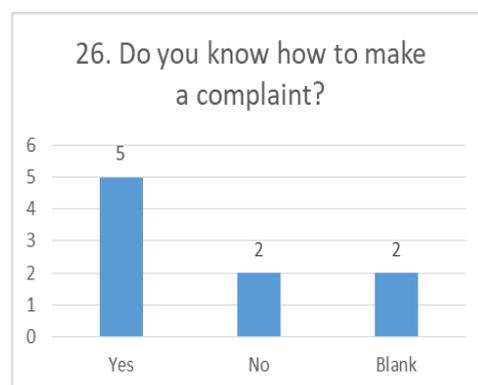
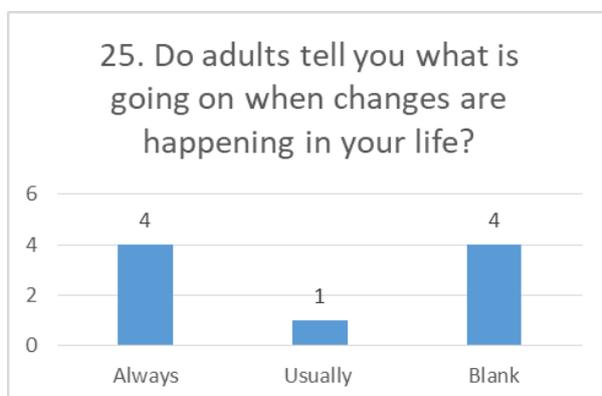


- “Yes, they supported me a lot with my degree. If it wasn’t for them I wouldn’t have finished it.”

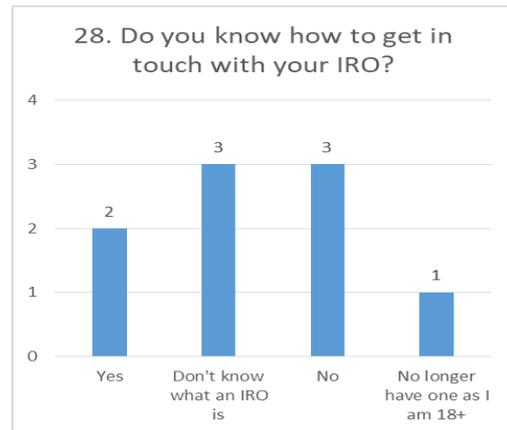
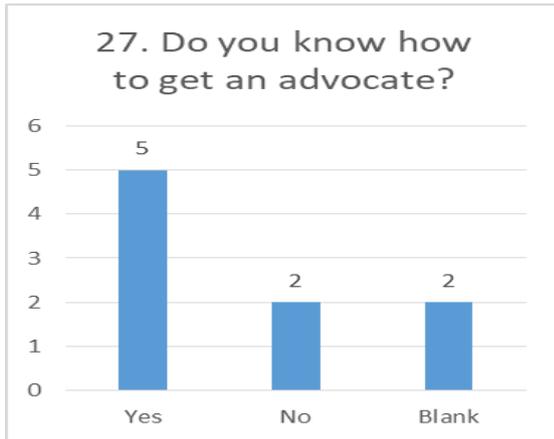
INVOLVEMENT



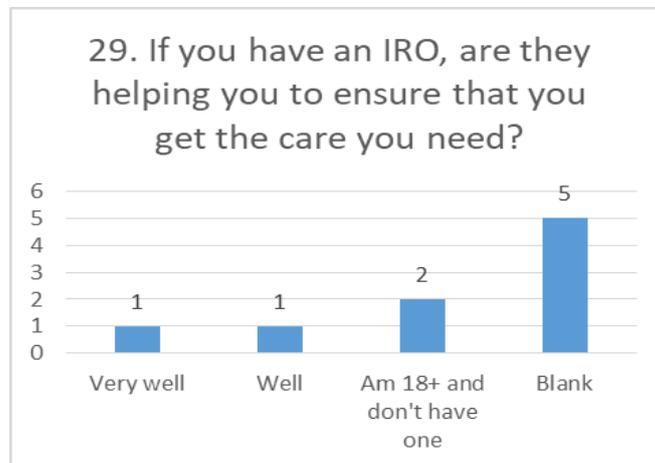
- “Every half term we have fun trips with Rose.”
- “I went last week, I like the trips.”
- “I used to go many times. I’ll start again.”
- “They listen.”
- “I’m an officer. They always text me and we meet every month.”



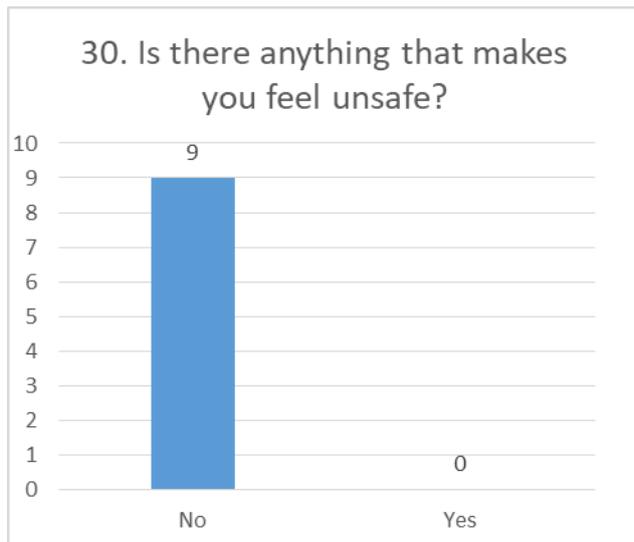
- “There is nothing to complain about. I’m lucky to have them.”



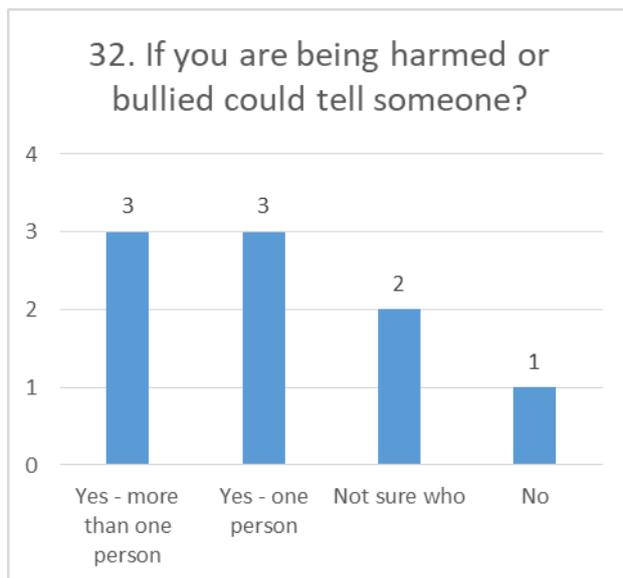
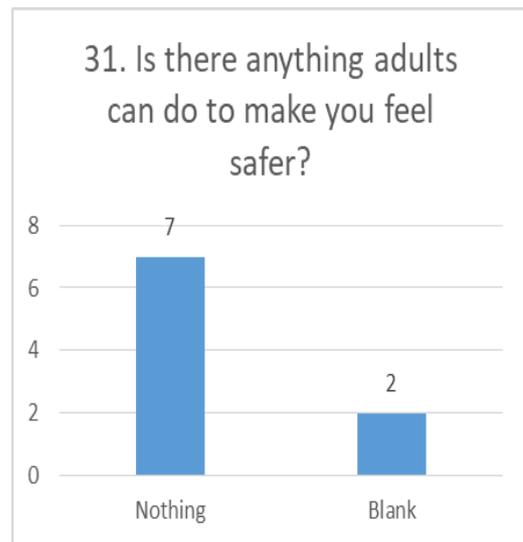
- “Never heard of it.”



SAFETY



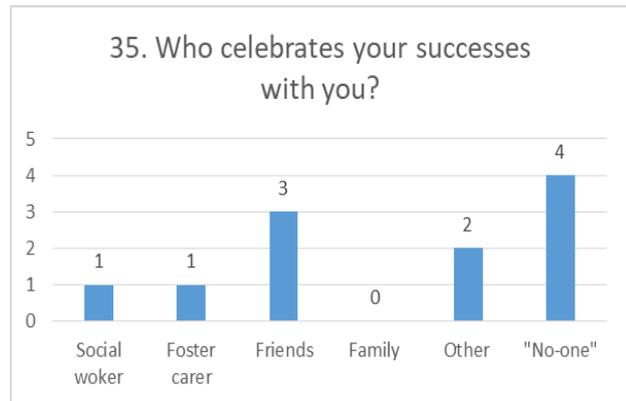
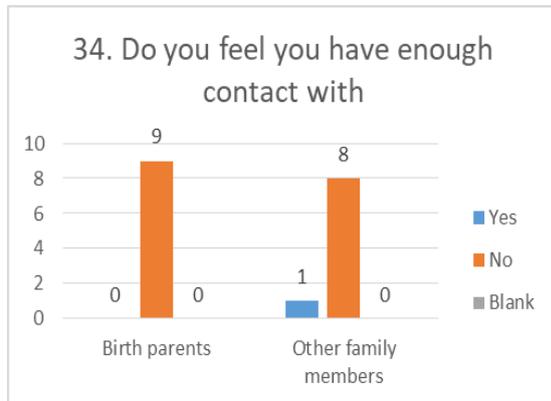
- “I feel totally safe.”
- “So safe. I’m a big man now.”
- “I’m ok. I’m not scared.”



- “I keep everything to myself...keep it in.”
- “My social worker.”
- “I don’t know”
- “My social worker is the main person I’m close to.”
- “I would call the police. “

- “It was better in foster care, I was really close to my carers.”
- “I’d definitely talk to my social worker. I share everything.”

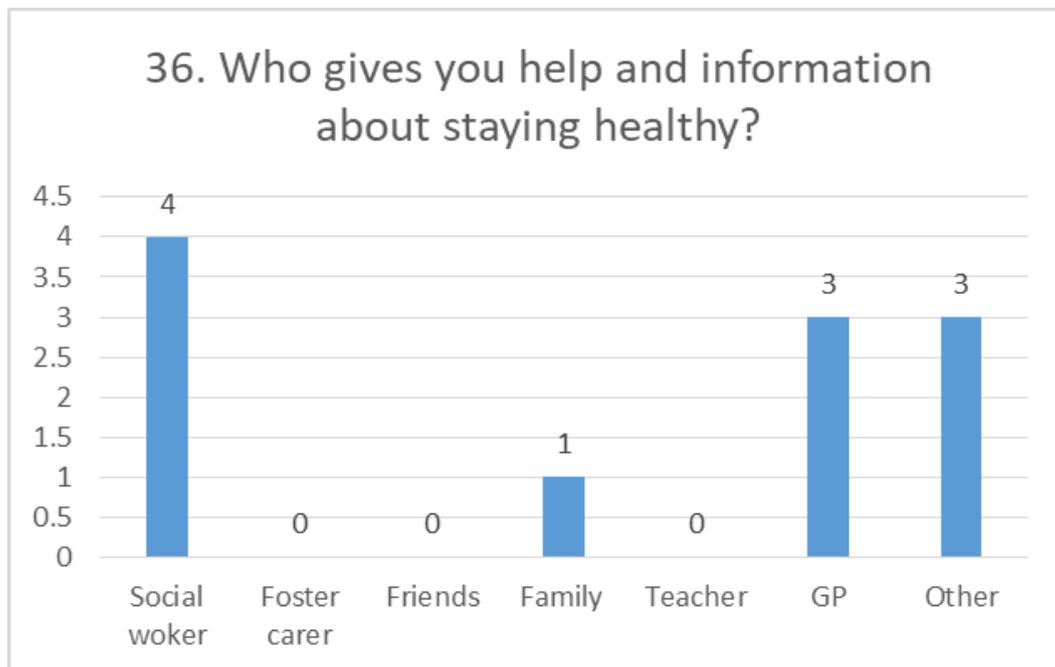
● **SOCIAL CONTACTS**

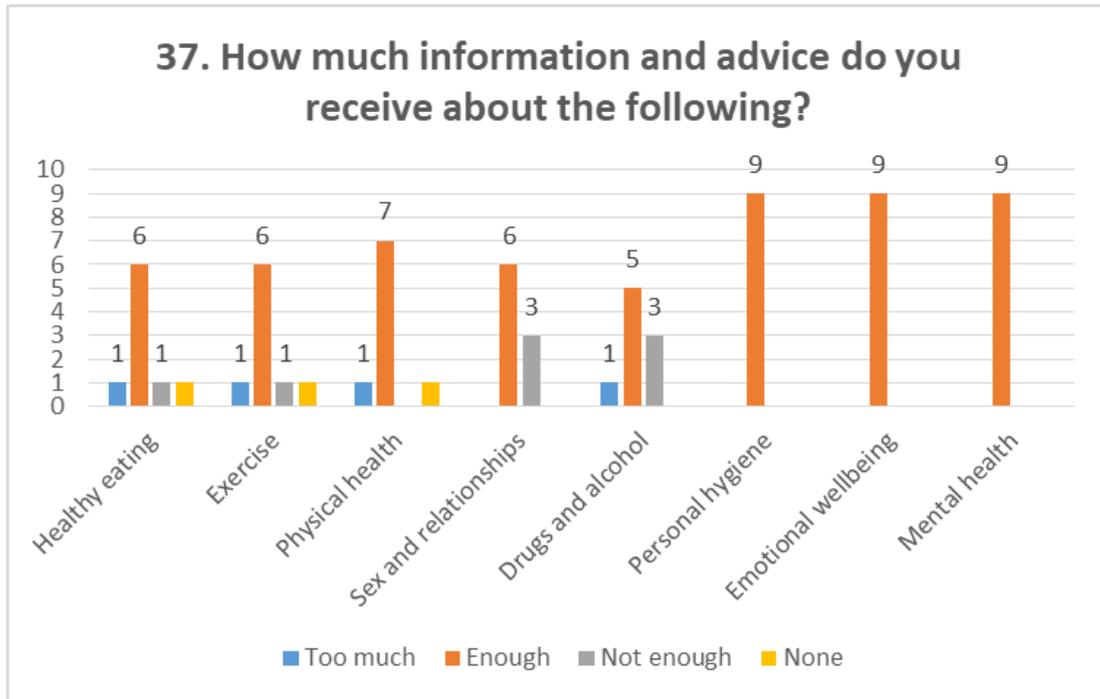


- “Don’t ask me about family. I don’t have any. I don’t want to think about it. “
- “I have no family here. I haven’t seen them for 2 years. Most of the time I’m alone. “

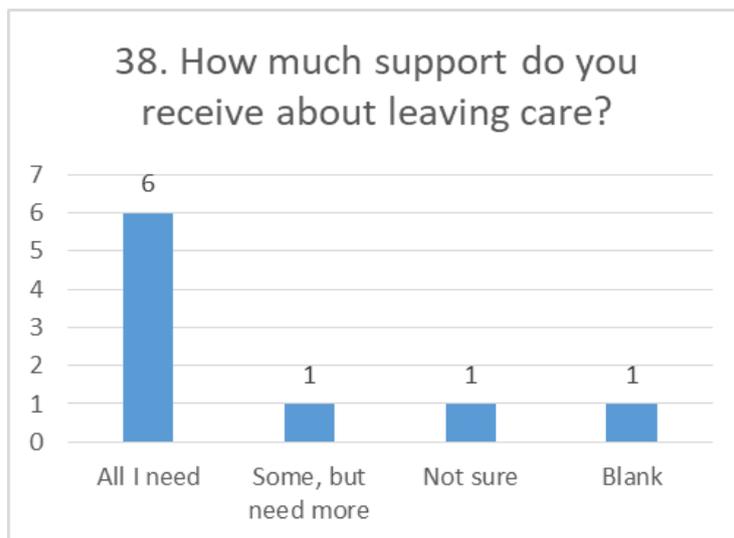
- “When I was with my foster family I still had a life. Now it’s tough...no work, no money”
- “Before we were a big family; now it’s just my sister. I’m lonely now.”
- “My girlfriend makes me happy.”
- “I don’t have anyone to celebrate with.”
- “Nothing happens on my birthday. They used to send me a gift, but not now, because of my age. “
- “I celebrate with my boyfriend.”

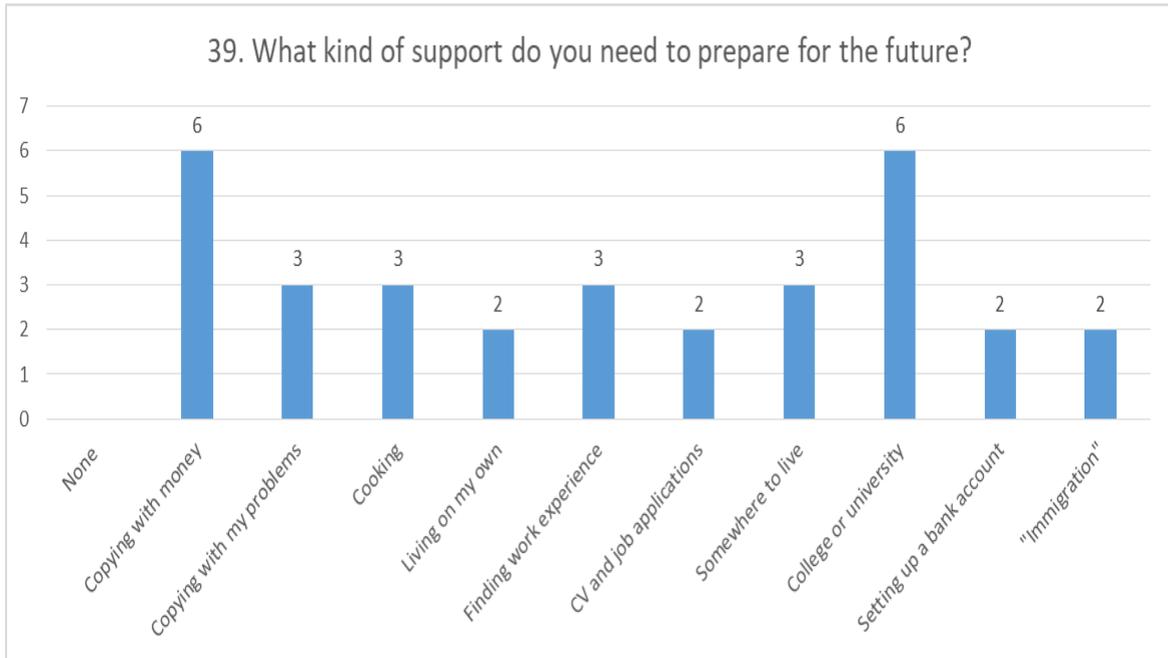
HEALTH



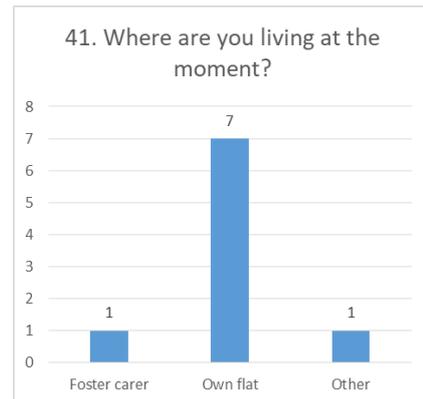
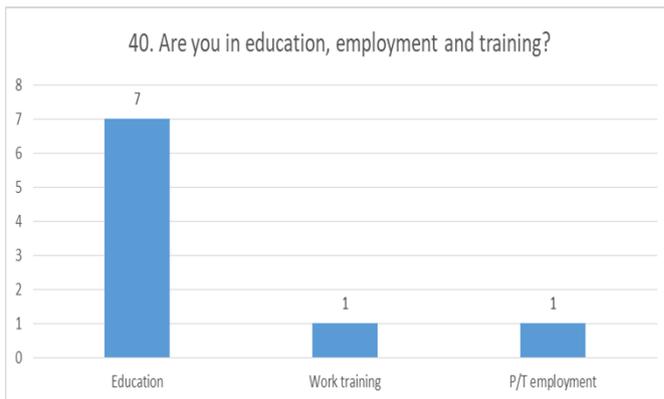


FUTURE

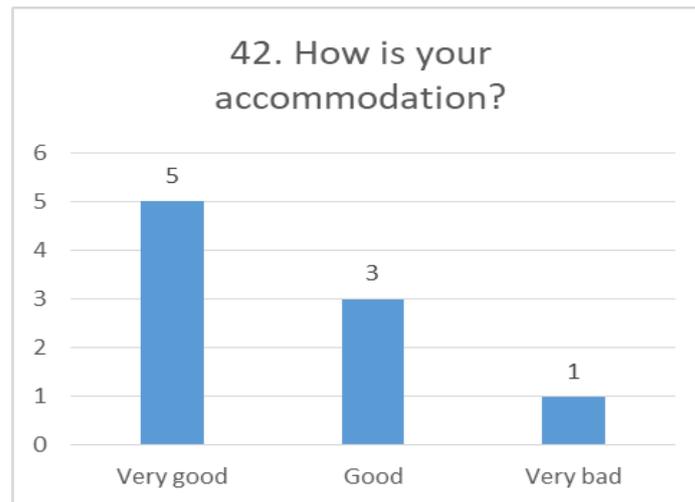




- “Even if I asked for more money, I wouldn’t get it.”
- “I do all these things by myself.”
- “Money issues are the biggest problem.”
- “I would like information to go to uni in the future.”
- “My key worker showed me how to cook. We made chicken, vegetables and boiled potatoes.”
- “I want all this information in 3 years.”
- “I’m not thinking about a job just yet.”
- “I’d like more advice on plumbing and engineering. “
- “They gave me all the support. “



- “Not yet. I want to do engineering.”



- “My flat is brand new. My neighbours are friendly.”

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

- “When I moved I got all the furniture etc.”
- “Lots.”
- “Enough.”
- “Support with moving and any problems.”

44. How well do you feel you have been supported to develop the skills to live independently?

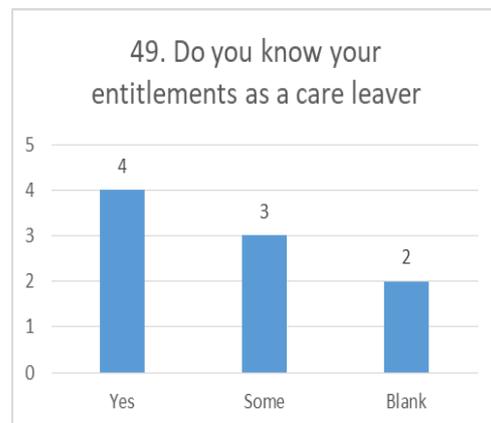
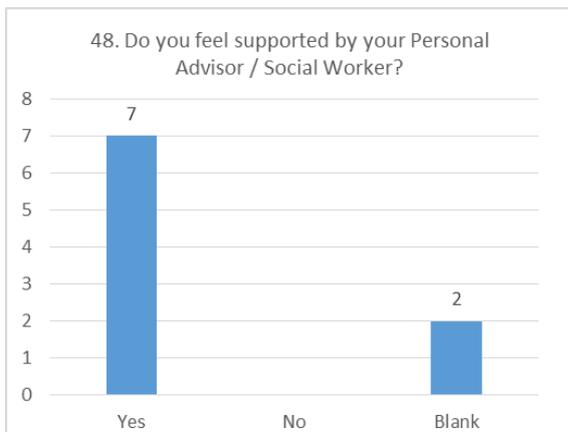
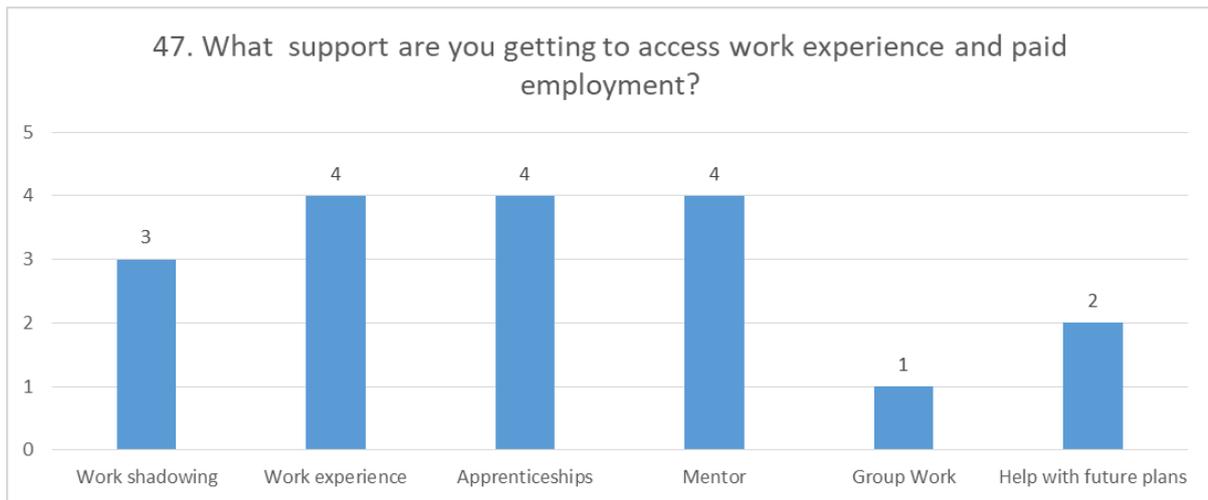
- “Fine.”
- “Good amount.”
- “I got a lot of help.”
- “I learnt how to do things like paying bills.”
- “I feel ready.”
- “I ask my PA about paying for everything.”

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

- “My construction course is good.”
- “I get a lot of support from college.”
- “My keyworker comes to see me 2 times a month.”
- “They are doing enough.”
- “I have a tutor.”

46. Have you had any contact with Prospects?

- “Don’t know”
- “Not sure”



- “I only just found out about apprenticeships.”

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

- “To have my permanent council flat and feel secure; to go to university and study the degree I want.”
- “To become a mechanical engineer”
- “To settle and have a family in future”
- “To rebuild my life”
- “To pass all my exams”
- “To get my driver’s license”

- “To become healthy (go gym)”
- “Everything depends on my immigration decision. I can’t really plan anything. I have waited and waited. I’m so worried.”
- “To become a barber and have a nice life; a nice home and car”
- “To go to uni and get a good job” [many young people said this]
- “I’m looking for my life.”
- “To find a nice girl and have a family”
- “To bring my Mum here. She is old and I worry about her. She has no one. “
- “I’d like to become a mechanic, and to have my own place.”
- “Get a graduate job”

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

- “The support I receive from the social workers and adults”
- “When I ask for help, I get it. “
- “The psychological support is very good.”
- “I want to say a big ‘Thank You’. I might be on the streets or alcoholic or even worse...killed myself, if it wasn’t for them.”
- “They help you so much. I don’t know where I’d be without them. “
- “Lots of things, for example, young people getting together.”
- “When the social worker comes and sees you for a long time.”
- “You learn from the obstacles and get ready for life.”

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

- “I have problems with my income. Housing Benefit doesn’t cover all the rent, I have to cover the rest from my £7. Before I got lots of help but once I turned 19 everything stopped. “
- “Not having my family.”
- “Not always being in control with what happens.”
- “There’s nothing bad. “
- “Financial worries” [several young people said this].
- “Everything is good. If I need anything I talk to Robert. “
- “There is nothing bad.”
- “Worrying about immigration. “

53. What are your top three suggestions about what the City should change for care leavers?

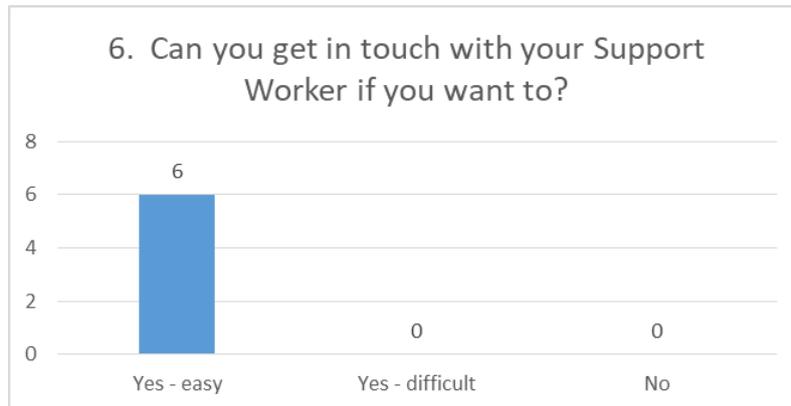
- “Let us have laptops. I don’t have one. I have to do research and go to the library but often when I need it its closed.” [several young people commented on laptops].

- “Provide more support for care leavers in education/more financial support.”
- “Ensure we all know what we are entitled to.”
- “Make sure we are happy.”
- “I want to see them (City) less. I’m old enough and can do things myself. Let me be independent. Stop helping when I say I can do it.”
- “Listen to me.”
- “Give more independence after 18.”
- “Encourage people to stay in foster care for as long as possible, at least until 19. From 17 it was very hard for me. If I knew it would be like this I would have stayed in foster care. Allow people to change their minds.”
- “Pay for our gym memberships. I had to stop going.”
- “Help young people with money. It’s not enough. I haven’t bought clothes for a year.”
- “Help us sort out immigration problems. Its blocking me from everything.”

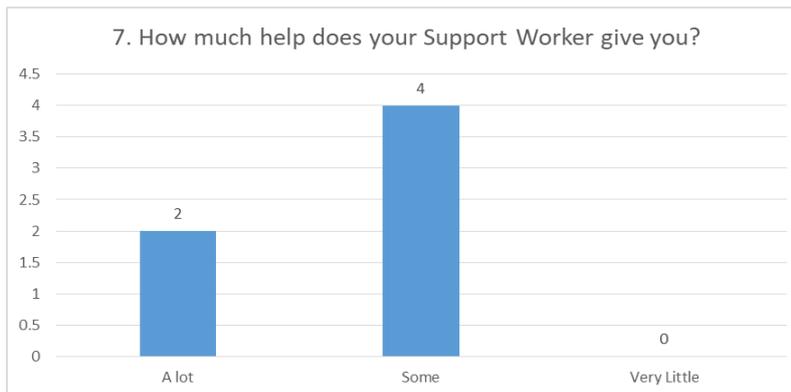
54. Please tell us anything else you would like from the City?

- “Help to achieve all my dreams.”

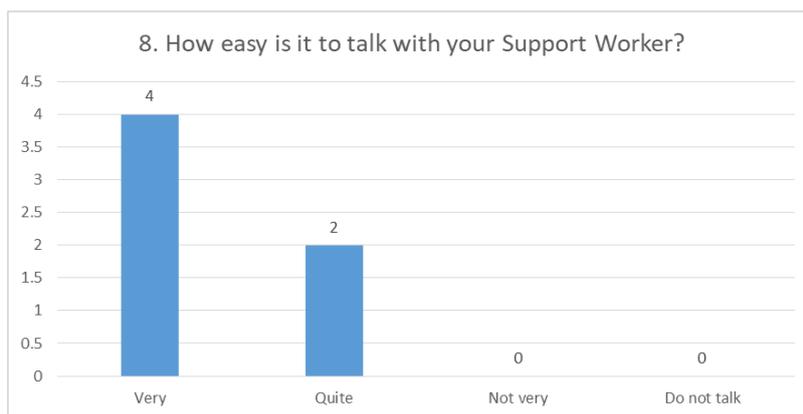
APPENDIX 4 – EARLY HELP - SURVEY OF PARENTS



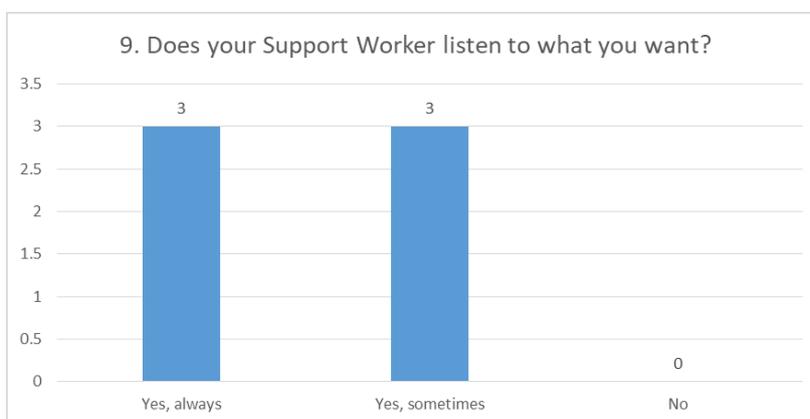
- “It’s very good. She’s easy to contact”
- “She always replies to emails.”
- “She’s very reachable.”



- “Lots, like getting my son into school, free school dinners, youth clubs.”
- “She’s helping with short breaks. She’s thoughtful. The whole team are lovely.”
- “I’m hoping to get more help. There’s no OT or Speech Therapy. We’re creating a Parents Forum, we’re not quite there yet.”
- “The short breaks are working well. I’m pushing City for more services, it’s hard to get parents involved as there aren’t many SEN children.”
- “They stepped me down and now it’s harder to get the support.”
- “She arranges all the meetings with Council people, gives me info on places to take my daughter, playgroups and things.”



- “We definitely have a good relationship.”
- “She is genuine, she cares. She has my child’s best interest at heart.”
- “She’s trustworthy, pro-active.”
- “She’s not intimidating, very humble and very friendly.”



- “So far she has done everything I wanted to happen.”
- “She’s new but when I ask for something she always comes back with answers.”
- “The City is trying, I’m happy to support them.”
- “It would be good to have a list of available services/resources. Some of their info is out-of-date.”
- “It’s hard to find the info, for example, how to apply for a taxi card.”
- “We need a leaflet that says clearly ‘we can help with x,y,z.’”
- “I’m really worried what the future holds.”
- “City doesn’t have much links. They have a better short breaks offer in Hackney. We don’t get enough hours. Our DLA is not enough, we should have the higher rate. But I suppose we have to be grateful for what we get.”
- “Definitely; we made a form with targets. She kept asking ‘Is it improving?’”
- “I give her 10/10. She’s doing everything she can. I’m blessed, lucky.”

Committees	Dated:
Safeguarding Sub Committee – For information	19/09/2018
Subject: Service Improvement Plan 2017-2018	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information only
Report author: Rachel Green, Service Manager Children's Social Care and Early Help	

Summary

The Service Improvement Plan (SIP) was fully refreshed for April 2018- March 2019. The plan was developed after listening to children, young people and their parents, following formal consultation by Action for Children, from our annual audits undertaken by Aidhour, from multi agency audit, from specific internal case reviews, from staff feedback.

The SIP contains all six recommendations from Ofsted in 2016 to ensure consistency of oversight, challenge and momentum. The recommendations remain to ensure if there is any dip in practice, this can be identified and addressed.

The Service Improvement Plan shows significant work has taken place, with this being an update on progress at the end of August 2018. This is a live document and is updated by the service manager on a fortnightly basis.

The Plan

The source of an objective is listed in red in brackets in the first column. In this way we can evidence 'you said, we did' to our children and young people and other partners.

The actions are 'BRAG' rated, with blue meaning fully completed, red meaning 'fully stuck', amber meaning 'more work needed or resolvable issue in sight', and green meaning 'in progress, no barriers to continuing'.

There are:

- 20 tasks marked amber
- 45 tasks marked green
- 0 tasks marked red
- 2 tasks marked blue

Service Capacity

- Challenge

The Children's Social Care and Early Help Service is small, with four social workers, an early help worker, an early help co-ordinator, one team manager post and one service manager. The service is the right size to meet the needs of our service users and provide a good standard of care.

The challenge to our capacity arises when there are staffing issues or casework issues. Staffing issues such as sickness, holiday, or a temporarily vacant post have a big impact on the capacity of a very small team. Casework issues can include new unaccompanied asylum seeking children (UASC) arriving, young people going missing, disclosures of significant harm and any care proceedings activity.

- Mitigation

To mitigate against risk, last year the Early Help worker (a qualified social worker) stepped in as needed to support the statutory social work service. Early help was used as a preventative measure only, and cases were not stepped down from Child In Need to Early Help.

This year, the Early Help worker is not a qualified social worker. This has protected the work of the Early Help Service.

To mitigate this risk, the team manager(s) step in to cover social work tasks, and the service manager will step in to cover team manager and social work tasks. Team work is strong and workers capable, and our frontline service to our children and families is very good. In busier periods where staffing/case issues arise, some non immediate tasks are temporarily paused.

The service manager is working on a bid for a qualified social worker to support our care leaver preparation for independence work. This position would offer additional capacity to support our care leavers continuing to receive an outstanding service.

- Pace of continuing improvement and Ofsted recommendations

Our weekly service management meeting will have a short time slot for the Service Improvement Plan to help drive forward our work to ensure our children receive an exceptional service. The fortnightly team meeting has a section for the Service Improvement Plan to keep the team focussed and aware of our objectives and progress.

Chronologies

Our annual audit showed that there had not been consistency in, for example, completing chronologies every three months (A8 in the SIP). This was an Ofsted recommendation. Chronologies are something that can drop in periods of pressure, but are an essential tool to spot drift, reviewing progress and assessing thresholds of harm (objectives 2.2c, 2.3)

To keep momentum, as stated in the August update of the SIP, chronologies are featured in team meetings, addressed in 121s with team managers and social workers. The service manager keeps oversight of chronology completion on a monthly basis and this is updated in the SIP.

Health histories

All young people who have reached the age of 18 have had their health histories shared with them. This is in line with the Ofsted recommendation.

What we do not know is the impact this has, if any on our young people's health or their understanding of their health. It is for this reason that this objective remains amber.

Our working relationship with the Child in Care medical service is now responsive and excellent, and the service much improved. The service manager meets with the CIC health lead quarterly, and seeks evidence that histories have been shared.

SMART planning

Our templates have been adapted to encourage SMART planning. This area of work is subject to regular review and audit including being the subject of detailed case audit in November 2018. To help improve consistency the Child Protection Chair/Independent Reviewing Officer will provide training to both social workers and managers together in September to improve practice.

Key actions being undertaken in the next quarter:

20 tasks are marked as 'amber'. Work in the next quarter is to turn these to green, including the areas highlighted above. Key actions include:

- Work with the new Virtual School Head to drive forward and extend employment and educational opportunities for our children looked after and care leavers.
- Amending and relaunching the MASH to improve information sharing at the beginning of family involvement (September) (SIP 1.5)
- Writing guidance for staff on specific risk assessment tools (SIP 1.6a/1.6b)

Appendices

- Appendix 1 – Service Improvement Plan 2018-2019

Rachel Green

Service Manager, Children's Social Care and Early Help

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Name:	Children & Families Service Improvement Plan
Duration:	May 2018 - April 2019
Relevant Strategies	Corporate Parenting Strategy/Children & Young People's Plan
Previous version(s) of action plan /relevant plans:	new refreshed version for April 2017 to March 2018
Board responsible for monitoring action plan:	Service Improvement Board/Executive Group/DLT
Owner:	Service Manager Children's Social Care and Early Help
Implementation Date:	May 2018 - April 2019
Review Date:	Nov-18
Frequency of monitoring/reporting	Quarterly
Aims:	The aim of this plan is to improve services for children, young people and their families.

source of action

Priority 1 - SAFE - Children and Young People are safe and feel safe.

Notes:

	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	1.1	Review of Virtual MASH arrangements and Information Sharing Agreement within the City of London. Protocol to be updated and process relaunched	May 18	September 2018	Audits will indicate that Virtual MASH process is used consistently, there is effective application of threshold at the front door and information sharing arrangements inform timely assessment process.	RG/JH	CP	August: Arrangements have been reviewed by SM and partner colleagues. Action plan in place - relaunch to be delivered asap.	Green
Safe, informed and individualised decisions to be made for all children and young people referred to the City of London (Aidhour)	1.2	Ensure staff are clear about essential information to be collected at front door (father, family, ethnicity, language)	May-18	Dec-18	Information will be frontloaded. Decisions better informed making for more individualised and timely responses. Audits will confirm improvements and front door information will be more thorough.	RG/JH/SA	CP	August: Staff are clear and our performance colleague checks every contact at the front door to show essential information collected (where possible). This will be further checked through audit.	Green
Think Family to be central to all our interventions with children and young people (Aidhour)	1.3	Consider as routine convening a Family group Conference to contribute to planning and keeping children and young people safe.	May-18	Dec-18	Families will be enabled to find 'solutions' within their own sustainable networks. Less reliance on social care intervention where possible. Internal and external audits will confirm through case/supervision record that FGCs were considered and held wherever possible early on in involvement with families.	RG/JH/SA	CP	August: FGCs are in place for child protection, pre-court proceedings and Court cases through spot purchasing. We now need to look at contract with an FGC provider to provide consistency of service and extend our offer to Child in Need and Early Help cases (where needed). Practice standards to be updated. A short assurance report will be presented to the SIB.	Green
To be confident in addressing abuse in affluent families (Neglect and Affluence Research)	1.40	Identify issues and areas for development for SW staff and source/deliver appropriately. Individual supervision, group supervision to specifically consider whether this is an issue and impact it may have on interactions with the family and safeguarding of children.	May-18	Nov-18	Staff will feel confident and supported in addressing abuse regardless of family/background. Children and young people regardless of background will receive equitable service/protection. Internal and external audits will confirm via case and supervision notes that practitioners/managers have considered the implications of class/affluence/power on their interactions with family and the impact this may have on safeguarding and service delivery.	RG/JH/SA	CP	August: Service Manager held reflection feedback session. Areas identified for improvement - support from legal services re litigation; support from management to enable staff to deal with all families/parents without necessarily deferring to senior managers	Green
Information is shared in a proportionate and timely way ensuring relevant partners contribute and have the information they need to safeguard and ensure well being of children and young people(Multi Agency Audit).	1.5	Liaison with health colleagues (designated nurse for safeguarding) to plan most effective way to ensure inclusion of all involved professionals, to include out of borough GPs and school nursing service.	May-18	Nov-18	Audits will confirm that Plans/Assessments are multi agency. Partners feel sense of ownership and relevant information is shared to improve service to CYP. All relevant information about children/families will be collated at earliest instance to inform decision making.	RG/JH/SA	CP	August: Annual audit should evidence progress. In the meantime, team managers are checking for agency input when signing off assessments. Returning Service Manager will meet designated nurse for safeguarding in September. Refreshed MASH will improve timely information sharing.	Amber
Specific measures are in place to safeguard unaccompanied asylum seeking children and young people in our care (Learning Case Review 1 & Report of Radicalisation and Modern Slavery)	1.6	All staff to receive training on radicalisation and modern slavery.	May-18	Nov-18	Staff alert and informed about risk enabling early intervention and prevention, internal and external case audits will indicate that staff understand and are alert to signs of radicalisation and/or modern slavery.	RG/ZD	CP	August: Staff have received training on radicalisation. E-training for staff on modern day slavery is available, with a target date for all staff to have completed by 30 September. This will be followed up with a short briefing to staff at team meeting in October.	Green

	1.6a	Specific risk assessment templates created for each risk.	May-18	Dec-18	Individual risk assessments on every case file and updated 6 monthly. Specific risk for individuals will be recognised and where possible mitigated against at earliest possible opportunity. Internal and external audits will confirm an individualised response to each young person.	RG/JH//SA	CP	August: There is a general risk assessment as approved by the Service Improvement Board. Staff have used specific risk assessments to date, such as for domestic abuse. The returning service manager will create specific risk assessments by end September, and create links to these in the practice standards.	Amber
	1.6b	Guidance to be developed re risk assessments and referral pathways to Channel and NRM	May-18	Dec-18	Risk escalated appropriately ensuring timely expert intervention to reduce potential harm to CYP. Internal and external auditing will confirm that staff understand and where appropriate are able to use appropriate referral pathways.	PD/RG	CP	August: Guidance in place for referral pathways to Channel and NRM. Needs adding to the Practice Standards via hyperlink so it is accessible, and staff remember it is there. Guidance needs writing re risk assessments. Short assurance report to be produced to evidence impact.	Amber
	1.6c	If concerns raised about CYP working illegally strategy discussion to take place with police and Sec 47 instigated. Practice standards updated accordingly.	May-18	Sep-18	Risk will be identified and managed early on. Protective/preventative measures can be put in place. Internal/external audit will confirm that processes are in place, understood and used.	RG/JH/SA	CP	August: Team managers fully aware of this new process. The practice standards are fully updated every six months, the next edition will be shared by 30 September.	Green
	1.6.d	Missing protocol to be reviewed to ensure that if a young person in our care goes missing, education establishments to be contacted within 24 hours. Practice Standards to be amended accordingly.	May-18	Sep-18	Multi agency response to any missing episode which is robust and understood by all - fully informed response will offer best chance of locating/safeguarding young person. Internal and external audits will demonstrate consistent multi agency response applied in line with	RG/JH/SA	CP	August: As above. Further information from the charity 'missing' has been circulated to the team, and a short briefing on 'missing' will take place on 5 September.	Green
Address risks to vulnerable adolescents in the city of London in line with CHSCB strategy.(CHSCB Vulnerable Adolescents Strategy 2017-19).	1.7	Data collection around broader vulnerabilities to be collated in order to understand City picture	May-18	Dec-18	Information collated will inform and shape our bi-monthly Vulnerable Adolescent Forum and City of London's response.	RG/JH	CP	August: The last Vulnerable Adolescent Forum (August) asked partners to share information to build our wider profile, so we can address any risks identified. This will be captured and analysed by the next Forum (October)	Green
	1.7a	Secure a more robust data sharing agreements with the Cof L schools to allow a more rigorous process of information sharing around vulnerable CYP	May-18	Dec-18	Vulnerable young people will be flagged at an earlier stage and from a wider referral network. It would be expected that there will be an increase in terms of referrals/consultation between C of L EH and CSC and City based schools.	RG/JH/PD	CP	August: Returning service manager has appointment with CoL police and Education lead on 19 September, looking at pan london work on data sharing with schools after an incident of domestic abuse.	Green
	1.7b	Review of our interface with British Transport Police in relation to major transport hubs in the City & vulnerable young people coming to notice.	May-18	Sep-18	Potential trends/hot spots can be identified which will inform planning at MASE/VAF. There will be a regular input of information to relevant forums and possibility of increase in referrals re vulnerable adolescents coming to notice.	RG/JH	CP	August: As part of review/refresh of MASE and VAF, Police lead is contacting all relevant policing departments to attend/feed into bi-monthly meetings.	Green
	1.7c	Consideration to be given to ongoing programme of training to hotel and serviced apartment staff around awareness of vulnerable CYP	May-18	Sep-18	There will be greater awareness of CYP at potential risk of harm within our community which will inform our response.Potential trends/hot spots can be identified which will inform planning at MASE/VAF. There will be a regular input of information to relevant forums and possibility of increase in referrals re vulnerable adolescents coming to notice.	RG/PD	CP	August: The City of London police are going to test hotel/service apartment awareness by sending in cadets to test out their practice. A conference is planned for the new year 2019 to share evidence and train hotel staff.	Green
	1.7d	Liaison with neighbouring LA's around their Contextual Safeguarding response. Attendance at neighbouring MASE, Vulnerable Adolescent Forum meetings. Invite neighbouring colleagues to C of L MASE/VAF to share information.	May-18	Oct-18	We will develop an effective forum for sharing of information, planning and intervention to reduce risk to vulnerable young people which is able to take account of trends from neighbouring boroughs that may impact on City CYP. We can consider how to develop our own 'Contextual Safeguarding response'.	RG/JH	CP	August: Team manager has asked to attend local borough MASE/VAFs. Police Lead has invited Contextual Safeguarding lead from Hackney to attend next MASE/VAF	Green

	1.7e	MASE & VAF to be held bi monthly to develop and coordinate safeguarding of young people from abuse and exploitation. Specific Action Plan will detail s	May-18	Sep-18	MASE & VAF will become a regular process, ingrained and valued and understood by relevant professionals as having a worthwhile role in understanding our local picture and how to inform our response. It will be well attended and information shared/ actions agreed will positively impact our response to safeguarding vulnerable YP.	RG/JH	CP	August: MASE/VAF this month covered review of Terms of Reference; Action Plan; local information dataset. Invitation list has been updated and refreshed to include all relevant partners. Report on progress will be ready Nov.	Green
Embed a theory of practice into the social work function within the City of London Children's Services. (Aidhour case review).	1.8	Scope and source a Systemic model of Social work practice to be rolled out across the service.	May-18	Dec-18	This will result in a common understanding and application of social work theory across our workforce and greater engagement with and understanding of children and families. Children and their families will be supported in a consistent and systemic way reflected and evidenced in practice and supervision.	RG/ZD	CP	August: Workforce development finalised the specification for the tender of learning and development services for social care, one area within the tender being training for children's social care in Systemic Practice. We await responses to tender. This is in the workforce development plan (priority 2), as owned by the Workforce Development Group.	Amber
Ensure we have a skilled and appropriately trained workforce to support service users in the city. (New National framework to be introduced 2020)	1.9	Ensure that the Knowledge and Skills Statements are embedded into Social Work practice for Adults and Children's Services	Aug-18	Mar-19	1. Job descriptions for Social Workers / Practice leaders are revised to ensure compliance with KSS 2. Learning needs are identified as appropriate and action plans put in place.	RG/ZD	CP	August: RG and ZD have met to go through workforce development as staff work towards national accreditation and a People wide training offer is in place. Tender underway. RG to lead social care staff in readiness for training offer.	Green

Priority 2: - POTENTIAL - Our children and young people have equal opportunities to enrich their lives and are well prepared to reach their potential in adulthood.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	Green
Children, young people and their families have clear plans with focused, measurable outcomes. Progress is monitored and evidenced. (Aidhour audit and Ofsted recommendations 2016 - see also Ofsted SIP Priority 5 attached)	2.1	Review our assessment templates, plans, meetings and supervision process to ensure that it is informed by 'Signs of Safety' model of practice.	May-18	Nov-18	Families will be clear about why social care are involved, what they are working towards and the difference this will make. Plans are clear, pertinent, measurable and time limited. Next external audit will confirm this.	RG/JH/SA	CP	August: Our templates were fully redesigned. We found that these were not delivered as expected by IT staff. The new IT support has been contracted to Agylisis, commencing 1 September. The templates will be forwarded and test runs made. SMART training is in place for 19 September.	Green
	2.2b	Targeted training to ensure all practitioners are able to produce plans that are timely, have clear measurable outcomes, that are child focused and able to support, monitor and evidence progress.	May-18	Jan-18	All plans (CIN, CP, CLA, Pathway, PEPs) are consistently SMART with clear outcomes that are child focused, and where possible integrate CYPs views. Progress traced through thematic audits.	RG/JH/PD/ZD	CP	August: The IRO/CP chair is running staff/manager training on 19 September. The workforce development plan (1.29) for the department is ensuring that trainers are developed and our offer consistent. The topic is on our management meeting agenda on a monthly basis, with managers aware that this is a key performance area to achieve change across the workforce.	Green
	2.2c	Plans to be updated as circumstances and needs change whilst ensuring original purpose for involvement is not lost	May-18	Jan-18	Plans are dynamic and relevant to the child/young persons current situation. As above, management review, supervision notes, internal and external audit will confirm improvement.	RG/JH/SA		August: training is in place for managers and social workers. Impact of training on dynamic plans will be audited in November and reported in the new year.	Amber
	2.2d	All Social work staff to have objectives in their individual Performance Development appraisals that focus on ensuring all plans are completed to a high standard within statutory timescales.	May-18	Nov-18	Staff understand the importance of routinely completing all plans to a consistently high standard within statutory timescales and that failure to do so could be treated as a performance issue.	RG/JH/SA	CP	May 2018: All SW staff now have performance development outcomes that are specifically related to this action which will be reviewed throughout the year at every supervision .	Completed
Intervention should be timely, focused and regularly reviewed with clear exit strategies identified in order to avoid drift (Aidhour audit)	2.3	Consideration to be given to exit strategies in planning and throughout case management. TM and SM to consider how this can be implemented/formalised as part of the ongoing process of our involvement with families.	May-18	Jan-19	Cases are ended confidently when families chose to discontinue where does not reach CP threshold. Internal/external audits will confirm that involvement is purposeful and timely and there is no 'drift'.	RG/JH/SA	CP	August: one family disengaged with CP process. Advice sought. Stepped up to PLO to avoid drift. We have started to use Early Help as a step down from CIN, so that statutory involvement can cease where safe to do so.	Amber

	2.3a	Review of case closure process for practioners on electronic case file system to expediate case closures. For discussion with Mosaic support service to identify barriers to prompt closure once work has ceased.	May-18	Jan-19	There is no delay to closing cases due to process issues on electronic recording system. Internal/external audits/ data performance confirm cases are closed when work with family ceases.	RG/JH/SA/KW	CP	August: new service provider Agyllis starting September, review will take place then.	Green
Social workers are supported and enabled to offer children, young people and their families the best possible service.(Aidhour Audit & Multi-Agency Audit).	2.4	Supervision takes place regularly and is reflective, providing Social Workers with the opportunity to explore their assessment and progress of plans.	May-18	Jan-19	Supervision is a dynamic process that improves and informs the journey of the child, young person and their family.	RG/JH/SA	CP	August: as August 2018 there are two team managers job sharing. Each will supervise their workers every four weeks. A short assurance report will go to the SIB. The systemic practice model will offer support to supervisors.	Green
	2.4a	Supervision template is updated and draws on 'Signs of Safety' to support practitioner and manager to achieve supervision that is both productive and reflective.	May-18	Jan-19	There is consistency in the supervision process for practioner and manager that aids planning. Internal and external audits to measure.	RG/JH/SA	CP	August: Agyllis informed about new template needed 28 August, they will amend once they start contract in September.	Green
	2.4b	Develop a forum that can provide regular, possibly multi agency, group supervision for practitioners who are feeling overwhelmed or where cases have become 'stuck'	May-18	Jan-19	This provides another forum with wider view point to aid and assist assessment and planning for families. Case notes indicate that group supervision has taken place with information about outcomes/ suggestions clearly recorded on case notes. SW will know that they can request such a peer supervision opportunity to aid planning. Supervision notes will confirm that this has been considered.	RG/JH/SA	CP	August: this will form part of systemic practice service development, the tender for which is to go out in October. Cases can be discussed at team meeting if 'stuck', and workers/managers can use Top 3 to think through with support from adults/early years & education/tenancy support and homelessness services.	Amber
All children & young people in our care and care leavers are encouraged to achieve, be ambitious and have the opportunity to succeed in education (Action fo r children consultation and IRO case review)	2.5	Information is given to all young people about the Virtual School Head to ensure that they understand the purpose and how to contact.	May-18	Nov-19	All young people are aware of, and able to contact the VSH so that they are clear about the support and guidance they are entitled to in respect of their education. Consultation with young people will confirm that they understand the purpose and process of VSH support.	SA/VSH	CP	August: The current VSH has worked hard to ensure our young people are on the right educational programmes, and are booked into courses in September at the right level to succeed. Every child in care was offered additional educational support (IRO report July 2018). New VSH to start Sept 2018. Consultaion and liaison between him and CSC will ensure a consistent process is in place to inform and advise CYP with regards role of VSH.	Green
Extra support to be put in place at the earliest point should a young person in care be excluded from school to enable earliest return to education. (IRO case review)	2.6	LAC review to be triggered when a young person who is looked after is excluded from school. Practice Standards to be amended to reflect this.			This would coordinate earliest response to returning a young person to education.	SA/RL	CP	August: these details will be in the September refresh of the practice standards.	Green
Given our current cohort of children looked are all unaccompanied asylum seekers our service needs to further develop an expertise around best meeting their needs in and around education and employment.(Action for children consultation and IRO case review)	2.7	Virtual School Head to continue to support and monitor access to ESOL and functional skills courses	May-18	Nov-19	Children and young people are given the opportunity to take part in a course/education most suited to their needs. Our cohort will aspire and achieve to the best of their ability and will be given equal access to educational opportunities and resources. Consultation will tell us young people believe this to be the case.	VSH	CP	August: Previous VSH has worked consistently to offer our cohort of CYP best possible opportunities. New VSH will develop their strategy to move this forward. New VSH starts Sept for new academic year.	Amber
	2.7a	New VSH to develop specialist knowledge of UASC and ESOL to ensure they are est able to meet the specific needs of our looked after cohort.	May-18	Dec-19	UASCs in our care are offered service that best meets their very specific needs. Consultation with our cohort of LAC and care leavers will confirm that they feel supported and enabled to achieve in education to their full potential	VSH	CP	August: new VSH starts Sept 2018	Amber
Unaccompanied Asylum seeking children who start education upon their arrival in the UK to be prepared in order that they have best opportunity to integrate into a school placement in order to maximise their opportunity to succeed(IRO case review).	2.8	Protocol/practice guidace be created for integrating children/YP who have had limited or no access to education in their home country to school/college in England.	May-18	Dec-19	UASCs in our care are offered best opportunity to succeed in educational setting. Young people are 'ready' and prepared to achieve to the best of their ability. Attendance rates improve, engagement is consistent and young people achieve education qualifications.	RG/VSH	CP	August: new VSH will take this forward	Amber

Support and advise UASC young people in our care in their asylum seeking process.(Action for children consultation & CiCC)	2.9	Upskill our workforce in better understanding the process and procedure of claiming asylum through LASC consultation/ liaison and attendance at training events.	May-18	Dec-19	We will confidently be able to advise, support and advocate on behalf of our young people to assist and expediate the process where possible. Internal and external audits will confirm that timely and informed advice was offered or signposted and consultation process will confirm that young people feel they are getting the advice/support that they need.	RG/SA/J/ZD	CP	August: all staff receive LASC (London Asylum Seeking Consortium) monthly bulletins. A comprehensive training offer for all staff will be in place following tender, and this area of learning will be included. Returning Service Manager will provide a session on the asylum seeking process for staff the first team meeting in October.	Green
Reduce numbers of placement moves/breakdowns for CLA(IRO case review & Radicalisation and Modern Slavery Research)	2.9a	Dedicated placements function within a managing post be recruited to within commissioning team - role will involve reviewing expectations of Independent Fostering Agencies and minimum standards required.	May-18	Dec-19	There will be a reduction in placement breakdowns/changes of placements. A cohort of specialist and experienced foster carers will be recruited who will enable better matching with regards needs of our children and young people.	RG/SA/J/ZD	CP	August: The advert for a new manger role to set up the placement functions and design and implement supporting processes will be out by 8 September. This role will design in the resilience within the commissioning team so that there is not a single point of failure.	Green
	2.9b	Until City Placements officer post recruited to, all placemtns to be coursed through Pan London arrangement. Any necesity to go ourside of this needs senior management agreement.	May-18	Nov-18	As above	RG/SA/J/ZD	CP	August: Service manager has authorised 2 new UASC placements outside this framework in an emergency in August, when there was no capacity in commissioning to support the task. These placements are to last no more than 4 weeks, due to transfer to Croydon rota.	Green

Priority 3: Independence, involmnet & choice. We will co-produce services with our children and young people and provide support and resources so they can develop the independence and empowerment to play an active role in their communities and excercise choice over their services.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
All young people who are in our care will be consulted with and have their voices heard throughout all of their plans and reviews.(Ofsted & Aidhour)	3.1	Independent Reviewing Officer to update CLA review document template using CYPs own words to better reflect thei wishes and feelings	May-18	Nov-18	CYP will feel that reviews are a meaningful and useful process that they have a direct influence on their lived experience. This will be reflected throughout young people's plans, and case files and they will confirm to us, via consultation process that this is their experience.	RL	CP	August: IRO has updated CLA review document. The minutes are now written and addressed directly to the young people with photos sometimes included of achievements and trips etc. The only time it's written in third person is when child is very young.	Completed
Care leavers have pathway plans that reflect their journey and contain their voice. These plans will be regularly reviewed and updated.(Aidhour)	3.2	Management sign off of the Pathway Plan to be undertaken on the basis that the plan has been shared with the young person. Practice Standards to be updated to reflect this.	May-18	Nov-18	Young people will feel a sense of ownership of their Pathway plans which will be dynamic and timely tools that they are involved in creating and progressing. Case records/ pathway plans will state specifically that the plan has been shared with the young person and their views have been incorporate and their voice heard.	RG	CP	August: returning service manager will update the practice standards in September. Meanwhile, team managers are not signing off plans unless they've been shared with young people and contain their views.	Amber
	3.2a	Social workers have performance development objectives specifically linked to requirements and timescales for statutory tasks as defined in the practice standards.	May-18	Nov-18	Pathway plans will be completed regularly within prescribed timescales and as such will be reflective of young people's current lives. Internal/external audits will confirm that plans have been undertaken within timescales. Failure to do so may result in performance management.	RG	CP	August: Social Workers Performace development Appraisal frameworks now have specific outcomes linked to adhering to statutory timescales/requirements of assessments, plans and reviews. Pathway plans were completed on time in half of cases last financial year. Agyllis have been asked to rectify Mosaic to ensure that there is no moving of start dates. Performance management is being used as needed.	Green
All young people in care and care leavers know about our pledge to them and that it reflects what is important and meaningful to them. (Action of Children consultation)	3.3	Our pledge is reviewed and updated in consultation with Children in Care Council.	May-18	Nov-18	Our pledge to young people in our care contains things that are important to them and guides our service delivery accordingly. Young people will confirm to us that they feel consulted with and listened to	RG/RdP	CP	August: the CiCC reviewed the Pledge in August and pledge now needs to be amended with their wishes and feelings.	Green
	3.3a	Social workers ensure that all CYP in care and care leavers are informed and understand what the pledge is and how it relates to them.	May-18	Nov-18	All CYP in care and care leavers are informed and understand what our pledge means to them. External consultaiton will confirm this.	RG/SA/JH	CP	August: SWs are aware of and promote the current pledge. The IRO has confirmed this in every case (see July report). When it is reviewed and updated, each SW will be expected to share and discuss with their allocated CYP.	Green

Young people in care and care leavers know, what they are entitled to and how to contact us and share their views/feedback on the service they receive (Action for Children consultation)	3.4	Improve our communication channels to our young people so that they are aware of what is available to them and it is easier for them to contribute to consultations	May-18	Dec-19	Young people are active and vocal in contributing a view as to how services are structured and managed for them within the appropriate guidelines. Annual consultation will confirm that young people feel consulted with and listened to. Internal and external audits will evidence how young people are consulted with and what difference this has made.	RG/RdeP	CP	August: views are formally gained at CiCC reviews. The review forms were redesigned by the IRO, to make them more accessible. A new young person friendly online tool will be in place by December 2018 (IRO report July 2018). In addition, our young people are co-producing our info for care leavers at October CiCC. Updated entitlement sheet following October CiCC will be shared with YP on their facebook group and link via Whatsapp.	Green
	3.4a	Work with the SPICE team to consider if we can use time credits to encourage participation and create an asset based approach to co-production.	May-18	Nov-18	Young people are rewarded for their contribution to how their services are designed and managed - Independent consultation will confirm this.	RG/RdeP	CP	August: Young people already gain SPICE credits for participation. Our young people, on the whole, do not use them as the activities are not near their homes. Service manager to review with Rose De Paetzon to look at options that are activity based and accessible.	Green
To have a Corporate Parenting Strategy that is relevant and reflects the needs, wants and aspirations of our looked after cohort.(CYPP 2018 - 2021)	3.5	In consultation with CYP who are looked after and care leavers we will review, renew and co-produce our Corporate Parenting strategy to ensure it is relevant and continues to reflect their needs.	May-18	Nov-18	Our Corporate Parenting Strategy will be refreshed with input and co-production from our CLA and care leavers. Young people will have a voice in the care and corporate parenting they receive.	RG/RL/RdeP		August: IRO has updated CLA review document. The minutes are now written and addressed directly to the young people with photos sometimes included of achievements and trips etc. The only time it's written in third person is when child is very young.	Green
To utilise our CiCC to offer our children the opportunity to gain experience that will assist with independence and employment. (CYPP 2018 - 2021)	3.6	Deliver a regional Children in Care Council on behalf of London	May-18		Raise aspiration and ambition of our young people who are involved in the CiCC - provide them with opportunities and experience.	RG/RdP		August. The Regional CiCC is up and running.	Green

Priority 4: Health and Wellbeing - Our children enjoy good health and wellbeing.	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
All children and young people within our care will have regular medicals and up to date medical information on their files.(2017/18 SIP)	4.1	All medicals will take place within statutory timescales and CLA medical reports will be received within 2 weeks of the appointment.	May-18	Nov-18	Whittington Health to provide an ongoing review of this every quarter. Management oversight/liaison with CLA safeguarding nurse will monitor.	RG/JH/SA	CP	August: bookings are made in good time by our admin support. Since April 2018, all medicals were on time. Service manager will add checking the report is received and uploaded as a new admin function.	Green
All children and young people within our care will have individual and up to date health histories that will inform their medical care should they move areas(2017/18 SIP)	4.2	Social Workers to ensure that all young people have personal health histories and encourage young people and medical personnel to use.	May-18	Nov-18	Young people will have health records that are detailed and individualised to them which they can take to wherever they are living. Audit by designated CLA nurse to take place.	RG/JH/SA	CP	August: every care leaver has their health history. Returning service manager is booked to see the CLA safeguarding nurse at start of September so she can run an audit on a quarterly basis as part of our work plan.	Green
	4.2a	Explanatory notes to be provided for each young person, in their first language as to what health history is for.	May-18	Nov-18	Young people understand the purpose of the health history and use them appropriately. Audit by CLA nurse to take place.	RG/JH/SA	CP	June 2018: Explanatory notes have been produced by health and are held by CSC admin. A copy will be translated into CYPs language when health histories are issued.	Green
	4.2b	GPs and Practice Nurses to routinely use the health histories and enter all relevant information at each appointment.	May-18	Jan-19	Medical personnel will complete routinely ensuring young people have detailed health histories. Audit by CLA nurse to take place.	RG/JH/SA	CP	June 2018: Stickers have been produced explaining to professionals the purpose and process to be used with health histories. Existing records are being updated and all new records have note added.	Green
All children and young people in our care and care leavers to be encouraged to engage with an independent mentor who can advocate on their behalf if required(2017/18 SIP).	4.3	All CYP to be offered a mentor through Action for Children and if they wish to take up the option introductions to be made by allocated SW.	May-18	Jan-19	Young people will feel more secure and listened to knowing that they can utilise an independent advocacy service. There will be evidence of advocate involvement in CLA review reports and pathway plans.	RG/JH/SA	CP	August: SWs offer every young person a mentor. The IRO ensures that every Child in Care is offered an independent mentor/advocate. This is evidenced in her IRO report (July 2018). In addition to this assurance, she will also track this in between reviews. A short assurance report will be written for over 18 care leavers.	Green
Care Leavers to have at least one trusted friend or adult they can talk to (Action of Children annual consultation)	4.4	Social Workers to link young people with refugee groups and care leavers groups providing them with the opportunity to make and sustain meaningful relationships.	May-18	Jan-19	Young people will have the opportunity for wider social interaction and leading to increased opportunities and self esteem. Pathway plans will evidence this.	RG/SA/JH	CP	August: SWs aim to link every young person with a refugee organisation, the IRO monitors this in every CiC reviews (evidenced in July report). Our young people are well engaged with community, refugee and faith groups and the opportunity is there for lasting friendships. A short quality assurance report to evidence this element for care leavers over 18, following the annual audit).	Green

Care leavers have the opportunity to become or link with a peer mentor.(Action of children consultation & 2017/18 SIP)	4.5	Discussion with commissioning re sourcing an appropriate organisation to develop peer mentoring programme for care leavers in the City of London.	May-18	Jan-19	Young people will be able to support and assist one another - developing confidence and self esteem. Case records/pathway plans will evidence this.	RG/MP	CP	August: the returning service manager has booked in a meeting with commissioning on 18 September.	Amber
Improve our understanding of the cultural practices and lifestyles of the young people in our care.(IRO case review)	4.6	Work and consult with relevant community organisations to improve our knowledge and understanding of our young people.	May-18	Jan-19	Greater understanding of the young people we work with will enable us to offer them a more personalised service. Management oversight will confirm that this is considered. Independent consultation will confirm young people are satisfied with the service they receive.	RG/JH/SA	CP	August: SWs are good at seeking to understand the culture of the young person from listening to them. Incoming service manager needs to take this action forward with the Refugee Council, and has asked for staff to attend the cultural awareness training with the CHSCB this term. This work is particularly urgent as the social work and early help work frontline practitioners are all white, and do not reflect the wide variation in cultural practices of our service users.	Amber

Priority 5: improvements following from the July 2016 OFSTED

The experiences and progress of children who need help and protection	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	Dec-19	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	RG	CP	August - This has been taken to EH subgroup to scope potential for consolidating a different planning framework to be led by CHSCB.	Green
	1.2	Refresher training to take place re SMART planning , ensuring plans consistently have clear, measurable outcomes that are child focused and measurable thereby better supporting monitoring and evidencing progress (Aidhour Audit 4.20)	Apr-18	Jun-18		RG/SA	CP	August: training is in place for social workers and managers together on September 19th.	Green
	1.3	Audit of all plans (CIN, CP, CLA, Pathway Plans, PEPs) to ensure that they are consistently SMART with clear outcomes that are child focused and integrate CYPs views (as above Aidhour Audit 4.20)	Apr-18	Jan-19		RG	CP	August: Audit will review in November, and report reviewed in January 2019.	Amber

The experiences and progress of children who need help and protection	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any ongoing work is purposeful and that case records clearly evidence manager's rationale for ceasing or continuing support.	2.1	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.This stayed in because AIDHOUR audit identified some drift (4.18)	May-18	Jan-19	Short assurance report on drift.	RG	CP	August: returning service manager will review with team managers at their next supervision and keep this as a topic for all 121s going forward. Service manager to write a short assurance report by Jan taking into account audit.	Amber
	2.2	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) This stayed in as chronologies not regularly updated.	May-18	Jan-19	1) No drift on cases 2) Chronologies are updated every 3 months.	RG	CP	August: returning service manager has put this topic in the new weekly management meetings with the new job share trial. Service manager will bring this to the team in team meeting on 5 September, to help link to avoiding drift. Topic to be on every 121 with social workers and team managers until this practice is embedded.	Amber
	2.3	November audits to review evidence that the plan is updated to reflect continuation of work and plan meets requirements as set out above. To review 2.1 and 2.2.	May-18	Jan-19	1) Measure compliance through audits and supervision	PD	CP	August: as above	Amber
Research on neglect linked to affluence draws on practioner experince and identifies strategies and practice methods to address non engagement from these families	3.1	Following findings of Affluence and Neglect research, reflective group supervision to take place with practitioners to /consider issues raised and identify areas for development.	May-18	Jan-19	Audit of Cases will clearly show that practitioners have been able to consider issues specific to engaging with this group thereby increasing the liklihood of successful engagement and intervention leading to better outcomes for C&YP.	RG	CP	August: interim supervisor ran a group session to look at the research. Areas for development listed above.	Green

	3.2	Development/training areas identified as above to inform Workforce Development Training Needs Analysis who will scope and coordinate appropriate training	May-18	Nov-18		RG/ZD		August: Workforce development officer has deployed a matrix to develop a needs analysis.	Amber
Increase the number of families taking up Early Help services, building on existing partnership working at a strategic and operational level (paragraph 8)	A5.4	Specific targets for commissioned services re. referrals/completing EH plans and performance management (City Gateway and Youth Offending Services (YOS)	May-18	January 2019	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	August: Our numbers have increased due to using Early Help as a step down from Child In Need work, rather than from partners. Commissioning have worked closely with EH. Returning service manager is meeting commissioning manager on 18 September to review work.	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	Aid hour audit recommended (4.14 - 4.18) : Training needed to ensure consistency of recording as there is a wide variation on how, when and where SWs update case notes/chronologies/visits etc	May-18	January 2019	Audits to confirm that case records are up-to-date and comprehensive, including chronologies	RG/ZD	CP	August: the new training offer will be in place post tender in October. In the interim, the team managers will run a session in October to gain consensus on recording.	Amber

The experiences and progress of children looked after and achieving permanence									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 3: Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions.	4.6	Draft child/language friendly version of process which will be led by practioners and IRO	May-18	Dec-19	CYP able to articulate understanding of why decision is made re. permanence	RL/RdP	CP	August: every permanency planning record includes a decision about legal permanence and rationale as per the Ofsted recommendation - this is fully embedded. The relevant process that needs desribing is the long term foster matching process. Returning service manager to take forward.	Green

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework. Kept in as needs to be audited to evidence impact.	May-18	Nov-18	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP	August: All young people who turned 18 have been given their health histories (CIC nurse audit August 2018). Returning service manager has a teleconference booked with the CIC nurse on 4 September, to ask her to report on health histories quarterly. This complies fully with the ofsted recommendation. Returning service manager will review the use of health passports and consider usage going forward.	Green
	7.2	QA report to be undertaken by Anna Jones CLA Designated Nurse to evidence this is embedded in practice and that CYP understand the purpose of their individual health records and are encouraged and enabled to use them as a useful running record of health and health care.	May-18	Nov-18		PD	August: Returning service manager to meet with Anna Jones to follow through this action.	Amber	
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers. Kept in as audit in 7.2 should also cover.	May-18	Nov-18		RG	CP	August: returning service manager has asked for this question to be on the 2019 annual consultation, and that it be worded in a way young people understand.	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.	May-18	May-18	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	August: All young people who turned 18 have been given their health histories (CIC nurse audit August 2018). Returning service manager has a teleconference booked with the CIC nurse on 4 September, to ask her to report on health histories quarterly, to ensure we sustain this level of service.	Green

Committee	Dated:
Safeguarding Sub Committee	23/07/2018
Subject: Progression of Workforce Development Commissioning Arrangements	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Zak Darwood, Workforce Development Coordinator, Department of Community and Children's Services	

Summary

Throughout 2018, the Workforce Learning and Development for the People's Directorate within the Department of Community and Children's Services (DCCS) will be tendering to appoint a service provider to deliver a wider range of learning opportunities for staff across the Directorate.

A range of options have been explored for the delivery of learning and development to specifically meet the needs of social care staff across the service areas within the People's Directorate. The Workforce Development Group, consisting of Senior Managers and Human Resources personnel, agree a tendered service would best meet the identified need. Funding for this new service has been sourced from the Departmental Local Risk budget. This will fund the development and deployment of a two-year tendered contract to deliver learning and development activity within the Directorate.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Staff in the People's Directorate are required to meet a range of compliance and regulatory requirements for continued practice. This includes: social worker registration with the Health and Care Professions Council; compliance with

specific learning to hold the roles of Registered Manager and Approved Mental Health Practitioner; and the forthcoming National Assessment and Accreditation Service for children's social workers. In addition, Ofsted, the Care Quality Commission and other auditing bodies report on the quality and content of the learning and development offer, as well as assuring that the workforce is appropriately qualified to deliver social care services.

2. It is universally accepted that staff in all roles should receive appropriate learning and development opportunities relevant to their role; and they should be prepared via learning and development for progression and the constant changing needs of service user populations. Learning and development, or the lack of such opportunities, impacts on the morale and retention of staff and also affects future recruitment and the reputation of an organisation.
3. Due to the small size of the social care teams, and individual roles within the City of London Corporation compared to social care teams in other local authorities, it has historically proven difficult and costly to ensure that the specific learning required for each role has been achieved.
4. Compliance of essential learning has mostly been achieved. However, the process for doing so is time-consuming and costly for Team Managers and the Workforce Development Co-ordinator.
5. It should be noted that the learning activity described is separate from the Corporate Learning and Development programme offered by the City Corporation's Human Resources Department which, while extensive, does not meet the specialised requirements for the People's Directorate.

Current Position

6. Currently the learning and development of practitioners across the People's Directorate is achieved through a mix of learning events sourced from various providers, commissioned packages, conferences, one-off learning events held on-site at the Guildhall and, when appropriate, attending learning activity held by the Corporate Learning and Development team. Current learning provision fails to meet the full needs of the range of staff roles within the Directorate and requires an increased spend per person to meet the range of learning requirements.
7. The Workforce Development Group for the People's Directorate explored options, which are to either: make no changes to current provision; continue to deliver the ad-hoc approach to learning and development activity; or to tender for a learning provider that can meet the learning needs of the range staff roles.

Taking no action would mean that the directorate continues to spend in an unplanned way with limited options for staff to have long-term developmental programmes.

The alternative of tendering for a learning provider will provide a wider range of learning opportunities. It will allow for tailored learning programmes and specific learning programmes for staff with regulatory body mandated learning

requirements. In addition, the new service will provide opportunities for City Corporation staff to train alongside their peers. This will remove the risk of professional isolation and expose staff to learning and service-based discussions on new trends and case needs that are rarely seen within the City Corporation's cohort of children and families requiring support.

8. The tendering of the learning and development programme provides the best opportunity for the People's Directorate to ensure that staff are provided with a wide range of learning opportunities appropriate to their role and regulatory requirements. This will also result in cost savings for the City Corporation over the duration of the contract, as single training purchases will reduce as learning is delivered en masse within the partnering organisation.

Furthermore, tendering the learning and development offer will reduce some of the negative impacts of the small team and structure within the City Corporation's Social Care teams. For example, the small size of the team means that multiple roles are held by one person who has to fulfil the statutory requirements; this increases the risk of staff becoming professionally isolated or not maintaining their current knowledge and practice due to the low number of specific case types. Through attendance at regular training opportunities with staff from another authority, staff will be able to have wider case discussions and liaise with and learn from with a wider group of professionals.

Corporate & Strategic Implications

9. The tendered learning and development service will support and underpin the People's Directorate to meet the needs and aims as set out in:
 - a. Corporation Learning and Development Policy
 - b. Workforce Plan and Strategy for the People's Directorate
 - c. Preparation for the National Assessment and Accreditation Service for Children and Family Social Workers
 - d. Children and Young People's Plan
 - e. DCCS Business Plan.

Implications

10. The Workforce Development Group noted the following potential implications during the development of the tender exercise:
 - a. Funding – the current allocated funding source allows for a two-year contract – an alternative funding source or new learning offer will need to be developed at the end of year 2.
 - b. Lack of interest from potential delivery partners – the pool of delivery partners has been identified as narrow. However, 'soft' market testing undertaken by the Commissioning and Contracts Team has provided evidence of several organisations interested in exploring working with the City Corporation on one or more lots within the tender.
 - c. Lack of engagement from City Corporation staff – this will be managed by direct line managers and the Workforce Development Co-ordinator.

- d. Reporting systems – the supplier will be expected to provide regular reporting on attendance, learner engagement and compliance as part of the key performance indicators agreed on award of contract.

Conclusion

11. It is widely recognised that, for all staff to be appropriately trained and supported to undertake their role, the ownership and responsibility is placed on the employer to provide appropriate training and development opportunities. The current offer meets the baseline requirements for staff. However, it does not provide the learning and development required, or meet the wants of staff to develop services and practitioners to step up and deliver improved services. Expectations for learning and development of staff will increase in the next two to five years with the introduction of the National Assessment and Accreditation Service for Children's Services, the expected extension of this to Adult Social Care staff, and the changing nature of service user needs. Therefore, with current resources available and the need to deliver an improved learning offer, it is the recommendation of the Workforce Development Group – consisting of Senior Management within the People's Directorate – to contract out the learning and development offer to meet and exceed these requirements over the next two years.

Appendices

- None.

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Committee(s): Safeguarding Sub Committee Community and Children Services Safer City Partnership Health and Wellbeing Board	Dated: 19/09/2018 02/11/2018 23/11/2018 29/11/2018
Subject: The City and Hackney Safeguarding Adults Board (CHSAB) Annual Report 2017/18 Presented by Dr Adi Cooper Independent chair of the CHSAB and Melba Gomes, Interim CHSAB Manager	Public
Report of: Director of Community and Children's Services	For Information
Report author: Melba Gomes, City and Hackney Safeguarding Adults Board Manager	

Summary

The City and Hackney Safeguarding Adults Board (CHSAB) is a statutory Board and it is a statutory requirement to produce an annual.

In summary during 2017/18:

- City of London partnership concluded its financial abuse awareness event. The CHSAB has taken up the mantle and is planning a follow-up campaign in 2018/19 to raise awareness among residents about how to keep safe and avoid financial abuse.
- City of London continues to build on its work with people who are socially isolated. We are involved in an initiative to address social isolation and loneliness for residents, which has the potential to reduce the likelihood of people becoming the subject of an adult safeguarding concern.
- City of London ran successful 'Rough Sleeping' event, signposting rough sleepers to appropriate services.
- City of London staff from all partner agencies attended the 'Learning from Safeguarding Adults Reviews (SARs)' workshops and have taken the learning back into their organisations.
- The Assistant Director for People and Community Services is the chair of the SARs sub-group and has led the group towards an evaluation of learning that identifies key themes to address in the strategic plan.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The London Borough of Hackney and the City of London have diverse, vibrant communities. Many organisations and individuals provide effective adult safeguarding, and are also committed to the Safeguarding Adults Board and the partnerships it represents. The CHSAB is a multi-agency partnership of statutory and non-statutory stakeholders. This report sets out an appraisal of the safeguarding adults activity of those agencies across the City of London and Hackney boroughs in 2017/18.
2. The Care Act 2014 sets out a clear statutory framework for how local authorities and other key partners – such as care providers, health services, housing providers and criminal justice agencies – should work together to protect an adult’s right to live in safety, free from abuse and neglect. It introduces new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; carrying out SARs; arranging for the provision of independent advocates; and hosting Safeguarding Adults Boards.
3. In setting out a statutory requirement for Safeguarding Adults Boards for the first time, the Care Act establishes three core duties for those Boards. The Board must:
 - publish a strategic plan for each financial year that sets out how it will meet its main objectives and how members will achieve this
 - conduct any SARs as required
 - publish an annual report detailing what the Safeguarding Adults Board has done during the year to achieve its main objectives and implement its strategic plan.

This annual report is provided in line with this requirement.

Key Achievements

4. In line with its strategy, key achievements for the Board in 2017/18 include:
 - We trained Safeguarding Champions to promote the message to the community that safeguarding is everybody’s business.
 - The Chair of the Board and the Board Manager visited community groups to tell them about safeguarding and the work of the Board.
 - We responded to the views of service users and set up a User/Carer/Patient sub-group of the Board to enable us to hear the views of users and carers.
 - We reviewed our website with service users and amended the content to be clearer about safeguarding and service users’ rights.

- We supported staff to develop their learning to be able to work effectively with people who use safeguarding services.
- We reviewed the information we received and sought improvements where required, for example, through audits or analysis.
- We met our legal duty to commission SARs and we considered referrals, one of which progressed to a SAR. We will report on this in the 2018/19 report.
- The City of London arranged an event on Financial Abuse which was very well received.
- We held a winter-long campaign to address the needs of rough sleepers.

5. What didn't we do so well?

- Although we have raised awareness of safeguarding adults far and wide, we have not reached all groups. It has not been easy or possible to reach all groups of people from different ethnic backgrounds and faiths.
- We started hearing from adult social care and health service users through the Safeguarding Champions and the user groups, but we have not heard from people who use Safeguarding Adults services.
- We laid the foundation for a prevention strategy, but we have not been able to put anything in place to enable people to ask for early help or intervention.

6. What we have yet to find out

- We have done much work to pass on the learning from the SARs and we heard from staff about what will help to improve services. However, we will not know until 2019 if this has made any difference to practice.
- City and Hackney are involved in a project on social isolation. We await its findings.
- We need to find out more about how we can work with other Boards in City and Hackney to prevent abuse and neglect.

Comments from Service Users and Residents on the Annual Report 2017/18

7. CHSAB website:

- "You heard us ...we said we don't understand 'abuse', you used 'harm'. That's good."
- User feedback said that the website and safeguarding should be on the front page of the Council's website. Users said it is currently hard to find, except through Google search.

8. People told us that they want:

- regular communication from the Board, as there was much in the report that they could not relate to
- simple safeguarding information so they can be informal ambassadors in the community for safeguarding
- safeguarding information advertised across the boroughs
- an effective service user group to be 'critical friends' to the Board

- partners to have a better understanding of advocacy so as to improve its use in the Safeguarding Adults service.

2017/18 Data

9. Summary data

- 32 concerns were raised
- 22 led to Section 42 enquiry
- of the 19 concluded cases, 11 expressed their desired outcomes and all were fully or partially achieved (nine were fully achieved)
- there were five repeat concerns.

Priorities for 2018/19

10. We will:

- continue to raise awareness
- engage with service users to get feedback
- aim to make services personal
- meet our duties to commission SARs
- improve services in line with learning gained, including through commissioning relevant training
- evaluate improvements through multi-agency case file audits and self-audits
- promote advocacy to support people
- aim to devise a prevention and early intervention protocol
- gather appropriate data to provide reassurance and improve services.

Corporate & Strategic Implications

11. Safeguarding is a Corporate and Departmental priority.

Appendices

- None

Background Papers

CHSAB Annual Report 2017/18

Melba Gomes

City and Hackney Safeguarding Adults Board Manager
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CHSAB Annual Report 2017 – 2018

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

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Message from the Independent Chair

I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.



We have continued to look at information about safeguarding activity to inform our priorities for improvement. We looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We have tried to share this learning and we want to see what difference it is making (see Appendix B).

We continue to raise awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, especially the 'Safeguarding Champions'.

This annual report is important because it shows what the Board aimed to achieve during 2017/18 and what we have been able to achieve. It shows that most of the tasks were completed during the year. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. It includes the Delivery Plan for 2018/19, which says what we want to achieve during the next year (see Appendix A).

There continues to be significant pressures on partners in terms of resources and capacity, so we want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

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

Overview of 2017/18

Service Users asked us to be clear and concise in the report about what we did well and what we have not done well.

What did we do well?

We have:

- 1) Trained Safeguarding Champions to take the message that safeguarding is everybody's business out to the community.
- 2) The Chair of the Board and the Board Manager have visited community groups to tell them about safeguarding and the work of the Board
- 3) We have responded to the views of service users and set up a User/ Carer/Patient subgroup of the Board to enable us hear the views of users and carers
- 4) We reviewed our website with service users and changed it so that it is clearer about safeguarding and service users' rights
- 5) We have supported staff to develop their learning to be able to work effectively with people who use safeguarding services
- 6) We have reviewed the information that we have received and sought improvements where required for example through audits or analysis
- 7) We met our legal duty to commission safeguarding adult reviews (SARs) and we have considered referrals, two of which progressed to a SAR and we will report on them in the 2018-19 report
- 8) The City arranged an event on Financial abuse which was very well received and had a winter long campaign to address the needs to rough sleepers

What didn't we do so well?

Whereas we have met all of our strategic aims to an extent, we will not know if we did well until 2018-19:

- 1) Although we have raised awareness of safeguarding adults far and wide, we have not reached all groups. It has not been possible or easy to reach all groups of people from different ethnic backgrounds and faiths.
- 2) We have started hearing from adult social care and health service users through the champions and user groups but we have not heard from people who use safeguarding adults services.
- 3) We have laid the foundation of a prevention strategy but we have not been able to put anything in place to enable people to ask for help early or for early intervention.

What we have yet to find out

- 1) We have done much work to pass on the learning from the Safeguarding Adult Reviews and heard back from staff about what will help to improve services, but we will not know until next year if this has made any difference to practice.
- 2) City and Hackney are involved in a project on social isolation. We await its findings.
- 3) How we can work with other Boards in City and Hackney to prevent abuse and neglect.

Comments from Service Users and Residents on the Annual Report 2017/18 and plans for 2018/19

CHSAB Website: “You heard us ...we said we don’t understand 'the term' abuse, you used harm. That’s good”, but the website and safeguarding should be on the front page of the Council’s website. As it stands it is hard to find except through Google.

People told us that they want:

- regular communication from the Board, as there was much in the report that they could not relate to.
- to have simple safeguarding information in order to be informal ambassadors in the community for safeguarding.
- to have safeguarding information advertised across the boroughs.
- an effective service user group to be critical friends to the Board.
- partners to have a better understanding of advocacy so as to improve usage.

Our plans for 2018-19

We will:

- 1) Continue with our duties to commission Safeguarding Adult Reviews (SARs) and make sure that any learning and actions are taken forward.
- 2) Continue to reach into the community to ensure that everyone knows about safeguarding and work on prevention strategies, including a financial abuse awareness event for residents.
- 3) Work with other Boards to develop joint approaches to work together and to prevent and manage risk in City and Hackney.
- 4) Continue to support staff to work well to safeguard people by improving their understanding of the law and focussing on what people want to happen when they are harmed or are at risk of abuse.

- 5) Work out how best to hear from people who use safeguarding services.
- 6) Continue to improve by responding to what we find is happening in our partnership through the data we collect and audits that we carry out.
- 7) Make sure that safeguarding is threaded through wider changes to social care and health services.

Who Are We?

The City and Hackney Safeguarding Adults Board (CHSAB) is the statutory board for City and Hackney and is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the City of London and the London Borough of Hackney.

The work of the Board is driven by its vision, that in the City and Hackney:

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

The main objective for the Board, to achieve this vision, is to assure itself that effective local adult safeguarding arrangements are in place and that all partners act to help and protect people with care and support needs in the City and Hackney.

The CHSAB has **three core duties** under the Care Act 2014 that it must fulfil in achieving its main objective:

- Develop and publish a Strategic Plan setting out how it will meet its objective and how its partners will contribute to this;
- Publish an Annual Report detailing how effective their work has been; and
- Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria for these reviews.

This Annual Report sets out:

- How effective the CHSAB has been over the 2017/18 year;
- What we have accomplished in relation to the Boards Strategic Plan for 2017/18;
- The Boards Strategic plan for 2018/19;
- Details of the SARs that the board has commissioned
- How its partners have contributed to the work of the Board to promote effective adult safeguarding.

Our Principles

Public consultation, undertaken during 2015/16, agreed that four principles should underpin our 5-year strategy. These principles are:

- + All of our learning will be shared**
- + We will promote a fair and open culture**
- + We will understand the complexity of local safeguarding needs**
- + The skill base of our staff will be continuously improving**

Governance

Dr Adi Cooper was the independent chair of the Board during 2017-2018.

The CHSAB partnership consists of representation from:

- **City of London Corporation**
- **City and Hackney Public Health**
- **City and Hackney Clinical Commissioning Group**
- **London Borough of Hackney**
- **Homerton University Hospital NHS Foundation Trust**
- **East London NHS Foundation Trust**
- **Metropolitan Police Service (Hackney)**
- **City and Hackney Older People Reference Group**
- **London Fire Brigade**
- **City of London Police**
- **London Ambulance Service**
- **Hackney Council for Voluntary Services (CVS)**
- **Barts Health NHS Trust**
- **National Probation Service**
- **Housing Providers**
- **Healthwatch**
- **Hackney Healthwatch**
- **City of London Healthwatch**

The full CHSAB partnership meets quarterly, and arranges extra meetings when required. The attendance at the quarterly CHSAB meetings in 2017/18 is as follows:

Partners	Attendance
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	80%
Homerton University Hospital	40%
Barts Health NHS Trust	40%
East London NHS Foundation Trust	80%
London Fire Brigade	100%
Metropolitan Police	80%
City of London Police	60%
Older People's Reference Group	60%
Hackney Healthwatch	60%
City of London Healthwatch**	0%
City & Hackney Public Health	80%
Hackney Council for Voluntary Services	100%
National Probation Service	60%
Housing Providers	20%
CHSAB Business Support	100%

** City of London Healthwatch had 100% attendance at the CoL Sub-committee meetings

The CHSAB Executive Group supports the work of the CHSAB. This Group consists of senior managers from some of the key partner agencies of the Board. The Executive Group meets regularly in between the CHSAB's quarterly sessions and is also chaired by Dr Cooper. It serves as a link between the sub groups and the Board to support the CHSAB to run effectively.

The City of London Adult Safeguarding Sub-Committee consists specifically of agencies working in the Square Mile. The Sub-Committee provides a clear recognition of and focus on safeguarding arrangements in the City, enables communication with the CHSAB and is a means of developing City-focused adult safeguarding in line with the CHSAB's priorities. Dr Cooper also chairs this Sub-Committee.

The CHSAB has established a number of multi-agency subgroups to help it deliver on its objective and annual priorities.

Our overall structure is illustrated below:



Subgroups

This year the roles and composition of the CHSAB subgroups were consolidated to ensure that they continue to support the work of the Board and deliver on its annual strategic plan. Each subgroup reviewed its Terms of Reference in line with CHSAB's strategic priorities. The subgroups benefit from multi-agency representation, with staff from statutory and non-statutory agencies attending and contributing to the work.

Communication & Engagement

The Communication & Engagement subgroup is tasked with the responsibility of raising awareness of safeguarding in the community. Safeguarding champions were trained to reach far and wide in the community to promote understanding of safeguarding. The group supported the development of the website for the CHSAB which incorporated suggestions made by service users and residents

Quality Assurance

The Quality Assurance subgroup role aims to ensure that appropriate and timely quantitative data and qualitative information supports the Board to have a picture of what is happening in the City and Hackney, to inform its work and priorities. LBH uses Qlikview that shows data in real time. It is adaptable and has included data from the police and the London Fire Brigade. It captures safeguarding referrals from health partners and can include City data. The QA group has created a dataset for the Board that can continuously adapt to gather and present data in relation to concerns, for example as identified by SARs.

Training & Development

The Training & Development subgroup is responsible for ensuring that people who work to safeguard people have the knowledge and expertise they need for their roles. It recognises that each statutory partner is guided by its own training requirements in relation to safeguarding adults, and that commissioned services are required as part of their contract to provide safeguarding training to their staff. Additional training is put on to fill the gap which meets the strategic priorities of the CHSAB, and to improve practice in relation to findings from SARs. This training is complimented by invitations to partners to attend training commissioned by London Borough of Hackney.

During 2018 it focused on delivering a programme of workshops on 'Learning from SARs' and training the Safeguarding Champions.

It has also gathered information of how best to support partners to embed Making Safeguarding Personal (MSP) in their organisations and this will be the focus for work during 2018/19

SAR & Case Review

The SAR & Case Review subgroup is the primary mechanism by which the CHSAB exercises its statutory duty to arrange a SAR when someone with care and support needs within its locality dies, or experiences serious harm as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively together to protect the person. The subgroup is well established. It has considered a range of SAR referrals. The subgroup makes recommendations to the CHSAB Chair on when it considers that a statutory Review is required and when an alternative approach to identify learning opportunities may be appropriate. The subgroup monitors the development and implementation of multi-agency action plans that flow from completed SARs to ensure that the learning from the Reviews has a meaningful and lasting impact on how services work with adults with care and support needs.

This year the subgroup has had 6 meetings. They have:

Monitored a commissioned SAR, which is due to published in May 2018;
Considered 3 other cases, 2 of which have progressed to SARs and one of which was a single agency concern that did not meet the criteria but for which

reassurance was sought that improvements were being made to prevent a recurrence;

Reviewed action plans for the 4 SARs that have been published;

Actioned a programme of learning workshops with the support of the Training and Development group;

Commissioned a Leaders Symposium to take on board what staff felt were barriers to good practice and suggestions that they made to improve; and

Undertaken a local evaluation against the findings from the London SAR report.

User/Carer/Patient Subgroup

In August 2017 the CHSAB Annual Report (2016-17) was presented to a group of service users and their representatives for comment. They made helpful suggestions to improve the report. They were also asked to suggest how they can become involved in the Board. In response to service users telling us that they could contribute to the Board through a subgroup, we have set up the User/Carer/Patient subgroup.

City of London Adult Safeguarding Committee

The City of London's Safeguarding Adults Committee is made up of a range of professionals and includes resident representatives. It meets quarterly and considers developments in relation to the Board priorities and City priorities in the strategic plan. This included:

- The implementation of the Self Neglect, Hoarding and Fire Risk Panel in response to SAR Learning
- The sign-off of the City of London Social Wellbeing Strategy and the ongoing implementation of the associated Action Plan;
- The completion of the Financial Abuse Task and Finish Multi Agency Group culminating in an awareness raising multi-agency conference in December 2017;
- The successful transition to an updated Social Care Electronic Recording System, Mosaic; and
- Local housing responses to lessons learned from Grenfell Tower tragedy were implemented in a timely way.

The City of London is represented on all CHSAB sub groups, with the Assistant Director chairing the SAR sub group of the Board.

Our Strategic Links

The CHSAB has links with partnerships and boards also working with communities in the City of London and Hackney, including: the City and Hackney Children's Safeguarding Board, Community Safety Partnerships; and Health and Wellbeing Boards.

Financial Arrangements

This year the CHSAB received total contributions of £158,750 from partners as listed below.

Partners	Income Received (£)
City of London Corporation	(25,000)
East London NHS Foundation Trust	(25,000)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(11,750)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,000)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
Mayor's Office for Policing And Crime	(5,000)
LB Hackney	(70,000)
Total Income:	(158,750)

Other partners were not able to make financial contributions but they have contributed with their time and commitment to the Board's work and by providing access to resources such as meeting venues, conferences, etc.

The Budget retains a reserve of £103,500 carried over from 2015-16 to support unplanned expenditure, such as Safeguarding Adult Reviews.

Supporting the CHSAB

The CHSAB Business Support Team comprising of a full-time Board Manager and a full-time Business Support Officer support the work of the Board, ensuring that the business of the Board is managed in a timely and efficient manner.

Support from the London Safeguarding Adults Board

The London Safeguarding Adults Board was set up by London ADASS and partners to support the local London Safeguarding Boards on key safeguarding issues pertinent to London.

During 2017-18, it produced:

- A London SARs Report that identified the key themes emanating from SARs in London since the Care Act 2014, and made recommendations for quality and practice improvements. The findings reflected those

identified by the CHSAB SARs and recommendations were in line with what staff told us in response to local SARs. In response, changes are being made to the CHSAB protocol, quality markers are being included, and improvements to outcomes for service users have been translated into strategic priorities for 2018-19;

- A Making Safeguarding Personal (MSP) temperature check and recommendations for improvement. Resources to support organisations to adopt MSP have been promoted, which will support the CHSAB to work with partners during 2018-19 to embed MSP in their organisations; and
- Train the Trainer sessions in Modern Slavery to raise awareness on this issue.

The CHSAB identified that in 2018-19 it would like the London SAB to continue to support the Boards with MSP, Modern Slavery, and addressing social isolation, and also to consider looking into how the faith sector can support the safeguarding adults agenda.

In 2017-2018, a London wide information sharing agreement in relation to safeguarding adults was developed by the London Safeguarding Adults Board. This was adopted by the CHSAB.

Work of the CHSAB 2017/18

The CHSAB held four meetings and a development day during 2017/18. The development day focused on 'Making Safeguarding Personal'

The Board focussed on:

- 1) User Engagement
- 2) Early Help and Prevention
- 3) Strategic Partnerships
- 4) Learning from SARs

The CHSAB prioritised the establishment of a model for ongoing service user and carer feedback on safeguarding services to, and engagement with the CHSAB.

When we met with service users and carers from the City and Hackney to obtain their views on the Annual Report of 2016-17, they informed us that they would like us to be clear in our report about what we said we would do and what we didn't do. This report is written in a way that meet their expectations. They told us that they would like to be the eyes and ears out in the community to prevent harm to people less able to look out for themselves. With this in mind, we are raising awareness as far and wide, about safeguarding adults. They told us that they would like safeguarding explained in a way that they can understand.

User Engagement in the City of London & Hackney

The CHSAB responded to these views and worked with them to review the Board website, produced a simple to understand and an easy read version of the Annual Report for 2016-17. Service Users told us they wanted to become involved in the work of the Board and so we set up the User/Carer/Patient subgroup of the Board. We recognised that disclosing experiences of safeguarding or even revealing that one has been subject to abuse in an open group is a difficult thing to do. In recognition of this, the Board is piloting a service user forum just for people who have had experiences about safeguarding services during 2018-19.

Early Help and Prevention

Raising Awareness

The CHSAB aims to build community resilience by raising awareness in the community and within the council to ensure that people look out for those unable to look out for themselves, understand what abuse is, and know how to report it. Furthermore, with knowledge, people are empowered to keep safe.

This year the CHSAB trained 21 workers and residents as Safeguarding Champions. 14 remain. They have been visiting voluntary groups, tenancy meetings, patient groups, refugee forums and work projects to raise awareness about safeguarding. From July 2017 to March 2018, the Safeguarding Champions have reached around 260 residents and members of voluntary groups from diverse backgrounds with varying needs.

Intergenerational awareness of abuse has commenced with raising awareness in a youth club. A Safeguarding Champion took the message of adult abuse to young people aged 10-17 from Hawksley Court Youth Club. The young people's adult safeguarding awareness session helped younger members unpack their concerns about domestic abuse. The young people learnt who to call with a concern about how to protect adults from harm and now better understand the signs and indicators of adult abuse. Young people understand that NSPCC can discuss issues about adult abuse as well as child abuse, the role of local domestic abuse teams and the role of the safeguarding lead within the youth club. As part of the future plans Hawksley Court will include safeguarding adult information in their gallery alongside safeguarding children information to ensure they reach the widest audience.

The Chair of the Board has developed links with the Faith Group in Hackney. The Board Manager has met with carers from the City and Hackney to promote awareness of adult safeguarding and carried out a workshop at the Older People's Reference Group's annual event.

Adult Social Care has expanded the understanding of safeguarding within the Council by raising awareness among the Community Safety Partnership including Trading Standards, Street Wardens and Enforcement Officers.

The CHSAB has a regular slot on the Better Homes Housing Partnership newsletter in Hackney to update on work being done in relation to safeguarding adults.

The City of London Police (CoLP) held a week of action in August 2017 to highlight the issue of sexual consent, utilising the 'tea and consent' video and engaging with the public to raise awareness and provide information around this issue. Additionally, the City of London Police supported the National Sexual Abuse Awareness Week in February 2018 by carrying out engagement activity and media messaging.

We know we are reaching the community when the Independent Press takes an interest in safeguarding adults. Hackney Citizen published an article on the Annual Report for 2017-18.

<https://www.hackneycitizen.co.uk/2017/12/01/abuse-neglect-reports-double-hackney-rising-twice-national-rate/>

Campaigns to reduce risk

The City has been proactive in equipping staff to support people to keep safe from financial abuse. It held a campaign that culminated in a well-attended conference for staff and professionals across a range of organisations.

The City held a rough sleeping campaign to point people towards services.

London Borough of Hackney carried out a large and far-reaching campaign in 2015 with the result that concerns and safeguarding enquiries increased significantly in 2016/17.

Work to prevent risk:

Public Health commenced a training programme to raise awareness of modern slavery amongst their commissioned services.

The City developed a social wellbeing strategy which incorporates social isolation as a theme and concern. They have identified volunteers to work with isolated residents who have been trained by the Safeguarding champions.

Hackney Connect has been in receipt of funding to work with socially isolated older adults. Social isolation was on par with financial abuse as a concern for the Older People's Reference Group

Both The City and Hackney are involved an ADASS project to identify and address safeguarding risks associated within isolation and loneliness.

Strategic Partnerships

Strategic alliances to address and prevent risk

The CHSAB worked with the City and Hackney Children's Safeguarding Board to agree the Modern Slavery Strategy and protocol.

The development of 'safe places' scheme, where people can go to report abuse in a safe environment, has been deferred to enable joint working between the Boards to achieve a better plan for more vulnerable residents.

Regular meetings were established to set the foundations for effective working together between the Boards, to identify common areas of work, shared priorities and effect a whole approach to building community resilience.

This way of working is supported by the Hackney Community Strategy Partnership Board, Children's Safeguarding Board and Health and Wellbeing Board.'

Learning from SARs

Events

The Board arranged a series of events during 2017/18 to promote learning from the 4 SARs that were published in 2016/17. These included: a conference, a series of workshops, and a Leaders' Symposium. (See Appendix B)

The workshops were attended by a range of professionals, from across the partnership.

Staff were asked for their views on what changes were needed to improve their safeguarding practice. Their input informed a Leaders Symposium,

attended by Senior Managers from the partnership. One priority identified for improvement was supervision; Safeguarding Supervision principles were agreed by the CHSAB, and will be embedded during 2018-19, and assurance will be sought that staff are receiving effective supervision. Other priorities have been translated into actions in the 2018-19 CHSAB strategic plan (Appendix A).

During 2018-19, staff will be invited back to feedback on changes on their individual practice and in their organisations as a result of the learning.

Assurance

The Board developed a methodology and agreed a rolling programme of multiagency case file audit, looking at areas in relation to themes from the SARs. The first took place in 2017/18, which focussed on self-neglect. Two audits will be carried out each year.

Partner Reassurance

Each year partners review their own performance in relation to safeguarding adults, using a self-audit tool developed by the London Safeguarding Adults Board. The audits showed that whereas some partners need to make improvements in some areas, as a partnership we are doing well, except in relation to hearing from users and Making Safeguarding Personal.

Challenge events being held in early 2018/19 in relation to these audits will support improvements in partner agencies.

CHSAB assurance

The CHSAB evaluated itself against the statutory guidance and identified the need to work more collaboratively with other strategic Boards, and to develop an overarching quality assurance framework. This would assist the CHSAB to be able to interrogate a range of information to be reassured that the partnership is doing well in safeguarding adults in order to increase the service user voice in the board, and challenge intolerance.

The Chair of the Board initiated a 360 appraisal process regarding her performance, which demonstrated that she is effective in leading the CHSAB.

Safeguarding Data

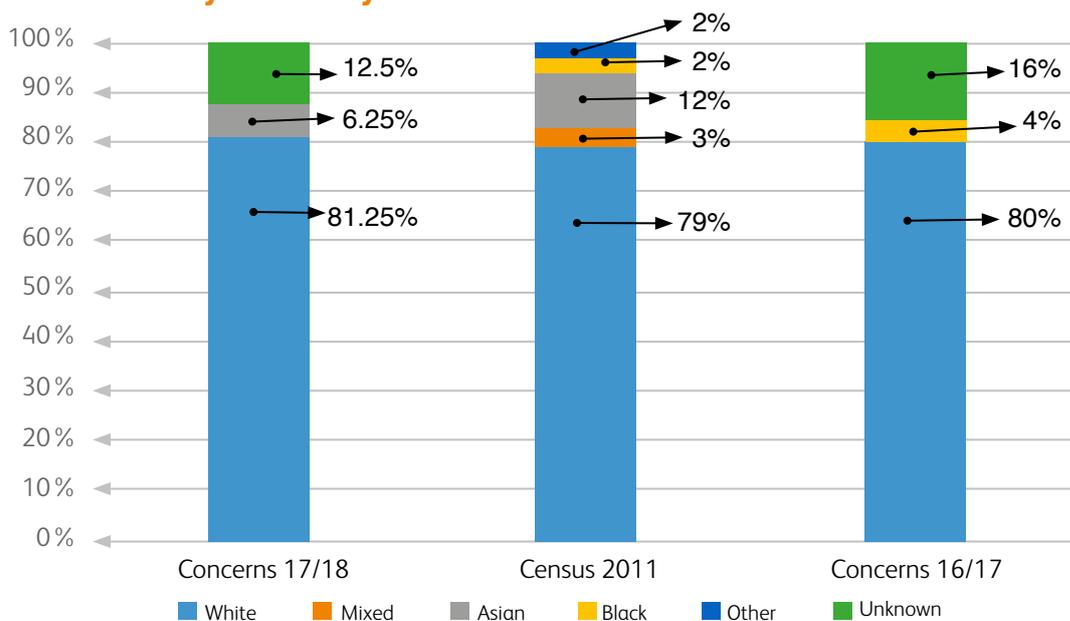
The safeguarding data for the year 2017-2018 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

City of London

Summary

- 32 Concerns were raised
- 22 led to Section 42 Enquiry
- Of the 19 concluded cases, 11 expressed their desired outcomes and all were fully or partially achieved (of which 9 were fully achieved).
- 5 repeat concerns

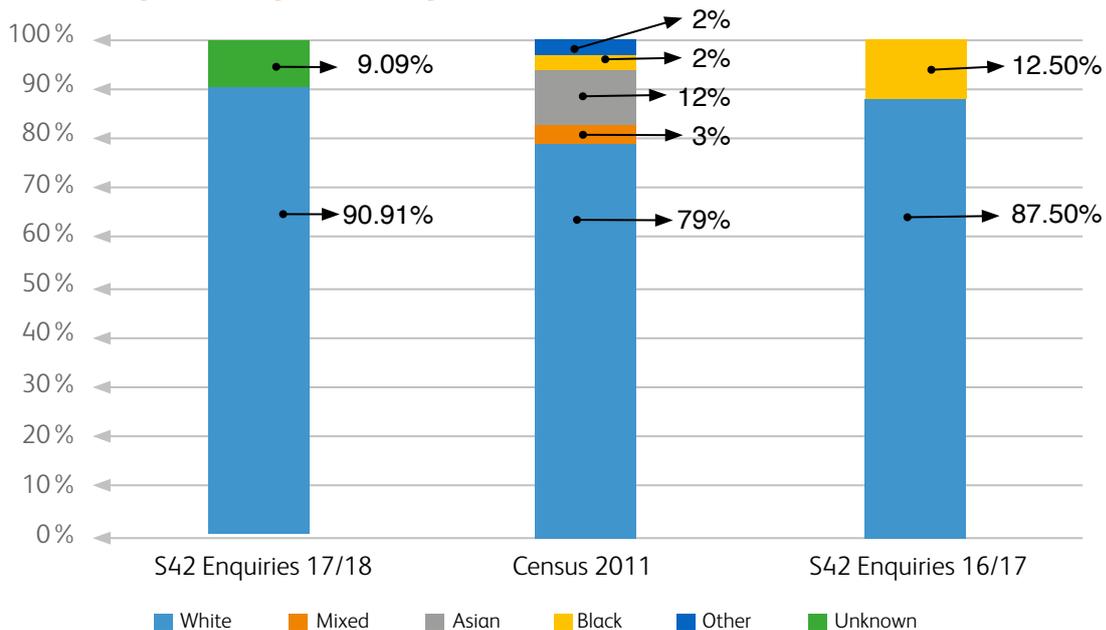
Concerns by Ethnicity



In 2017/18 81.25% of safeguarding concerns stated were from “White” ethnicity which is similar to the 2011 City of London census breakdown as well as concerns raised during 2016/17.

No safeguarding concerns for “Asian / Asian British” in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 4% of concerns were of “Black / Black British” ethnicity during 2016/17.

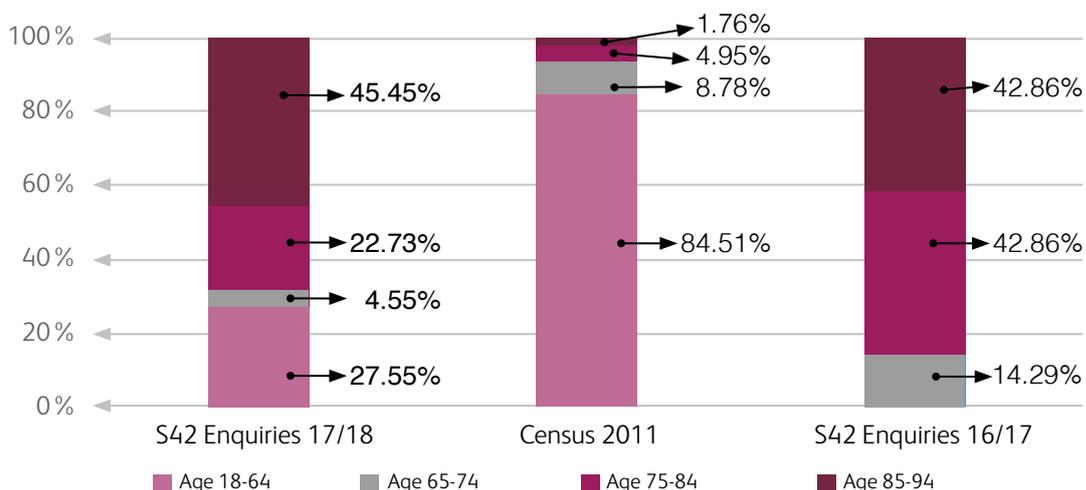
S42 Enquiries by ethnicity



In 2017/18 90.91% of safeguarding enquiries were from “White” ethnicity which slightly more than the 2011 City of London census breakdown as well as enquiries raised during 2016/17.

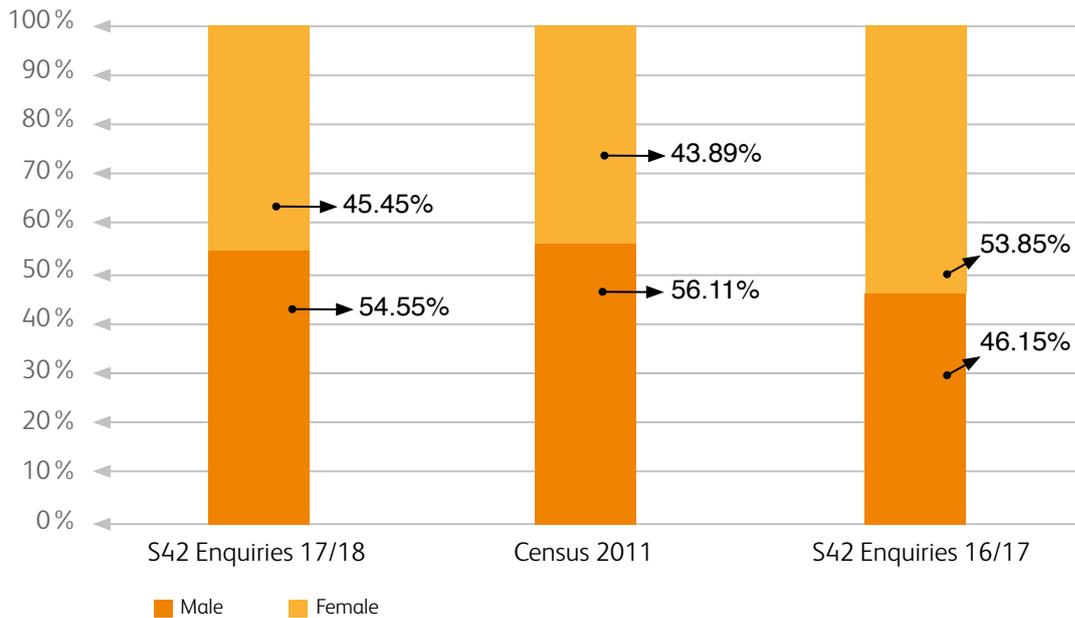
No safeguarding concerns for “Asian / Asian British” in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 12.5% of enquiries were of “Black / Black British” ethnicity during 2016/17.

Section 42 enquiries by Age



In 2017/18 the majority of S42 Enquiries were for people aged 85-94 which accounted for 45.45% despite the fact that this age category makes up only 1.75% of City of London’s population according to Census 2011. By contrast the majority of S42 Enquiries during 2016/17 was an even split between people aged 75-84 and 85-94 whereby these age categories accounted for 42.86% even though in Census 2011 the 75-84 category makes up 4.95% of City of London’s population.

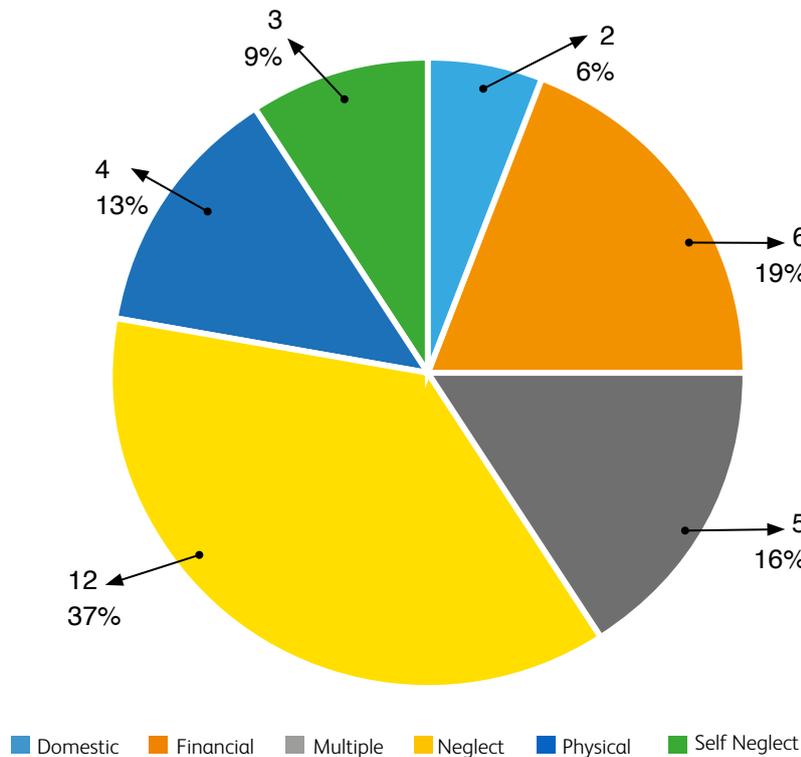
Section 42 Enquiries by Gender



In 2017/18 males accounted for the majority of safeguarding enquiries whereas females accounted for more in 2016/17.

It must be noted that the difference in numbers is very marginal and a truer reflection is that the fact the number of safeguarding concerns by gender is similar between both sexes.

Types of Abuse - Concerns Raised

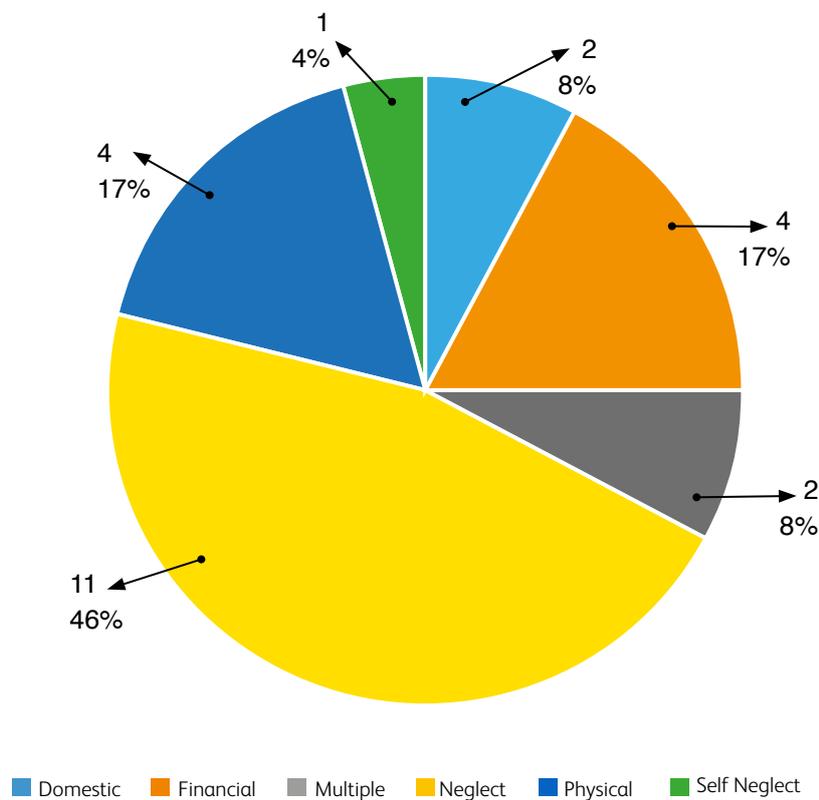


Two most common type of abuse:

- Neglect and Acts of Omission
- Financial abuse
 - The financial abuse reported was not due to scams but as a result of an allegation attributed at the hands of a family member i.e. the person’s relative, friend, carer or support worker etc...

These were also the top two types of abuse during 2016/17.

Type of Abuse – Section 42 Enquiries

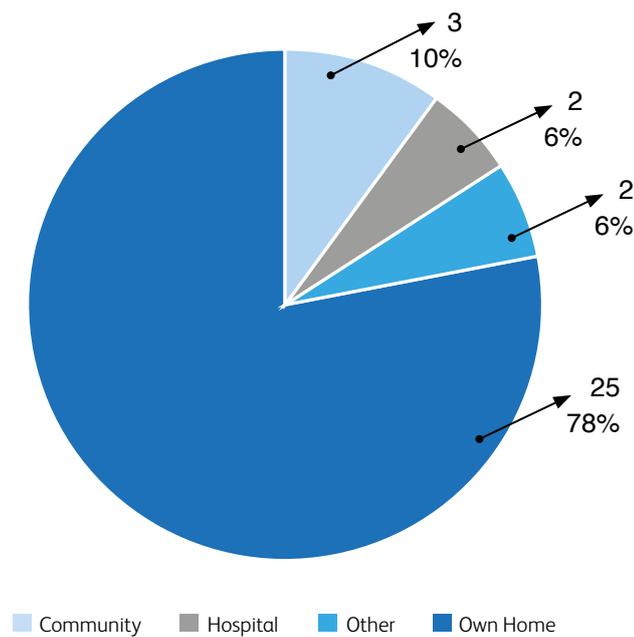


The most common type of abuse as a S42 Enquiry was Neglect and Acts of Omission.

Financial abuse as well as Physical abuse jointly followed as the second common type of abuse as a S42 Enquiry.

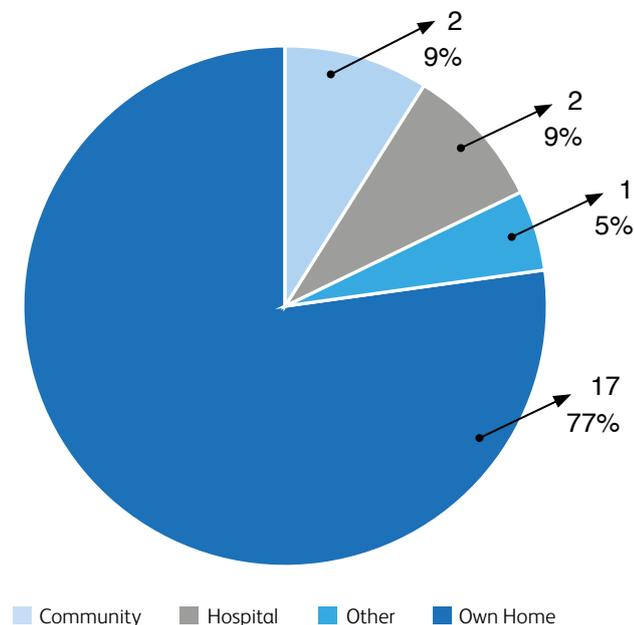
As noted in the above the financial abuse reported was not due to scams but instead a result of an allegation attributed at the hands of a family member i.e. the person’s relative, friend, carer or support worker etc.

Location of risk



The majority of safeguarding concerns were triggered by instances whereby the location of risk was within the person’s own home. There were very few instances that had a location of risk in the other three categories.

Location of Risk – Section 42 Enquiries

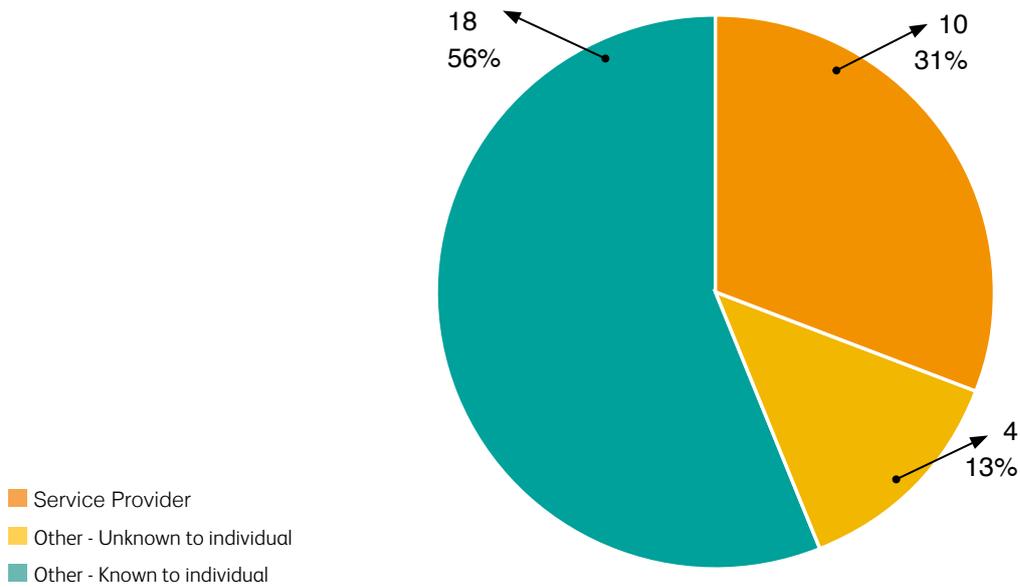


The majority of S42 Enquiries were triggered by instances whereby the location of risk was within the person’s own home.

This correlates with figures regarding concerns (previously referenced).

There were very few instances that had a location of risk in the other three categories.

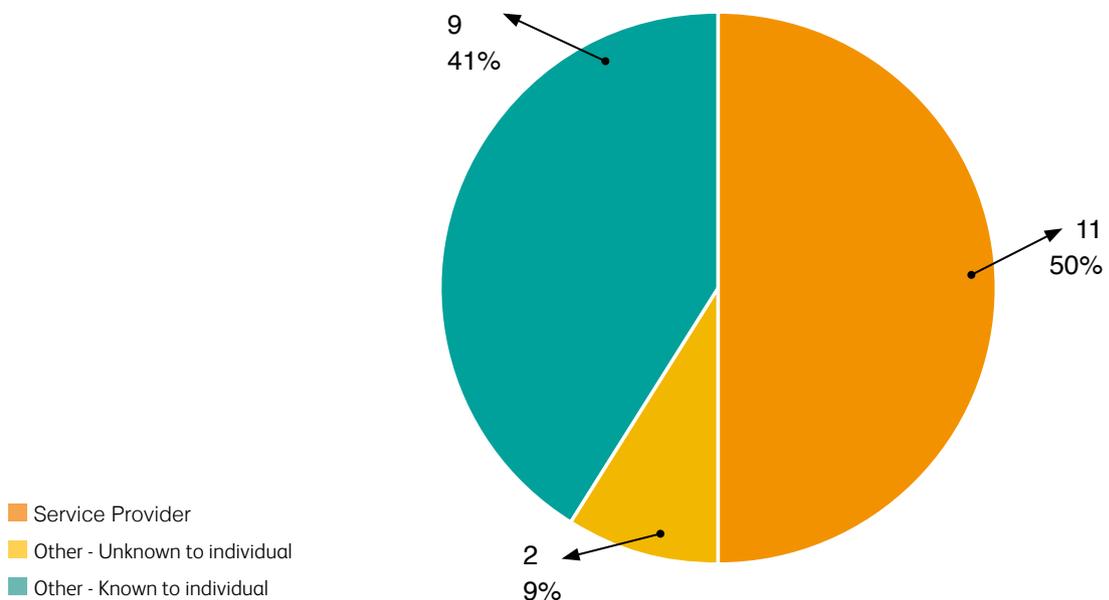
Source of Risk



During 2017/18 the source of risk for the majority of safeguarding concerns were alleged to have been caused by an individual known to the person.

However, in 2016/17 this was not the case as the majority of sources of risk were alleged to have been due to the service provider.

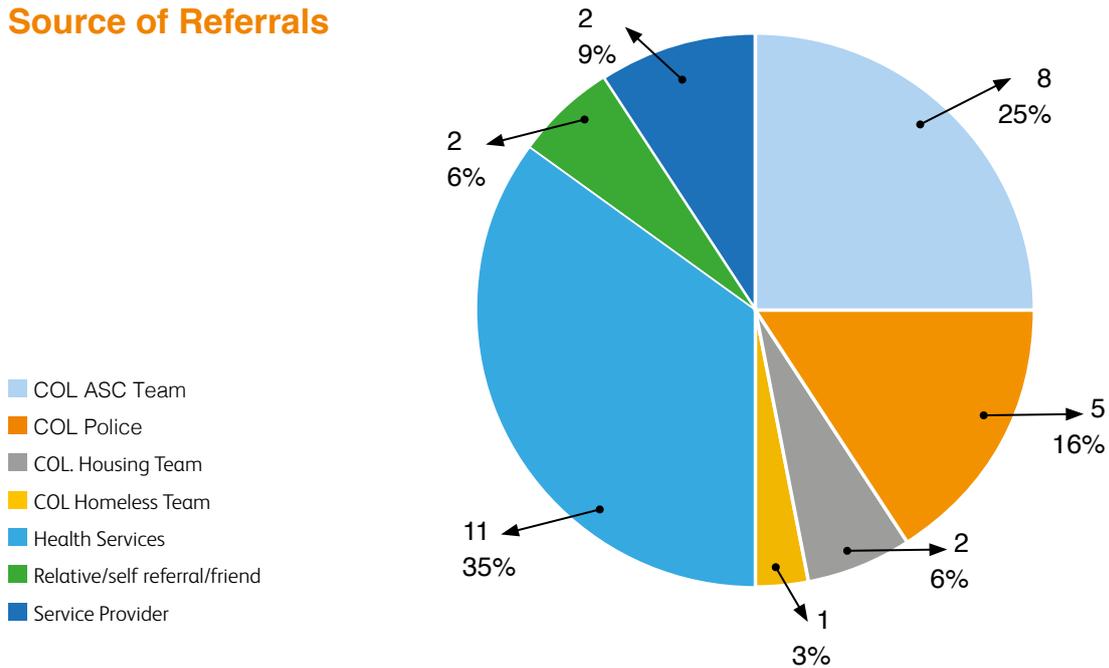
Source of Risk – Section 42 Enquiries



During 2017/18 the source of risk for the majority of S42 Enquiries were alleged to have been due to the service provider.

This coincides with 2016/17 figures whereby majority of sources of risk were alleged to have also been due to the service provider.

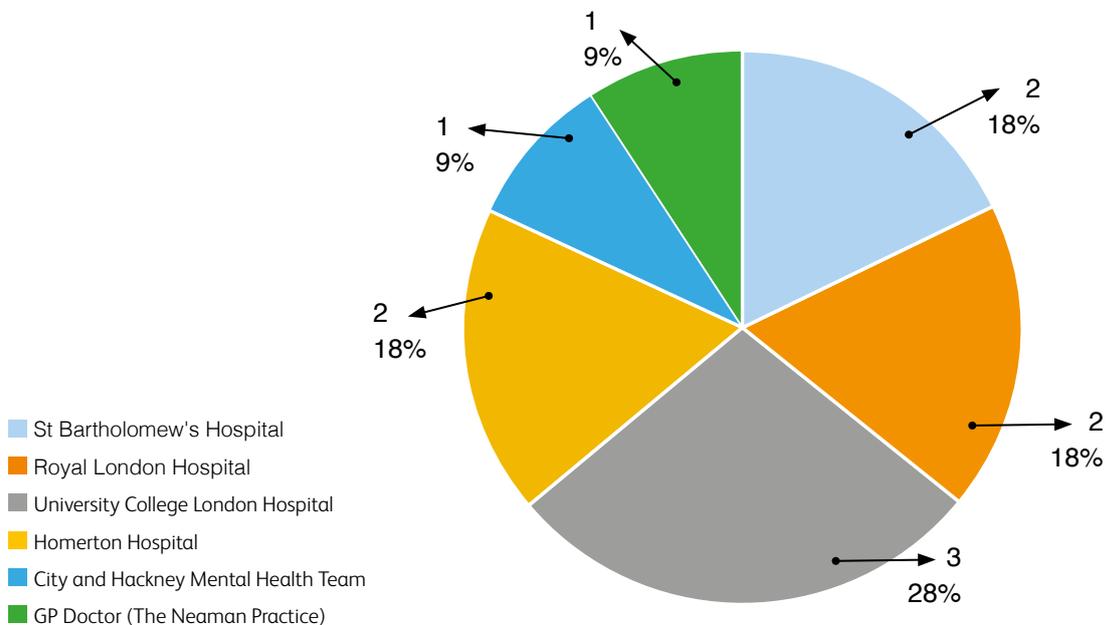
Source of Referrals



Variety of sources, top two referrals:

- 16 from City of London
- 11 from Health services; one of which is City and Hackney Mental Health Services as well as another from a GP Doctor.
- Other referrals included a Vulnerable Victims Advocate; Homelessness organisation

Source of Referrals – Health Breakdown

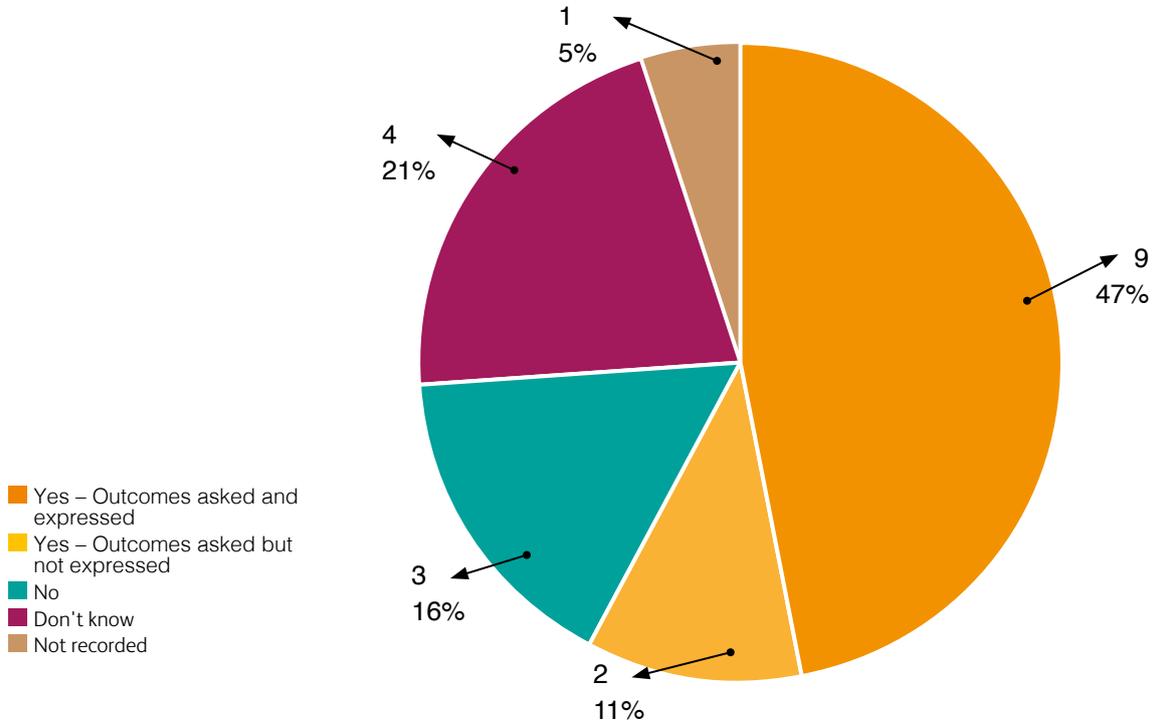


Additional breakdown of the 11 sources of referral from Health services:

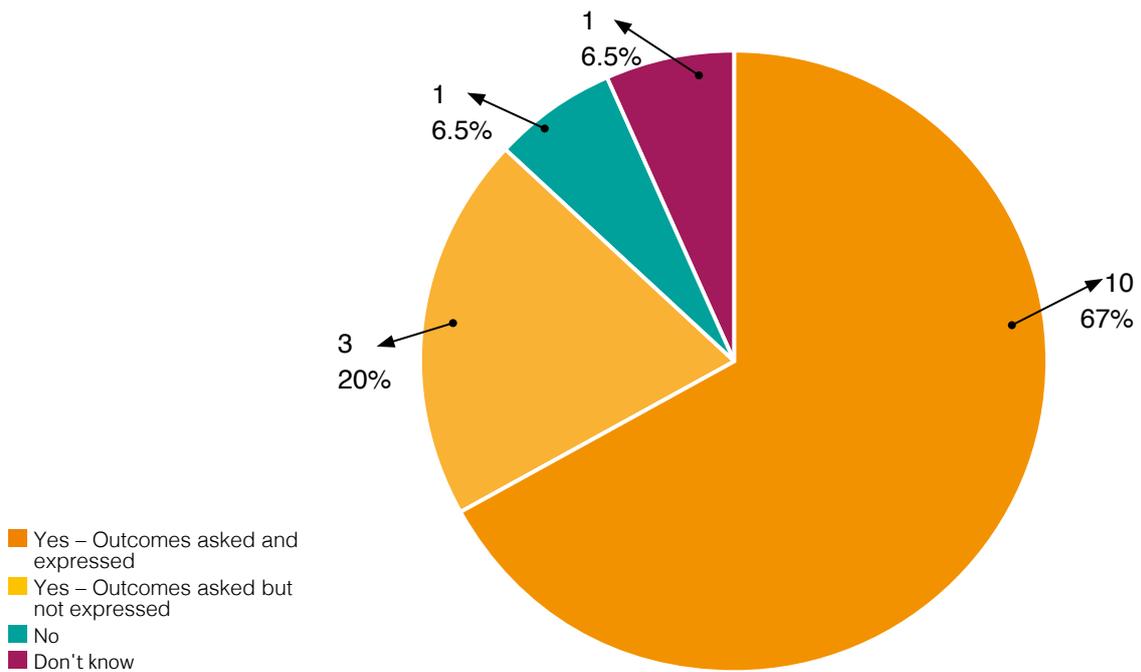
- One of which was City and Hackney Mental Health Services as well as another from a GP Doctor.

Making Safeguarding Personal – Personal Outcomes

2017/18 MSP Concluded S42 Enquiries Personal Outcomes

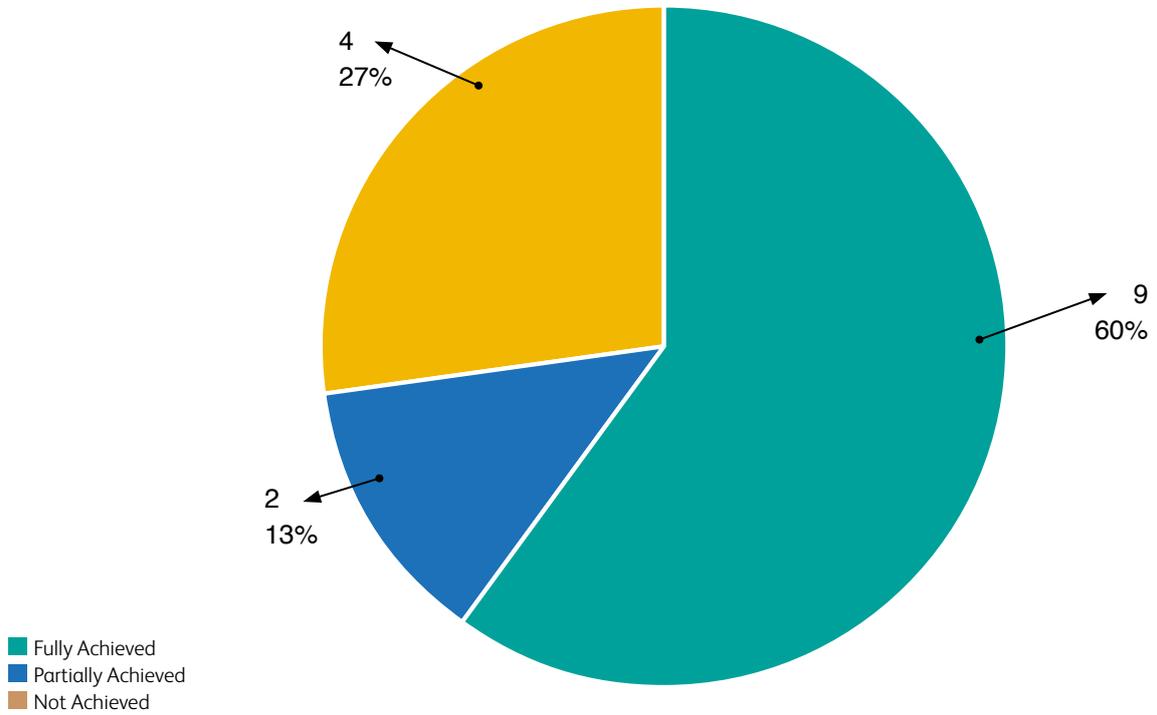


2016/17 MSP Concluded S42 Enquiries Personal Outcomes (Source: SAC 2016/17)

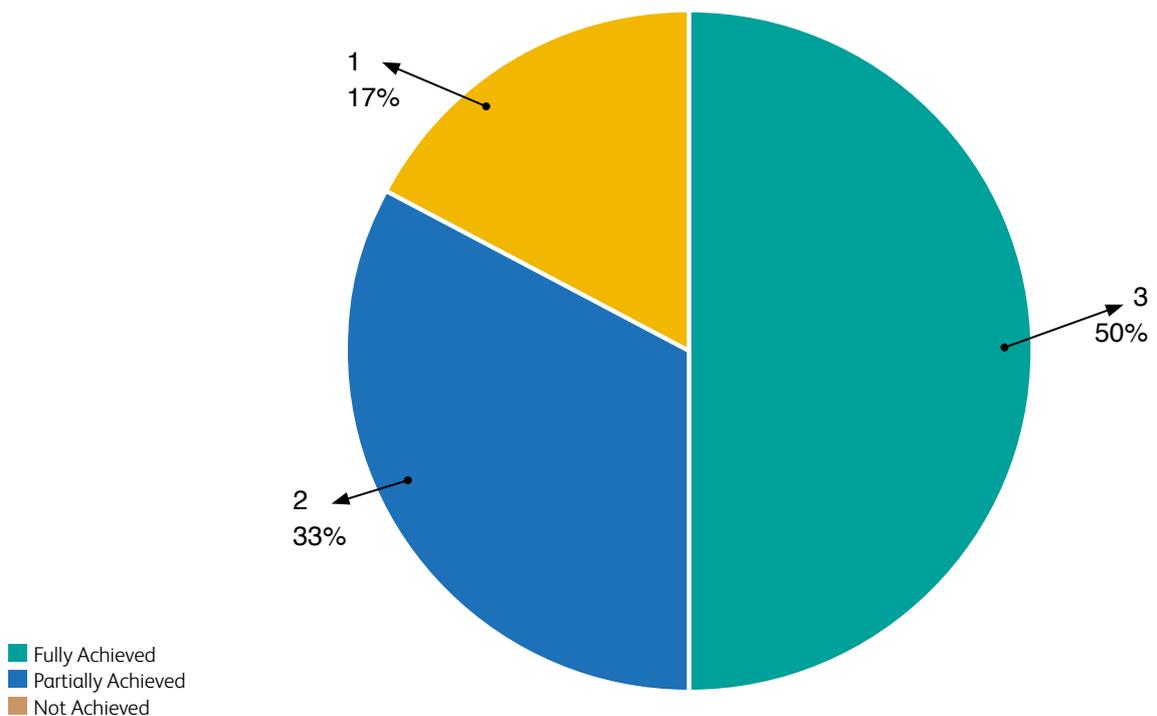


Concluded Making Safeguarding Personal Section 42 Enquiries

2017/18 Concluded MSP S42 Enquiries
Asked and Achieved



2016/17 Concluded MSP S42 Enquiries
Asked and Achieved (Source: SAC 2016/17)



City of London – Deprivation of Liberty Safeguards (DoLS)

The City of London had an increase in DoLS requests for the 4th year in succession. The relatively small increase this year was attributed to an increase in referrals from hospitals where there now appears to be a greater awareness and understanding around DoLS procedures.

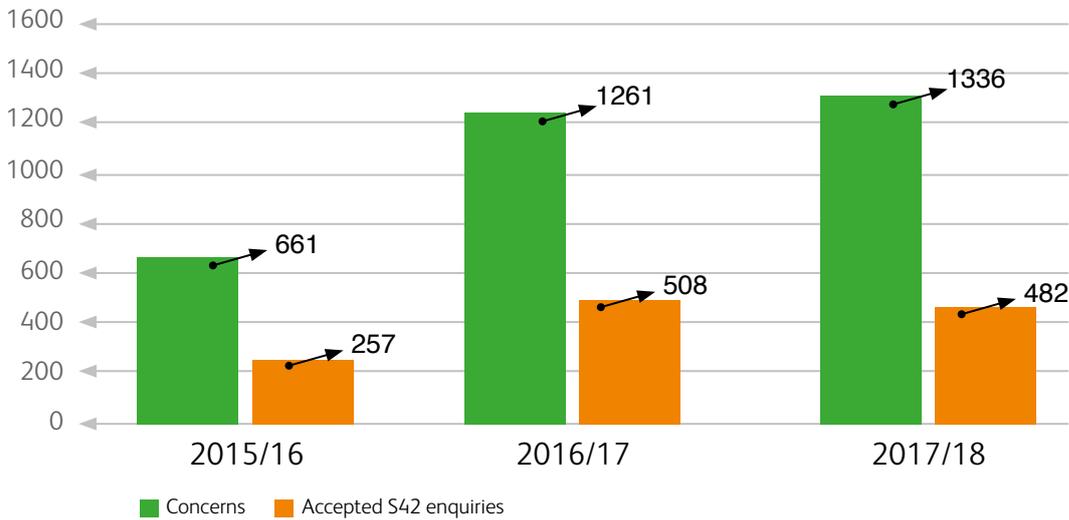
The Court of Protection has the power to adjudicate on matters of mental capacity and deprivation of liberty. The court was approached on a small number of cases to uphold the rights of an individual to challenge existing authorisations or to seek an authorisation from the Court for a Community Deprivation of Liberty. The City supports all such cases as examples of those rights being exercised appropriately

Reporting Period	Number of DoLS Requested	Number of DoLS Granted
2013 – 2014	Less than 5	Less than 5
2014 – 2015	13	12
2015 – 2016	34	29
2016 – 2017	39	29
2017 - 2018	43	36

London Borough of Hackney Safeguarding Activity

Safeguarding Concerns /Section 42 Enquiries

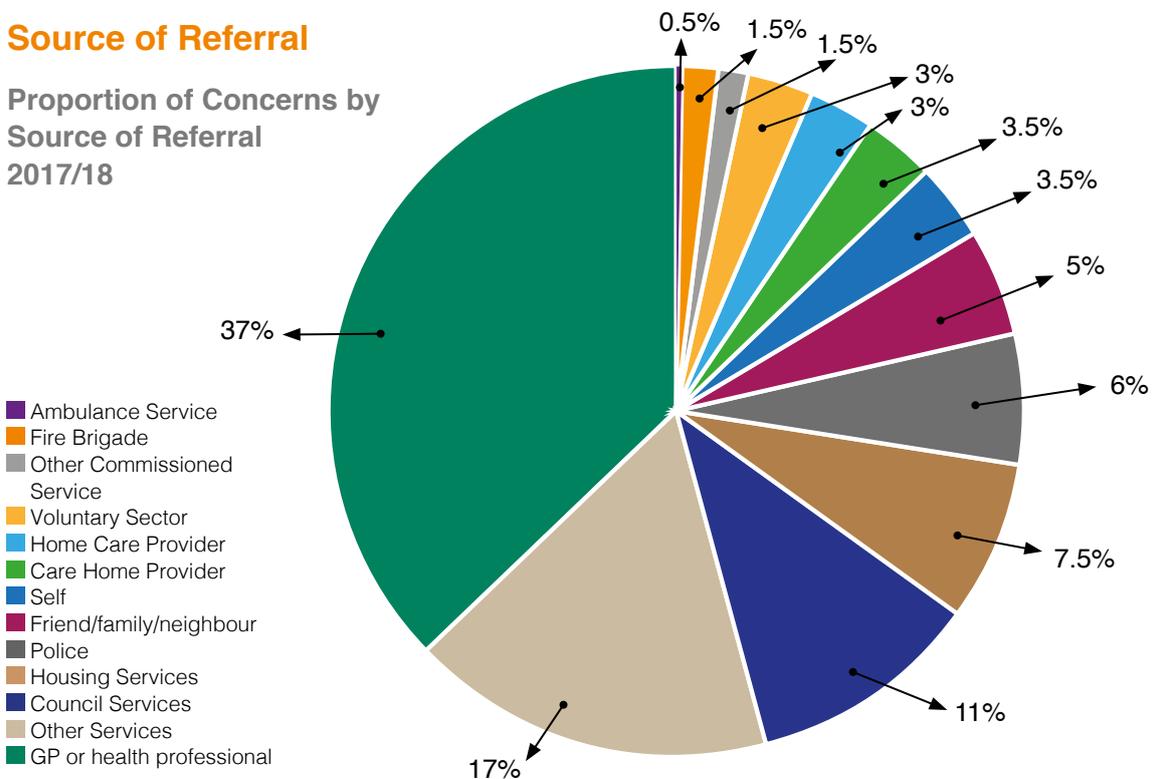
Total number of Safeguarding concerns and Section 42 (S42) enquiries 2015 to 2018



The number of concerns in Hackney in 2017-18 increased slightly since 2016-17 and the number of concerns that were progressed under S42 of the Care Act are almost on par with last year.

Source of Referral

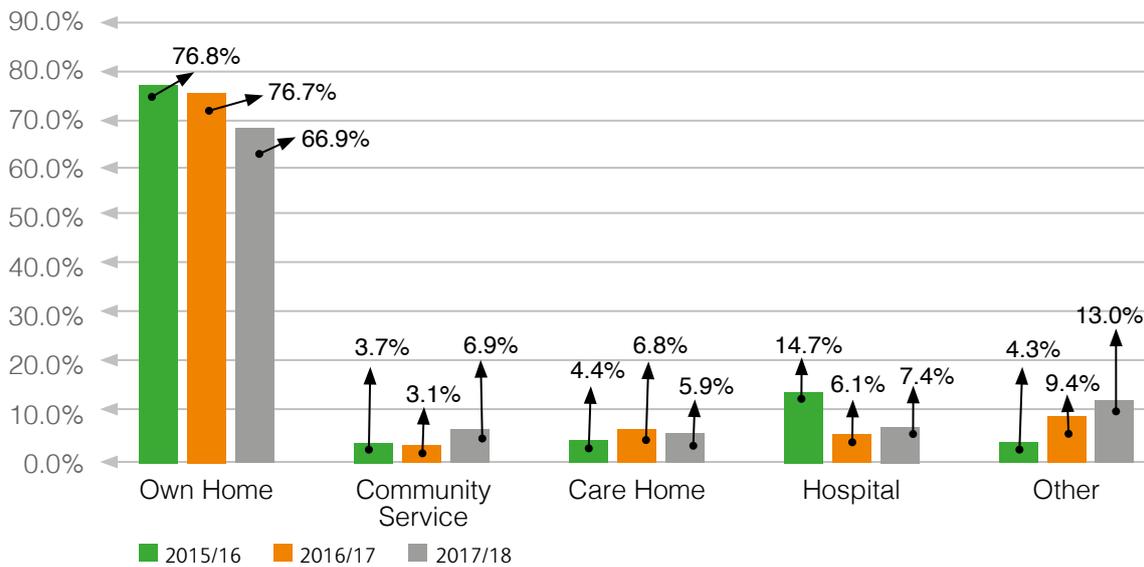
Proportion of Concerns by Source of Referral 2017/18



Safeguarding concerns were raised by a range of agencies and by individuals, which demonstrates a wide ranging awareness of safeguarding. The majority of referrals were received from the health sector.

Section 42 Enquiries – Location of Abuse

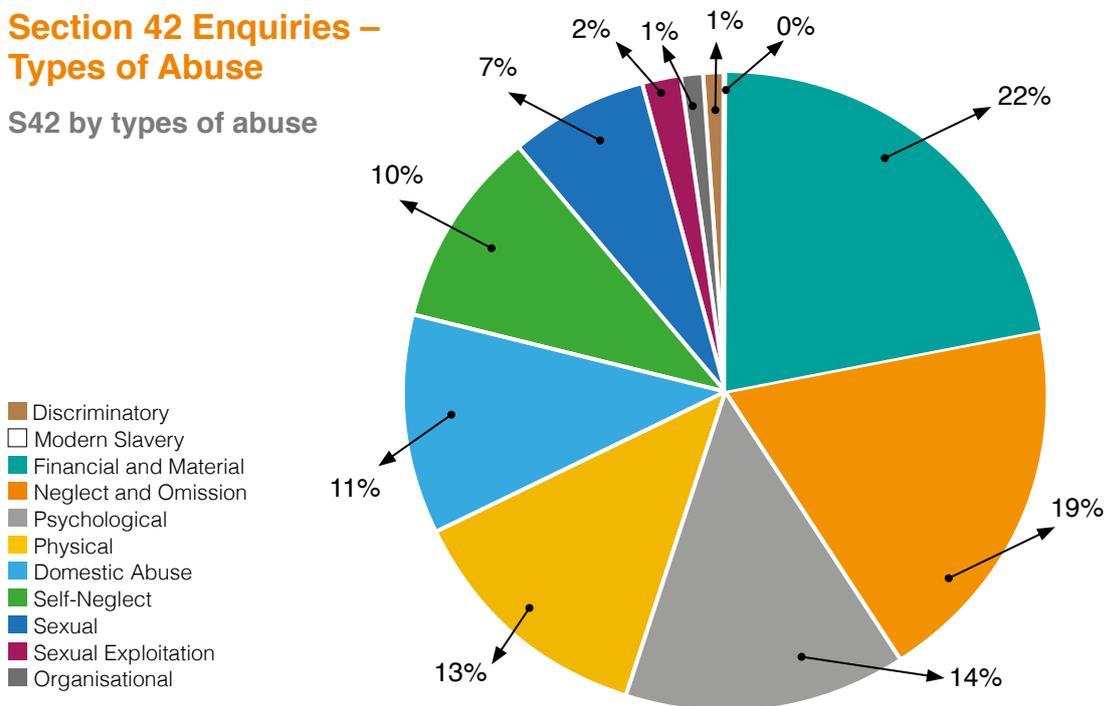
S42 Enquiries by location of abuse 2015 to 2018



As in 2016/17, this year most of the abuse in Hackney happens in people’s homes. It needs noting that there are very few care homes in the borough and most people in Hackney live in their own homes. The data shows that there has been a 10% reduction of abuse taking place in people’s homes.

Section 42 Enquiries – Types of Abuse

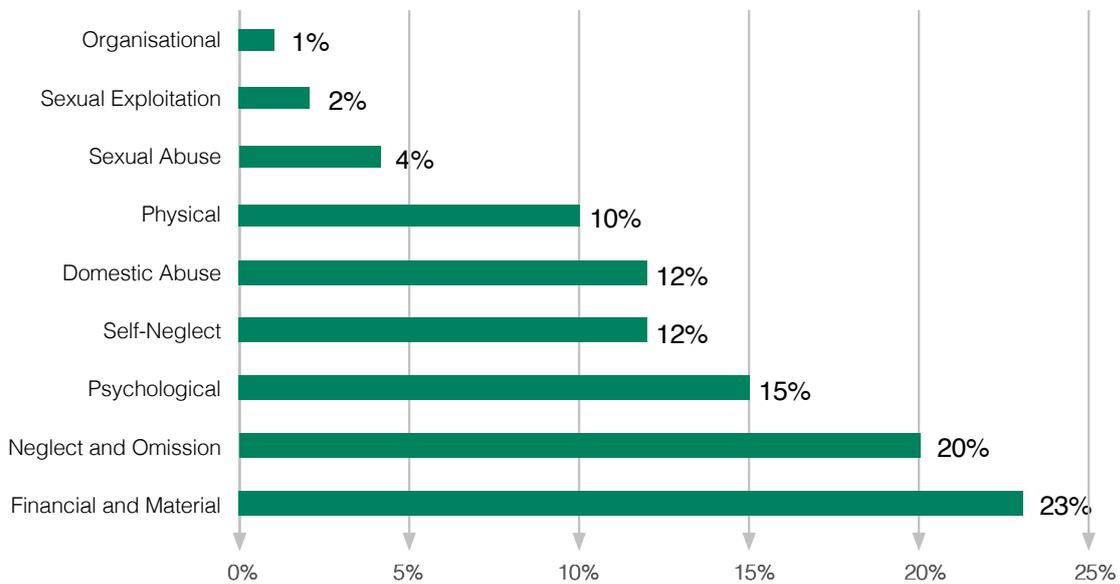
S42 by types of abuse



The main type of abuse in Hackney is Financial and Material abuse. This type of abuse has overtaken neglect and omission which was the main category of abuse last year. The reason for this is unclear. However the strategic plan for 2018-19 includes a public awareness campaign on keeping safe when faced with financial abuse.

Types of Abuse in Own Home – Breakdown

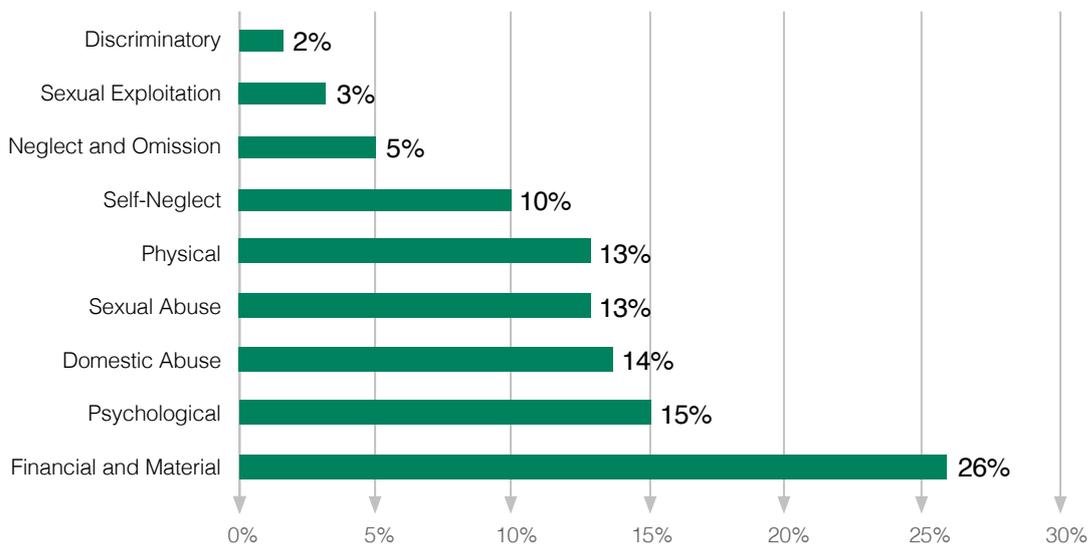
Proportion of types of abuse in own home 2017/18



The main type of abuse that takes place in people’s homes is financial and material abuse by contrast the main type of abuse in care homes was neglect and omission, and in hospitals, physical abuse.

Types of Abuse in Other Locations

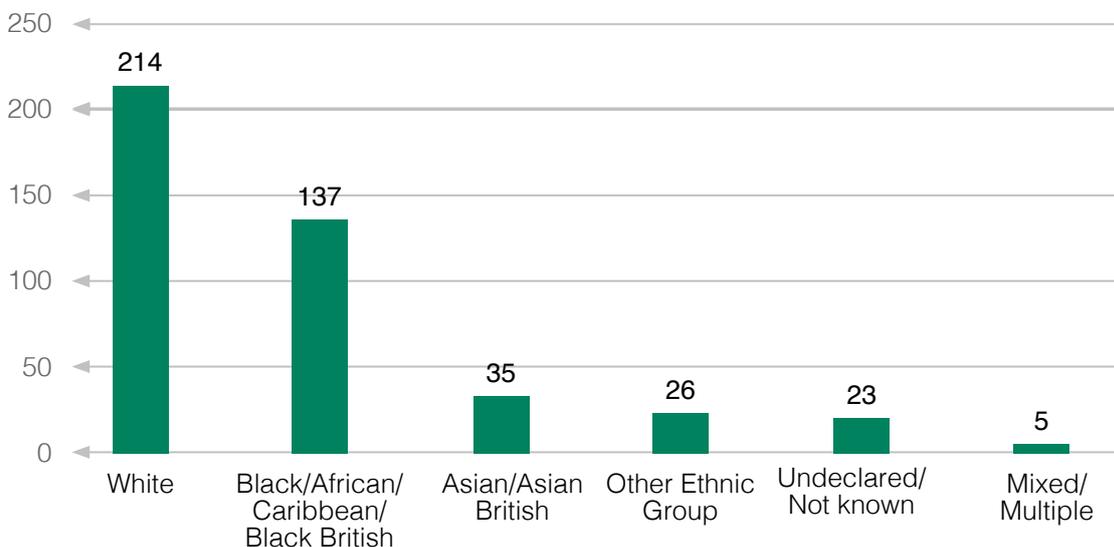
Proportion of types of abuse in other locations 2017/18



There has been an increase in referrals since 2016-17 in Hackney, for domestic abuse from 9% to 15%, and sexual abuse from 7% to 13%. An increase in referrals for self-neglect from 7% to 10% indicates that training provided in relation to the Safeguarding Adult Reviews and CHSAB commissioned training on self-neglect has had an impact.

Section 42 Enquiries: Source of Risk in Own Home – By Ethnicity

All S42 enquires source of risk own home by ethnicity 2017/18

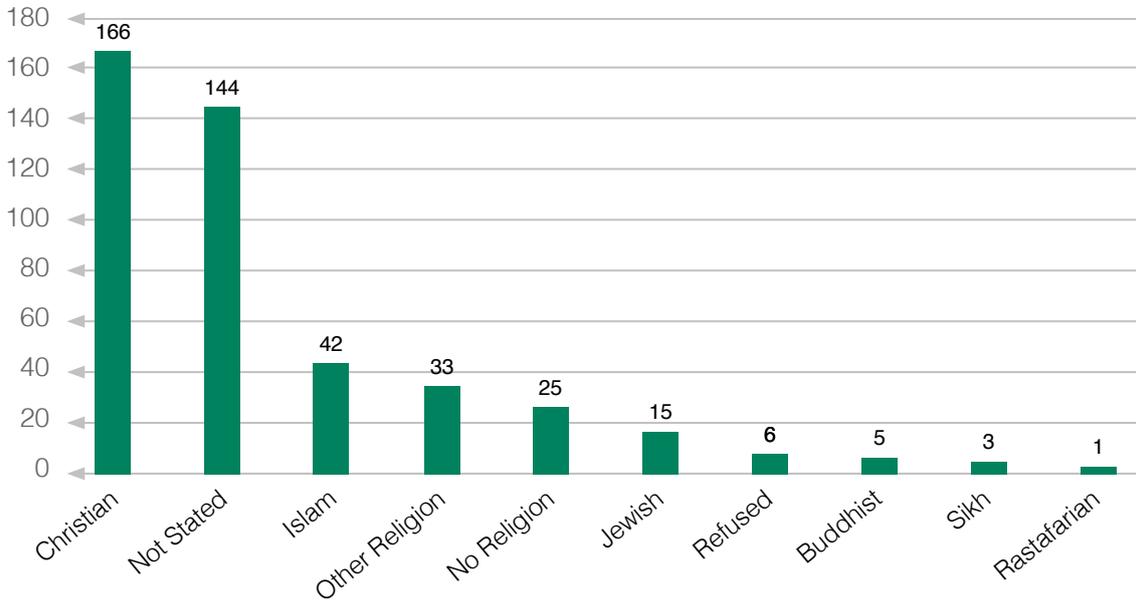


	White	Black/African/Caribbean/Black British	Asian/Asian British	Other Ethnic Group	Undeclared/Not known	Mixed/Multiple
Source of Risk in Own Home	49%	31%	8%	6%	5%	1%
Hackney Population (ONS 2011)	55%	23%	11%	5%		6%

There is an over-representation of Black/African/Caribbean and Black British people amongst people who are abused in their homes in Hackney, increasing from 28% to 31% in the last two years, compared with the population which stands at 23%. Referrals for Asian people have increased by 2%, but are still low. People of a mixed/multiple ethnicity were under-represented in referrals last year and that percentage remains the same in 2017-18.

Section 42 Enquiries: Source of Risk in Own Home – By Religion

All S42 enquires source of risk own home by religion 2017/18

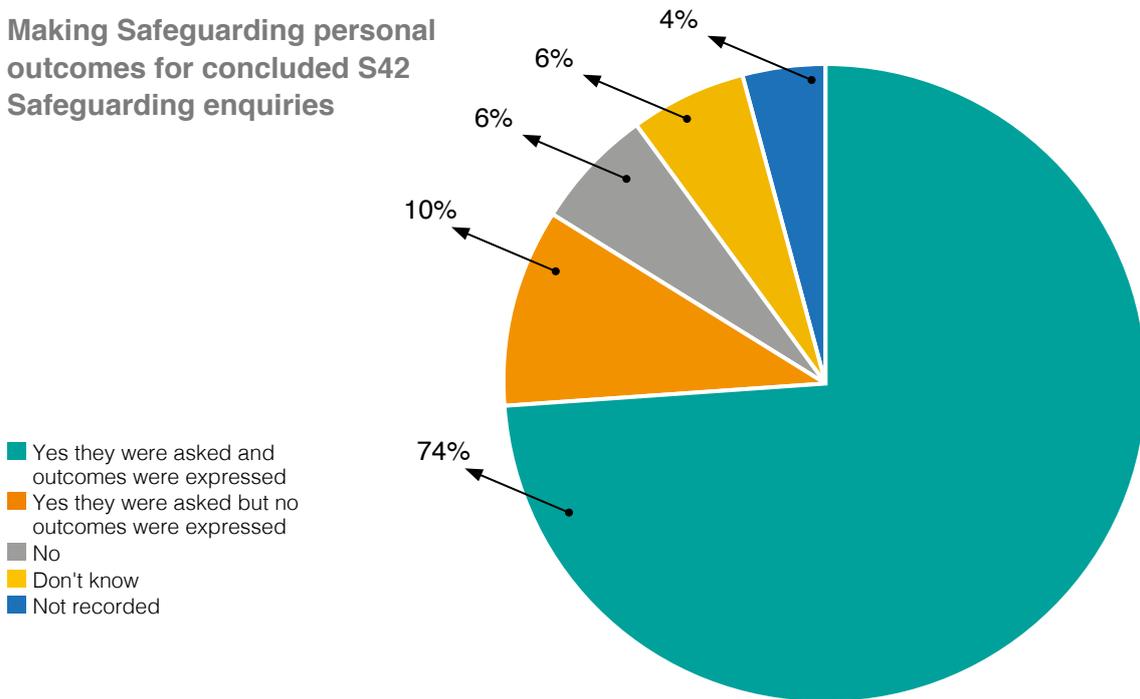


	Christian	Not Stated	Islam	Other Religion	No Religion	Jewish
Source of Risk in Own Home	38%	33%	10%	8%	6%	3%
Hackney Population (ONS 2011)	39%	10%	14%	1%	28%	6%

Whereas last year the data did not demonstrate a low referral rate for Jewish people, in 2017-18 these have reduced by 6% and is proportionately less than the make-up of the Jewish population in Hackney. Referrals of people of the Islamic faith have increased by 5% in response to raising awareness. People who do not follow a religion are significantly under-represented amongst referrals.

Making Safeguarding Personal – Outcomes for Concluded Section 42 Enquiries

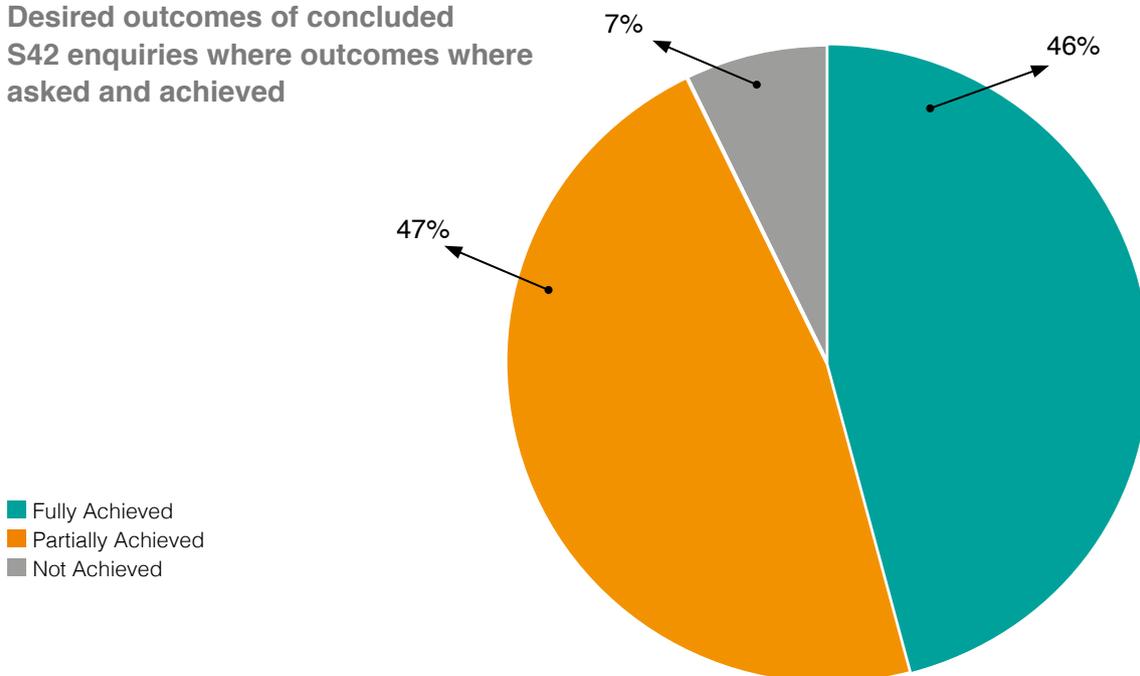
Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



In Hackney, 84% of people subject to the safeguarding process were asked what outcomes they wanted compared with 77% in 2016-17.

Desired Outcomes of Concluded Section 42 Enquiries

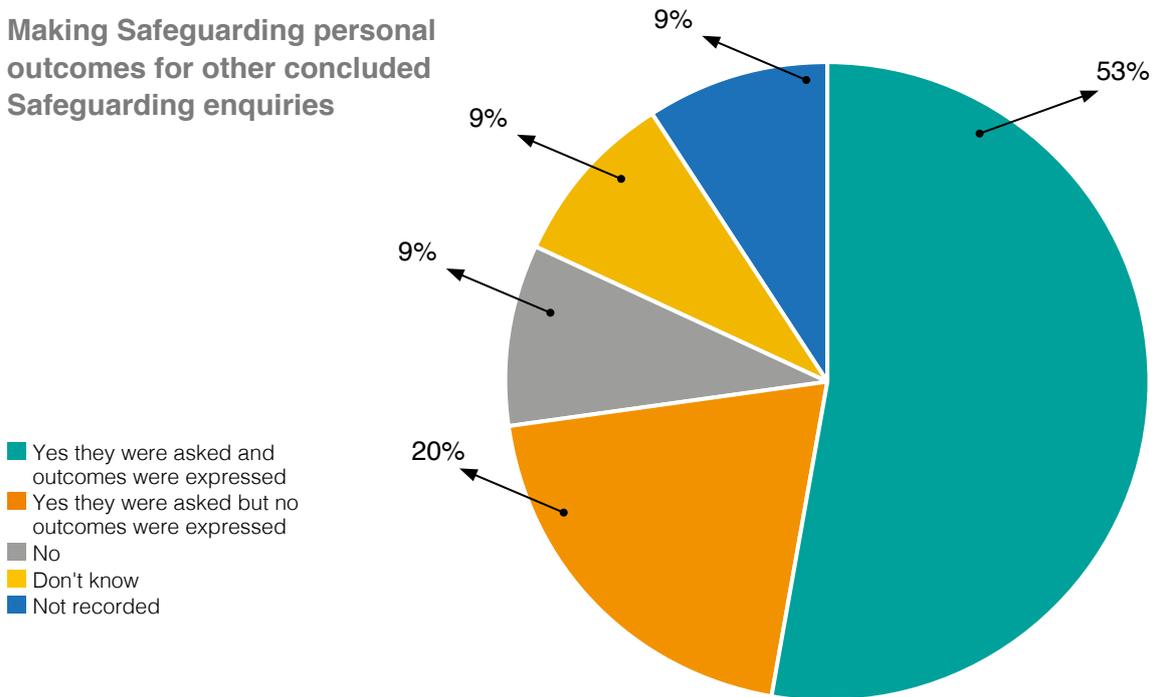
Desired outcomes of concluded S42 enquiries where outcomes where asked and achieved



93% of people who were subject to safeguarding processes in Hackney in 2017-18 had their outcomes partially or fully achieved, an increase of 10% from 2016-17.

Making Safeguarding Personal – Outcomes for other Concluded Section 42 Enquiries

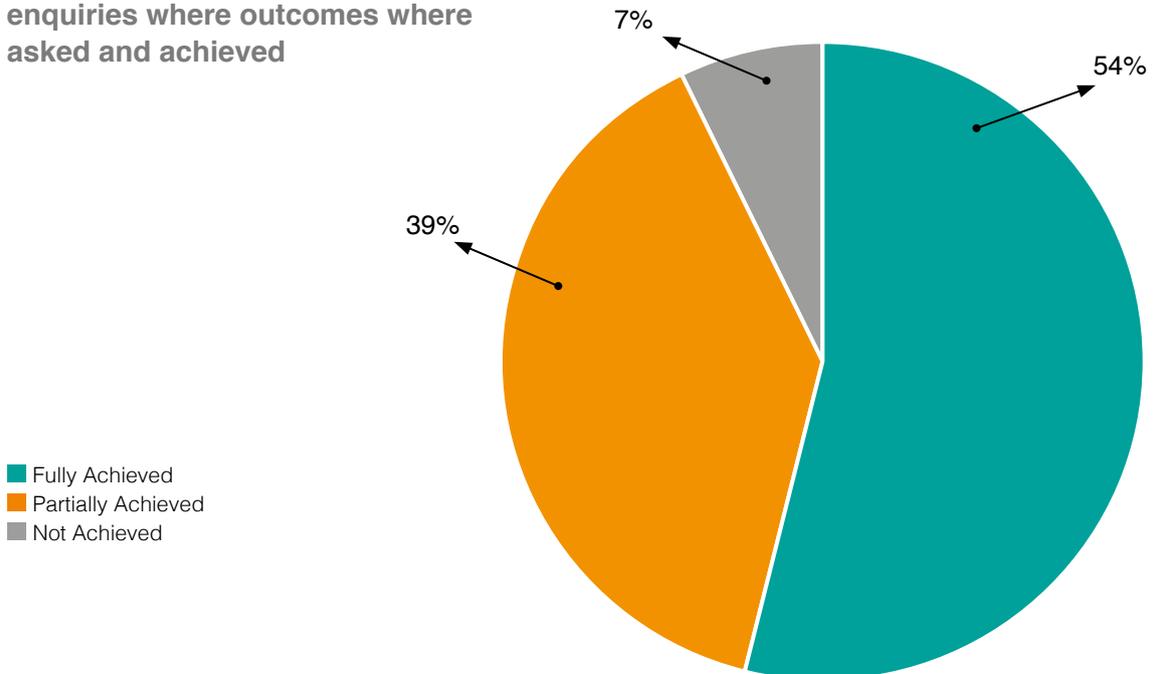
Making Safeguarding personal outcomes for other concluded Safeguarding enquiries



In Hackney 73% compared with 69% in 2016-17, of people who were subject to other enquiries, were asked what outcomes they wanted.

Desired Outcomes of other Concluded Enquiries

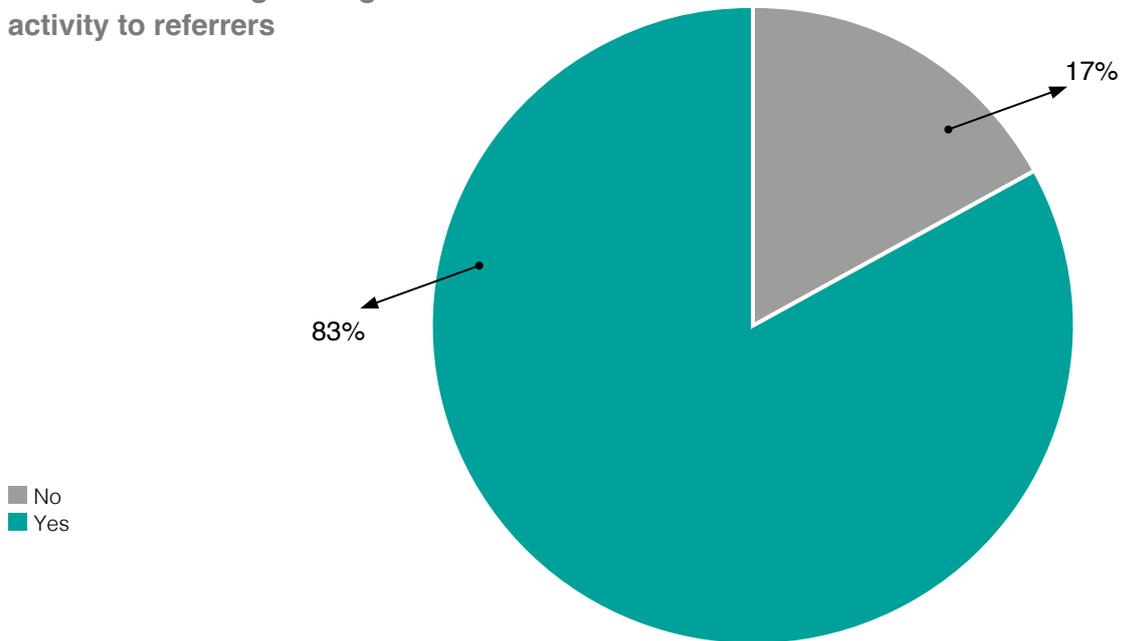
Desired outcomes of other concluded enquiries where outcomes where asked and achieved



93% of people who were asked had their outcomes met, which is 1% increase from 2016-17.

Feedback of Safeguarding Activity to Referrers

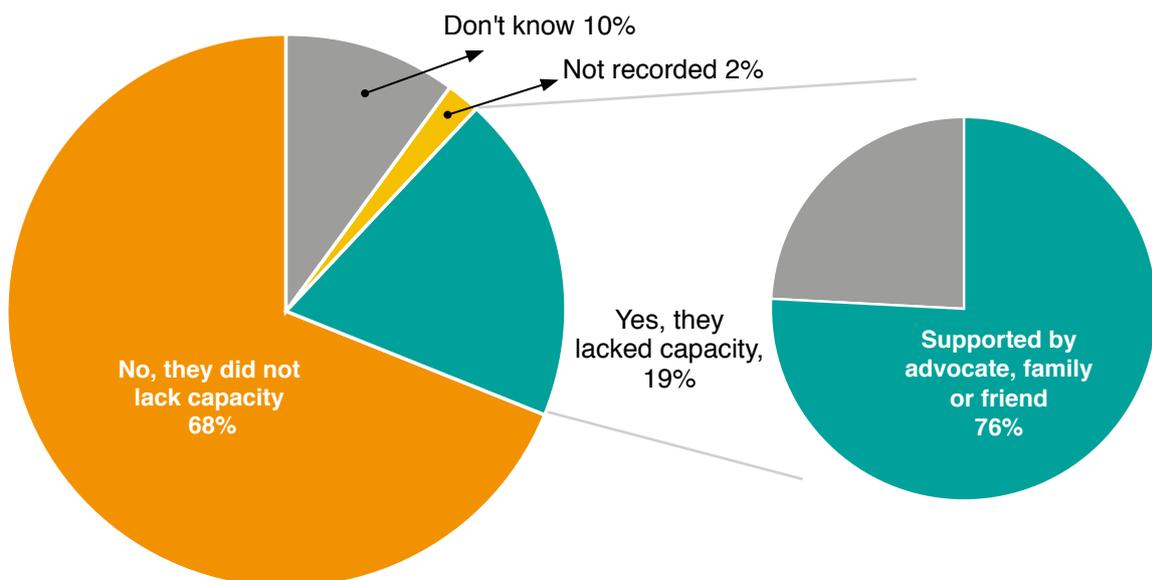
Feedback of Safeguarding activity to referrers



In Hackney, 83% of referrers compared with 80% in 2016-17 of referrers, heard back that about the concerns they raised.

Mental Capacity – Subjects of Concluded Section 42 Enquiries

Mental capacity of subjects of concluded S42 Safeguarding enquiries



In Hackney, of the 19% of people that lacked capacity during the safeguarding process, 79% were supported by an advocate, family or friends.

Deprivation of Liberty Safeguards

Year	No. of DoLS	Care Homes	Hospitals
2017 / 18	697	493 (71%)	204 (29%)
2016 / 17	810	547 (67%)	263 (33%)
2015 / 16	690	487 (71%)	203 (29%)
2014 / 15	358	242 (68%)	116 (32%)
2013 / 14	24	19 (79%)	5 (21%)

Hackney Overview:

- The number of actual “people” subject to a DoLS in 17/18 was 587, compared with 642 the previous year (9% reduction).
- Overall 14% decrease from the previous year.
- 24% decrease from hospitals (linked to a reduction in repeat referrals, and fewer short term authorisations, and assisted by liaison between the LBH DoLS Lead and Hospital Leads).
- 10% decrease in residential (linked to more people being settled, and therefore fewer short term authorisations, in addition to more people moving into Extra Care, etc.).
- Figures are starting to illustrate more of a “plateau”, as providers recognise their obligations to recognise and refer any situations where there is likely to be a deprivation of liberty taking place.

London Borough of Hackney responding to demand:

- Business support was increased to respond to the administrative demands of the process, and therefore avoiding “lapses” in authorisations, including allocation of paid and unpaid Relevant Person’s Representative.
- The work we do in relation to quality of referrals and quality assurance of assessments is being expanded.
- A workforce development strategy to incorporate BIA training as part of the academic opportunities for career progression, in order to increase the number of internal BIAs is being introduced.
- Regular liaison between DoLS / MCA Lead and Homerton University Hospital Safeguarding Adults Lead to ensure continuity and avoid inappropriate DoLS referrals

Case Examples

This section provides a range of examples of safeguarding work undertaken by partner agencies of the CHSAB (names have been changed)

London Borough of Hackney

Case Example – Intergenerational Domestic Violence

Fatma is a widowed Turkish woman in her 70s, who has lived in the UK for many years. She has two adult children (Ali who lives with her), Helena (who lives locally) and had a son who died in a traffic accident when he was a teenager. Aside from engagement with her children, she had a very limited community network.

She was initially referred to Multi-Agency Risk Assessment Conference (MARAC) via a Police referral, after they had been called to a domestic incident between her and Ali. The incident had centred upon him physically assaulting her. It was understood that this had not been the first incident. The discussion at MARAC led to a referral being made to Adult Social Care, as she was regarded as an adult at risk, due to her age and limited mobility.

It was reported that Ali had mental health difficulties, and that his behaviour could be quite erratic, including violent outbursts, and had evidenced signs of fixating on his mother. He was understood to yell at his mother. Although it was acknowledged that there had been physical assaults, it was understood that Fatma has not sought medical involvement following any of the alleged incidents. It was also understood that the son had made threats to burn down the house and had some low level criminal history, mostly around drug use.

Fatma did not necessarily want any follow up. However, the Police were able to persuade her to talk to somebody. At the point of referral Ali was being held in custody, although it was uncertain as to when he would be released.

Fatma was engaging to a point. She explained the family dynamics and explained her intense guilt about the death of her other son, and the fact that Ali had witnessed this. She explained that she very much wanted to get help for Ali whom she recognised as having mental health issues, but very much wanted to keep the family together. She saw the assaults upon her as being an expression of his mental state, and not intentionally aimed at harming her. In view of the above, she did not want to explore any assistance that was being offered to her, and repeatedly focused upon her son's needs. Fatma reported that she would happily die in the pursuit of caring for him.

The overall analysis from professionals involved, was that Fatma appeared to have mental capacity and was perhaps making an unwise decision.

The outcome was that Ali decided that he did not want to live at home. He was provided with psychological support. Fatma became involved with a culturally appropriate community centre. Her daughter became more engaged with her. Ali and Fatma met as frequently as they wanted but in a way that was safe.

East London Foundation Trust

Case Example – Mate Crime and ‘Cuckooing’

AA is a 37 year old woman with a diagnosis of paranoid schizophrenia. She has been known to mental health services for 10 years though her engagement has been sporadic. AA has lived independently for many years and tends to come to the attention of services when needing additional support. At these times she will seek help from A&E or through her family when delusional thoughts impact on her ability to maintain her daily functioning. At these times she is also at risk of neglecting herself and her ability to live independently diminishes.

At the time of the safeguarding concern AA was living in private rented accommodation that provided support onsite between 9-5. AA had a care coordinator from a Community Mental Health Team and was happy for her social worker to liaise with both her parents and her landlord. At the start of December 2017, AA's landlord rang AAs care coordinator to inform her that AA had been allowing a woman to leave belongings in her room and to sleep in her room. This woman was homeless and had significant substance misuse issues. AAs landlord was also concerned that this woman was exploiting AA and selling her belongings. Having guests was against the conditions of AA's tenancy agreement.

At this point AA was mentally well, however concerns remained that she was still vulnerable to abuse or neglect. AAs views and wishes were considered and she stated clearly that the woman in question, was her friend, and that she did not want any intervention from services. Safeguarding concerns remained as AA admitted that her bag had been taken and she had not been paid for this, however she expressed a desire to address this herself. AA could not specify to services at what point this 'friend' would no longer be welcome given the fact that she was breaching her tenancy agreement, but did demonstrate that she had the 'capacity' to make this decision even if it was an 'unwise decision.' Joint collaborative working was imperative to ensure ongoing engagement with services, in line with Making Safeguarding Personal. By giving due regard to AAs wishes and feelings AA agreed that her care coordinator could continue to support her and liaise with relevant others over the coming weeks.

Between Xmas and New Year AA reported that these friends had been taking her money, she was now fearful of them, and wanted support keeping them from her property. There was also evidence that the homeless guests had been using the property for sex working. An urgent safeguarding plan was agreed by AA the CMHT and the landlord, that the police be called should these individuals return to the property.

The homeless people had returned to the property. AA did not feel able to refuse entry to her property to these people and despite interventions from the police they returned. The landlord did not appear to be able to keep the property secure. In keeping with AAs wishes, alternative accommodation was identified and she moved.

Metropolitan Police Hackney

Case Example 1 – Carer Abuse

The elderly victim suffered advanced dementia and lacked the ability to communicate other than by making noises. A fellow carer reported witnessing the suspect (also a carer) assault and force feed the victim. The suspect was accused of slapping the victim and then applying pressure on to the victim's ribs to cause the victim to open their mouth. When the victim's mouth was open the victim was force fed. The victim was also subjected to verbal abuse by the same individual.

A multi -agency approach was adopted to respond to the allegation. The carer was interviewed and charges for common assault were raised.

Case Example 2 – Fraud by Abuse of Position

Another example of Carer abuse involved a victim who was physically disabled and house bound with a Carer tending to her at home. The Carer was accused of taking photos of the victim's bank cards whilst victim was not looking and using the bank card details to make purchases on-line for their own gain. Admissions made in interview resulted in charges being brought for fraud by abuse of position. The matter is currently within the Criminal Justice system.

City of London Corporation

Case Example – Multiagency response to Rough Sleeping

M is in her 40s and recorded as having a mild/moderate learning disability with a history of heavy alcohol use and rough sleeping. M has been accommodated in a variety of settings in the past including her own tenancy, supported living placements and temporary accommodation including hostels and B&B. Currently she is street homeless, having refused offer of the accommodation she had previously requested. Previous assessments of mental capacity regarding accommodation, health and finance decisions have consistently found M to have capacity.

The Multiple Needs team raised concerns of ongoing self-neglect, including risk to physical health and refusing to engage consistently with addressing her accommodation needs. In particular there were concerns about not being appropriately bedded down in relation to the cold weather, doubts raised around capacity, and her not attending to her medical conditions.

A safeguarding enquiry was initiated and the situation was discussed at Rough Sleepers Mental Health meeting and an Action for Rough Sleepers Community Psychiatric Nurse (CPN) went to see her. The CPN observed her on sleeping, and appropriately bedded down considering weather in terms of position, insulation and sleeping bag. There was no apparent evidence of primary health concerns. She was seen by the Multiple Needs team but was refusing to engage and was abusive. The Ambulance service were called. Paramedics did not have any major concerns with regard to her physical health and assessed her as having mental capacity.

M has been sleeping rough since the age of 14 and has slept rough even when she had accommodation. She has consistently been reported as stating she does not like sleeping inside and prefers to sleep out whenever possible. The ongoing risks of being a female rough sleeper, including risk of abuse by others and health risk associated with alcohol and self-neglect, and reduced life expectancy, were recognised, but in view of her capacity to make decisions about her accommodation, support and health, her choices had to be respected.

M is aware of the services available to her and has a history of engaging only when she wants to on her own terms. M made the choice to utilise accommodation provided in February 2018 and has remained there since.

Homerton University Hospital Foundation Trust's (HUHFT)

Case Example – Mental Capacity/ Cross Sector Working

X was a vulnerable young pregnant lady who presented for her first antenatal visit very late during her pregnancy. The midwife who attended to X felt very concerned about her as she appeared to be a very immature young adult, had poor eye contact and rambling speech patterns. She was inappropriately dressed and used inappropriate language. The midwife felt X might have been a victim of sexual exploitation. There were concerns about her mental health, the presence of learning disability and her capacity to make decisions around labour and any possible interventions that might be needed. From interactions with X, there were indications that she would like a normal delivery.

Actions taken:

- Midwife discussed concern with Safeguarding Adults Team (SAT).
- SAT made a referral to Integrated Learning Disability Service.
- Multi-agency meetings held, appropriate professionals identified to assess and provide interventions for X and referral made to mental health services.
- Capacity assessment completed on specific issues.
- Several multi-agency meetings held to discuss X's case, make and agree a plan of care.
- A referral was made to children social care by the social worker to safeguard X's baby.

Outcome:

- X had capacity to make a decision on her sexual behaviour and practice.
- X lacked capacity to make decisions around her labour.
- X was diagnosed with a developmental disability and a social worker allocated to work with her.

- X had a normal delivery and was supported by her family and professionals.
- X was supported to get a new appropriate accommodation.

Area of good practice demonstrated in this case

- Early recognition that X was a vulnerable adult and links made with all relevant agencies and professionals who could support her.
- Multi-agency/multi-disciplinary working.
- Good information sharing.
- Capacity assessments completed and patient supported throughout the process of care delivery.
- Patient's views were considered and incorporated into care plans where possible.

Contributions from Partner Agencies

This section contains short accounts from members of the CHSAB about their safeguarding adults' work during 2017/18, taken from their self-assessment audit.

London Borough of Hackney (Adult Social Care)

The audit has been largely positive, showing that we have been able to sustain and build upon a lot of work completed last year, including engagement with other departments and partner agencies to promote adult safeguarding i.e. Housing, Registered Social Landlords, Public Health, pharmacists, community safety initiatives, providers, Shared Lives Scheme, community and voluntary services, Trading Standards teams and engagement with the North London Teaching Partnership.

Additionally, we have been able to implement the following which all align with the CHSAB priorities.

Recruitment to post of Principal Social Worker, who now has a specific focus upon recruitment and workforce development, as well as enhancing of practice, skills and knowledge. This greatly assists in circulating and embedding the learning from Safeguarding Adults Reviews (SAR's) via the creation of reflective practice sessions for staff, production of a monthly newsletter for ASC staff and partners, etc. She works with our workforce development team to both introduce a social work academy model to structure training around the social work career pathway and refine the general training application, confirmation and attendance process.

The Head of Adult Safeguarding and Principal Social Worker have been working together across Adult Social Care services and with partners to promote SAR's learning, High Risk Panel, reflective practice sessions and various pathways and policies, i.e. self-neglect and hoarding, risk enablement policy.

Completion of a procurement process to commission a new "umbrella" advocacy service which commenced in April 2018. This will feature a single point of access for all advocacy, therefore reducing the likelihood of inappropriate referrals, whilst also developing other non-statutory advocacy models, i.e. peer advocacy.

The Safeguarding Adults Team (SAT) has also continued to facilitate Safeguarding Adults Managers and general adult safeguarding forums, which has seen a gradual increase in attendance, specifically from non-council staff. The team has also continued to promote and chair the High Risk Panel.

Continuing to engage Hackney residents in a meaningful manner through our "Making it Real" initiative. This seeks to set out what people who use services and carers expect to see and experience if support services are truly

personalised. They are a set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of 'Making it Real' is for people to have more choice and control so they can live full and independent lives.

We intend to expand our work to include Hackney residents who have experienced the adult safeguarding process, so they are able to influence the way in which we work with people.

Adult Social Care has recently begun engagement with the "Contextual Safeguarding" initiative within the Borough, led by Children's services, commencing with "neighbourhoods", which seeks to engage a number of community based services, i.e. Housing Associations, retailers, street enforcement.

We have revised our "Provider Concerns" pathway and created an information sharing forum between the Council and City & Hackney Clinical Commissioning Group, with the Care Quality Commission being a key invitee. The objective of the forum is to identify quality concerns at an early stage, identify patterns and themes and then work proactively to address these before they begin to impact upon service users or lead to more formalised actions against providers.

The Safeguarding Adults Team attends all provider forums, with adult safeguarding updates being a set agenda item.

Our annual customer satisfaction survey which incorporates a "safeguarding perspective", has indicated that 88% of people in receipt of care services, particularly those of 65+, say that those services make them feel safe. The figure for Hackney is above the national figure of 77.5%.

There remains work to do as the audit has provided an opportunity to reflect on certain areas: we need to revise our current Modern Day Slavery policy and pathway in light of national developments and the creation of single points of contact for each borough. This will be completed in conjunction with Children's and Community Safety Partnership colleagues by mid-2018.

In the context of recruitment challenges, further work is required with regards to embedding the learning from commissioned Safeguarding Adults Reviews.

One of our priorities is also to enhance our approach to service user engagement and satisfaction, by means of meaningful co-production.

We recognise that preventative services play a significant role in enabling people to remain in the community while being connected and well, therefore we need to enhance the focus of these services, including the promotion of multi-agency approaches to raising awareness of adult safeguarding.

We also need to ensure that our quality assurance framework is refined so that there is a more circular approach to gathering service user feedback and implementing this into service improvements, including safeguarding.

As Pilot site for ADASS alongside Camden and City of London, we are progressing an initiative to address social isolation and loneliness for residents, which in turn has the potential to reduce the likelihood of people becoming the subject of an adult safeguarding concern. The pilot will seek to build upon the work co-ordinated by Connect Hackney which has been focusing upon the social connectivity of older adults within the borough.

Homerton University Hospital Foundation Trust's (HUHFT)

Three top areas of good practice

Governance

Homerton University Hospital NHS Foundation Trust's (HUHFT) safeguarding governance structure was reviewed and strengthened to ensure that there is robust monitoring and scrutiny of safeguarding within the Trust. The new governance structure has a Joint Safeguarding Committee, Safeguarding Adults Operational Group (SAOG) and Safeguarding Children Operational Group (SCOG). The Lead for Safeguarding Adults is a member of the SCOG and a named nurse for Safeguarding Children is a member of the SAOG. This has strengthened the links between adults and children safeguarding across the organisation thus furthering the Think Family approach to safeguarding. The terms of reference of SAOG was reviewed to reflect the changes.

Making Safeguarding Personal

During 2017/2018, HUHFT continued to fortify the principle of Making Safeguarding Personal across the Trust via training and feedback from the Safeguarding Adults Team to those who have reported incidents and the handlers. A total of 326 incidents were reported on Datix (Incident reporting system) as safeguarding adults incidents. 70% of all safeguarding incidents reported showed that MSP had been considered.

Partnership working to safeguard adults at risk

HUHFT worked closely with all relevant partners to ensure that adults at risk who use services are safeguarded from abuse and neglect and where abuse and neglect has occurred the appropriate actions have been taken to address the concerns and any lessons learnt are disseminated trust wide.

- The Safeguarding Adults Team has set up a monthly review process with City and Hackney Safeguarding Adults Team for all patients for whom Deprivation of Liberty Safeguards applications have been made.
- HUHFT has actively engaged in CHSAB's agenda and priorities by participating in board meetings, some subgroup meetings, Safeguarding Adults Reviews and training offered by the board.
- HUHFT worked with the Police in relation to safeguarding adults investigations which had a criminal element to it and accessing training delivered by the Police for example the Metropolitan Police delivered some sessions on modern day slavery to the Trust.

City and Hackney Clinical Commissioning Group

The CCG has produced a new staff supervision policy which clearly sets out how staff are supported by effective supervision. We have provided training on adult safeguarding to GPs in City and Hackney and to our GP out-of-hours service. The CCG has produced a statement on Modern Slavery and Human Trafficking and will be publishing this on our website. The CCG has joined a new information sharing group with the London Borough of Hackney and the Care Quality Commission. This group enables the three partners to share information about care homes and social care providers in the borough to help prevent poor care by intervening early and effectively.

The CCG has focussed on reviewing and changing service specifications and increasing reporting and monitoring of adult safeguarding in the services we commission. The CCG has taken over commissioning of GP services from NHS England and we have strengthened reporting that GPs need to do about adult safeguarding. The CCG has delivered all the actions it is required to do in the SAR action plans. The CCG Board now receives more information about continuing care services and adult safeguarding and we have developed a dashboard for our safeguarding adults group which sets out how well local services are performing in areas such as staff training.

The CCG will be improving staff training rates which are below 85% and we will review our training to ensure relevant staff are trained on Modern Slavery and Human Trafficking. We will ensure that local NHS services identify and support victims and staff are trained on the implications of the Act.

The CCG will be producing a safeguarding strategy. The CCG will be looking at how safeguarding fits with the new integrated commissioning arrangements with London Borough of Hackney and City of London to make sure we use all opportunities to strengthen safeguarding and prevent abuse. As we develop our new North East London CCG Commissioning Alliance we will also be looking at how these new arrangements impact on safeguarding. The new Alliance covers City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Havering and Redbridge CCGs.

City of London Corporation

The City of London Communications Lead had a key leadership role in supporting the development of local communication campaigns around Financial Abuse and Rough Sleeping. The City was fully involved in the development of the SAR Communication Plan.

The City of London has supported the work of the CHSAB SAR Sub Group through the chairing of this forum. Lessons learned from SARs are reported back into local City of London system.

Some key achievements in the City this year were

- Launch of the Self Neglect, Hoarding and Fire Risk Panel.

- Embedding safeguarding assurance processes are embedded into the tendering processes for contracts, and safeguarding is a standing agenda item on all contract monitoring meetings with providers.
- Continuing to build on the Making Safeguarding Personal programme and bedding this in across the partnership.
- Ensuring that systems for Information sharing are General Data Protection Regulation compliant.
- Build on the launch of the Safeguarding Procedures for Rough Sleepers and improve inter agency working in respect of this cohort.

City and Hackney Public Health

Public Health ensures appropriate checks for all new staff and that these are updated every three years. Safeguarding training is completed by everyone in commissioned organisations (this is usually the internal organisations training). It provides modern day slavery training to all commissioned organisations and offers this more widely to partners (together with others in the local authority)

It participates in City and Hackney Safeguarding Adults Board commissioned training. Relevant points from SARS are shared. The Public Health Consultant for City and London has been the Chair of a SAR panel.

Public Health carries out a Joint Strategic needs assessment that includes information on vulnerable adults that informs safeguarding prevention work.

It requires that all commissioned organisations have adequate adult safeguarding plans in place. It has regular discussions at contract review meetings about data sharing with other organisations and issues about working with other organisations.

Public Health aims to have early conversations are had with commissioned organisations about safeguarding concerns, to place safeguarding training on the agenda at quarterly review meetings with assurance that agencies are completing both their own internally organised training and our own safeguarding training.

All safeguarding concerns will continue to be fed back to the relevant public health commissioners in a timely way.

Healthwatch City of London

The role of Healthwatch is to help people get the best out of their local health and services; whether it is improving them today or helping to shape them for tomorrow. Healthwatch City of London is all about local residents of all ages and worker's voices being able to influence the delivery and design of local services. Not just for people who use them but anyone who might need them in the future.

Healthwatch City of London provides information, advice and support about

local health and services. We also gather views and experiences of local people on the way services are delivered to enable local people to influence the way services are designed and delivered.

An important role in respect of safeguarding is to signpost to appropriate organisations. We alert as we are not service practitioners.

All Healthwatch City of London Board members, staff and volunteers have attended safeguarding training to ensure knowledge on identification of any concerns and how to signpost/refer. Safeguarding is an agenda item at all board and team meetings. Staff attend the City of London Adult Safeguarding Sub-Committee.

Healthwatch City of London is keen to support the work of the CHSAB by workshops, raising awareness through information in newsletters, web site, weekly emails and social media.

There have been no safeguarding concerns/issues.

Healthwatch Hackney

Healthwatch Hackney will continue to support raising awareness of adult safeguarding to Hackney residents through its work. This includes ensuring all our staff and volunteers including our Board members are trained in identifying safeguarding issues and how to report such concerns

We will promote learning from SARs in our newsletter and website when provided with final reviews available for publication.

We will continue to report safeguarding incidents to the appropriate authorities when we identify them

City of London Police

The City of London Police (CoLP) has implemented a new integrated Crime/Intelligence and Custody system (Niche) to replace previously separate system. This includes a change to the way in which safeguarding alerts (previously 377s or Merlins in the MPS) are recorded. These are now recorded on a 'Public Protection Notification' under the category of 'Adult at risk' 'Child Concern' or DASH or HBV. These create an automated workflow to the Public Protection sergeants for review and onward referral where appropriate. At present there are some teething issues as the appropriate reports are set up to extract data but moving forward it is hoped we will be able to provide a greater depth of information around the types of adult concerns we are seeing.

The Vulnerability training package has continued and includes Mental Health, Suicide and identifying and recording vulnerability (including neglect) and covers the principals around information sharing, thresholds, consent and MSP. This package, alongside a DA and Child Protection package, are delivered to all frontline staff and it has been agreed that this will be expanded to cover the Economic Crime Directorate.

The Vulnerability Steering and Working Group are currently being reviewed now that they have been embedded in force practice to ensure that they are effective and robust in ensuring oversight and direction for work around vulnerability.

Vulnerability remains a Strategic Policing Priority for the COLP which ensures scrutiny and oversight at the highest level and demonstrates the COLP commitment to this area.

There have been no adult safeguarding concerns that have been raised through the complaints process within COLP.

COLP continues to learn and implement changes where required from national cases which are circulated through the 'Lessons Learned' bulletins via the Professional Standards Directorate. The COLP reviews its practice against any highlighted areas.

COLP have been working with partners to highlight the issue of Modern Slavery and Human Trafficking in the City. This has included work with building sites and supporting national days/weeks of action run through the National Crime Agency. COLP will be supporting the Board with future work in this area.

COLP have shared the summaries of learning from SARs to the appropriate units and through the Vulnerability Working Group where relevant they will be considered for any further changes to policy or procedure. Any direct actions for COLP as a result from a SAR will be monitored at the Vulnerability Working Group. There have not been any to date.

COLP do not contract/commission any services related to safeguarding.

Metropolitan Police Service (MPS) Hackney

MPS Hackney are an active and visible partner, seeking to adhere to the CHSAB priorities where we can. There is Detective Chief Inspector representation at the SAB and Executive with additional representation at SAB subgroup level.

Officers from MPS Hackney have improved their attendance at Safeguarding Training and Learning Events recognising the importance of increasing their knowledge and understanding.

Hackney MPS recognises the need to further embed Making Safeguarding Personal and Think Family into the way we work – Officers are encouraged to consider the wishes of the vulnerable adult, victim or their immediate family in any interaction and to better explain and promote understanding where it is necessary to override such wishes.

Officers are encouraged to take a more holistic approach to their interactions, information assessment and risk management – we encourage officers to appreciate that context is important in any investigation and the importance of research interpretation, information sharing to better recognise risk factors.

MPS Hackney has sought to learn from recent SARS and DHRs to improve our response and engagement with partner agencies to better safeguard vulnerable adults. This has been reinforced with a DCI (Public Protection MPS Hackney) being a regular attendee and contributor to at the board's SAR subgroup.

The DCI has represented the SAB as the Independent Panel Chair for the commissioned SAR of Ms Q. Whilst police were not involved in the review as a lead agency, their involvement as panel Chair will help support learning within the organisation in respect of any lessons learnt and recommendations.

Whilst police recognise that some SAR recommendations arising from reviews often do not directly involve police engagement we seek to acknowledge the principles and context of the recommendations which we use to help improve our policing response.

MPS Hackney responded quickly to a recent DHR and SCR where police specific recommendations were made. Significant changes were introduced across MPS Hackney in line with the recommendations with formal reassurance on compliance and implementation being provided to the CHSCB.

Front Line officers now better attend Safeguarding Training and Learning Events to help improve their knowledge and understanding which they then apply to their roles.

Hackney MPS continues to have a dedicated Vulnerable Adult team with Detectives located within our Community Safety Unit who lead on Vulnerable Adult and Carer abuse through a multi - agency approach. This remains an investigation area where due to the vulnerability of our victims and often their dependency on carers and / or family members it can at times be difficult to secure evidence to meet the thresholds required for any prosecution.

Our dedicated officers continue to work closely with partners as part of a multi-agency response to investigate offences of abuse and ensure the proper safeguarding of the vulnerable person.

As part of their response to Domestic Abuse Hackney MPS continues to make the best use of civil orders and legislation to run alongside the criminal justice process. Such legislation can empower victim's to take control of their often complex situations whilst providing enhanced safeguarding and better risk management.

Over the past 12 months Hackney MPS are recognised as having the highest number of Claire Law Disclosures across the MPS – currently at 62. The majority of disclosures are Right to Know with victim's being identified through the MARAC process, referrals and research. Our success was reflected with our Domestic Abuse leads from the Borough being asked to present a Master Class on Claire's Law Disclosure for other MPS staff of all ranks from across all the MPS.

MPS Hackney recognises the need to improve the confidence and satisfaction of our service users with their police interactions. This will be done through

better internal and external communication, improved attendance at Multi agency training. Hackney MPS have introduced a monitored Victim Care E mail account to better serve victims of crime from general updates to more specific queries or new information updates. This will be monitored through our monthly Borough satisfaction meetings in conjunction with customer call backs and reflection.

The MPS is currently undergoing significant change across all areas of working.

Scoping is currently being undertaken for consideration of a MPS Hackney and MPS Tower Hamlets merger. Such a merger requires MOPAC sign off / agreement and this has not yet been done / given. As part of any merger would be the introduction of a PVP unit (Protecting Vulnerable Persons) designed to help better safeguard vulnerable persons, both adult and children and provide a better and more holistic approach to investigations. Should any merger take place Safeguarding would remain as a key consideration and it is not anticipated that any such merger would diminish this priority which remains at the forefront of our Policing plan and priorities

East London Foundation Trust (ELFT)

There has been emphasis during 2017/18 on the following areas:

- Improving the reporting and management of Adult Safeguarding concerns arising in our Inpatient Services. We have developed in conjunction with the LBH Adult Safeguarding lead a proportionality tool for safeguarding concerns on inpatient services which is now in use.
- Improving the Adult Safeguarding reporting processes between ourselves and LBH. A new RiO based Adult Safeguarding Screen has been designed and is about to be piloted.

There is a strong emphasis on interagency working within Mental Health Services. This underpins our approach to responding to Adult Safeguarding concerns when they arise.

Learning from SARs is shared through ELFTs Adult Safeguarding Committee and relevant recommendations from SARs have been adopted by the Trust.

Locally in City & Hackney, the London Borough of Hackney Safeguarding lead and Principal Social Worker have attended some team meetings to discuss learning from SARs. This has proved a very effective means of promoting and positively influencing practice and something we would like to continue and spread across our services.

London Fire Brigade (Hackney)

The role of the London Fire Brigade (LFB) is to refer people to social services who we deem as being at risk. We make recommendations and supply certain types of products to reduce the risk of fire occurring in people's homes.

When we have identified properties where there has been a high level of hoarding, we record this on our operational risk database and our crews will revisit the premises annually. We refer these case to social services.

Post Grenfell actions:-

Following the tragic Grenfell Tower fire the Department for Communities & Local Government (DCLG) and the National Fire Chiefs Council (NFCC – ex CFOA) acted to establish a National working group to review the risks presented by external ACM cladding on high rise tower blocks and to collate a return from Local Authorities and London Boroughs to identify where these blocks were potentially located. These returns highlighted a significant number within London so to manage this workload FSR established a High Rise Task Force – Phase 1, which used information provided by Local Authority Housing providers to conduct initial Fire Safety(FS) inspections of over 500 tower blocks across London.

These inspections served to both review and address (using the Regulatory Reform Fire Safety Order – the RR(FS)O) the general fire precautions within the premises and to consider and advise on any interim measures required, including introduction of the ‘waking watch’ provisions that may have been implemented to address the enhanced risk presented. This increase in risk has in some cases resulted in a change from a stay-put to a simultaneous evacuation strategy (and / or the fitting of a common alarm system) until such time as the cladding is removed; this strategy has been benchmarked nationally by the NFCC using guidance from our own Fire Engineering team and provides clear expectations as to what should be in place to allow ongoing occupation of these premises.

During this phase four high rise residential buildings within the Borough of Hackney were identified as having Cat 2 or 3 ACM cladding fitted. Interim measures were implemented which includes a 24 hour waking watch.

Phase 2 remit is to now revisit a confirmed list of (currently) 189 high rise tower blocks where full scale testing of the fitted cladding has resulted in it being identified as the highest risk type i.e. Category 3 (foam or mineral wool insulation) or Category 2 (foam insulation). Other types of cladding material has also been identified amongst the initial 500 visits but these present a lower risk than the Cat 2 or 3 material and as such there is unlikely to be a requirement to resort to a interim measures including the introduction of a simultaneous evacuation strategy in these premises as a rule and they shouldn't require any further action.

For the 189 revisits being conducted, FSR are currently using a smaller group of around 10 Inspecting Officers (IOs) initially whose remit is to check that the interim arrangements in place are in line with DCLG guidance and that any other general fire precaution matters have been addressed.

Hackney Community Voluntary Service

Hackney CVS is an infrastructure organisation which aims to strengthen the sector, influence local policy so that stakeholders in Hackney create a fairer

society and address social inequality. As an infrastructure agency the main role is to strengthen local community and voluntary organisations including social enterprises with a remit to support adult or adults in Hackney. Hackney CVS echoes the message that Safeguarding is everybody's responsibility.

Highlights from 2017 / 2018

During the past year Hackney CVS has;

- 1) Represented the VCS on the City and Hackney Safeguarding Adult Board, been active in a range of sub groups, SAR's and Communication and engagement, we have worked closely with City Of London Specialist on Communications to devise a communication strategy and gathered key agencies such as Healthwatch Hackney, ELFT and POhWER to inform our work
- 2) Continued to support grant applicants to understand the importance of safeguarding adults. Applicants have increased their knowledge of how to meet LBH grant making safeguarding compliance requirements and to carry out a self-audit using the toolkit
- 3) Increased Safeguarding Awareness supported by safeguarding adults champions trained by the CHSAB to deliver bite sized introduction sessions. From July 2017 to March 2018, over 200 participants received in house training for service users, volunteers and frontline staff in small organisations staff.
- 4) Co-ordinated SARs Briefing sessions – Delivered safeguarding sessions with a focus on sharing lessons from safeguarding adult reviews with the sector
- 5) Created a sustainable approach to embed safeguarding within communities in need. Hackney CVS co-ordinated regular network meetings to support Hackney Refugee Forum and is working with the Faith Network.
- 6) One of the main findings from this year's work is the extent of safeguarding advocacy at community level. There is an opportunity to increase workforce advocacy skills and an appetite to really embed the principles of making safeguarding personal.

Various members of the team are actively involved in SARs; the Director of partnerships sits on the SAR sub group. As part of our community engagement work Hackney CVS hosted a session for the voluntary and community sector which was led by the Chair of the CHSAB and the Head of Safeguarding in Hackney. This very useful interactive session empowered the VCS to have greater insights and apply the recommendations within their organisations,

Hackney CVS ensures when delivering our bite sized sessions to friends, families and neighbours that we include example of lessons learnt and promote the importance of dignity and respect.

As part of the training hosted by Hackney CVS we actively promote interagency work. For example, we work with the Domestic abuse team and East London Foundation Trust team to increase understanding of mental health.

Hackney CVS works closely with the LBH grants team to promote the importance of safeguarding.

Hackney CVS will continue to develop its skills, raise awareness reaching far and wide into the community to meet its aim to create a fairer society and address social inequality

Appendix A:

CHSAB Annual Strategic Plan 2017-2018

CHSAB Annual Strategic Plan 2018 – 2019

The CHSAB Plan addresses the Six Principles of Adult Safeguarding: Empowerment, Protection, Prevention, Partnership, Proportionality and Accountability.

Partner	Lead
London Fire Brigade Hackney (LFBH)	-
City of London Corporation (CoL)	Chris Pelham
Homerton Hospital (HUHFT)	Sheila Adam
City & Hackney CCG (CHCCG)	Jenny Singleton
Hackney CVS (HCVS)	Kristine Wellington
Hackney Met. Police (HMPS)	Charmaine Laurencin
City of London Police (CoLP)	Sanjay Andersen
Barts Health NHS Trust (BHHNST)	-
London Borough of Hackney (LBH)	Simon Galczynski

Partner	Lead
London Fire Brigade City of London (LFBCoL)	Jon Simpson
London Ambulance Service (LAS)	tbc
East London NHS Trust (ELFT)	Dean Henderson
Public Health (PH)	Nicole Klynman
Healthwatch Hackney (HWH)	Jon Williams
National Probationary Service (NPS)	Stuart Webber
Care Quality Commission (CQC)	-
City & Hackney Safeguarding Children Board (CHSCB)	Rory McCullum

Sub-group	Chair
Quality Assurance	Dean Henderson
SAR & Case Review	Chris Pelham

Sub-Committee	Chair
City of London	Dr Adi Cooper

Task & Finish Groups	Lead
Rough Sleeping & Safeguarding	Ian Tweedie/John Binding
User Engagement	Dr Adi Cooper
Quality Assurance Framework	Melba Gomes

Principle 1: We will raise awareness of adult safeguarding and together will learn from experience				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
1. SARs and recommendations from SARs	1.1 Commission SARs as required	SAR Subgroup	The Board is assured that the statutory duty to commission SARs is being met	Ongoing
	1.2 Monitor Action SAR Plans	SAR Subgroup	The Board is assured that learning has been disseminated across the partnership and internalised in organisations and in practice	Quarterly
	1.3 Provide targeted and accessible briefings on new SARs	SAR Subgroup	The Board participates in regional and national SAR initiatives	On going
	1.4 Embedding supervision principles in agency	SAR Subgroup Member/ Linda Katte	The Board ensures that staff are supported to carry out safeguarding work effectively	Dec 18
	1.5 Provide guidance on record keeping for safeguarding work	SAR Subgroup		Dec 18
	1.6 Clarify roles and responsibilities in safeguarding across agencies	SAR Subgroup		Dec 18
	1.7 Adopt national quality markers being created by the SAR library, when these become available	SAR Subgroup		Dec 18
	1.8 Submit published SARs to the London Repository and the National Library of SARs	CHSAB Business Support		Ongoing

<p>2. Working together across partnerships – Shared Priorities</p> <ul style="list-style-type: none"> ● Building Community resilience ● Modern Slavery ● Rough Sleeping ● Violence Against Women and Girls 	<p>2.1 Prioritise community safety activities based on intelligence and resident insight</p> <p>2.2 Deliver engagement activities and campaigns and 'safer places' schemes to ensure every resident and business considers their role in making the borough safer for vulnerable adults</p> <p>2.3 Joint work with the CHSCB and the VAWG to refresh the VAWG strategy</p> <p>2.4 Work with CHSCB and CSP to update Modern Slavery protocol and policies in line with new developments and Promote awareness of modern slavery across the partnership</p> <p>2.5 Work with Housing to adopt and implement new policy and procedures on rough sleeping and safeguarding, and share learning across the partnership</p>	<p>Board Manager/ QA Subgroup/ Community Strategy Partnership Board/ CSP/Children's Board</p> <p>As above</p> <p>CHSAB/CHSCB/ VAWG</p> <p>All Boards/SAB Partners/CHSAB Manager HCVS</p> <p>Task and Finish Group/John Binding/ Ian Tweedie HCVS</p>	<p>Working together becomes integral to supporting the community to stay safe</p> <p>Inter-board approach to raising awareness is implemented</p> <p>All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding</p>	<p>Feb 19</p> <p>Feb 19</p> <p>Jul 18</p> <p>Dec 18</p> <p>Dec 18</p>
<p>Progress and Impact</p>				

Principle 2: “We will promote a fair and open culture”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
3. Prevention and Early Intervention <ul style="list-style-type: none"> ● Building Community resilience ● Challenging intolerance 	3.1 Raising safeguarding awareness in the community and voluntary sector to ensure a broad spectrum of engagement and evaluate impact through QAF	HCVS	The community is aware of safeguarding adults, how to report it and support the board to prevent abuse	Ongoing
	3.2 Themed events to raise awareness to include raising awareness in the community including general awareness, awareness of financial abuse and arrange for availability of safeguarding material in public areas	User Engagement Task and Finish Group	Residents are empowered to keep themselves safe	Feb 18
	3.3 Analyse data of concerns that did not meet the S42 threshold to inform prevention and early intervention actions	QA subgroup	The Board understands the concerns of the community and signposts these to appropriate agencies to address	Dec 18
	3.4 Deliver bite-size safeguarding awareness training to the voluntary and community sector	Safeguarding Champions/ HCVS	Voluntary and community sector staff are able to spot risks	Ongoing
	3.5 Organise and hold review and reflection meetings to understand what constitutes safeguarding and the role of advocacy in safeguarding	LBH Head of Safeguarding	Community and voluntary sector staff are supported	Oct 18

<p>4. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board.</p> <ul style="list-style-type: none"> ● Users co-produce strategies, policies and reports for the Board ● They provide challenge to the Board 	<p>4.1 Agree ways to engage the community to know about safeguarding and to hear from them about their areas of concern</p> <p>4.2 To agree how the CHSAB will hear from people who use safeguarding services</p> <p>4.3 To agree mechanisms via which the CHSAB can consult and coproduce on specific issues such as strategy, annual business plan, annual report, projects and products.</p>	<p>User Engagement task and finish group</p> <p>User Engagement task and finish group</p> <p>User Engagement task and finish group</p>	<p>Working together becomes integral to supporting the community to stay safe</p> <p>Inter-board approach to raising awareness is implemented</p> <p>All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding</p>	<p>Jan 18</p> <p>Jan 18</p>
<p>Progress and Impact</p>				

Principle 3: “We want to improve the competency of all those involved in adult safeguarding activities”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
<p>5. Legal Literacy – Promoting service user rights</p> <ul style="list-style-type: none"> Support to partners to integrate MSP into their organisations’ cultures and practice Agencies and staff are MCA compliant Advocacy in all its forms are used as required by law Carers assessments are completed 	<p>5.1 Data interrogation of use of all forms of advocacy, MCA assessments, MSP and carers assessments in safeguarding</p> <p>5.2 Peer reviews to assess and improve on legal literacy MCA between partners</p>	<p>QA Subgroup</p> <p>Task and finish group of safeguarding leads, chaired by SAR Subgroup member</p>	<p>Staff will apply the MCA as it is intended by law</p> <p>Staff will ensure that all clients who are entitled to advocacy will be availed of this</p> <p>Staff and volunteers across all partner organisations will make safeguarding personal</p> <p>Staff will be well-versed in applying law</p>	<p>Ongoing</p> <p>Mar 19</p>
	<p>5.3 Multiagency case file audits programme – 2 audits in the year, questions to include MSP, advocacy, MCA and Carers Assessments</p>	<p>Head of Safeguarding/ LBH</p>	<p>The Board is assured that safeguarding work is improving</p>	<p>Mar 19</p>
	<p>5.4 Targeted MSP training for partner organisations</p>	<p>LBH workforce Development Team</p>	<p>The Board will be assured that staff are trained according to the role they perform</p>	<p>Jan 19</p>
	<p>6.1 Evaluate all ASC training currently provided against an MSP compliance framework</p>	<p>Head of Safeguarding</p>	<p>The Board is assured that safeguarding practice is effective and MSP compliant</p>	<p>Sept 18</p>
	<p>6.2 Interrogate data on training in all organisations to ensure staff are appropriately trained</p>	<p>QA Subgroup</p>	<p>The Board is assured that staff are supported in their safeguarding role and their training is of high quality</p>	<p>Ongoing</p>
<p>6. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board.</p>				

<p>6.3 Commission multi-agency training to meet identified learning needs</p> <p>6.4 Evaluate the impact of training using QAF</p> <p>6.5 Follow up on progress in relation to what staff said at the SAR workshops and which was fed back to the Leaders symposium,</p> <p>6.6 Annual staff survey on how safeguarding is working in the frontline to be carried out from 2019/20 onwards</p> <p>6.7 Skill up staff delegated to take on s.42 enquiries</p> <p>6.8 Regular CHSAB learning programme to support staff development</p> <p>6.9 Map community networks, and their safeguarding learning needs to inform the 2019-20 plan</p>	<p>LBH workforce development team</p> <p>QA subgroup</p> <p>SAR Subgroup</p> <p>2019/20 business plan</p> <p>Head of Safeguarding LBH</p> <p>CHSAB Board Manager</p> <p>HCVS</p>	<p>The Board will know that training has had an impact</p>	<p>Sept 18</p> <p>Ongoing</p> <p>Mar 19</p> <p>2019/20 business plan</p> <p>Feb 19</p> <p>Feb 19</p> <p>Feb 19</p>
<p>Progress and Impact</p>			

Principle 4: “We will understand how effective adult safeguarding is across the communities we work with”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
7. Create a robust QA framework that provides reassurance to the Board on safeguarding performance in all areas <ul style="list-style-type: none"> Dataset agreed for the Board Review Board/ members/ sub-groups' performance to evaluate the effectiveness of the Board 	7.1 Create a robust QA framework that includes impact analysis that provides reassurance to the Board, consolidates QA tools, and takes into account qualitative findings	Task & Finish Group CHSAB Manager	The Board is able to interrogate a range of qualitative and quantitative data to be assured on safeguarding effectiveness	Jul 18
	7.2 Robust dataset to be presented to the Board quarterly	QA Subgroup	The Board is able to identify and action improvements	Ongoing
	7.3 Partner self-audits undertaken and reviewed at challenge events	CHSAB Chair	The Board can use this information to identify its priorities, learning needs and the Board's Learning Needs	May 18
	7.4 Case studies and presentations to the CHSAB, illustrating MSP practice	CHSAB Business Support	The Board can monitor its effectiveness	Ongoing
	7.5 Desktop analysis of Board's' effectiveness annually	Development Day	Findings from the QAF informs the annual report 2018-19	Mar 19
8. Safeguarding is integral to the Health and Social Care integration agenda	8.1 Promote safeguarding in the implementation of the integration model – ensure Safeguarding expertise is present through the transformation process	LBH Group Manager and all Board partners involved in integration activities	Safeguarding is included in the new ways of working in all integrated health and social care arrangements Safeguarding has a presence in all work at all levels	Feb 19

	<p>8.2 Agree interagency arrangements for safeguarding adults with an emphasis on case coordination – pilot this arrangement in a quadrant of the new Neighbourhood model</p>	<p>Head of Safeguarding</p>	<p>Learning from SARs is embedded in the delivery of the integration plan</p>	<p>Feb 19</p>
<p>Progress and Impact</p>				

Appendix B:

CHSAB SAR Learning Event



CHSAB SAR Learning Event

The ½ day event is designed to share learning from the Safeguarding Adults Reviews undertaken by the City and Hackney Safeguarding Adults Board.

A safeguarding adult's review (SAR) is a multi-agency learning process. It aims to identify and promote good practice, effective learning and recommendations for future practice so that deaths or serious harm can be prevented from happening again. Its purpose is not to investigate how a death or serious incident happened or to hold any individual or organisation to account

This event will enable participants to understand what went wrong and could be done differently to help reflect on practice.

Event Details

Date: Wednesday 21st June 2017

Time: 1pm – 5pm

Venue: Education Centre, St Joseph's Hospice, Mare St, London E8 4SA

This half-day event will:

- Identify key themes from the Safeguarding Adult's Reviews
- Inform on how the CHSAB has responded to the findings of the Safeguarding Adults Reviews
- Support learning around Safeguarding Interventions
- Allow participants to discuss and reflect on the issues raised

This course is open to:

: Members of the CHSAB

: Managers and Staff from Agencies involved in the SARs

: Managers and practitioners from statutory partner agencies, commissioned services and the voluntary sector who work with residents from Hackney and the City of London.

To register for this event please email your completed booking form to CHSAB@hackney.gov.uk. Places are available on a first come first serve basis so you are advised to book early. Confirmation of your place will be sent to you via email at least a week before the conference.



Learning from SARs

½-day Participatory Workshop

Learning from Safeguarding Adults Reviews.

This ½-day workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

The Tomlinson Centre

28/09/2017 – 13:15 to 16:30

Homerton University Hospital

09/10/2017 –

09:15 or 13:15 to 12:30 or 16:30

The Tomlinson Centre

14/11/2017 -

09:15 or 13:15 to 12:30 or 16:30

the Workforce Development team

Application Forms to:
trainingHSC@hackney.gov.uk

Further information:
melba.gomes@hackney.gov.uk

Learning from Safeguarding Adults Reviews Participatory Workshop

Safeguarding Adults Reviews in City & Hackney

Since implementation of the Care Act 2014, City & Hackney Safeguarding Adults Board (CHSAB) has completed 4 Safeguarding Adults Reviews (SARs). The learning and recommendations from the review reports will have a positive impact on interagency safeguarding practice locally.

An introduction to the learning from the SARs was given at the Board's multidisciplinary learning event, on 21st June 2017. The Board wishes to follow this with opportunities for smaller groups of participants to explore that learning in more depth, and to discuss how it might strengthen local practice.

The workshop

The workshop will aim to support participants to:

- understand in depth the key learning identified by the local SARs;
- consider how this learning can be implemented in ongoing practice;
- identify what might help and what might hinder implementation.

The workshop will be a ½ day session, typically 9:30 to 12:30 or 13:30 to 16:30, each for up to 20 participants. It will be repeated several times, offering a choice of dates for those interested to attend. It will be participatory and reflective event, engaging participants in active discussion of practice.

Attendees

The workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

Outline of the workshop

- An overview of the four local SARs
- Detailed consideration of the key learning themes that emerge
- Small group discussions around case studies drawn from one or more of the SARs, exploring the critical episodes within the case and what could have been done differently
- Action planning to take improvements back into practice, identifying what could help and what could hinder positive change.

Identified local obstacles to improvement will be gathered and reported back to the CHSAB Business Support Team in order to inform a separate event for senior leaders.

Venue:

- 1) The Tomlinson Centre, Queensbridge Road, Hackney, London, E8 3DY
- 2) Homerton University Hospital Education Centre, Clifden Rd, London E9 6SR

Parking and attendance:

There is very limited parking available. Please ensure that you allow plenty of time. Registration is at 09:15 for the A.M. session and 13:15 for the P.M. session.

Document Number: 18549624



City & Hackney Safeguarding Adults Board

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