



Safeguarding Sub (Community & Children's Services) Committee

Date: WEDNESDAY, 24 JUNE 2020
Time: 2.45 pm
Venue: VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY)

Members:	Ruby Sayed (Chairman)	John Fletcher
	Randall Anderson (Deputy Chairman)	Marianne Fredericks
	Munsur Ali	Susan Pearson
	Mary Durcan	Jason Pritchard

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Accessing the virtual public meeting

Members of the public can observe the virtual public meeting at the below link:
<https://youtu.be/y5StUmtfwqc>

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 held on 10 February 2020.
For Decision
(Pages 1 - 8)
4. **OFSTED INSPECTION 2020**
Report of the Director of Community & Children's Services.
For Information
(Pages 9 - 26)
5. **CHILDREN'S SOCIAL CARE COVID-19 RESPONSE: GUIDANCE AND APPROACH**
Report of the Director of Community & Children's Services.
For Information
(Pages 27 - 54)
6. **ANNUAL LOCAL AUTHORITIES DESIGNATED OFFICE (LADO) REPORT**
Report of the Director of Community and Children's Services.
For Information
(Pages 55 - 68)
7. **CITY AND HACKNEY CLINICAL COMMISSIONING GROUP UPDATE REGARDING LOOKED AFTER CHILDREN HEALTH DURING THE COVID 19 PANDEMIC**
Report of the City and Hackney Clinical Commissioning Group.
For Information
(Pages 69 - 74)
8. **VIRTUAL SCHOOL FOR LOOKED AFTER CHILDREN UPDATE**
Report of the Director of Children's and Community Services.
For Information
(Pages 75 - 78)

9. **EDUCATION AND EARLY YEARS SERVICE SAFEGUARDING UPDATE**

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

For Information
(Pages 79 - 84)

10. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) - UPDATE**

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

For Information
(Pages 85 - 88)

11. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE SUB-COMMITTEE**

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

13. **EXCLUSION OF THE PUBLIC**

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

For Decision

Part 2 - Non-Public Agenda

14. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 10 February 2020.

For Decision
(Pages 89 - 90)

15. **CHILDREN AND FAMILIES SERVICE PERFORMANCE - Q4 AND END OF YEAR**

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

For Information
(Pages 91 - 114)

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

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

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SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE

Monday, 10 February 2020

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services) Committee held at Committee Rooms, 2nd Floor, West Wing, Guildhall on Monday, 10 February 2020 at 11.00 am

Present

Members:

Ruby Sayed (Chairman)
Randall Anderson (Deputy Chairman)
Mary Durcan
John Fletcher
Jason Pritchard

In Attendance

Officers:

Chloe Rew	- Town Clerk's Department
Zak Darwood	- Community and Children's Services
Pat Dixon	- Community and Children's Services
Rachel Green	- Community and Children's Services
Kirstie Hilton	- Community and Children's Services
Chris Pelham	- Community and Children's Services
Teresa Shortland	- Community and Children's Services
Ellie Ward	- Community and Children's Services

1. APOLOGIES

Apologies were received from Munsur Ali, Marianne Fredericks and Susan Pearson.

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

There were no declarations.

3. MINUTES

RESOLVED, that – the public minutes and non-public summary of the previous meeting held on 3 October 2019 be agreed as a correct record.

Matters Arising:

Item 4: Advanced safeguarding training for school governors was in progress following this being recommended at the last Sub-Committee meeting.

Item 9: Officers would bring an update to the Sub-Committee at a future meeting regarding work being undertaken by The City and Hackney Safeguarding Adults

Board at the strategic level regarding engaging with individuals who have experienced safeguarding services in the past.

4. **PRESENTATION: WALTHAM FOREST, EAST LONDON & THE CITY (WELC) CHILD DEATH REVIEW SYSTEM**

Members heard a presentation of the City & Hackney Clinical Commissioning Group (CCG) relative to the Child Death Review System for Waltham Forest, East London, City and Hackney.

Members were informed that there is a statutory responsibility for the CCG to review the death of every child since 2008. These investigations aim to develop an understanding of the circumstances of the death and the modifiable factors in order to prevent future deaths. Investigations require a Joint Agency Response (JAR), involving hospitals, the local authority, social care and police. The Child Death Overview Panel (CDOP) oversees the review process, along with a designated child death doctor. Key workers are linked with each family and are the enduring point-of-contact throughout the review process. In the event that the death is suspicious or unexplained, police are connected with family.

In response to questions from Members regarding the qualifications of members of the panel and key works, it was noted that CDOP members have background in public health, and key workers have training in bereavement support.

Members recommended that as it had been a number of years since a child death occurred in The City, Officers should carry out a practice exercise of process for reporting a child death to ensure all systems are adequately functioning.

RESOLVED, that – the presentation be received and its contents noted.

5. **LOOKED-AFTER CHILDREN'S HEALTH (CITY OF LONDON CORPORATION) ANNUAL REPORT 2018-2019 (COVER REPORT)**

Members received a covering report of the City and Hackney Clinical Commissioning Group (CCG) relative to the Looked-After Children's Health (City of London Corporation) Annual Report for 2018-19. The Annual Report was read in non-public session due to sensitive information contained in the report.

The Designated Doctor summarised the report and process of service delivery for addressing health needs of Looked After Children (LAC).

Members questioned whether the CCG had adequate resources to offer the health services outlined in the report. The Designated Doctor acknowledged that the workload was increasing, and resources were becoming strained, particularly with respect to the shortage of paediatricians. Members suggested to City Corporation Officers that this be monitored and possible solutions be considered to address lack of resources. Officers to provide an update at a future meeting.

Members noted that the report raised potential issues regarding mental health support for UASC. Members were informed that DCCS had recently

commissioned bespoke mental health support for UASC from Coram and Tavistock and were in the process of finalising the specification.

RESOLVED, that – the report be received and its contents noted.

6. CHILDREN MISSING FROM CARE, HOME AND EDUCATION

Members received a report of the Director of Community & Children's Services relative to Children Missing from Care, Home and Education. Members enquired about how services respond to missing from education and if young people do not have a return home interview. The following points were highlighted:

- As a result of the Chadrack Serious Case Review, guidance has been reviewed regarding how to address children missing from education. Whilst such cases were previously considered attendance issues, a flow chart has been circulated as guidance to staff on recognising such instances as potential safeguarding and wellbeing issues.
- If a young person refuses to have a return home interview once they have returned, the service will assess what the service response should be to ensure the young person is safe and has an opportunity to share issues or concerns that will help to prevent any future re-occurrence. This could be via meeting with Social Worker, Independent Visitor or advocate.
- New circumstances for children coming from abroad can be difficult to adjust to (new environment; no family; fewer societal restrictions) and staff aim to address issues such as safety, consent and sexuality as soon as possible. Risk assessments are undertaken to mitigate risk of young people going missing after they arrived in the country. The Missing from Home, Care and Education procedures are regularly reviewed to ensure there are robust responses to any episodes of missing.

With respect to placing children in schools, Members enquired as to whether there have been instances where a child cannot be allocated a place in schools. Officers reported that this has not been an issue, although the first choice of school is not always available.

RESOLVED, that – the report be received and its contents noted.

7. CHILDREN IN CARE COUNCIL (CICC) AND PARTICIPATION SERVICE UPDATE

Members received a report of the Director of Community & Children's Services relative to the Children in Care Council (CiCC) and Participation Service Update.

Members questioned what initiatives were in place to increase participation in CiCC services from young women, as it was noted that there was lower participation amongst young women compared to young men. Officers reported that bespoke services were being offered to each individual to encourage participation with the aim over time to bring all young people together in one group, if possible. Officers noted that the numbers of young women were very small and so it was important that a person-centred approach was adopted to ensure their individual needs were being met.

Members questioned how the service was meeting commitments in the pledge. Officers reported that the pledge provided the blueprint for the CiCC service offerings. Skills-focused training sessions are offered in areas including DIY, health, budgeting and job/interview preparation.

Members requested assurance that as the number of young people increases, resources would be available to accommodate all participants on group holidays. Officers advised that consideration is being given to which officers can accompany young people on holidays to ensure adequate participant-to-officer ratio without compromising the responsibilities of the officer's workload. A follow-up report was requested at the next meeting.

RESOLVED, that – the report be received and its contents noted.

8. **SPECIAL EDUCATION NEEDS AND DISABILITY (SEND) - UPDATE**

Members received a report of the Director of Community & Children's Services relative to progress of the Special Education Needs and Disability (SEND) work of the City Corporation. As a new SEND Strategy for 2020-2023 was being developed, officers were engaging with parents, carers and partners to ensure the new strategy incorporated their concerns. The final strategy would be signed off in April 2020.

RESOLVED, that – the report be received and its contents noted.

9. **CHILDREN AND FAMILIES PERFORMANCE REPORTING**

Members received a report of the Director of Community & Children's Services relative to the Children and Families Performance Reporting, which outlined the process for reporting.

With respect to the data reported for Quarter 3, Members expressed concern over the following areas:

Child Protection: It was noted within the report that 3 children were on a Child Protection Plan for 12-24 months. Members requested assurance that mechanisms were in place to ensure that children do not remain on CPP for extended periods of time. Officers advised that while children are on CPP, staff track the case throughout the process, and where relevant would follow Public Law Outline (PLO) processes in addressing cases of children under CPP for longer periods of time which could determine if it is necessary to go to court.

Assessment: Members questioned the length of time of some assessments. Officers advised that most assessments are completed within 45 days from the date of referral and where applicable will be completed within a shorter timescale. Officers aim to identify at an early stage if an assessment could take longer and must justify the reason for longer assessments.

RESOLVED, that – the report be received and its contents noted.

10. **CORPORATE SAFEGUARDING POLICY**

Members received a report of the Director of Community & Children's Services relative to the Corporate Safeguarding Policy. The policy emphasises that all City Corporation staff must know how to recognise and report safeguarding concerns. Every department must report to the Director of Community & Children's Services regarding how their department is following through with safeguarding responsibilities.

Members noted that not all Members of the Court of Common Council are aware of their responsibilities under the Corporate Safeguarding Policy. The Chairman suggested that Sub-Committee Members take the opportunity to speak to other Members about their responsibilities as Corporate parents. Officers noted that an e-learning module on safeguarding is available to staff on City People and can be circulated to Members as well.

RESOLVED, that – the report be received and its contents noted.

11. **AIDHOUR QUALITY ASSURANCE REPORT ON AUDITS COMPLETED DECEMBER 2019**

Members received a report of the Director of Community & Children's Services relative to the Aidhour Quality Assurance Report on Audits Completed December 2019.

Members sought assurance that recommendations from the audit were being implemented. Officers reported that in line with the recommendations, additional support, briefings and/or training has been offered to social workers. A focus on direct work and purposeful visiting has recently featured as part of the Principal Social worker updates to staff. Managers also review all recommendations from audits to ensure that recommendations have been followed up following the completion of an audit.

RESOLVED, that – the report be received and its contents noted.

12. **SERVICE DEVELOPMENT PLAN 2019-20**

Members received a report of the Director of Community & Children's Services relative to the Service Development Plan 2019-20.

The actions in the development plan had been RAG-rated (Red, Amber, Green), and Members requested justification for all outstanding Amber actions:

Aim	Reason for Amber
Young people (care leavers) to have practice opportunities managing finance (in addition to individual keywork sessions	New staff in place and action is being taken forward by Independent Review Officer (IRO) and through the CiCC.
To build expertise in direct work that supports resilience and wellbeing	Target date March 2020 and not overdue
Develop identification and response to adolescent neglect	New training has been undertaken, not yet completed

That each care experienced young person has a champion in the Corporation	Exploring opportunities to connect officers with young people in mentoring role/job shadowing. Virtual School Head taking action forward and can report to next Sub-Committee meeting
Welcome pack to include the purpose of different meetings, photos of workers and their roles	Need to improve details in the packs; Chairman noted the need to offer these packs in other languages, and to consider if we can use audiobooks/podcasts for those who cannot read
Care experienced young people are fully aware of our pledge	This is discussed with young people in the CiCC.
Young people in care and care leavers know the names, roles and faces of all social care staff, as there have been staff changes	Information sheet needs to be translated
Improve mental health and wellbeing of UASC looked after children	The Corporation is developing extended service for UASC. In progress with new partnership with Coram to develop service.
Young people have a choice of support services including wellbeing	Same as above
Care leavers will be supported to make use of their health histories in their pathway plan reviews	Updated to GREEN
Continue to improve our understanding of the cultural practices and lifestyles of the young people in our care	Updated to GREEN
Strengthen Equalities and Inclusion	Ensuring audits and KPIs measure 9 protected characteristics. Further update to be provided at next meeting.
Young people receive a consistently good service from children's social care and early help. A thorough induction is in place to enable workers to be in a position to support young people well	The process was formalised in January with plan to offer formal induction session every 6 months.

RESOLVED, that – the report be received and its contents noted.

13. QUESTIONS OF MATTERS RELATING TO THE WORK OF THE SUB-COMMITTEE

There were no questions.

14. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

There was no other business.

15. EXCLUSION OF THE PUBLIC

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

16. **NON-PUBLIC MINUTES - 3 OCTOBER 2019**

RESOLVED, that – the non-public minutes of the previous meeting held on 3 October 2019 be agreed as a correct record.

17. **NON-PUBLIC MINUTES - 4 JUNE 2019**

RESOLVED, that – the non-public minutes of the meeting held on 4 June 2019 be agreed as a correct record.

18. **NON-PUBLIC APPENDIX: LOOKED-AFTER CHILDREN'S HEALTH (CITY OF LONDON CORPORATION) ANNUAL REPORT 2018-2019**

Members received the Looked After Children's Health (City of London Corporation) Annual Report 2018-2019 in conjunction with the covering report included at agenda item 5.

RESOLVED, that – the report be received and its contents noted.

19. **NON-PUBLIC APPENDIX: CHILDREN MISSING FROM CARE, HOME AND EDUCATION**

Members received the non-public appendix to the report of the Director of Community & Children's Services included at agenda item 6.

RESOLVED, that – the report be received and its contents noted.

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

There was one question.

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

There was no other business.

The meeting ended at 1.00 pm

Chairman

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Committee(s): Community and Children Services Committee Safeguarding Sub Committee Audit and Risk Management Committee	Date(s): 17.06.2020 24.06.2020 14.07.2020
Subject: Ofsted Inspection 2020	Public
Report of: Andrew Carter, Director of Community & Children's Services	For Information
Report author: Rachel Green, Community & Children's Services	

Ofsted conducted an inspection of children's social care services in March 2020.

Their findings were published on 6 April 2020. This report summarises key findings and appends their findings in full.

Children's social care services received an overall judgment of 'Outstanding'.

Summary

Ofsted found that 'social workers are well supported. They do good work, which is making a difference to children's lives'.

'Children's Services in the City of London are outstanding. Children benefit from a strong and highly effective social work service which has continued to significantly improve since the previous inspection. Senior leaders and council members have been proactive in addressing new challenges and improving services, particularly for children in care and care leavers. The needs of children are consistently prioritised and valued and are effectively addressed in a timely way. Social workers are very well trained and highly skilled. They are able to form meaningful, long standing and trusting relationships with children that improve the children's experiences and progress. [Children's] views are sought and clearly influence service improvements' (Ofsted, March 2020 p1¹).

The inspection report had two recommendations; a need to improve management overview of cases stepping down from social care to early help and; to improve the recording of management decision-making at all stages of a child's journey.

This report highlights the key findings and appends an action plan to further improve services to children and families.

¹ Children's Services Inspection. City of London. Ofsted: 6/3/2020 <https://files.ofsted.gov.uk/v1/file/50149902> accessed 4 June 2020

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. Inspections of children's social care focus on the effectiveness of local authority services and arrangements:
 - to help and protect children
 - the experiences and progress of children in care wherever they live, including those children who return home
 - the arrangements for permanence for children who are looked after, including adoption
 - the experiences and progress of children in care and care leavers
 - the effectiveness of leaders and managers and the impact they have on the lives of children and young people, and the quality of professional practice².
2. The last full inspection of children's social care took place in July 2016. The overall effectiveness of the service was found to be good, with leadership, management and governance assessed as outstanding.
3. The Children's services focused visit took place in November 2018, in overview the inspectors found that:

'Care leavers in the City of London benefit from a strong service that ensures that they are very well supported. They receive effective help which enables most to achieve good outcomes. There is a determined and appropriately ambitious political and corporate focus to sustain and improve outcomes for care leavers. The service knows itself well and is aware of the areas in which further improvement is required'³.

² Framework, evaluation criteria and inspector guidance for the inspection of local authority children's services. Ofsted Published 29 November 2017, updated 9 August 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/851935/Framework_evaluation_criteria_and_inspector_guidance_for_the_inspection_of_local_authority_children_s_services.pdf accessed 4 June 2020

³ Children's Services Focussed Visit. Ofsted. 16 November 2018. <https://files.ofsted.gov.uk/v1/file/50038639> accessed 4 June 2020

Ofsted findings

The following sets out the specific findings from the 2020 Inspection

Experience and Progress of Children Who Need Help and Protection: good

4. Key findings are that children in need of help and protection receive a good service that is proportionate and enables positive change. Partner agency working is strong. Children with disabilities receive a well attuned service.
5. Initial contacts are responded to quickly and well. Assessments are good and services and interventions well planned and clearly articulated. Management and oversight is very effective, with detailed reflective supervision notes. Children are seen often and their social workers know them well.
6. There is a well led focus on ensuring children are in and remain in education. Responses to children going missing are robust, with a clear understanding of the additional vulnerabilities of unaccompanied asylum seeking children (UASC) with potential for exploitation and trafficking.
7. In a minority, tighter timeframes could have meant a shorter period of intervention for the family. There was no data set for Early Help and some decisions were on file without the full rationale.

The experiences and progress of children in care and care leavers: outstanding

8. Key findings included:
 - Children in care and care leavers are extremely well supported
 - Commitment to ensuring that needs are met is demonstrated by senior leaders, councillors, health partners and children's social workers, resulting in an extremely good level of service
 - Adoption, where the plan, is progressed in a timely way, with careful matching
 - Extremely strong involvement and interest from council members
 - Particular sensitivity shown regarding cultural needs and diversity
 - Strong use of advocacy and independent visiting
 - Children are creatively and well supported to access leisure and interests
 - Virtual school is creative, relentless and effective in making sure children in care do well
 - Rich range of opportunities in the arts, culture and sport
 - Good housing offer, with support and moving only when ready

Impact of leaders on social work practice with children and families: outstanding

9. The independent inspectors found high quality services have been sustained and improved for some time, with services improved because of committed and effective leadership. Practitioners are able to do good work with committed and effective leadership, and good partnership working. The City

of London is found to be a learning organisation open to scrutiny and committed to continuous improvement, through the use of independent audit, quality assurance and the move to an achieving excellence board.

10. Ofsted found that the lead member and deputy chair of the safeguarding sub committee had an impressive knowledge of children's services and were proactive in meeting young people to understand their individual circumstances. Furthermore performance management was strong, and the service therefore responsive, by increasing with a (pilot) deputy team manager role and commissioning.

11. Caseloads are manageable and enable strong relationships, which has been enhanced by systemic practice being embedded.

12. The Ofsted report concludes;

'Social workers are well supported. They do good work, which is making a difference to children's lives'.

The overall judgement for the Inspection was Outstanding.

Proposals

13. An action plan has been drawn up in response to the findings by Ofsted and is appended to this report.

14. The two recommendations outlined a need to improve management overview of cases stepping down from social care to early help, and to improve the recording of management decision-making at all stages of a child's journey.

15. Subsequent to the inspection, an Early Help workflow within our database is operational. This workflow enables the running of management reports that shape and support our service and managers can see a snapshot of progress.

Conclusion

16. Children's Social Care services are outstanding. Children and families receive timely good quality support that makes a difference to their lives.

Appendices

- Appendix 1 – Ofsted report
- Appendix 2 – Action Plan

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City of London

Inspection of children's social care services

Inspection dates: 2 March 2020 to 6 March 2020

Lead inspector: Matt Reed
Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Outstanding
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Outstanding
Overall effectiveness	Outstanding

Children's services in the City of London are outstanding. Children benefit from a strong and highly effective social work service which has continued to significantly improve since the previous inspection. Senior leaders and council members have been proactive in addressing new challenges and improving services, particularly those for children in care and care leavers. The needs of children are consistently prioritised and valued and are effectively addressed in a timely way. Social workers are very well trained and highly skilled. They are able to form meaningful, long-standing and trusting relationships with children that improve the children's experiences and progress. The unique circumstances of the service, comprising of one social work team that is working with children from new referrals to care leavers, means that the circumstances of individual children are well known. Their views are sought and clearly influence service improvements.

Corporate parenting within the City is very strong, and there is a high commitment throughout the service to ensuring a personalised response to individual need. The majority of children in care and care leavers are unaccompanied asylum-seeking

children, and the children benefit greatly from a service which is very sensitive to their individual needs and prior experiences. The service is committed to addressing and minimising further childhood trauma and is highly ambitious for their children. Children's life chances are improving as a result.

Senior leaders have a clear and ambitious vision for vulnerable children and families that delivers outstanding services to benefit children and their families. Moreover, there is a commitment to further improvement and continual learning. The workforce is greatly valued and very well supported to ensure that ongoing, highly effective services are consistently provided to children and families.

What needs to improve

- The management overview of families stepped down to early help to ensure that families receive help within a timescale that is right for them.
- The recording of management decision-making at all stages of a child's journey.

The experiences and progress of children who need help and protection: good

1. Children in need of help and protection within the City of London receive a good service that is proportionate to their needs and enables them to effect positive change. Risks to children are minimised and, where required, additional support is provided to prevent concerns from escalating. Work is appropriately held within early help, and there is evidence of good direct work with families to effect change. There is effective engagement with partner agencies to support individual families, and, strategically, to develop the early help service further.
2. For a small number of families, there has been a delay in receiving the right service within early help. At present, the local authority is maintaining records of early help services outside of the electronic recording system. As a consequence, early help assessments are not part of the data reporting set presented to managers. This means that once a referral has been progressed to early help or once it has been stepped down, a report is not yet available to identify how quickly families are seen and to ensure that all families are receiving help within a timescale that is right for them.
3. Thresholds are well understood, and are supported by comprehensive and clear guidance. The social work team responds well to new contacts and referrals and it is able to monitor these effectively to ensure oversight and planning. Decision-making by managers for new referrals is timely, robust and proportionate to the level of concern. There is clear, recorded rationale for all decisions made.

4. When children are identified as being at risk, strategy meetings are convened in a timely manner and are well attended by professionals, who provide relevant information to inform decision-making. Decisions following these meetings and any subsequent enquiries are clearly recorded by managers to facilitate effective interventions with families.
5. Assessments of children's needs are of a high standard. They are comprehensive, give a clear analysis of the children's needs and clearly identify potential risks. Children's views are consistently taken into account and are included in subsequent planning. Where children have additional needs and are disabled, these needs are thoroughly assessed to ensure that the most appropriate support is provided to the child and family. Additional vulnerabilities associated with disability are well considered to facilitate a proportionate response to concerns raised. There is good multi-agency attendance at meetings to ensure effective planning and review for children.
6. Services and interventions with children and families are well planned, and social workers clearly articulate the purpose of their involvement and the work they are completing. Most children's circumstances improve because of these interventions, but, for a minority of children, the recording of plans could improve. While the vast majority of children have plans on their files, for a very small number these are absent. Child in need and child protection plans detail children's needs, and this focuses work to reduce risks and provide support. However, there are some plans where recorded timescales on individual actions could be tighter in order to minimise the potential for drift in planning and to ensure that families are not subject to interventions for longer than required.
7. The local authority ensures that partner agencies are assisted in order to understand their safeguarding responsibilities. This work is supported by a designated officer, who delivers training and clear advice in response to concerns raised.
8. Overall management oversight is very effective. Supervision notes are detailed, evidencing reflection on the child's circumstances and a recording of actions to progress plans. However, there is a need to ensure that management oversight is clearly recorded on all children's files. Some records were missing, and, at times, the rationale for management decision-making was not clear in order to enable an understanding of the decisions made at every point of a child's journey.
9. Relationships with children are clearly prioritised. Children are seen regularly, and within timescales which are in accordance to their needs. Social workers know the children extremely well and the local authority's focus on relationship-based practice facilitates the development of long-term, purposeful relationships. Children are seen alone during visits, and their views are clearly recorded. Direct work with children demonstrates that social

workers are able to effectively use the tools they have learned from their training in systemic practice. This has resulted in children being able to form positive relationships and share information about their lives, which has helped inform their plans. Where appropriate, children are encouraged to attend or send views to meetings to inform future planning and to ensure that they have influence over their own lives.

10. Given the size and location of the local authority, with its relatively small resident population of children and young people, wider risks associated with exploitation are uncommon. In recognition of this fact, the service has been proactive in ensuring that steps have been taken to raise awareness within the partnership to identify and facilitate an effective response should concerns arise. Potential issues linked to particular characteristics of the area have been identified, and research has been commissioned on affluent neglect and a conference has been facilitated on online safety. There is a well-led focus on ensuring that children are in and remain in education, and that any vulnerabilities in relation to children being educated at home are identified and acted on in a timely way.
11. Responses to children who go missing are robust, and processes and procedures are followed and escalated to senior managers when required. There is a clear understanding of the additional vulnerabilities of unaccompanied asylum-seeking children (UASC) who go missing, and the potential for exploitation and trafficking and significant efforts made to locate them quickly.

The experiences and progress of children in care and care leavers: outstanding

12. Children in care and care leavers are extremely well supported within the local authority to ensure that their experiences improve and they are able to progress. Most children in care and care leavers are children who are unaccompanied and seeking asylum. There is a prompt response taken by the local authority as a corporate parent to progress a plan for children to be in their care. Commitment to ensuring that their needs are met is demonstrated at all levels. This includes senior leaders, councillors, health partners and the children's social workers, and results in an extremely good level of service being available to children who have often experienced trauma prior to their arrival to this country.
13. The overwhelming majority of children's plans are clear, address their assessed needs well and are ambitious for their future. Children in care reviews are timely, and most children are supported to participate in the review meetings. Interpreters are actively sought and sourced to allow children to fully understand what is happening, what their plans are, and that their voices are heard. Children are often visited in between their review by

independent reviewing officers (IROs) to ensure that care plans remain appropriate and actions from reviews are being completed in a timely way. The IROs get to know the children well and advocate strongly for them. Children in care reviews are written personally to the child, in a clear and sensitive style, which enables them to understand what was agreed.

14. The local authority is a founder member of a regional adoption agency (Ambitious for Adoption) and is fully committed to its operation. When adoption is the plan for permanence, this is progressed in a timely way, with careful matching to enable positive outcomes for children.
15. Children are visited by their social workers at a frequency that meets their needs and are often contacted in between visits. When needed, an interpreter is always organised to enable the children's voice to be clearly heard and understood. Their views are articulated well within their plans and reviews. Social workers demonstrate great sensitivity to the cultural needs and identities of the children and explain very carefully what they are entitled to, supporting them to receive their entitlements.
16. All children in care and care leavers are offered an advocate and many take up this independent support. Independent visitors also provide valuable ongoing support to children, many of whom do not have any family members available to support them in this country.
17. All children in care and care leavers are considered as part of the children in care council unless they do not wish to be so. There are regular events, where children in care and care leavers attend both fun activities and informative sessions, which promotes their well-being. There is a creative and imaginative approach to these activities, and resultant suggestions on service improvements by the children have clearly influenced wider service delivery.
18. There is extremely strong involvement and interest from council members and leaders, who often meet directly with the young people and show real interest in their lives, celebrating their achievements and demonstrating commitment to meeting individual needs through the funding of bespoke services. They recognise the specific needs of the young people in their care and strive to do their best for them.
19. Children in care and care leavers receive good support to access services to help improve their physical and mental health. The vast majority of health assessments are timely, and social workers and health professionals ensure that children access these so that they can quickly identify any health needs and services required.
20. There is particular sensitivity shown regarding cultural and diversity issues of asylum-seeking children and an understanding shown regarding their journey. Support for their emotional health is available through child and adolescent

mental health services (CAMHs) and, where necessary, funding is available for more bespoke services. Social workers show a good understanding of the individual needs of the children they work with, often suggesting activities which support them to improve their confidence and self-esteem, and this impacts positively upon their mental health. Care leavers are given their health histories in a written format, and this is translated to ensure that it is understood.

21. Children in care are very well supported to enable them to access leisure activities. Individual interests are well considered, and are creatively supported in order to enrich children's lives. The local authority, as a corporate parent, has ensured that some children have an opportunity to access a holiday.
22. The virtual school is creative, relentless and effective in its work with other professionals and external partners to ensure that the growing cohort of children in care do well. Children make good progress in their learning and grow in confidence. This is due in no small measure to the careful and timely attention paid to their individual needs and the excellent support they receive, for example at the weekly local tuition and enrichment classes. This paves the way for meaningful engagement with education, employment and training opportunities. The majority have good attendance at all education and enrichment classes, and they engage in their learning. The low drop-out rate in college reflects the secure grounding they have had, the effective support they receive and their own commitment to learning.
23. Children enjoy a rich range of opportunities which open the doors to the arts, culture and sport. Some opportunities are noteworthy, such as the joint project with boys from a local independent school. This has had a palpable impact on both groups of children, who get to learn from each other's experiences and cultures. Personal education plans are of good quality and are purposeful. The vast majority of care leavers are in education or employment, and the local authority is ambitious for them and supports those who wish to attend university.
24. Given the unique circumstances within the City, almost all children in care and care leavers live outside of the local authority area. The local authority works hard to ensure that children are not disadvantaged by this. There are clear and effective arrangements in place for commissioning foster placements. The monitoring of these is detailed and focused, providing a thorough oversight of the quality of the service and contributing to effective placements that meet children's needs. Although some care leavers live in unregulated placements, these are carefully considered via a robust quality assurance process, with the local authority visiting placements to ensure that they are suitable to meet the needs of the children.

25. As children begin their transition to independence, this is planned well with perceptive, careful consideration of individual needs and circumstances. Pathway plans are well written and written with the young people. This results in clear plans, which are understood by the young people, reviewed on a regular basis and meet their needs. Children's wishes about where they'd like to live after 18 are considered, and, as a result, some are supported to stay living with their foster carer.
26. All care leavers are given priority on the local authority housing list, and support is given to secure a tenancy. However, great sensitivity is shown to care leavers who are not ready to move on to full independent living, and some remain appropriately in semi-independent provision beyond 18 in order to enable them to develop the skills and confidence they require prior to moving.

The impact of leaders on social work practice with children and families: outstanding

27. High-quality services for children and families have been sustained for some time. In some areas, particularly in relation to children in care and care leavers, services have improved, resulting in positive experiences and progress for young people. Leaders have been responsive to the challenges of significant increases of children in care and care leavers and are committed to continuous learning to ensure that these effective services are available on an ongoing basis.
28. Senior leaders and managers at all levels know the service well, and there is a detailed understanding of what is happening in individual children's lives. Children's needs are prioritised, and there is a clear motivation to do the right thing to facilitate positive experiences for all children. This is enabling them to make progress in many aspects of their life. The services for children in care have improved because of committed and effective leadership. Good relationships with key agencies ensure that needs are promoted, and practitioners are able to work effectively with children and families. Key innovations with partners, particularly the enrichment programme with a local independent school, are providing opportunities. This is having a significant impact on the lives of a number of young people.
29. This is a learning organisation that is open to external scrutiny and committed to continuous improvement. This is evident in an accurate self-assessment, which details a thorough understanding of the local community, the progress that has been made and a recognition of the need for ongoing improvement. There is a clear understanding of both the benefits and challenges that are faced by a local authority with some unique characteristics. Independent audits and quality assurance work have clearly influenced service improvements and practice delivery, demonstrating a willingness to learn and

to continue to progress. The move from a service improvement board to an achieving excellence board, utilising external independent support to achieve excellence, is further evidence of an ambition to excel and not settle for maintaining consistently good services.

30. The significant changes in the cohort of children who have come to the attention of the service are well understood. The decision to work with additional numbers of unaccompanied asylum-seeking children rather than subject them to an additional, potentially traumatic change in circumstances is significant and worthy of note. It demonstrates a sensitivity in service planning which is meeting the needs of children and young people. This has been supported throughout the organisation, and there is a thorough understanding by all senior managers and council members of their responsibilities. The lead member and deputy chair of the safeguarding sub-committee demonstrated an impressive knowledge of children's services, taking a proactive approach to meeting young people to facilitate greater understanding of individual circumstances.
31. The City is acting as an enthusiastic and responsible corporate parent who is ambitious for their young people and committed to ensuring that their life chances are improved. The achievements of children in care and care leavers are celebrated.
32. There is an active children in care council and the views of children and their families are actively sought, and learning is taken from their input. The voices of children are valued, listened to and, most importantly, acted on.
33. The increase in demand is well understood through effective performance management and monitoring. There has been good corporate support to ensure that the service can meet its responsibilities and more. When needs arise that cannot be met, services are commissioned to ensure sufficient capacity to meet the needs of all children. Rigorous quality assurance and monitoring of independent providers means that children are safeguarded and only live in placements that will meet their needs and enable them to progress.
34. Additional staff have been employed, and management capacity has been increased through the development of the deputy team manager role, in order to enable ongoing, purposeful and effective work with children. Although there are some gaps identified in recorded management decision-making, overall oversight of practice is strong and effective. Supervision records demonstrate that practitioners are given the opportunity to reflect, and there is clear practice direction. The service has been responsive to recent absences, and additional measures put in place to ensure effective oversight of practice remain ongoing.

35. Social work caseloads, although more variable recently, are manageable, and this is allowing social workers to develop strong relationships with children. Social workers know the children very well, and have worked with some for a long period. This continuity enables positive and trusted relationships to develop, and children feel well supported.
36. This is further enhanced by the investment in a relationship-based systemic model of practice which is becoming more embedded in the work of practitioners. The practice standards are detailed, and they set out clear expectations of how work with families should be approached. These are consistently met to a high standard.
37. Social workers are well supported. They do good work, which is making a difference to children's lives. They have access to ongoing developmental opportunities to ensure that they are able to maintain high-quality practice to improve the lives of vulnerable children and families.



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Ofsted Action Plan						
Recommendaton	Who?	Does what?	By when?	How will we know it has been done?	RAG rated	progress
The management overview of families stepped down to early help to ensure that families receive help with in a timescale that is right for them	Early Help Co-Ordinator & Mosaic Lead	Make Early Help Assessment workstep & TAF meeting process live on Mosaic	11-May-20	EH worker will have tested the worksteps.		complete
	Early Help Co-Ordinator	Runs a weekly report on referral into early help and timescale of completing an EH assessment.	18-May-20	Report is produced		complete
	CSC & EH Management Team	Reviews EH step downs at weekly management meeting for 8 weeks & records overview on Mosaic.	04-May-20	Management Meeting notes evidence overview. Mosaic notes evidence oversight. Service manager to evidence at AEB in writing with examples.		complete
The recording of management decision making at all stages of a child s journey.	Assitant Director & Service Manager	Build management capacity. Draft review in place, need to take forward.	01/08/2020	Revised structure chart published. Staff in place.		
	Assistant Director & Service Manager	Extend Deputy Team Manager Pilot, to retain capacity whilst CV-19 has put service review on hold.	01/04/2020	DTM postholder is in place throughout CV-19 and to end of service review		
	CSC & EH Management Team	Has recording as a standing item on management meeting agenda. Team to remind each other on recording reasons as well as decisions on case files.	04/05/2020	Management meeting notes show discussion.		
	CSC & EH Management Team	121s with each level of managers includes a section on recording, with spot checking.	30/04/2020	121s evidence spot checking and discussion.		
	QA service manager	To undertake themed audit on management recording & present to CSMT.	30-Jun-20	Case records show rationale and decision making is well recorded across all levels of management		

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Committee(s): Safeguarding Sub Committee – For information	Date(s): 24/06/2020
Subject: Children's Social Care Covid 19 Response: Guidance and Approach	Public
Report of: Andrew Carter, Director of Community & Children's Services	For Information
Report author: Rachel Green, Community & Children's Services	

This report outlines the response of the Children's Social Care Service in the Covid-19 period and the guidelines that have been followed to ensure staff and client wellbeing.

Summary

The Social Care and Early Help Service has adapted quickly to meet the new and emerging needs of children and families in the City of London. This report sets out the response of the service and the guidance on social work practice that has shaped this response.

The initial phase of the work was to ensure that children could access their learning through provision of dongles, laptops and ipads, and by ensuring weekly contact with all children and families for support, advice and guidance. As the pandemic has continued, and some families have faced additional financial hardship with redundancy and the loss of jobs in the 'gig' economy, work has been supporting with access to financial advice, emergency funds and access to benefits. Work has also involved supporting with planning timetables for the home, ideas on play, listening to worries and fears, and undertaking direct work with children virtually.

Visits to children and family have been conducted via a mix of face to face and virtual methods over the period, in line with newly established guidance on safety and the use of PPE. Staff have been present in the Guildhall on a rota basis, and have been providing a full duty service in office hours throughout this Covid-19 period.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

Early Help

1. The Early Help Service is, as its name suggests, a service which provides help and support early, to ensure that need does not turn into risk, and to support families in a timely way before problems worsen. Therefore, according to the City of London COVID-19 response guidelines, all face-to-face visits ceased as these were not deemed essential.
2. As the database set up for Early Help was in progress, spreadsheets were used to track weekly visits, school/tuition attendance, and Covid symptoms in Early Help from the outset of lockdown in March 2020. This enabled a service overview, and assurance that young people were able to access their online education and were attending these classes in a timely fashion.
3. The Early Help Service had to adapt and challenge itself to continue to meet the needs of the local community and service users. The team worked from home virtually in ways that they had not done so previously. Despite some initial technical challenges, Early Help has been reactive, adaptable and flexible to help children & families during these uncertain times.
4. The direct work with families has been intensive, which has included weekly virtual home visiting and direct work sessions with children across a broad age range and cognitive abilities. There have been a range of success stories, which includes supporting children to access school, online educational resources and providing laptops and computers to our school age pupils.
5. The team have supported parents and families who have been experiencing financial hardship related to Covid-19, making referrals to the Square Mile Foodbank, providing supermarket vouchers and ensuring families are in receipt of free school meal entitlements. This has prevented food poverty for many. The team have been engaged in advice and signposting to families on welfare rights during this time and have made referrals to City Advice to help our parents access further support with employment rights, health and well-being information including help to complete new Universal Credit claims.
6. The children the service work with have enjoyed the work they have been completing with the Early Help Worker, who has been using social stories to help their understanding of Covid-19. Social story work has helped with the change in their routines and supported them to understand their situation and social distancing rules.
7. Systemic Family Therapy has continued to be offered to some families via Microsoft Teams and we have been pleased by the outcomes and shift to new positive behaviours. The feedback received from families during this time has all been very positive, with one family saying, "*many thanks for the FaceTime*

call, we are grateful for your care for our family, thanks for organising our Family Session this afternoon. It was a very useful session and we are grateful for having the opportunity to talk to you".

8. At the centre of Early Help intervention is the great work which is being undertaken collaboratively with colleagues in a range of service areas, especially with our commissioned partners and Health and Education colleagues. An audit report on the quality of virtual visits in Early Help evidences an exceptional level of work in this service.

Short Breaks

9. Children with a disability are entitled to short breaks, and this policy is available on the City of London's website. The purpose is to offer leisure opportunities to children that they might not otherwise be able to access. In lockdown, families have been faced with the challenge of keeping their child or young person entertained and occupied for longer and the daily routines have been thoroughly changed. Further, due to Covid-19, a number of children and young people have been unable to access their regular short breaks activities. This is due to a range of reasons, either because the short breaks provider is closed and or families are unable to spend direct payments/individual budget on the chosen activity.
10. The service decided to enable families to use their March-August Short Breaks payments on a range of resources. The service offered flexibility for the payments to include purchases on IT equipment, books, games, apps, toys such as outdoor play equipment, bikes, arts and craft materials. This flexibility was put in place to support the development, education and stimulation of children through play and creativity. Four families have so far bought IT equipment, including ipads and laptops that have enabled their children to access education and leisure activities. Two further families plan to buy IT equipment with these funds, having already access to a laptop for educational purposes.

Children's Social Care

Needs arising

11. There have been a number of themes arising for our service users during the Covid-19 pandemic which will be covered throughout this report.
12. There have been several academic papers that have been published during the Covid-19 lockdown focussing specifically on the markedly higher mortality risk from Covid-19 among Black, Asian and Minority Ethnic (BAME) groups. This is particularly relevant for our service with consideration that the majority of our service users are from BAME groups. This has been a challenge for us not only when considering our service users health but also the wellbeing of our workers, over half of whom are BAME. This continues to be held in mind

as at the present time as the exact reasons for this increased risk and vulnerability from Covid-19 in BAME populations are not known.

13. The hypothesised contributing factors have been outlined and considered in practice. This has been in consultation with health partners at a strategic level and ensured that our service users and the professionals around them continue to communicate the most up to date Government advice regarding Covid-19. For example, the City of London raised what more could be done to support BAME children looked after in the pandemic with the City and Hackney Health Children Looked After (CLA) service review meeting. Research was discussed, and outcome was that CLA health nurses would write to every BAME CLA's GP to ask that vitamin D be prescribed/formally recommended. The evidence showed that vitamin D has a small but positive effect on reducing the effect of Covid-19 symptoms, it was noted by health professionals that our children are less at risk of Covid-19 by virtue of their age.
14. Covid-19 is a respiratory illness. Most of our service users have come to the attention of our service as Unaccompanied Asylum-Seeking Children (UASC). This has meant that they have been more likely than our indigenous population to have previously suffered or currently be suffering with Tuberculosis. A small number of our UASC, less than 5, were highlighted to our Children Looked After Health Team and review health assessments were brought forward and completed to address their specific tuberculosis related issues.
15. Newly arriving UASC have experienced long and arduous journeys, where health needs are not met, and more health needs arise. The City of London has infectious disease screening in place for new arrivals, and now with Covid-19 there is COVID testing and Child Looked After Health advice available to social workers. At the outset of the pandemic, fostering and semi-independent agencies were reluctant to accept any new UASCs given the health risks. As a result, the Children's Social Care Service, jointly with Adults Social Care and Homelessness Service, procured hotel spaces with support that enabled the placement of 16/17 year old UASCs in an emergency. This service has not needed to be used, as placements have been found that better meet young people's needs.

Education & isolation

16. It is well evidenced that loneliness is experienced at far greater levels by care leavers than the general population which could be increased further by the lock down. This may be linked to some of our service users sometimes finding it challenging to remain in their placements and follow Government guidance. We increased our contact to our care leavers to weekly initially and supplied technological devices and internet as detailed below to support with trying to reduce loneliness through increased social engagement. Some of our placement providers also put together timetables of activities for service users

they could engage in inside their placements, for instance BBQ's and movie nights.

17. We quickly identified that access to remote learning would be barrier to a number of our service users due to their circumstances.

18. There was a significant level of partnership working with schools and colleges to identify what support schools could offer in providing access to remote learning. In addition, they supported in preparing risk assessments for service users who were eligible to attend one of our two Hub provisions. These provisions offered children of a school age residing in the City, whose schools were closed or a long commute from their home, an opportunity to study in a school setting locally.

19. For those service users where education providers were unable to provide adequate tools for remote learning, we looked at how we could support. The below table details the number of service users that now have access to the below technological devices who previously did not following distribution by Children's Social Care which has supported with their education.

<u>Category</u>	<u>Laptops</u>	<u>4G internet</u>	<u>Tablets</u>
Child In Need	3	-	-
Child Protection	3	5	-
Looked After Child	11	-	-
Care Leaver	8	6	4

NB: this table is correct as of 05/06/20. It does not account for service users that have utilised their Short Breaks entitlements to purchase technology for entertainment and social engagement purposes during the lockdown which they have in turn utilised to engage in education. Nor does this account for those devices that were provided by education providers for service users.

20. The below table breaks down the number of service users that are either accessing education virtually or in person. Without the above detailed provision of technological tools, a number of these service users would not have been able to continue their studies.

<u>Category</u>	<u>Virtual attendance</u>	<u>Attending in person</u>
Child In Need	14	6
Child Protection	2	2
Looked After Child	19	-
Care Leaver	18	-

NB: this table is correct as of 31/05/20. This table does not account for school refusers, NEET or employed care leavers.

Social work support

21. A key component of our work is achieving positive change through direct work with service users while utilising systemic practice. The service quickly identified that with the Covid-19 pandemic practice would need to change significantly, that being from moving to an increased use virtual technology to support communication, and a reduction of face-to-face visiting to keep both service users and workers safe. Initially we were offering weekly virtual contact to service users utilising various technologies including Skype, Zoom, Whatsapp and telephone. Service user feedback was listened to and our contact levels amended from weekly on a case by case basis dependent on a combination of service user wishes and assessed safeguarding risk.
22. Every service user that is currently open to the service has been spoken with since the pandemic commenced to ensure that key Government health advice has been shared and they are clear on who they can contact for additional advice and support. This has been repeated and strengthened with contact by the participation officer and independent reviewing officers in the Quality Assurance and Safeguarding service, as well as keywork staff and foster carers where the children live. Where needed, health professionals have also been in contact to promote health safety and wellbeing.
23. The below table shows the latest visiting/contact data with service users within the last reporting week:

<u>Category</u>	<u>Virtual visits/contacts</u>	<u>Face to face visits</u>
Child In Need	27	2
Child Protection	3	2
Looked After Child	21	2
Care Leaver	34	1

NB: this table reflects visiting for the week ending 31/05/20.

Risk assessment & PPE

24. The Covid-19 guidance issued by the City of London sets out when and how a visit should be taken to service user(s), with full consideration of PPE, social distancing and travel.
25. In order to safeguard both service users and workers, the team have been utilising this guidance. Before considering a face-to-face visit, the risk assessment is completed, reviewed and authorised prior to visit by a manager within the team. The team have also utilised PPE when face to face visiting is required and have been utilising the City of London Corporation guidance regarding safe removal and disposal of this PPE.
26. For one family of four children supporting with Child In Need intervention, PPE has been creatively utilised to ensure a consistent service. The support for the family prior to and through the pandemic used a Family Support Worker in

addition to the social work support we provide. The funding for the Family Support Worker continued and extended for this COVID period and PPE was given to ensure that the family were able to continue to receive the face-to-face intervention that they required. This ensured that the family's needs continue to be met throughout the pandemic, and risk was contained.

Systemic support

27. During this exceptional time, we have benefitted from the ongoing support of our Consultant Systemic Psychotherapist, who has continued to be available virtually throughout the pandemic every Wednesday, offering the service a variety of different support including one-to-one systemic case consultations, monthly systemic case discussions and monthly team systemic group supervisions. This has supported the service to think creatively in how to engage service users virtually while also supporting team wellbeing and resilience.

Conclusion

28. The service has been proactive and responsive to child and family need. Staff have been well motivated and creative in their work with children and families in this new environment, with different needs arising. It is anticipated that there will be an increase in reporting of domestic abuse, as has been the national picture over this period, and that there will be more stressors on families as redundancies take place.

29. Service development work continues, alongside emergency response, to strengthen and continue our outstanding work with children and families.

Appendices

- Appendix 1 – City of London Guidance for Children's Social Care and Early Help

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COVID-19 Emergency: Children's Social Care and Early Help

Staff Guidance

7 April 2020

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1. Introduction

This protocol sets out the arrangements for delivering 'core' children's social care services to children and families where the City has a statutory legal duty under the Children Acts and associated legislation.

This unprecedented COVID-19 civil emergency period and guidance issued by central government and Public Health England regarding social-isolation and social distancing measures prevents the 'business as usual' delivery of children's social care services. As much of statutory children's social work intervention requires multi-agency meetings, home visits and direct contact with children, families and professionals we will not, during this civil emergency, be able to meet the existing raft of DfE statutory guidance which underpins statutory children's social work.

Statutory guidance can be set aside under 'exceptional circumstances' and the current COVID-19 civil emergency meets those criteria. In response, where the available personnel, protective equipment and COVID-19 civil protection arrangements allow, the City Children's Social Care will deliver only 'critical' social work services against the key elements of the Children Act 1989.

Our 'Critical' Priorities

- Protection of children from significant harm
- Support to children at imminent risk of their family living arrangements breaking down
- Support to children looked after at imminent risk of placement breakdown
- Support to care leavers who are or are at imminent risk of becoming destitute and homeless

Assessments, Plans and interventions delivered will be limited to the minimum social work activity required to reasonably mitigate risk during the period of the COVID-19 civil emergency.

2. Critical Service Delivery Arrangements

2.1 Staffing Descriptors

To reflect the range of staff availability as a result of COVID-19 and Public Health England guidance the following terms are used to describe staff roles in this protocol:

Fully Operational

A member of staff who is well; is not required to self-isolate; is not in a vulnerable group.

These staff will focus on undertaking 'critical' direct contact tasks with children and families subject to social distancing precautions, adherence to protective personal hygiene measures and, where there are COVID-19 symptoms or diagnosis, provision of personal protective equipment (PPE).

To support social distancing, these staff are encouraged to work away from Council buildings where it is possible for them to safely travel to their direct contact tasks with children and families within one hour.

These staff will be supported with any indirect tasks by their **well and working away** colleagues.

Well and Working Away

A member of staff who is well and is working remotely away from Council buildings as a result of:

the requirement for self or household isolation due to COVID-19 symptoms of persistent cough or fever
being in a vulnerable group and social distancing

These staff will focus on undertaking 'critical' and 'business as usual' tasks which support **fully operational** colleagues and the effective delivery of critical services.

These staff are available by phone, email and other City of London systems to undertake 'business as usual' and 'critical' indirect tasks as directed by a manager. These staff may be required to undertake indirect tasks related to their current role; be redeployed into another indirect role or a combination of indirect tasks.

Absent

A member of staff who is not available for any kind of work due to illness; annual leave or the lack of suitable remote working provision to enable them to be considered well and working away where they would otherwise meet these criteria.

2.2 Task Descriptors

Indirect Social Work Tasks	These are tasks which can only be undertaken by a social worker and do not require face-to-face contact with others. E.g. Multi-agency meetings via Skype or Teams; phone discussion with professional network to contribute to assessment; phone discussion with family about a plan; phone /email correspondence with agencies to secure services; case supervision by Skype or Teams.
Direct social Work Tasks	These are 'critical' tasks which can only be undertaken through face-to-face contact with children, families and other professionals. E.g. Section 47 child protection investigation visits/medicals; collection and placement of children entering care; home visits to prevent family or care placement breakdown.
Indirect tasks	These are support tasks which can be undertaken by practitioners and support workers and do not require face-to-face contact with others. E.g. phone discussion with professional networks; phone discussions with families and children; phone /email correspondence with agencies to secure services; Skype calls with family networks; case supervision by Skype or Teams.
Direct tasks	These are 'critical' tasks which can only be undertaken through face-to-face contact with children, families and other professionals. E.g. transportation and placement of children entering care; home visits to prevent family or care placement breakdown; in home support for children with complex and enduring disabilities; provision of emergency food, supplies and medicines for isolated young people and families.

3. Organisation of Targeted Early Help and Critical Social Care Service Delivery

Fully operational and **well and working away** Head of Service and social work Team and Deputy Managers and the Early Help Coordinator will remain available to support staff and the casework in the Service. Case and practice decision- making will remain with these managers as long as management staffing levels in Early Help and Children's Social Care allows.

It is acknowledged that ongoing provision of some **Targeted Early Help** services is critical to ensuring that the needs of vulnerable families don't escalate, and that Children's Social Care is able to focus available social worker resources on critical interventions to safeguard children.

In response to the reduction in a **fully operational** workforce 'critical' targeted early help and children's social work services will begin delivery through the virtual MASH.

3.1 Virtual MASH and Duty

Virtual MASH: the duty social worker will continue to receive and triage incoming referrals from professionals and families using the Virtual MASH.

The duty worker(s) will operate remotely. Staff with suitable skills will be redeployed from other areas (such as Early Help and the QA Service) if there are staff shortages. Staff limited to home working due to self-isolation or vulnerable group social distancing will be prioritised for such deployment.

Duty social workers will be **fully operational** and work from home where they can safely travel to a direct social work task within one and a half hours.

They will undertake child protection investigations and 'critical' visits to children and families under Section 47 Children Act 1989 for children not previously known or closed to Children's Social Care in the City.

The Duty Team Manager will identify those children requiring 'critical' visits and ensure they are allocated to a **fully operational** social worker. Children who require a statutory assessment but not a 'critical' visit will be allocated to **well and working away** social workers for phone-based assessment and agency checks.

Early Help: will provide coaching, advice and support to families over the phone around the following themes;

- Early Help guidance and support
- Parenting / behaviour (for families open to both early help and social care)

As workforce levels reduces, **fully operational** social workers will prioritise 'critical' direct social work tasks across the service. **Well and working away** social workers will be tasked with 'critical' indirect social work tasks across the service which may include those for children whose **fully operational** social worker is otherwise deployed on 'critical' direct work.

3.2 Phasing of the Service in Responses to Workforce Availability

During Phase one all **well and working away** staff will continue to complete indirect tasks with children allocated to them such as phone/Skype check-ins; agency checks; multi-agency skype / conference call meetings; completion of assessments and plans.

On a rota basis, **fully operational** social workers will come into the Guildhall on Monday, Wednesday and Friday. There will be one social worker and one manager in the office on each of these days.

Both **fully operational** and **well and working away** qualified social workers across DCCS and support staff currently in non-case holding roles will be redeployed to cover the direct and indirect tasks of absent colleagues.

Phase two: will consider redeployment to cover critical work within Children's Social Care from across DCCS.

4. Targeted Early Help and Children's Social Care Critical Tasks

4.1 S.47 Enquiry:

- Immediate risk of significant harm identified from available information to reach s.47 threshold by a social worker and manager.
- Virtual discussion to be held with Manager, police (where criminal element) and if possible, the referrer or most involved professionals within **24 hours**. A series of discussions can be held, and this will form the **Strategy Discussion**. Lack of professional availability due to absence or redeployment of resources should not delay safeguarding action for the child.
- There will be **15 working days** to complete a s.47 enquiry, which includes the child being seen by a **fully operational** social worker within **five days** and information being gathered from the available network and support system. Analysis of this information will be recorded as a brief Child and Family Assessment.
- During the COVID-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. A social worker should arrange a virtual Family Network meeting with extended family members within **ten working days**. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the Skype conferencing facilities.
- Within **15 working days** a social work Manager will review the available information to make a decision about the level of risk to the child and next steps e.g. case closure, planning under s.17 or s.47 or legal action.
- Children identified as 'in need' under s.17 will only be offered a s.17 child in need plan where there is an imminent risk of family breakdown or the intervention required is deliverable in the context of service availability during the COVID-19 emergency period. A social worker should complete a case summary outlining a child's s.17 needs where a social work manager has agreed to close involvement of Children's Social Care because no services can be delivered during the COVID-19 emergency period.
- Subject to central government and Public Health England guidance regarding management of COVID-19 transmission and infection in individual cases, safety measures could include involvement of the child's relatives, requesting an adult posing a risk moves out of the family home or requiring the child to attend a school setting (symptomatic, infected and some children with specific health conditions should not attend school). Written Agreements with parents should not be used.
- The child's case summary on Mosaic will be updated by a social worker to reflect the new understanding of the family, risk and the child's plan.
- The child protection process remains the same – with s47, child and family assessment and ICPC.
- For children with new child protection plans they will have professional contact **two weekly**. This will be a mixture of direct contact and phone/Skype calls. Contact can be through a social worker or other professional identified by a Manager e.g. nurse, health visitor, teacher, police officer

4.2 Planned ICPCs may be held in two Parts

- The ICPC can be held in two parts if needed while there is COVID 19, if the family are not able to attend face to face on skype/teams.
- The Child Protection Chair and social worker will meet with the family virtually, or face to face to share concerns in relation to the potential risks to children.
- At this stage family will be advised of the virtual conference and the process involved in regard to ICPC and potential outcomes. If the family are unable to attend their views will be ascertained and shared at the virtual ICPC.
- Virtual ICPC meeting with professionals and family if possible, will take place within three days of the above meeting to discuss risks and needs of the children, and whether they need to be on a child protection plan or child in need plan. Outcome of this meeting will be shared with the family if they were not able to be present.
- Child Protection plans will determine level of contact with the child and family, which includes virtual contact (WhatsApp, Skype, Video Calling); review meetings (akin to core group), dates and network around the child
- Every four weeks, using information from contact with the family and involved professionals, the child's case summary is updated by a social worker. The Plan and level of risk to the child is reviewed by a social work manager and a social worker.
- Every three months the Child Protection Chair will arrange a virtual review of the child protection plans with the family, a social worker and involved professionals. The child protection chair will review information recorded on the child's Mosaic record before commencing the virtual review. The virtual review can be a series of phone/ Skype discussions.

4.3 Transfer-In Child Protection Conferences

- These will not be held during the COVID-19 emergency period
- Requests to be reviewed in 12 weeks and originating LA contacted re: proposed transfer-in dates (depending upon national climate)
- The Children's Social Care team will agree to undertake 'critical' direct social work tasks with a child and family where a valid transfer-in request has been made

4.4 Current Child Protection Plans

- A Child Protection Chair will virtually review and update the plan in discussion with the family, a social worker and involved professionals on or before the date a RCPC had been set. Virtual reviews will then be held every 12 weeks.
- During the COVID-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. If the child protection plan is not working, the core group and/or the RCPC can be brought forward. If needed, the social worker can arrange a virtual Family Network meeting with extended family members. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the City of London's Skype conferencing facilities.
- The child protection chair will update the child protection plan and share with it with the network

- Children will not have their child protection plans ended during the COVID-19 emergency period unless a) they become a child looked after; b) any risk posed to them by adults ends through permanent alternative living arrangements; c) the permanent absence of adults posing the risk to a child
- The Safeguarding and Quality Assurance Service will decide, based on risk, the timescale and priority for scheduling of RCPCs.

4.5 Children identified as 'in need' under s.17

- Social workers and managers will risk assess all children currently identified as 'in need' under s.17 as low, medium or high need. All children at imminent risk of family breakdown or those children for whom current 'need' would rapidly escalate into a 'need for protection' should be assessed as 'high need'.
- It is acknowledged that, in the City, where we can work in partnership with families and they are active in increasing their children's safety we do not over-intervene under child protection processes. Social workers and managers should be particularly alert to ensuring these children are risk identified as 'high need'.
- Children in need assessed as 'high need' will have **four weekly** contact from a social worker through phone / Skype / social media. A social worker will undertake **four weekly** agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child, they will alert a manager and record the outcome of that discussion / email response. Where agreed by a social work manager, a direct visit to these children may be made by a social worker.
- Every **12 weeks** a social work manager or IRO/CP chair will virtually review the s.17 plan of children identified as 'high need' with the family, a social worker and the involved network. This may take place as a series of phone/Skype calls. There will be no face-to-face meetings.
- During the COVID-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. A social worker should arrange a virtual Family Network meeting with extended family members where actions and goals in the current plan are not achievable. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the Council's Skype conferencing facilities.
- In the event that reduced multi-agency intervention and service delivery increases the risk to a child 'in need' a social worker and manager should consider if the threshold for immediate risk of significant harm is met and whether a s.47 enquiry is required.
- In the context of service availability and the 'critical' operating model for children's social care during the COVID-19 emergency period, children currently supported under s.17, except those children with additional needs and an EHCP, who are assessed as low or medium need are not considered eligible for 'critical' social work interventions.
- These children will remain open to children's social care as children in need during the COVID-19 emergency period to enable them to access the

emergency school and childcare provisions for vulnerable children and remain 'in sight' of professionals.

- Children in need assessed as 'low' or 'medium' need' will have **six weekly** contact from a social worker through phone / Skype / social media. A social worker will undertake **six weekly** agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child, they will alert a manager and record the outcome of that discussion / email response.
- Every **18 weeks** a social work manager and a social worker will review the s.17 plan of children identified as low or medium need. There will be no Child in Need meetings.
- Where a social work manager agrees to cease social work involvement, the impact on the child or their parent's capacity arising from the COVID-19 social and educational restrictions **must** have been taken into account in reaching that decision. The social work manager will record a 'COVID-19 Case Management Decision' in the child's case notes. A social worker will update the child's case summary on Mosaic. A **Case Closure** letter will be sent to the family and network to advise of the decision and their Mosaic record will be closed. The Case Closure Risk Management Panel will be suspended during COVID-19 arrangements

4.6 Children in Care

- Where consistent with the child's and carer's health needs and the government's current Public Health England COVID-19 advice, all children in care can continue to attend their educational setting if this will promote their welfare and maintain the stability of their home. Foster carers wishing to practice social distancing can choose to care for the child in their home.
- Personal Education Plans will be completed virtually and on paper to ensure that due attention is given to their educational progression.
- IROs, social workers and managers will need to work sensitively with children, their families and carers to promote arrangements for the child to stay in touch with their family whilst ensuring that everyone involved is practicing social distancing and doing all they can to prevent infection and transmission of the COVID-19 virus. Creative and flexible arrangements using virtual technologies such as Skype, FaceTime, WhatsApp etc. should be actively encouraged in preference to face-to-face contact.

4.7 Entry into Care

- An IRO will be allocated when a child becomes looked after during the COVID-19 emergency period.
- Within five days of coming into care a social worker will visit the child in their new home within to undertake a placement planning meeting and initial visit. This person can be the IRO, a social worker or a supervising social worker.
- An IRO will seek the views of the child in advance of their looked after review by virtual means such as MOMO/WhatsApp/Skype/Phone. Where possible the IRO will use virtual contact that allows them to 'see' the child. A social work manager

will decide if the child's circumstances and coronavirus risk levels are such that the child should have a visit from an IRO.

- An IRO will arrange for the initial looked after review to be held within 20 days through the most appropriate virtual means. This may occur as a series of phone/Skype/Facetime/conference call meetings.
- Initial Health Assessments will be requested through the usual route and undertaken through a virtual consultation between a member of the Children Looked After health team, the child and their carer (where appropriate). Where possible the consultation will use virtual contact that allows the health team member to 'see' the child. **A child will never be asked or expected to undress or show parts of their body usually covered by clothing during the virtual consultation.**

4.8 Children in Care living in stable homes

- Where children in care are living in long-term stable homes with foster carers the IRO will arrange to hold the child's looked after review virtually, at **six monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will undertake a 'desk-top' midway review at the three-month interval between reviews to ensure the child's needs continue to be met. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child's Mosaic case record any alternative arrangements under these COVID-19 emergency measures for reviews, seeing the child and actions which are delayed due to the COVID-19 restrictions as 'COVID-19 Alternative IRO Arrangements'.
- A children's social worker will make a direct visit to the child every **12 weeks**. They will contact the child using phone or virtual means every **four weeks**. Where possible the social worker will use virtual contact methods that allows them to 'see' the child.
- The supervising social worker will make a direct visit to the foster carer every **12 weeks**. They will contact the foster carer using phone or virtual means every **four weeks**. Where possible the supervising social worker will use virtual contact methods that allows them to 'see' the carer.

4.9 Children in Care with Plans for Adoption or Special Guardianship

- Where children in care are living in short-term foster homes, the IRO will arrange to hold the child's looked after review virtually, at **three monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will undertake a 'desk-top' midway review at the **six-week** interval between reviews to ensure the child's permanence plan continues to be progress. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child's Mosaic case record any alternative arrangements under these COVID-19 emergency measures for reviews, seeing the child and actions which are delayed due to the COVID-19 restrictions as 'COVID-19 Alternative IRO Arrangements'.

- A social work manager will Chair a virtual Permanency Planning Meeting with the child's network every **six weeks**. The meeting will take place virtually and may consist of a series of virtual meetings.
- A children's social worker will make a direct visit to the child every **six weeks**. They will contact the child using phone or virtual means every **three weeks**. Where possible the social worker will use virtual contact methods that allows them to 'see' the child.
- The supervising social worker will make a direct visit to the foster carer every **12 weeks**. They will contact the foster carer using phone or virtual means every **four weeks**. Where possible the supervising social worker will use virtual contact methods that allows them to 'see' the carer.

4.10 Children in Care Living in unstable placements; residential children's homes or unregulated provision

Children living in unstable placements, residential children's homes and unregulated placements are more vulnerable to placement disruption and abuse. During the COVID-19 emergency period it is critical to maintain, where it is in the child's best interests, their placements because suitable alternatives are likely to be extremely challenging to identify.

A child's placement is considered to be unstable where there are significant behavioural or restraint incidents occurring; children are missing; at risk of CSE/CCE/Serious Youth Violence; there are, or have recently been, allegations against carers; children refuse to return to placement; children are not attending an educational setting; children have significant additional needs arising from trauma, health or disability.

- Where children in care are living in unstable placements, residential children's homes or unregulated placements, an IRO will arrange to hold the child's looked after review virtually, at **three monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will make a visit to the child at their placement before each three-monthly review to ascertain their views and assess the suitability of their placement.
- An IRO will undertake a 'desk-top' midway review at the **six-week** interval between reviews to ensure the child's permanence plan continues to be progress. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child's Mosaic case record any alternative arrangements under these COVID-19 emergency measures for reviews, seeing the child and actions which are delayed due to the COVID-19 restrictions as 'COVID-19 Alternative IRO Arrangements'.
- A social work manager will Chair a virtual Placement Stability Meeting with the child's network every **four weeks**. The meeting will take place virtually and may consist of a series of virtual meetings.
- A children's social worker will make a direct visit to the child every **four weeks**. A social worker will make separate contact with the child and their carers using phone or virtual means every **week**. Where possible the social worker will use virtual contact methods that allows them to 'see' the child.

- A supervising social worker will make a direct visit to the foster carer every **six weeks**. They will contact the foster carer using phone or virtual means every **week**. Where possible the supervising social worker will use virtual contact methods that allows them to 'see' the carer.

4.11 Care Leavers

- Every care leaver between 18 and 25 years has an allocated social worker.
- During the COVID-19 emergency period, Personal Advisor support to care leavers can be provided by non-social work qualified but workers with relevant experience across DCCS. Support will be provided where care leavers are at imminent risk of homelessness or destitution.
- All eligible care leavers between 18 and 25 years will be identified as requiring low, medium and high support.
- Contact between young adults and social worker/support worker will be virtual and at the following minimum frequency:
 - Low support – **12-weekly**
 - Medium Support – **six-weekly**
 - High Support – **two-weekly**
- In the first instance, the social/support worker are to assist young adults to access community and central government resources made available as part of the COVID-19 emergency response. This should include making phone and email contact with relevant agencies to submit and pursue applications on behalf of young adults.
- Social workers/support workers with allocated responsibility for those young adults identified as requiring **High Support** should ensure that there is an updated case summary and a separate Plan recorded in case notes on the young adult's Mosaic record. The Plan should include actions which can be implemented in the context of social distancing and reduced service availability during the COVID-19 emergency period.
- A social work manager will hold a virtual review of the young adult's **High Support** Plans with a Social worker/support worker and the young adult's network every **eight weeks**. The IRO will convene a Pathway Plan Review Meeting of the young person's high support needs.

4.12 Targeted Early Help functions (for open families)

- Early help will risk assess all children as low, medium or high need. All children at possible risk of family breakdown or those children for whom current need could rapidly escalate into a 'need of help / protection' should be assessed as 'high need'. It is anticipated that this should apply to very few families within the Early Help/Short breaks Service.
- Children assessed as 'high need' will have **four weekly** contact from a case practitioner through phone / Skype / social media. Case practitioners will undertake **four weekly** agency checks and update the child's case summary on Mosaic. Where any worker becomes aware of increasing need or risk to the child, they will alert a manager and make referral into social care.
- Children in need assessed as 'low' or 'medium' need' will have **six weekly** contact from a case practitioner through phone / Skype / social media. A Case practitioner will undertake **six weekly** agency checks and update the child's

case summary on Mosaic. Where any worker becomes aware of increasing need or risk to the child, they will alert a manager and make referral into social care.

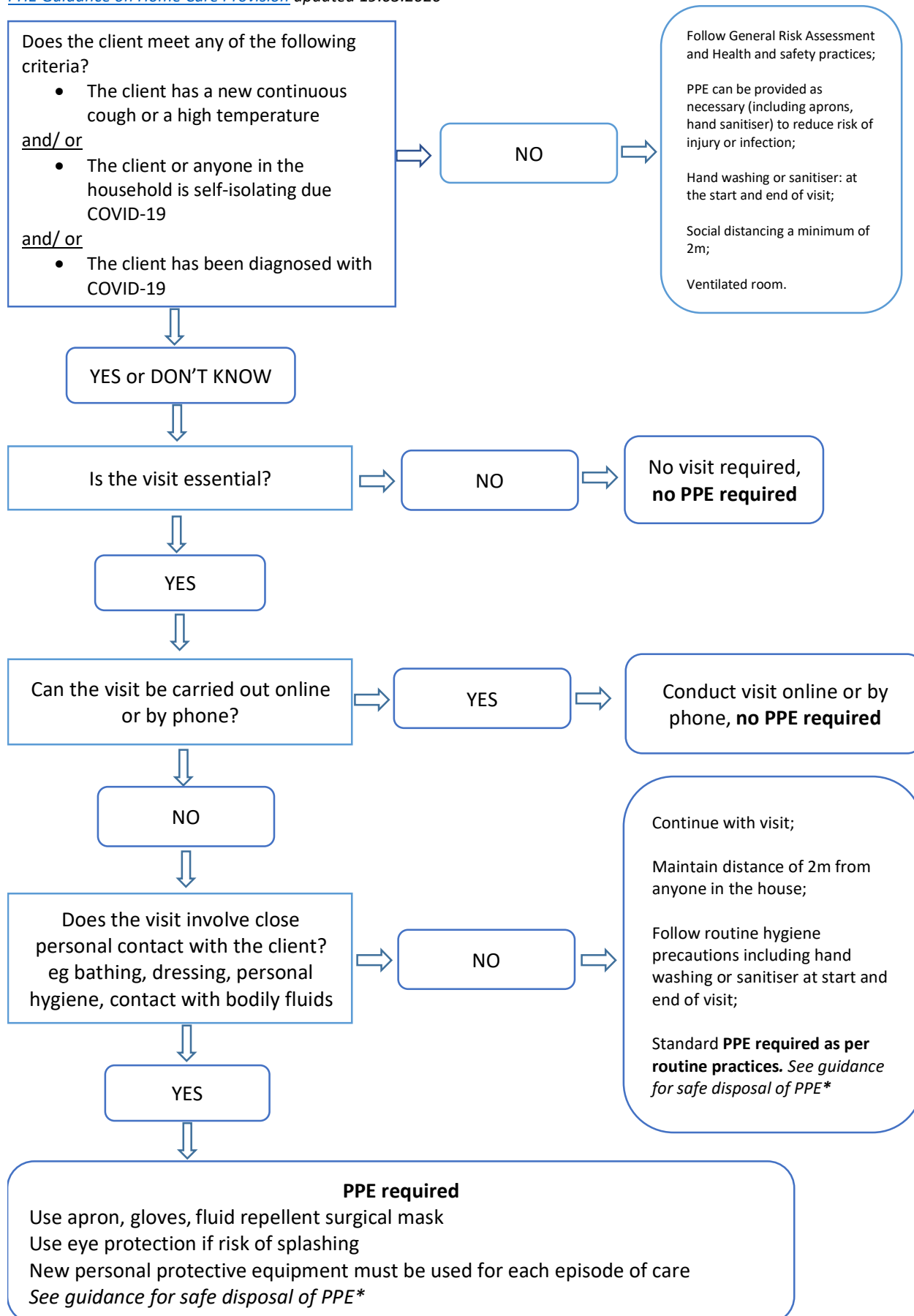
4.13 Local Authority Designated Officer functions

- A duty social worker / IRO or social work manager will receive information (within 48 hours of the incident) from a range of sources via email/phone.
- If the threshold is met for formal LADO oversight, then the LADO or IRO deputizing will convene a virtual ASV within 20 working days of the incident.
- Virtual review ASV meetings will be held by LADO or IRO, where actions by involved agencies are able to progress alongside COVID-19 emergency arrangements.
- Where COVID-19 emergency measures are the priority for other agencies i.e. Police and Health and there is no immediate risk to children the incident will remain logged on the LADO tracker.
- The LADO or IRO will take appropriate action based on investigation findings e.g. referral to regulatory body etc.

This protocol will be regularly reviewed by CSMT, DLT and the City's Gold Group to reflect the changing central government and Public Health England advice and guidance regarding COVID-19 and the role of Children's Social Care and Early Help services.

Guidance for Staff completing essential visits to people at homes: Do I need to use Personal Protective Equipment (PPE) to protect myself and my client from COVID-19?

[PHE Guidance on Home Care Provision](#) updated 19.03.2020



Risk Management for COVID 19 re: Home visits & office appointments

DATE:		DEPARTMENT:		TEAM:	
HOME VISITS & OFFICE APPOINTMENT OFFICER:		MANAGER:			

ASSESSMENT CRITERIA	YES/NO	OFFICER COMMENTS	MANAGERS COMMENTS
1. Is the visit essential?			
2. Can the visit be done remotely?			
If it is agreed that a visit is required, the screening questions should be:			
3. Does the household have anyone:			
<ul style="list-style-type: none"> Who has symptoms of Covid-19 (new continuous cough and/or fever)? 			
<ul style="list-style-type: none"> Who is self-isolating? 			
<ul style="list-style-type: none"> Who is over 70 or has an underlying health condition or is pregnant? 			
4. If so , undertake a detailed risk assessment with a manager and maintain 2m distance if possible and if nature of visit does not allow this, wear PPE (mask, gloves and apron)			

5. Appendix One

	Registered social worker tasks	Green	Amber	Red	Comment
Referral & Assessment	Following referral securing consent about data sharing, collating information and decision-making about whether to undertake a statutory assessment of	Completed by registered social worker	Social worker is supported by unqualified staff to secure consent, collate and identify who has relevant information.	Insufficient registered social workers to undertake this task on all referrals	
Referral & Assessment	Assessment of need leading to a actions to meet needs including CIN Plan if continuing children's social care service.	Completed by registered social worker	Social worker is supported by unqualified staff in gathering & collating information, coordinating & supporting meetings with professionals and family, drafting action points, liaising with health and education professionals around health and education contribution to assessment and, completing child records.	Insufficient registered social workers to undertake this task on all statutory assessments.	
Referral & Assessment	Professional judgement about child's needs, parenting capacity, family / environmental factors informing analysis of need and risk; reviewing or updating assessments; agreeing child in need plan where appropriate.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Care packages	Preparation and review of care packages.	Completed by registered social worker	Social worker is supported by unqualified staff in preparing and reviewing care packages(ie: checking changes of circumstances, changes in financial and housing circumstances).	Insufficient registered social workers to undertake tasks relating to this activity.	
Child Protection	Interventions under Part 5 Children Act 1989 (child protection) relating to strategy meetings / discussions, immediate protection, decisions about holding initial or pre-birth child protection conferences and related assessments / child protection enquiries.	Completed by registered social worker	Social worker is supported by unqualified staff in getting and collating information from children's services and other agencies.	Insufficient registered social workers to undertake tasks relating to this activity.	
Child Protection	Children who require unplanned removal from parent or current carer for their own protection.	Completed by registered social worker	Social worker is supported by unqualified staff in getting information about other potential carers or possible placements for children who may have to be removed from their parent or current carer.	Insufficient registered social workers to undertake tasks relating to this activity. to undertake this	
Child Protection	Pre-proceedings work with the family and their legal representative; presentation of child's case at legal planning meeting or professional panel making decisions about whether a child's needs can only be met by them becoming a looked after child (whether through court order or accommodation).	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Child Protection	Presentation of a child's case to a family court and presenting the local authority's position on the best plan for the child's future care.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Age & Human Rights Assessments	Carry out age assessment and human rights assessment in relation to unaccompanied asylum seeking children.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Fostering regulations & placements	Approve people as carers under the fostering regulations subject to substantive assessment of the carers as suitable foster carers.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Fostering regulations & placements	Make recommendations and decisions (usually manager who are registered SWs) about financial and placement support.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	

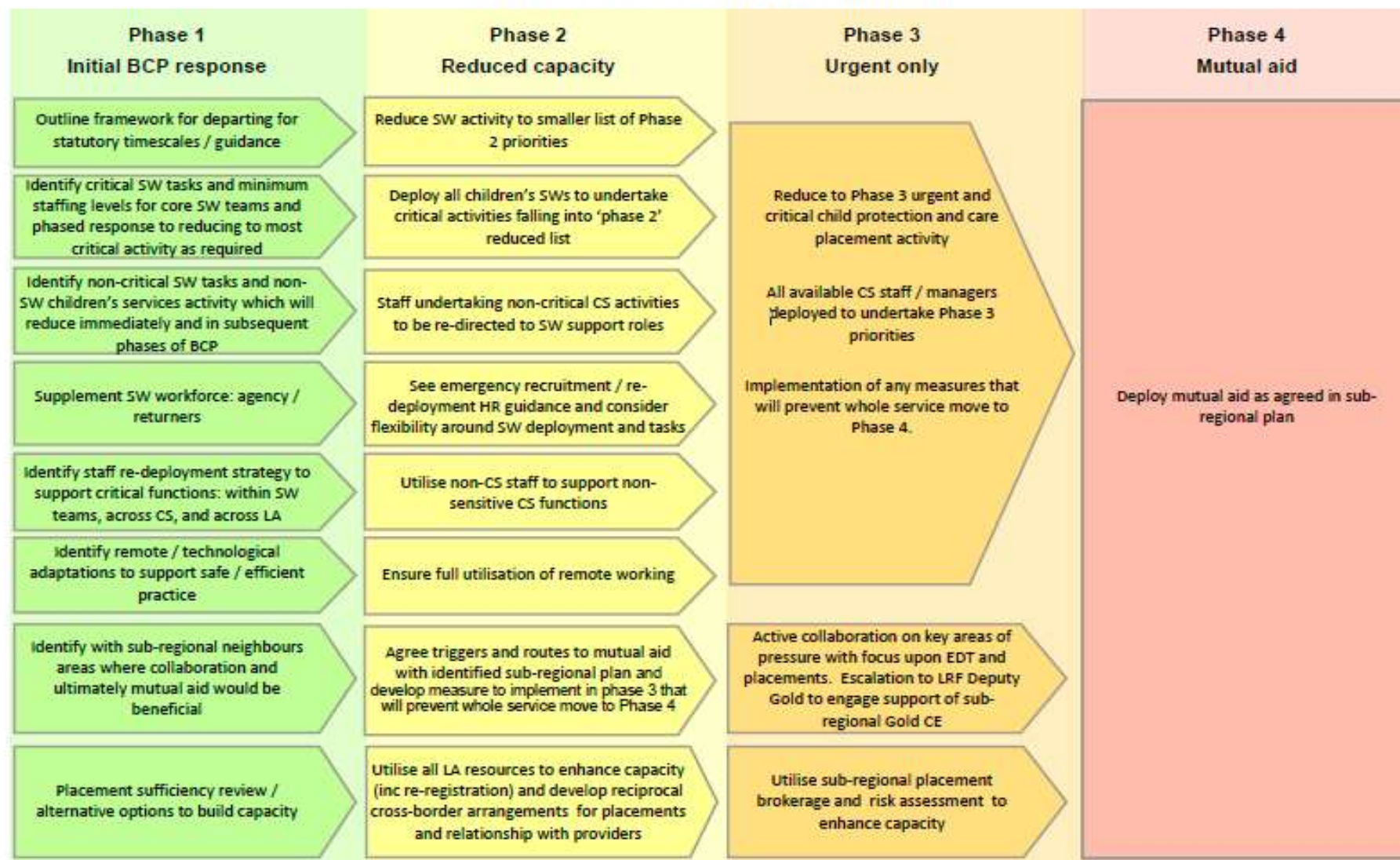
Fostering regulations & placements	Agree arrangements for delegating day to day responsibilities to foster carers.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Fostering regulations & placements	Direct work with children preparing them for moving from their parent / current carer; support the child as they move into their new placement; placement planning meeting.	Completed by registered social worker	Social worker is supported by unqualified staff working under their direction.	Insufficient registered social workers to undertake tasks relating to this activity.	
Fostering regulations & placements	Provide practical help and support in the placement set up and beyond.	Completed by registered social worker	Social worker is supported by unqualified staff working under their direction.	Insufficient registered social workers to undertake tasks relating to this activity.	
Case management & Children in Need	Lead professional responsible for case management coordinating the work of professionals implementing a child in need plan, working with the child and family; coordinating meetings, maintaining and distributing records of meetings.	Completed by registered social worker	Social worker is supported by unqualified staff: telephone contact with family, other professionals as directed, setting up meetings and telephone calls, collating information requested by the social worker; providing information and practical support to families; accompany parent and children to appointments. Resolving practical problems in implementing care packages (ie: with transport) and direct payments.	Insufficient registered social workers to undertake tasks relating to this activity.	
Case management & Children in Need	Visits to children in need or seeing the child at school or other settings.	Completed by registered social worker	Social worker is supported by unqualified staff who join the social worker on home visits.	Insufficient registered social workers to undertake tasks relating to this activity.	
Care Plans & Reviews	Completing care plans for looked after children and reporting on their implementation and impact at looked after children reviews ; updating placement plans; return home and leaving care plans.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Child Protection	Preparing and presenting reports to initial, pre-birth or subsequent child protection conferences.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Child Protection	Leading the core group of professionals and parents / carers / family around the child subject to a child protection plan.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Looked after children visits	Statutory visits to looked after children.	Completed by registered social worker	Visits carried out by local authority fostering or adoption social workers as well as children's social workers.	Insufficient registered social workers to undertake tasks relating to this activity.	
Looked after children placement	Recommending and making decisions (usually managers with independent reviewing officers) about any changes of placement for looked after children.	Completed by registered social worker		Insufficient registered social workers to undertake tasks relating to this activity.	
Supervision of contact	Supervision of parental contact with looked after children.	Completed by registered social worker or contact centre worker.	Unqualified staff provide supervision of contact under direction of social worker or contact centre manager.	Insufficient registered social workers or contact service staff to undertake tasks relating to this activity.	
Returning home and leaving care	Implementing return home or leaving care plans.	Completed by registered social worker	Social worker is supported by unqualified staff who work with the parent on practical arrangements for the child's return home or young person's move to semi-independent provision or their own home.	Insufficient registered social workers or contact service staff to undertake tasks relating to this activity.	

Critical incidents	Making recommendations and decisions about responding to serious child care incidents, accidents, injuries or health emergencies involving looked after children or other children known to children's social care or coming to their attention as a result of an	Completed by registered social worker		Insufficient registered social workers or contact service staff to undertake tasks relating to this activity.	
Leaving the secure estate	Leading statutory assessment and discharge planning for children leaving the secure estate.	Completed by registered social worker.	Unqualified support the social worker or other qualified staff in the Youth Offending Team carry out the tasks.	Insufficient registered social workers or contact service staff to undertake tasks relating to this	
Specialist assessments	Specialist assessments relating to young carers, viability assessments of carers, serious youth violence and criminal child exploitation .	Completed by registered social worker.		Insufficient registered social workers or contact service staff to undertake tasks relating to this	

6. Appendix Two

Children's Services High Level Emergency Planning Framework

[NB: phases align to SCG sit-rep indicator levels]



Committee: Safeguarding Sub Committee	Dated: 24/06/2020
Subject: Annual Local Authorities Designated Office (LADO) Report	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

This report gives an overview of the Local Authorities Designated Office (LADO) activity that has taken place between April 2019 to end of March 2020. In total, there have been eight referrals to the LADO, out of those eight referrals five met the threshold for the LADO and three did not. In the case of two of the referrals that did not meet the threshold for the LADO, there was insufficient evidence to support the allegation, and in the third case, there was difficulty in identifying the perpetrator involved. The report also identifies the training that has been taking place in the City and the impact this has had on the quality of the referrals being made. In May 2019, the City of London hosted the National LADO Conference. This conference raised the profile of the City of London and the role of the LADO.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

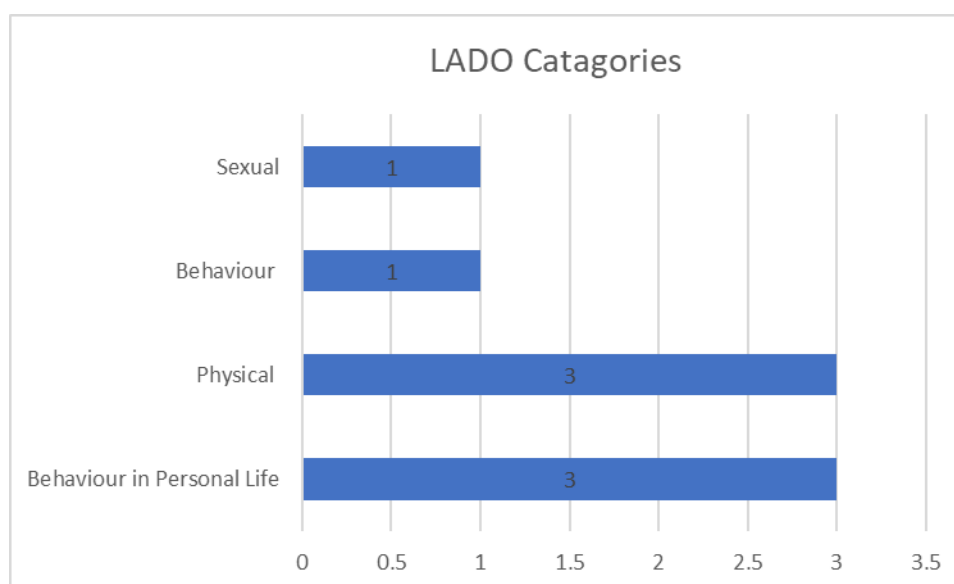
1. The responsibilities of the LADO are set out in *Working Together to Safeguard Children* (July 2018), and the *London Child Protection Procedures 5th edition* (updated 2017), Chapter 7. The LADO deals with all allegations made against staff, including volunteers, that call into question their suitability to work with, or be in a position of trust with, children – whether made about events in their private or professional life, all allegations need to be formally reported to the LADO.
2. Local authorities should, in addition, have designated a particular officer to be involved in the management and oversight of allegations against people who work with children. Any such officer should be sufficiently qualified and

experienced to be able to fulfil this role effectively – for example, qualified social workers. The City of London’s LADO role is carried out by the Safeguarding and Quality Assurance Service Manager.

Current Position

3. Eight cases were referred to the LADO during the 2019/2020 period of which five met the LADO Threshold. The referral categories have been highlighted below (fig 1). Three (60%) related to incidents in the professional’s personal life, which raised safeguarding concerns in respect of their professional role working with children. One case related to sexual abuse, one related to behaviour and three related to physical abuse. One of the cases relating to physical abuse involved a joint investigation with the Police however no specific individual was identified and thus could not be progressed further within LADO procedures.

Fig 1: Referral Categories for LADO for 2019/2020



4. In 2019 to 2020, training was delivered on the LADO’s role as part of the Designated Safeguarding Lead safeguarding training for the City and Hackney Safeguarding Children Partnership (CHSCP). Leads were able to ask questions and share experiences with other professionals during the training, which promoted a better understanding of the role. The LADO also maintains close links with the Designated Safeguarding Leads in Schools, offering advice and support around LADO queries when required.

5. Conclusion

6. It is evident from the quality of the referrals received by the LADO that partner agencies have a good understanding around thresholds. The training delivered

through the CHSCP has recently been updated and the City of London LADO has been involved in delivering this training. There is also evidence that the role of the LADO in the City of London has been raised within the wider London network and nationally through the hosting of the National LADO conference in May 2019. This conference raised the profile of the City not only within Greater London but also nationally and may well have been underlying reason for the increase in the number of referrals from other agencies outside the City of London.

Appendices

- Appendix 1 – Annual LADO report.

Background Papers

- *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (July 2018)
- *London Child Protection Procedures 5th edition* (updated 2017), Chapter 7.

Pat Dixon

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City of London Local Authorities Designated Officer (LADO) Annual Report 2019 to 2020

1. Introduction

This report identifies the Local Authorities Designated Officer activity that has taken place in regard to referrals and professional allegations in the City of London between April 2019 through to March 2020. This report provides the City and Hackney Safeguarding Children Partnership with an overview of the work undertaken by the City of London's LADO. The report will review and analyse the referrals received throughout the year and the training and development opportunities that have been available for agencies in the City of London.

2. Designated Officer role

The responsibilities of the LADO are set out in Working Together to Safeguard Children (July 2018), and the London Child Protection Procedures 5th edition (updated 2017), Chapter 7. All allegations made against staff, including volunteers, that call into question their suitability to work with or be in a position of trust with children, whether made about events in their private or professional life, need to be formally reported to the LADO.

In the City of London, the LADO work is carried out by the Safeguarding and Quality Assurance Service Manager who reports directly to the Assistant Director of People's Services. Guidance and training on professional allegations are available through the City and Hackney Safeguarding Children Partnership website and agencies have access to consult with the LADO in the City of London.

In March 2020 there was an Ofsted inspection of Children's Social Care Services. As part of this inspection the LADO function in the City of London was reviewed, the overall judgement given by Ofsted was outstanding.

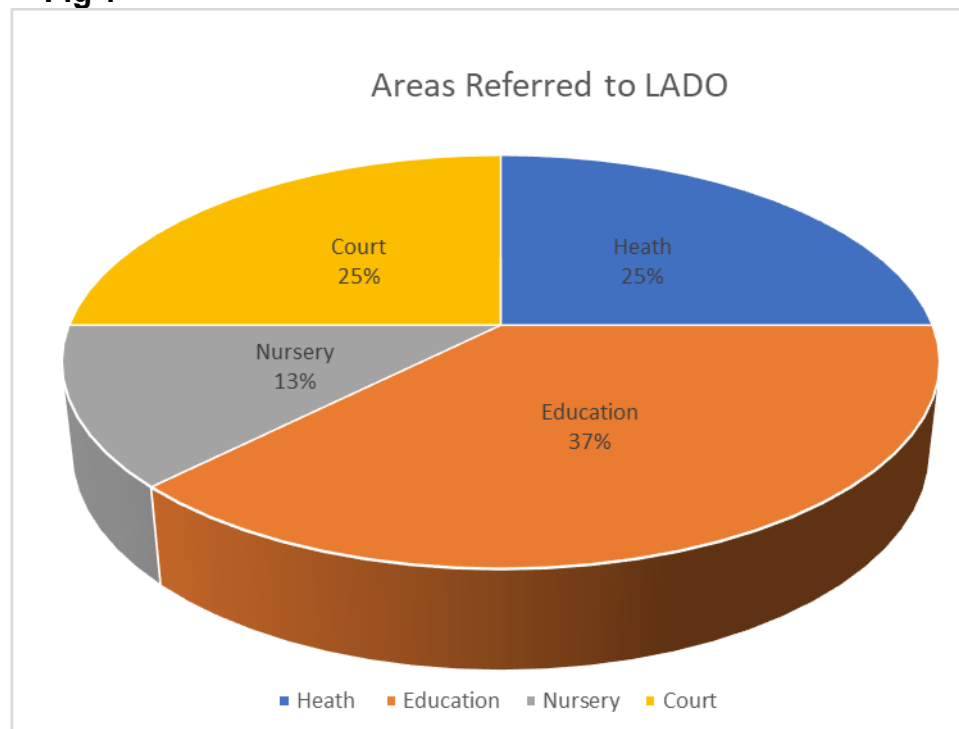
3. Referrals

There have been eight referrals made to the LADO during 2019/2020 period, which is an increase of two from 2018/2019. Of those eight referrals five met the threshold for the LADO and three did not, this was due to insufficient evidence to support the allegation in two of the cases and in the third case

there was difficulty in identifying the perpetrators involved. This case involved a complex investigation with the Police and various agencies to establish the source of the injury to the child. However, the cause of the injury could not be substantiated and therefore could not be progressed to a LADO investigation.

Fig1 (below) shows the agencies from which referrals have been made to the LADO, two areas where there has been an increase in referrals is community health settings and youth offending provisions. Fig 2 (page 3) shows the sources of these referrals, there have been three referrals that have come from other Local Authorities, two from Education settings in the City, one referral from the Metropolitan Police and two referrals from a Youth Offending Provision. This means that 75% of the referrals that have been made to the LADO in the City of London have come from external agencies outside of the City. This increase in referrals from external agencies may well be attributable to the City's involvement in hosting the National LADO conference in May 2019.

Fig 1

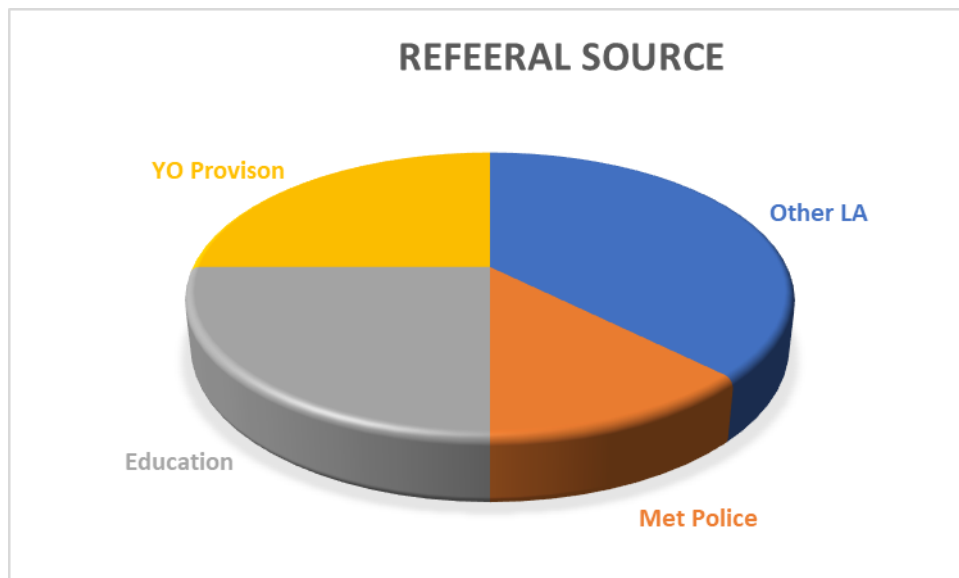


From a qualitative perspective the referrals that the LADO received in the 2019/2020 period show that professionals retain a clear understanding of the role and thresholds for the LADO, even those cases that did not reach the threshold were appropriately referred.

Of the eight cases referred, three cases were related to incidents in the professional's person life and raised safeguarding concerns in respect of their professional role working with children. Two were related to the individual's behaviour and three were related to physical abuse. Only one of the cases relating to physical abuse involved a joint investigation with the Police, in this

case no specific individual was identified and therefore it could not be progressed within LADO procedures.

Fig 2



4. Raising Awareness

Designated Safeguarding Leads can access training through the City and Hackney Safeguarding Children Partnership. Part of this training focuses on the role of the LADO; the City of London LADO has been involved in delivering this training in the City. This has enabled professionals who would not necessarily meet with the LADO to gain a better understanding around the role and when they need to refer. The LADO has also delivered training to the Early Years Providers Forum, which is well attended by managers from the nursery settings across the City of London.

As identified earlier within this report the City of London hosted the National LADO conference in May 2019, this has significantly raised the profile of the City not only within Greater London but also nationally and may well have been the underlying reason for the increase in the number of referrals from other agencies outside the City of London.

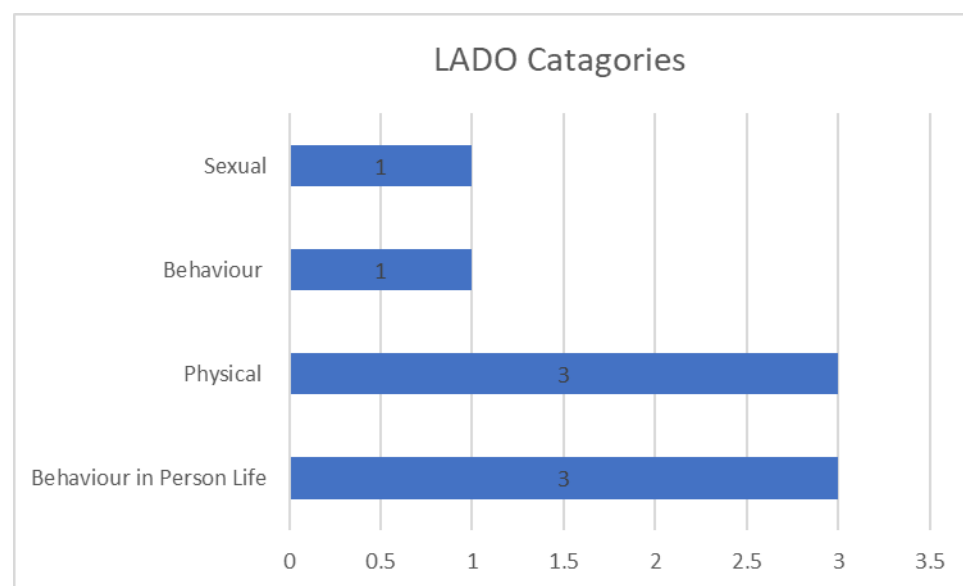
5. Emerging themes

For the purpose of this report I have included those cases that did not meet the threshold for the LADO, this does not always indicate that there are no risks associated with these cases. Out of the eight cases referred five met the LADO threshold. Out of the other three cases that didn't meet the threshold, two provided no evidence to support the allegation, and in the third case, which related to a child with an injury there was insufficient evidence as to

how and when the injury had occurred. This case did however require numerous strategy meetings with a wide range of professionals and regulatory bodies in discerning and assessing the potential risks.

In the 2019/2020 reporting period, there have been three cases that have related to the individual's private life which has impacted their professional role in working with children. In those three cases risk assessments were completed. As can be seen below (fig 3) there have also been three cases relating to physical abuse, one relating to an individual's behaviour and one allegation around sexual abuse.

Fig 3



6. Multi-agency working

During the 2019/2020 period, there were Raising Awareness Sessions with partners through the Staff Induction and Multi-Agency Forums, such as the City of London's Children's Partnership Board and Education Safeguarding Forum. The Safeguarding Lead in the Education and Early Years' Service has been integral in supporting the message around role of the LADO by briefing early years settings on the procedures in reporting professional allegations. The LADO also maintains close links with the Designated Safeguarding Leads in Schools and there is multi-agency safeguarding training available for partner agencies through the City and Hackney Safeguarding Children Partnership.

7. Links in London and nationally

The City of London LADO is a member of the pan-London LADO network, which meets on a quarterly basis. This is a sub-group of the London Safeguarding Children Board. The LADO is also a member of the City and Hackney Safeguarding Children's Partnership, and a member of the Quality

Assurance subgroup and Training and Development subgroup. In 2019/2020 some members of the London LADO network introduced peer supervision between other Local Authorities, which supports learning and information sharing.

8. Police Notifications – Notifiable Occupational Scheme (NOS)

Between April 2019 and March 2020 there have been no direct notifications from the City of London Police and there has been one notification from the Metropolitan Police. The City of London Public Protection Unit (PPU) have been involved in one of the investigations however none met the threshold for criminal prosecution.

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

ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN IN**Date: April 2019 -March 2020**

1. Total number of referrals to the Designated Officer			
Local Authority	City of London	Number of referrals regarding allegations and matters of concern	8
2. Number of referrals from each or organisation			
Agency	Number		
1.Social Care	0		
2.Health-Hospital Staff	0		
3.Health-Community	2: 1 Private Health Provision and 1 School Nurse		
4.Education	3: One in School Setting; 2 Private Teaching Provision		
5.Early Years-Childminder	0		
6.Early Years-Nursery Staff	1: Nursery Settings		
7. Foster Carer-IFA with other LA Children or Other LA in House Carers Living in the City.	0		
8.Police	0		
9.Probation	0		
10.CAFCASS	0		
11.Voluntary Organisations Include sports clubs, Scouts, Brownies, dance clubs and charitable organisations	0		
12.Faith Groups	0		
13.Immigration/Asylum Support services	0		
14.Transport Transport provided to services through a contract	0		
15.Care Agency – Education Employment agency	0		
16.Other Dept. in City of London	0		
17 Other – Anon Youth Services	2 Court Officers		
18. Leisure Services	0		
19.Adult Services	0		
20.Housing Associations/ Providers			

3. Who made the Referral	
	Number
1.Social Care	Three Referrals from other LA
2.Health-Hospital Staff	0
3.Health-Community	0
4.Education	Two Referrals from Education Settings.
5.Early Years-Childminder	0
6.Early Years-Nursery Staff	0
7.Foster Carer-IFA with City of London children	0
8.Police	One referred by the Metropolitan Police
9.Probation	0
10.CAFCASS	0
11.Voluntary Organisations Include sports clubs, Scouts, Brownies, dance clubs and charitable organisations	0
12.Immigration/Asylum Support services	0
13.Transport Transport provided to services through a contract	0
14.Care Agency- Education Employment Agency	0
15.Other Dept's City of London	0
16. Other	Two referrals from young offenders Provision
17.Leisure Services	0
18.Adult Services	0
19.Housing Associations/Housing Providers.	0

Number of referrals about an adult within specific employment/volunteer sector which reached a multi-agency strategy discussion and/or meeting and primary reason(s) for referral.						
Employer	Physical <i>state whether concern arose from authorised physical intervention restraint or arrest</i>		Emotional	Sexual	Neglect	Behaviour which called into question person's suitability
	Yes	No				
Social Care						
Health-hospital staff				1(none - medical)		
Health-community				1		
Education-teaching staff						1
Education-nonteaching staff						2
Early Years-childminders						
Early Years-nursery staff	n/k	n/k 1				
Foster Carers-IFA with City children						
Police						
Probation						
CAFCASS						
Voluntary Organisations						
Faith Groups						
Armed Forces						
Immigration/Asylum Support Services						
Care Agencies						
Transport						
Other (Officer Court)	2					
Leisure Services						
Adult Services						
Housing Associations/Provider						

4. Number of referred cases that resulted in referral: 5 Cases went onto LADO referral and three did not meet threshold. Two were not progressed due to lack of evidence around allegation and one referral required several complex strategy meetings, however no individual identified. (Please note there could be more than one outcome).	
Being Substantiated	4
Being Unsubstantiated	1
Being Unfounded	n/a
CSM held	n/a
Met the threshold for LADO input but not for a Complex strategy meeting	n/a
Criminal investigation/joint work with CAIT	1 Joint investigation with Police following a child sustaining fractures, which either occurred at home or at nursery – not enough evidence to discern where injuries occurred. Therefore, no professional identified.
Criminal prosecution	0
Caution	0
Conviction	0
Acquittal	0
Initial inquires by employers	0
Disciplinary investigation	0
Disciplinary meeting/hearing	0
Suspension	0
Dismissal	0
Cessation of use	0
Deregistration	0
Training needs identified for member of staff or the agency.	0
Risk Assessment completed by Employer	2
Referral to DBS	0
Referral to regulatory body e.g. GMC /Ofsted etc...	1
5. At the point of conclusion, the number of cases that were resolved within the following timeframes	
1 month	5
3 months	
6 months	

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Committee(s): Safeguarding Subcommittee	Date 24 June 2020
Subject: City and Hackney Clinical Commissioning Group Update regarding Looked After Children Health during the Covid 19 Pandemic	Public
Report of: City and Hackney Clinical Commissioning Group	For Information
Report author: Anna Jones, Designated Looked After Children Nurse, City and Hackney Clinical Commissioning Group	

Summary

- This report at Appendix 1 is the NHS City and Hackney Clinical Commissioning Group's (CCG) update on the Looked After Children (LAC) health service and how the service has responded and delivered services for Looked After Children during the Covid-19 Pandemic.
- The report is a summary of the activity since the start of the Pandemic and is for information.

Recommendation(s)

Members are asked to:

- Note the report.

Appendices

- Appendix 1 – NHS City and Hackney Clinical Commissioning Group – Update on Health of City of London Looked After Children (LAC) During COVID-19 Pandemic

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Update on Health of City of London Looked after Children (LAC) during Covid-19 pandemic

Introduction

This update is produced to outline the measures taken by the Health Looked after Children (LAC) City & Hackney Clinical Commissioning Group (C&H CCG) and Homerton University Health Trust (HUHT) services during the Covid-19 pandemic to ensure that the City of London LAC statutory health needs are being addressed together with providing assurance to the committee. The ongoing COVID-19 pandemic spread to the United Kingdom in late January 2020. In March, the UK government imposed a lockdown, banning all "non-essential" travel and contact with people outside one's home (including family and partners), and shutting almost all schools, business, venues, facilities, amenities and places of worship. Those with symptoms, and their household, were told to self-isolate, while the most vulnerable (the over 70s and those with certain illnesses) were told to shield themselves. People were made to keep apart in public. Police were empowered to enforce the lockdown, and the Coronavirus Act 2020 gave the government emergency powers. Guidance from the (RCPCH, RCN, DH) advised that telephone or video conferencing facilities should be used wherever possible in place of face-to-face meetings, whether they be strategic or for individual case management purposes

Risks

The risks were examined for LAC and these included:

- Foster Carer and LAC Covid symptoms and self-isolation
- Undertaking of Statutory Initial and Review health Assessments
- Out of Borough placements
- LAC placements notifications
- UASC
- Prospective foster carers/adopters
- Communication

Changes Implemented

- Foster Carer and LAC Covid symptoms and self-isolation

The designated nurses across North East London (NEL) developed a flow chart for foster carers to illicit if they had signs and symptoms and how to self-isolate. This was shared with the Children's Social Care and Early Help service to be distributed to foster carers.

- Undertaking of Statutory Initial and Review health Assessments

The risk identified was that LAC will not receive face to face health assessments as set out in statutory guidance. Additionally a potential reduction in the LAC health workforce due to redeployment. Different virtual platforms have been implemented to undertake IHAs/RHAs/SDQs including video conferencing and telephone consultations. NEL Designated nurses developed IHA/RHA risk stratification guidance for CCG and providers. C&H CCG followed Covid 19 Community practice guidance regarding what health

Update on Health of City of London Looked after Children (LAC) during Covid-19 pandemic

assessments should continue and how. Regular commissioner /provider meetings are taking place where LAC are discussed. The C&H CCG LAC Designated Nurse is completing IHAs under supervision of Designated Dr for LAC to support capacity. Quality assurance processes are in place. Post COVID-19, all IHA's will be followed-up and offered a physical examination by a medical practitioner. Virtual Health Assessments are recorded on the Rio health system and copies sent to SW, GP and other involved professionals.

- Out of Borough placements

There is inconsistent practice nationally for LAC placed Out of Borough (OOB). Due to redeployment of staff some areas are not able to undertake OOB Health Assessments. HUHT are now undertaking virtual telephone contacts with OOB placed LAC. Providers advised to escalate and share information with CCG designated nurse to enable challenge with OOB health teams.

- LAC placements notifications

Designated nurse continues to send placement electronic information to other CCGs and LAC Teams to avoid LAC and children with special needs being lost in the system.

- UASC

Risks identified included the lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around interpreting service. UASC are normally referred to infectious disease clinic at UCLH but this was closed during the initial stages of the pandemic. Liaison with out of borough LAC health teams and CCG Designated Professionals continues. The Designated Doctor and Nurse have weekly meetings to look at risk and follow up with UASC. City of London have been contacted if issues arise. Local interpreter service information received from Providers. Escalated to National Named & Designated Health Professionals forum and CYP team meeting. Letter for GPs has now been developed and implemented regarding immunisation catch up and blood borne diseases. Vitamin D advice included in GP letter. The Infectious Diseases clinic at UCLH has now reopened and they are able to offer appointments within 48hours for rapid COVID screening.

- Prospective foster carers/adopters

Potential foster carers and adopters during Covid 19 are completing self-declaration Coram BaaF forms, risks are that they are not specifying particular health issues. GPs and LAC Doctor to review all applications to look at risks and screen applicant to ensure that all health issues are addressed. New Coram BAAF Guidance issued 01.06.2020. All potential adopters must see their GP for a virtual consultation and health report. If unable to see GP, a copy of their health record needs to be obtain/accessible to the Medical Advisor. Named GP has notified all GP Practices of new guidance.

- Communication

Virtual meetings have been implemented including a 2 weekly City and Hackney LAC service review zoom call, a weekly NEL designated safeguarding and LAC meeting, CCG

Update on Health of City of London Looked after Children (LAC) during Covid-19 pandemic

internal meetings and regular liaison calls with HUHT providers. Email contacts including a specific CAMHs issue has taken place with an escalation to another CCG for resolution.

Reset, Restoration, Recovery

Consultation with young people locally about their experiences of COVID-19, lockdown and of accessing health care (including virtual health assessments). Feedback can then be used to inform recovery planning and new ways of working.

There is likely to be an increase in safeguarding referrals/assessments and outstanding LAC physical examinations and then also an increase in the number of children in care with Initial Health Assessments (IHA) and Review Health Assessments (RHA) (in six to 12 months' time) required. Current decisions are being made about balancing service requirements and capacity against individual needs. Extra clinics are being planned to catch up IHAs undertaken virtually.

Looked after children personnel are being re-deployed back to their substantive post in the first wave with clinical professionals for LAC also returning to their role.

Innovation and development of the 'new normal' are important, e.g. incorporating new technologies and other service developments into business as usual working and allowing the flexibility to engage with young people who may have previously refused assessments.

Anna Jones Designated LAC Nurse City & Hackney CCG

June 2020

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Committee: Safeguarding Sub (Community & Children's Services) Committee	Date: 24/06/2020
Subject: Virtual School for looked after children update	Public
Report of: Andrew Carter, Director of Children's and Community Services	For Information
Report author: Andrew Russell, Virtual Headteacher	

Summary

Coronavirus is having a huge impact on the education of young people in care to the City of London, and Care Leavers.

The Virtual School has been working with social workers and care providers to ensure that education continues and that our learners can access on-line or face-to-face (video) learning. The Virtual School has funded laptops for many learners who did not have access and has helped with allocating laptops from the Department of Education Scheme.

A new email based Virtual PEP (Personal Education Plan) form has been developed and is in use.

The Virtual Headteacher is networking closely with the London Virtual heads and with National Association of Virtual School Headteachers (NAVSH) to share good practice for working with learners and carers at this time.

Recommendation

Members are asked to:

- Note the report.

Main Report

1. Coronavirus is having a huge impact on the education of young people in care to the City of London, and Care Leavers.
2. At the start of the pandemic we had these young people in education:

Key Stage 4: 8

Key Stage 5: 22

Post 18 education (care leavers): 17 (including 3 at University)

3. Of the 8 at statutory school age, 3 are being tutored by our own tutors sourced via the City Adult Continuing education team. The other 5 are in schools and colleges which have been closed except for vulnerable learners or children of key workers. These 5 have been accessing learning on-line provided by their schools and colleges.
4. The decision for these learners not to attend their education setting was carefully considered by the Virtual School Headteacher (VSHT) and the social worker. In all cases the education on offer at each setting was simply a space to come to do their on-line work in the school building with non-specialist staff support. So, for example, there was no specialist ESOL provision on-site. This context, along with the need to use public transport, meant that we considered it better for them to continue their work at home.
5. This is also the case for the 22 post-16 learners and the 17 care leavers in education. All have been set work by the colleges and Universities. This work includes some on-line face to face sessions with coordinators at the college. The VSHT has been in weekly contact with colleges to monitor the work being set and to share it across all the key workers for our learners as much of the work was good, generic ESOL learning.
6. In addition to weekly contact with colleges, the VSHT has had weekly reports sent from most of the settings where our learners are living to monitor their engagement with the learning.
7. The tuition class based at the Golden Lane Community Centre set up via the Adult Education service had to move online. This was a challenge as the learners were all new to the country and very weak at English. Their IT skills are poor too, so it has been difficult to get up to full speed. In addition, the tutors did not at the beginning have their own laptops to use for the lessons. Initially lessons were done by phone using Zoom. They are now on laptops using a learning platform called Moodle.
8. Early in the lockdown it became clear that more laptops would be needed. The Virtual School funded an additional 13 laptops so the learners could access their work. Previously, a laptop would only be funded once the learner passed the Entry Level qualifications in ESOL and started on their vocational courses. Three other learners will be receiving their laptops from the Government scheme this week. These laptops arrived at Guildhall at the start of this week (1/6/20).
9. Personal Education Plans (PEPs) still need to be completed for those up to the end of the academic year at age 18. A new email based virtual PEP form has been developed and is in use. This is emailed to all the key people (young person / carer / key worker / education setting) by the social worker. Responses are then collated by the VSHT and the completed form uploaded into Mosaic by the social worker. The focus of the form is on the mental health and wellbeing of the learner as well as their engagement in their learning.

10. The new form will be used until such time as we are able to hold meetings in schools and colleges again.
11. The Virtual Headteacher is networking closely with the London Virtual heads and with NAVSH to share good practice for working with learners and carers at this time. The Pan-London group have all developed 'Covid' PEPs and shared good practice around engaging foster carers.
12. NAVSH have weekly webinars to hear from, for example, Ofsted leaders as well as producing a daily update of information from the Department for Education.

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Virtual Headteacher

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Committee: Safeguarding Sub Committee	Dated: 24/06/2020
Subject: Education and Early Years Service Safeguarding Update	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Kirstie Hilton, Lead Advisor, Universal Education Services	

Summary

In October 2019, the Safeguarding Sub Committee was updated on the work that the Education and Early Years Service was undertaking to improve the safety and welfare of City-resident children being educated in the City of London and other boroughs, as well as non-resident children attending schools within the City of London.

As a result of the coronavirus pandemic, all schools have been closed from 23rd March 2020, with only some reopening for Reception, Year 1 and Year 6 pupils since 1st June 2020. During this time, extensive efforts have been made to identify the most vulnerable children, including children known to social care, those with Education, Health and Care (EHC) Plans and those known to the education service who are at risk of missing education.

This report is an update on work that the Education Service has done during the COVID-19 restrictions to support our most vulnerable school-age population.

Recommendation

Members are asked to note the report.

Main Report

Background

1. The City of London has a unique educational landscape in that it has only one maintained primary school and no maintained secondary schools. There are four independent schools and one independent college (David Game College); most children attending these schools are non-City residents. Most of the City of London's primary-age children and all secondary-age children in the maintained sector are educated either in the independent sector or outside the City of London altogether. Consequently, this puts them outside

the standard reporting and/or legal framework that governs the City of London's statutory responsibilities.

2. From 23rd March 2020 to 1st June 2020, Schools were only able to remain open for children and young people known to a social worker and with education, health and care plans (EHCP) and for children of critical workers. It became clear, following the Easter break that the country would remain in lockdown until at least the May half term.
3. Revised government guidance has now confirmed that only a select few year groups within the primary age group have been allowed to return to school. Therefore, many secondary aged pupils will not be returning to school before September, which may have a detrimental impact on their education.

Current Position

Vulnerable Children's List

4. In April 2020 the Education and Early Years team worked collaboratively with the Social Care, Early Help and Short Breaks team to create a list of vulnerable children of statutory school age known to our services. The key priority at this time was to identify their current situation – what home learning was taking place, whether their school was open and whether they had the means in which to learn remotely from home if required.
5. As of the 1st June 2020, there are 49 children on the list. Out of these:
 - 22 are of secondary school age
 - 19 are of primary school age
 - Less than 10 are in further education (post 16)
 - Less than 5 are early years children

These children can also be categorised in the following:

- 30 are known to the Children Social Care, Early Help and Short breaks team (either on Child Protection Plan, Children in Need, Early Help, receiving short breaks or going through a Child & Family assessment)
 - 12 have EHC Plans
 - Less than five are being electively home educated
 - Less than ten are known to the Education Service (Children Missing Education)
6. The list has been monitored on a weekly basis and includes all known vulnerable children who attend either an early years setting, school or college. This list does not include any Looked After Children, all of whom are being monitored separately by the Virtual Headteacher. On-going discussions have taken place with individual families to identify each child's specific situation, including whether or not the children have been at home or attending school as a 'vulnerable' child or young person.

Primary and Secondary Hubs in the City of London

7. At the beginning of April 2020, Sir John Cass's Foundation Primary School developed a proposal for a primary education hub in the City of London. The hub was accessible to children with EHC Plans, those known to social care and children of parents who were key workers. Sir John Cass's Foundation Primary School has remained open during the lockdown period to enable their more vulnerable children a safe place to learn, but decided to extend its offer to the wider community.
8. Following discussions about a primary hub, the City of London School confirmed that it would open as a secondary hub following the Easter break. Both hubs would be run by staff employed by the schools and offer a safe place for children not currently on school roll to learn. Both hubs ensured that adequate staff were on site at all times, including a member of staff to oversee safeguarding.
9. In order to identify which children and young people would be suitable to attend a hub, risk assessments were requested, initially from all children with EHC Plans. This was then extended to include all children known to the Children's Social Care, Early Help and Short Breaks team. These completed forms provided the service with essential information on the needs of each child or young person, which could then be shared with either the primary or secondary hub if a place was taken up.

10. Number of children accessing the hubs

11. Although all children who attended Sir John Cass's Foundation Primary School during the lockdown were on school roll, the numbers have gradually increased since the beginning of lockdown. A summary is below:

w/c 6 th April	average of 3 children
w/c 13 th April	average of less than 5 children
w/c 20 th April	average of 5 children
w/c 27 th April	average of 9 children
w/c 4 th May	average of 9 children
w/c 11 th May	average of 13 children
w/c 18 th May	average of 14 children
w/c 25 th May	Half term week – average of 6 children

12. Since Sir John Cass's Foundation School has reopened from 1st June 2020 for its Reception, Year 1 and Year 6 pupils, the numbers have increased dramatically. In the first week there were on average 19 children in

attendance each day. Attendance is being monitored on a weekly basis until the end of term.

13. For young people accessing the secondary hub, the number has remained less than 5. Substantial efforts were made to encourage the attendance of vulnerable young people, especially those with far to travel to their own schools and those known to social care as a Child In Need or on Child Protection Plan. There were a few young people who were interested in participating, however we did not receive any further confirmation from them that they were willing to attend.
14. Many of our young people attend schools across London and beyond. However, following direct contact with the social workers and the Special Educational Needs and Disability (SEND) Case worker, the majority of pupils and carers were able to remain at home and work remotely. For the remaining families who met the 'vulnerable' criteria, the children went to school. All children have access to access their online learning provided by their school.

Access to technology and Government Laptops

15. In April 2020 the Department for Education (DfE) announced that it would be providing laptops for the most vulnerable young people, known to social care who were currently in Year 10. Following this announcement, an initial allocation of 16 laptops was requested
16. During April and May, as the lockdown continued, both the Education Service and Children's Social Care, Early Help and Short Breaks team worked collaboratively to identify those young people who did not have direct access to a laptop. Due to an initial delay with the delivery of the laptops from the Department for Education the City of London decided that it would purchase a number of laptops independently for young people who did not have access to online learning.
17. There are currently 34 children and young people on the laptop list, all of these children have access to laptops or tablets and can access their education and online
18. To further support families, the government is also offering 4G wireless routers to children with no internet access. An application to acquire nine routers has been placed and we are awaiting the outcome.

City of London Independent Schools

19. During the lockdown, the Service has continued to maintain close relationships with the independent schools. The Education Welfare Consultant (EWC) has regularly been in contact with all schools to offer support and guidance on the reintegration of children back to school including attendance processes and as a key professional on individual cases. Over the course of the summer term, the EWC will provide on-going support to all the City of London independent schools.

Future Priorities

20. Our main priorities until the beginning of the autumn term will be:

- a. to regularly maintain our vulnerable children and young people list and to specifically ensure that all vulnerable children, who are 'expected' to return to school are doing so where possible
- b. to support our resident children who cannot or unable to attend school to access home learning by providing laptops and internet access where needed
- c. to anticipate and address any issues that may occur with the full reintegration of children back to school (subject to government guidelines)

Corporate & Strategic Implications

21. This work supports priorities 1 and 2 in the Children and Young People's Plan 2018–21:

- Our children and young people are safe and feel safe
- Our children and young people have equal opportunities to enrich their lives and are well prepared to achieve in adulthood.

Conclusion

22. Over the past couple of months, our key priority in the Education and Early Years Service has been to ensure the safeguarding and wellbeing of City-resident children accessing education. Even with the challenges we have experienced with the pandemic, we have successfully supported our most vulnerable cohort by providing laptops to enable online learning, and supporting the development of the 'hubs'.

Appendices

- None

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Committee: Safeguarding Sub Committee	Dated: 24/06/2020
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 on the work that the City of London Special Education Needs and Disabilities (SEND) service during the Covid19 restrictions.

- The Education & Early Years Service have maintained the capacity to provide services during the Covid 19 lockdown period. The SEND team have continued to support all children with an Education, Health and Care Plan (EHCP) since 23rd March 2020 when schools closed due to the COVID 19 restrictions.
- The team have met all deadlines for assessments and reviews by working differently and using social media to maintain contact with children and families. The team will continue to work within the Department for Education (DfE) guidance and with children, families, schools and other partners in children’s social care and health going forward.
- The Local Offer and City website have been updated regularly with guidance and information for parents of children and young people with SEND during the lockdown. This information continues to include guidance and advice regarding the return to school.

Recommendation

Members are asked to note the report.

Main Report

Context

1. On 18th March 2020, it was announced that all schools would close from Monday 23rd March during lockdown. Schools were asked to remain open for children with Education, Health and Care Plans (EHCP), vulnerable children known to a social worker, and for the children of critical workers.

Update

2. Staff in the Education & Early Years Team have maintained the capacity to provide services during the Covid 19 lockdown period. Staff welfare is good, the team are working from home and have maintained regular contact with children with SEND and vulnerable children, parents, schools, early years setting, commissioned services and other partners including health.
3. In May 2020, the Department for Education made modifications to the law on Education, Health and Care needs assessments and plans due to Coronavirus. Whilst there is no change to the legislation covering special educational needs, the government has introduced some flexibility around aspects of the Children and Families Act 2014 through the recent Coronavirus Act 2020. Statutory functions continue to be fulfilled consistent with current DfE guidelines, including the EHC Needs Assessment process.
4. The SEND team have met online with the City's DfE SEND Contacts to talk through our responses to Covid-19. We have also provided support to the early years settings that have remained and continued with Special Education Needs Coordinator (SENCO) training that was in progress. Also provided support for younger children on the early years register with additional needs
5. Children and young people have continued their education and studies at home using resources from their schools provided online. The SEND team very quickly established regular contact with all children with EHCPs. The team have continued to monitor the wellbeing of the children and their education. Children and young people with EHCPs have actively been encouraged to attend school if they have remained open. Home to school transport has continued to enable those with EHCPs to attend school.
6. The Education & Early Years' Service staff have been working from home meaning that some services had to be delivered in different ways. Due to the Covid-19 restrictions, requests for new Education, Health and Care Needs Assessments are being accepted via email only. There is no longer the facility for schools or parents to make the request for assessment by post. All requests should now be sent to EEYservice@cityoflondon.gov.uk.
7. A Risk Assessment for schools was designed to monitor the access pupils had to online learning from their school. Assessments have been completed by schools for all children and young people with EHC plans for both the spring and summer terms. Copies of the assessments have been shared with the SEND team.
8. The SEND panel has continued to meet on Microsoft Teams. Panels will continue to be held via Teams as we go into the Autumn term and the new academic year in September 2020.
9. The Education Psychologist has worked with Headteachers and the SENCO in City schools to provide a range of support options for staff, children and

families. We have prepared advice to settings and provided information on helping children deal with bereavement if any of them have needed this in the context of COVID 19. Child and Adolescent Mental Health Services (CAMHS) professionals have also been engaged in plans with school for wellbeing support to school.

10. The Local Offer and City website have been updated regularly with guidance and information for parents of children and young people with SEND. This information includes guidance and advice regarding the return to school. Information is constantly being added and updated on the Family Information Service, SEND Local Offer and City websites. This includes FAQs, links to home learning resources, and sources of advice families.
<https://fyi.cityoflondon.gov.uk/kb5/cityoflondon/fyi/advice.page?id=JAJTgg-G9A>
11. SENCOs have been advised to offer virtual meetings to families. There are six annual reviews due to be scheduled for the summer term. Annual reviews have been happening online within the statutory timeframe, with attendance from all key professionals involved, including the SEND team.
12. A draft of the 2020-2023 strategy is in the final stage of consultation. The strategy is based on information collected from the Coproduction workshop, the commissioning mapping exercise and other feedback from parent carers, children and young people. A final version will be taken to the Community and Children Services Committee for approval and an action plan will be developed to take forward the outcomes set out in the strategy.
13. Launch of the Safer Schools App: this provides safeguarding information and advice for early years settings, schools, families and professionals. The App provides support on topics including staying safe online, bullying, mental health, gaming and sexual exploitation online.
https://fyi.cityoflondon.gov.uk/kb5/cityoflondon/fyi/service.page?id=WRLKv7R_naM

Conclusion

14. The SEND team have continued to support all children with an EHCP since March when schools closed. The team have met all deadlines for assessments and reviews by working differently and using social media to maintain contact with children and families. The team will continue to work within the DfE guidance and with children, families, schools and other partners in children's social care and health going forward.

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