



Safeguarding Sub (Community & Children's Services) Committee

Date: MONDAY, 8 FEBRUARY 2021

Time: 10.00 am

Venue: VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY)

Members:	Ruby Sayed (Chairman)	John Fletcher
	Randall Anderson (Deputy Chairman)	Marianne Fredericks
	Mary Durcan	Alderman David Graves
	Helen Fentimen	Susan Pearson

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Accessing the virtual public meeting

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<https://youtu.be/fle4KSQ5Riw>

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John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Agenda

1. **APOLOGIES**

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

3. **MINUTES**

To agree the public minutes and non-public summary of the previous meeting held on 12 October 2020.

For Decision
(Pages 1 - 8)

4. **OUTSTANDING ACTIONS**

To note the sub-committee's outstanding actions list.

For Information
(Pages 9 - 10)

5. **GLOSSARY - ADULT SOCIAL CARE**

For Information
(Pages 11 - 12)

6. **GLOSSARY - CHILDREN SOCIAL CARE**

For Information
(Pages 13 - 16)

7. **CITY OF LONDON JOINT HEALTH AND WELLBEING STRATEGY (JHWBS) REFRESH - UPDATE AND ENGAGEMENT**

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

For Information
(Pages 17 - 22)

8. **CITY & HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019/20**

Report of the City & Hackney Safeguarding Children Partnership.

For Information
(Pages 23 - 24)

9. **CORPORATE PARENTING ANNUAL REPORT 2019/20 AND CORPORATE PARENTING STRATEGY UPDATE**

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

For Information
(Pages 25 - 52)

10. **CITY & HACKNEY CLINICAL COMMISSIONING GROUP SAFEGUARDING CHILDREN UPDATE**

Report of the Designated Nurse, Safeguarding Children City & Hackney Clinical Commissioning Group.

For Information
(Pages 53 - 66)

11. **VIRTUAL SCHOOL FOR LOOKED AFTER CHILDREN: ANNUAL REPORT FOR ACADEMIC YEAR 2019-2020**

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

For Information
(Pages 67 - 78)

12. **QUALITY ASSURANCE ANNUAL REPORT**

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

For Information
(Pages 79 - 96)

13. **ACTION FOR CHILDREN SURVEY OCTOBER 2020**

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

To be read in conjunction with the non-public appendix at agenda item 21.

For Information
(Pages 97 - 100)

14. **SERVICE DEVELOPMENT PLAN**

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

To be read in conjunction with the non-public appendix at agenda item 22.

For Information
(Pages 101 - 108)

15. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE**

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

For Information
(Pages 109 - 130)

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

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

18. **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

19. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 12 October 2020.

For Decision
(Pages 131 - 132)

20. **CHILDREN AND FAMILIES SERVICE PERFORMANCE - MONTH 9 2020/21 (DECEMBER 2020)**

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

For Information
(Pages 133 - 150)

21. **NON-PUBLIC APPENDIX - ACTION FOR CHILDREN SURVEY**

To be read in conjunction with the Action for Children Survey report of the Director of Community & Children's Services at agenda item 13.

For Information
(Pages 151 - 220)

22. **NON-PUBLIC APPENDIX - SELF-EVALUATION FRAMEWORK**

To be read in conjunction with the Service Development Plan report of the Director of Community & Children's Services at agenda item 14.

For Information
(Pages 221 - 248)

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

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SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE

Monday, 12 October 2020

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services)
Committee held virtually on Monday, 12 October 2020 at 11.00 am

Present

Members:

Randall Anderson (Deputy Chairman)
Mary Durcan
Helen Fentimen
John Fletcher
Marianne Fredericks
Alderman David Graves
Susan Pearson

In Attendance:

Officers:

Chloe Rew	- Town Clerk's Department
Julie Mayer	- Town Clerk's Department
Aqib Hussain	- Chamberlain's Department
Zak Darwood	- Community & Children's Services
Pat Dixon	- Community & Children's Services
Ayesha Fordham	- Community & Children's Services
Rachel Green	- Community & Children's Services
Kirstie Hilton	- Community & Children's Services
Ria Lane	- Community & Children's Services
Sharon Long	- Community & Children's Services
Arthur Mun	- Community & Children's Services
Chris Pelham	- Community & Children's Services
Ian Tweedie	- Community & Children's Services
Ellie Ward	- Community & Children's Services
Robert Wood	- Community & Children's Services

Also in attendance:

Adi Cooper	- City and Hackney Safeguarding Adults Board
Raynor Griffiths	- City and Hackney Safeguarding Adults Board
Dr Liz Jacks	- Designated Doctor, City and Hackney CCG
Anna Jones	- Designated Nurse, City and Hackney CCG

1. **APOLOGIES**

It was proposed by Marianne Fredericks and seconded by John Fletcher that Alderman David Graves take the chair.

Apologies were received from Ruby Sayed.

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

There were none.

3. **TERMS OF REFERENCE**

RESOLVED – that the terms of reference be received.

4. **ELECTION OF A CHAIRMAN**

Members elected a Chairman in accordance with Standing Order 29.

RESOLVED, that – being the only Member willing to serve, Ruby Sayed be elected Chairman for the ensuing year.

5. **ELECTION OF A DEPUTY CHAIRMAN**

Members elected a Deputy Chairman in accordance with Standing Order 30.

RESOLVED, that – being the only Member willing to serve, Randall Anderson be elected as Deputy Chairman for the ensuing year.

6. **MINUTES**

RESOLVED, that – the public minutes and non-public summary of the previous meeting held on 24 June 2020 be agreed as a correct record.

7. **OUTSTANDING ACTIONS**

Members received the list of outstanding actions and the following points were noted:

- Action 1 – domestic violence: this item was addressed in the agenda in the Violence Against Women and Girls Strategy at item 9 and could be stricken from the list;
- Action 2 – licensing review update: briefing provided to Members and the action could be stricken from the list. For public awareness, the following points were noted:
 - The Safeguarding Quality Assurance Manager receives licencing review emails directly from the licensing team. Last year, 75 licence requests were received (40 new applications for a license and 35 related to a variation to an existing license).
- Action 4 – City and Hackney Safeguarding Adults Board: this issue was addressed in the report at item 10 and the action could be stricken from the list; and,
- Action 6 – Children in Care Council holidays: this issue was addressed in the report at item 12 and could be stricken from the list.
- Action 8 – Forced child marriages: briefing provided to Members and the action could be stricken from the list.

RESOLVED, that – the list of outstanding actions be received and its contents noted.

8. **GLOSSARY**

The glossary was read in conjunction with the reports.

9. **VIOLENCE AGAINST WOMEN AND GIRL'S (VAWG) STRATEGY 2019-2023 AND ACTION PLAN 2019-2021**

Members received a report of the Director of Community & Children's Services relative to the Violence Against Women and Girls (VAWG) Strategy 2019-2023 and Action Plan 2019-2021. It was noted that the action plan was developed prior to the pandemic, but had been adjusted to account for the impact of COVID-19.

With respect to concerns about victims of domestic abuse receiving the support they need given the COVID-19 context, and communication and publication campaigns for these services, it was reported that during the lockdown period, the City of London Police carried out checks on known vulnerable residents. Victims' services were promoted on social media and the City Corporation website; Crime Stoppers ran a campaign regarding protecting neighbours; and 'spot the signs' training toolkits were employers were updated to reflect working from home conditions.

Members expressed concern that not all City Corporation employees had access to a laptop to access training toolkits, and some Members had issues accessing information on the Corporation's website regarding domestic abuse support. Officers would address these issues following the meeting.

Members expressed concern that the strategy focused on women and girls, which risked excluding men and boys who are also vulnerable to abuse. Officers responded that the strategy was applicable to all genders, but focused on women and girls to reflect that they were disproportionately victimised. The Chairman noted that the terminology needed to be in line with the Domestic Abuse Bill.

Members further noted that strategy should address heightened vulnerability to abuse for people who are homeless, and licensed premises should be equipped to ensure people are safe from abuse in their premises.

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

10. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD STRATEGY 2020/25 AND ANNUAL REPORT 2019/20**

Members received a report of the Independent Chair of the City and Hackney Safeguarding Adults Board.

The Chair noted that during her time as chair since 2015, safeguarding has had greater attention, however adult safeguarding has a shorter history than children's safeguarding. The Board would work to establish a greater understanding of the impact of COVID-19 on adult safeguarding concerns, such

as mental health and self-neglect. The Board had experienced increased engagement with service users and carers. New mechanisms were put in place to better engage with service users without inflicting trauma when discussing troubling experiences.

With respect to Member engagement, the Chair noted that since meetings moved to virtual meetings, there had been increased attendance at Board meetings.

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

11. LOOKED AFTER CHILDREN'S HEALTH (CITY OF LONDON CORPORATION) ANNUAL REPORT 2019 - 2020

Members receive a report of the Designated Doctor and Nurse for the City & Hackney Clinical Commissioning Group, which was read in conjunction with the non-public appendix at Agenda Item 20.

The Designated Doctor and Designated Nurse provided a summary of health services provided to Looked After Children (LAC). Members expressed concern that only 69% of initial health assessments had taken place within 20 working days. It was reported that health assessments were impacted by COVID-19 and many were conducted virtually; of those not undertaken, some of these children were placed outside of the borough, and some were a result of carers forgetting appointments. A plan was in place to recommence face-to-face consultations; recent guidance from the NHS had been released regarding assessments for children placed outside of the borough; and reminder calls were in place to prevent missed appointments.

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

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

Members received a report of the Director of Community & Children's Services with respect to the Children in Care Council (CICC) and Participation Service Update was noted that the annual summer holiday had been postponed due to COVID-19 and the CICC was moving into the autumn programme.

As the summer activity programme had been delivered virtually, Members expressed concern that some young people did not want to participate in the virtual programme, and perhaps the young people were not engaged with the content. It was reported that the young people were involved in developing the programme, as noted in the vision piece appended to the report, however some young people had difficulty with technology. A trial session for in-person programming was underway, following COVID-safe guidelines. The trial would be evaluated in order to consider the approach for the future. Some sessions would remain virtual when this was more suited to the programme (for example, cooking sessions were more successful virtually as the young people could participate from their kitchen.) The October session was scheduled to take place outside, and venues were being considered for future sessions, including in the Guildhall.

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

13. PAN-LONDON CHILDREN IN CARE COUNCIL

Members received a report of the Strategic Director of Partnership for Young London with respect to the Pan-London Children in Care Council (CICC). It was reported that engagements were taking place virtually to allow young people to present views, which were used to develop an action plan.

Regarding the success of moving to virtual engagements, it was reported that this transition had worked well. Larger CICC meetings were divided into smaller sessions. Virtual meetings allowed the young people to meet with individuals that would have been more difficult to arrange had meetings been in-person, including the Deputy Mayor for Transport. The programme had a positive impact on the young people, demonstrating to them that where they could have an impact for change.

Members sought assurance that City Members were engaged with the programme, and it was reported that these Members were involved at varying stages of the virtual programme.

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

14. EDUCATION AND EARLY YEARS SERVICE SAFEGUARDING UPDATE

Members received a report of the Director of Community & Children's Services relative to the Education and Early Years Service Safeguarding Update.

Members asked if there had been an increase in safeguarding concerns or vulnerabilities coming from schools or early years since the start of term. It was reported that the local authorities were working hard to encourage students to return to school, and were providing added support for families with concerns about returning. There had been an increase in students who were electively home-educated, and many cases were due to concerns over shielding family members. Additional intensive support was being provided for early help and for children in families with disabilities. With respect to schools reporting concerns, a 3-step process was in place for schools to report concerns.

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

15. INDEPENDENT REVIEWING OFFICER (IRO), ANNUAL REPORT FOR 2019-2020

Members received a report of the Director of Community & Children's Services relative to the Independent Reviewing Officer (IRO) Annual report for 2019-2020, which covered a period from March 2019 to April 2020.

With respect to the Members' questions regarding the distinction between Independent Visitors Service and the IRO Service, it was reported that the Independent Visitors Service is informal and social, and provided an opportunity for young people to increase their social network and make friends.

The IRO is a formal service, although conducted somewhat informally to allow people to feel more at ease.

With respect to the Care Leaver Service, this was not a statutory role. A large portion of children come into statutory care at ages 16 or 17, which allows a short period of time to assist them in the transition to care before they become a care leaver. The IRO role supports this process.

It was noted of the LAC, 45 were male and 3 were female. Members asked why this was a largely male group. Members were informed that as most of these people were Unaccompanied Asylum-Seeking Children (UASC), it was more often men who undertook this journey alone. Women were more likely to travel with families.

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

16. CHILDREN AND FAMILIES SERVICE PERFORMANCE - MONTH 5 2020/21 (AUGUST 2020)

Members received a report of the Director of Community & Children's Services relative to the Children and Families Service Performance – Month 5 2020/2021 (August 2020).

With respect to ensuring good performance in the area of assessment and pathway plan timeliness is maintained, it was reported that there was currently a 100% timeliness rate. IRO support was very helpful in maintaining timeliness, and assessments were reviewed at every managers meeting. Since the OFSTED inspection, the early help referral and assessment system was working effectively, and a tracker was in place to monitor progress.

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

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

There were none.

18. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

There was no other business.

19. EXCLUSION OF THE PUBLIC

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

20. NON-PUBLIC MINUTES

RESOLVED, that – the non-public minutes of the previous meeting held on 24 June 2020 be agreed as a correct record.

21. LOOKED AFTER CHILDREN'S HEALTH (CITY OF LONDON CORPORATION) ANNUAL REPORT 2019 - 2020

Members received the Looked After Children's Health (City of London Corporation) Annual Report 2019-2020 in conjunction with the public report at agenda item 11.

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

22. **ADULT SAFEGUARDING PERFORMANCE REPORT, Q1 2020/21**

Members received a report of the Director of Community & Children's Services relative to the Adult Safeguarding Performance Report for Q1, 2020/21.

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

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

There were none.

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

There was no other business.

The meeting ended at 1.05 pm

Chairman

**Contact Officer: Chloe Rew
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Safeguarding Sub-Committee - Outstanding Actions – February 2021 update

Action	Date Action Added and Corresponding Agenda Item	Officer	Target Date for Completion
1. Officers to provide further information regarding large portion of LAC being male	12 October 2020, Agenda Item 15: Independent Reviewing Officer (IRO) Annual Report 2019-2020	Ria Lane	COMPLETED
2. Officers to bring update to sub-committee regarding possible solutions to address the lack of resources noted in the LAC Annual Report	10 February 2020, Agenda Item 5: Looked After Children's Health (City of London Corporation) Annual Report 2018-19	Anna Jones, CCG	12 October 2020

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Adult Social Care

AAR

Adult At Risk – the alleged victim of abuse at the centre of the investigation. Also referred to as the Adult

ADASS

Association of Directors of Adult Social Services

AMHP

Approved Mental Health Practitioner

ASC

Adult Social Care

BCF

Better Care Fund

BIA

Best Interests Assessor

DBS

Disclosure and Barring Service

DCA

Domiciliary Care Agency

DN

District Nurse

DoLS

Deprivation of Liberty Safeguards

EDT

Emergency Duty Team

GP

General Practitioner

IB

Individual Budget

IMCA

Independent Mental Capacity Advocate

IMHA

Independent Mental Health Advocate

LAS

London Ambulance Service

LFB

London Fire Brigade

LGBT

Lesbian, Gay, Bisexual and Transgender

MASH

Multi Agency Safeguarding Hub

MCA

Mental Capacity Act

MHA

Mental Health Act

MHAA

Mental Health Act Assessment

MSP

Making Safeguarding Personal

OT

Occupational Therapist

PACH

The Person Alleged to Have Caused Harm

POC

Package Of Care

PPU

Public Protection Unit

RAS

Resource Allocation System

SA

Safeguarding Adults

SAM

Safeguarding Adults Manager – chairs safeguarding meetings and advises allocated SW

SAR

Safeguarding Adults Review

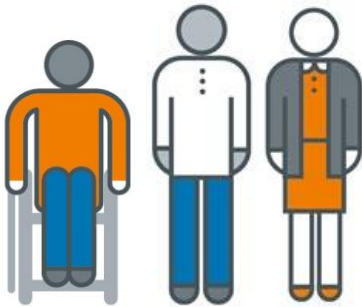
SSA

Supported Self Assessment

SW

Social Worker

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Glossary

Children Social Care



CITY OF LONDON CORPORATION

DEPARTMENT OF COMMUNITY & CHILDREN'S SERVICES

C&FA	Child and Family Assessment – single assessment undertaken by Children Social Care
CAF	Common Assessment Framework (part of Early Help)
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CHSCP	City and Hackney Children's Safeguarding Partnership
CIC	Child/ren in Care
CICC	Children in Care Council
CIN	Child in Need
CL	Care Leaver
CLA	Children Looked After
CP	Child Protection
CPP	Child Protection Plan
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
C&YP	Child and/or Young Person (up to 18 th birthday)
CYPP	Children and Young People's Plan
DSL	Designated Safeguarding Lead
DV	Domestic Violence
EDT	Emergency Duty Team (out of hours duty provided by Hackney)
EET	Education, Employment and Training
EH	Early Help

FE	Further Education
HMO	House of Multiple Occupancy
ICPC	Initial Child Protection Conference
IFA	Independent Fostering Agency
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
LA Services	Local Authority Services
LADO	Local Authority Designated Officer
LASC	London Asylum Seekers Consortium
MACP	Multi-Agency Child Protection
MARAC	Multi-Agency Risk Assessment Conference
MARF	Multi Agency Referral Form
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Education, Employment or Training
NFA	No Further Action
QSW	Qualified Social Worker
RCPC	Review Child Protection Conference
RHI	Return Home Interview
S47	Section 47 Enquiry, part of Child Protection investigation (the outcome may be that the subject is escalated to an ICPC)
SCR	Serious Case Review
SEND	Special Educational Needs and Disability
TAC	Team Around the Child meeting (Early Help measure)

TAF	Team Around the Family (Early Help measure)
UASC	Unaccompanied Asylum-Seeking Child (up to 18 th birthday)
YTD	Year to Date, the time period from the 1 April to the current date

Committee: Safeguarding Sub-Committee	Dated: 08/02/2021
Subject: City of London Joint Health and Wellbeing Strategy (JHWBS) refresh – update and engagement	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 5, 8, 9, 11, 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Zoe Dhami, Strategy Officer	

Summary

The City of London Joint Health and Wellbeing Strategy (JHWBS) must be refreshed for 2021–24. The JHWBS reviews the needs of our population and reflects the priorities set by the Health and Wellbeing Board (HWBB) for that strategic period. The JHWBS is of particular importance as its priorities span all City of London Corporation departments, the voluntary and community sector, and the Integrated Care Partnership.

This report will update Members on the work undertaken to date on developing this strategy, and invites recommendations on engagement.

Recommendations

Members are:

1. asked to note the progress made on developing the 2021–24 JHWBS; and,
2. invited to provide any recommendations on engagement in establishing the JHWBS priorities.

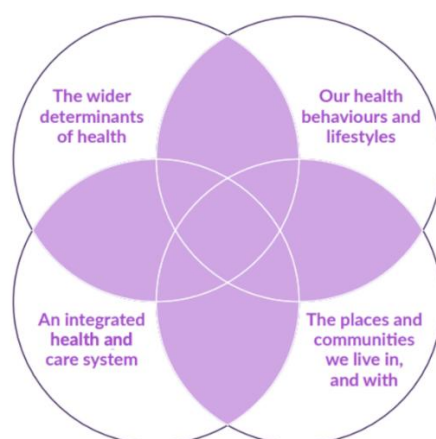
Main Report

Background

1. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health requires action at multiple levels and across all sections of society. This means addressing all four ‘pillars’ of a

population health system, as described by the King's Fund (see Figure 1 below).

Figure 1: King's Fund Population Health Framework¹



2. An effective, integrated health and care system is key to meeting population health needs and tackling inequalities, but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, and so on). Structural inequalities linked to these 'wider determinants' make the most significant contribution to health inequalities – as has been illustrated by the current COVID-19 pandemic.
3. As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of 'place' – our neighbourhoods and communities – as key drivers of health and wellbeing at an individual and population level. Therefore, working with and drawing on the assets within our local communities must be central to our response to tackling health inequalities.
4. In September 2020, the HWBB endorsed the recommendation to use the King's Fund population health framework to support co-ordinated local action to tackle health inequalities, and to guide the development of the JHWBS. Further, it was endorsed that a 'health in all policies' approach should be adopted to help inform the priorities for the 2021–24 JHWBS.
5. An engagement session was held with the HWBB on 10 November 2020. The outcomes from the session were:
 - agreement to extend and align the sign-off date with Hackney's JHWBS development (November 2021)

¹ Buck et al (2018), [A Vision for Population Health: Towards a healthier future](#), King's Fund

- agreement to co-ordinate and work with Hackney on engagement and key areas of crossover between the two JHWB strategies
- consensus that engagement for the strategy must be far-reaching, ensuring that methods are used to engage with hard-to-reach groups.

Current Position

Research – ongoing

6. A data synthesis has been compiled using local and national data to highlight the gaps in our current knowledge of stakeholders. There are several hard-to-reach groups, including:
 - East City of London residents (which inevitably includes residents registered at Tower Hamlets GP practices)
 - hidden workforce
 - unpaid carers (both adult and child)
 - children living in poverty.
7. Further work will be undertaken to map all existing strategies and formalise how these will contribute to the JHWBS priorities.
8. Existing strategies, services, assets and information gathered through the data synthesis and engagement will be mapped against the four pillars of the population health framework. It is anticipated that priority actions will evolve from areas of overlap in the Venn diagram (see Figure 1).
9. A workshop to bring together members from both Hackney and the City's Health and Wellbeing Boards, plus key stakeholders (including City and Hackney Health Inequalities Steering Group members) is set for April 2021. The aim is to agree a strategic framework for improving population health through two new Health and Wellbeing Strategies.
10. Prior to this workshop, the JHWBS development working group will review the local, regional and national data on health inequalities, as well as evidence on effective interventions for reducing inequalities through local action (in collaboration with City and Hackney Health Inequalities Steering Group). The working group will also review existing community and resident insight in relation to health inequalities in the City, including insight gathered throughout the current pandemic (and collated by the steering group). This insight and intelligence will be presented to delegates at the prioritisation workshop.
11. Using this information as a starting point, the workshop will focus on developing draft priorities for both City of London and Hackney Health and Wellbeing Strategies.

Engagement – Summer 2021

12. After the initial draft priorities have been defined through the workshop and early stakeholder engagement, work will begin with local communities to develop an agreed set of priorities. We will begin this process by working with communities and stakeholders to review the evidence and refine the draft priorities and possible actions related to these priorities together.
13. Strategy engagement work will build on existing assets and resident engagement/involvement mechanisms (for example, neighbourhood conversations and other consultation work).
14. We anticipate that these engagement activities will be delivered over the summer months through face-to-face and online activities if COVID-19 guidelines allow.

Draft strategy write-up – August 2021

15. After the engagement phase ends, a draft strategy will be developed. It is anticipated that it will take one month to write the draft strategy. We will work with the community and stakeholders to ensure that the draft strategy is reflective of the community conversations that took place during the engagement phase.

Formal consultation – September–October 2021

16. The formal consultation of the strategy will take place over a two-month period. It is anticipated that this will take place in September and October 2021. A consultation communications plan will be developed in advance of this timeline, and shared with stakeholders.
17. Virtual methods of consultation and engagement are likely to be used as part of developing the strategies. The scale of virtual consultation will depend on the COVID-19 guidance at the time of the engagement and consultation planning and delivery. However, the working group will ensure that there is a range of inclusive ways for local people to get involved in developing the strategy, wherever possible.
18. The strategy will be edited in early November 2021 and sent for final approval to the City's HWBB and relevant committees before the end of November 2021.

Oversight structure

19. The development of the JHWBS will have strategic oversight from the City and Hackney Health Inequalities Steering Group. The Health and Wellbeing Advisory Group will act as Task and Finish Group. It is anticipated that both

the City Corporation and Hackney Task and Finish Groups will meet and work together.

Corporate & Strategic Implications

20. The JHWBS aligns with and will support the following outcomes of the Corporate Plan:

Contribute to a flourishing society

- 1) People are safe and feel safe
- 2) People enjoy good health and wellbeing
- 3) People have equal opportunities to enrich their lives and reach their full potential
- 4) Communities are cohesive and have the facilities they need

Support a thriving economy

- 5) Businesses are trusted and socially and environmentally responsible
- 8) We have access to the skills and talent we need

Shape outstanding environments

- 9) We are digitally and physically well-connected and responsive
- 11) We have clean air, land and water and a thriving and sustainable natural environment
- 12) Our spaces are secure, resilient and well-maintained.

Equalities implications

21. The JHWBS will be developed through an explicit inequalities lens – to ensure that sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (for example, linked to ethnicity and deprivation), and that our plans are broadened to directly address the needs of vulnerable groups that have not been prioritised previously (such as people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services).

22. The JHWBS will have strategic support from the City and Hackney Health Inequalities Steering Group and an Equalities Impact Assessment will be undertaken.

Conclusion

23. The JHWBS is an important piece of work for the City Corporation. As part of the Health and Social Care Act 2012, the City Corporation is responsible for promoting the wellbeing of all the people who live or work in the City of London. As the determinants of people's health lie largely outside the healthcare system, it is social, physical and economic policies that can have a substantial impact on health. Developing the strategy within a 'health in all policies' approach requires system-wide action, with a specific focus on

actions in the areas of overlap and intersection of the four 'pillars' of a population health system – where the greatest opportunities to reduce underlying health inequalities are expected.

24. Engagement must be undertaken across all City Corporation departments to ensure that there is understanding of the impact of our work on population health. Such engagement will aid the HWBB in setting the right strategic priorities for 2021–24.

25. Members are asked to note the progress made in developing the JHWBS and are invited to provide any recommendations on ensuring that our engagement is comprehensive.

Appendices

- None

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Committee: Safeguarding Sub-Committee	Dated: 8 February 2021
Subject: City & Hackney Safeguarding Children Partnership Annual report 2019/20	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: The City & Hackney Safeguarding Children Partnership	For Information
Report author: Jim Gamble QPM Independent Child Safeguarding Commissioner, CHSCP	

Summary

In line with statutory guidance (Working Together 2018) and in order to bring transparency for children, families and all practitioners about the activity undertaken, safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice. The City & Hackney Safeguarding Children Partnership (CHSCP) annual report for 2019/20 provides an overview on the effectiveness of safeguarding arrangements in the City of London and the London Borough of Hackney. It sets out the following:

- The governance and accountability arrangements for the CHSCP. This section covers details about the new safeguarding arrangements in the City of London and Hackney, progress made, and the immediate actions taken following the Covid-19 lockdown in March 2020.
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The priorities going forward and the key messages for those involved in the safeguarding of children and young people.

Recommendation:

1. Members are asked to note the contents of the report, in particular the sections setting out progress on implementation of the new arrangements, Covid-19 and the strategic priorities of the CHSCP going forward.

Appendices:

- Appendix 1 - CHSCP Annual Report: http://www.chscb.org.uk/wp-content/uploads/2021/01/CHSCP_Annual_Report_2019-20-2.pdf

Jim Gamble QPM

Independent Child Safeguarding Commissioner, CHSCP

Committee:	Dated:
Safeguarding Sub-Committee – For Information	08/02/2021
Subject: Corporate Parenting Annual Report 2019/20 and Corporate Parenting Strategy Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3-4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Scott Myers, Strategy Officer, Community and Children's Services	

Summary

This report informs the Committee of the performance of the City Corporation as a corporate parent, and the outcomes that have been achieved for the children in its care during 2019/20. It also informs the Committee that the Corporate Parenting Strategy has been reviewed and updated.

Recommendation

Members are asked to note the report.

Main Report

Background

1. The City of London Corporation is a corporate parent to the children who are in its care. These looked-after children are children and young people aged from 0 to the eve of their 18th birthday who cannot safely remain with their family, or those for whom the City Corporation acts as a parent in the absence of family. Children in care (CIC) can include unaccompanied asylum-seeking children (UASC), children with multiple disabilities, and those who have suffered abuse and/or neglect. As such, looked-after children and young people are one of the most vulnerable and disadvantaged groups in our community.
2. The City Corporation's Children's Services were inspected by Ofsted in March 2020, with the findings published in June 2020. The service was found to be overall 'Outstanding' by Ofsted, its independent evaluation finding that 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'.

As the report was published in June 2020, Ofsted's findings and recommendations fall outside the scope of the annual report.

3. The Corporate Parenting Strategy was last reviewed in February 2020 and is reviewed and updated annually to drive improvements and meet the changing needs of children and young people in the City.
4. The Care Planning, Placement and Case Review (England) Regulations 2010 require local authorities to provide an annual report on the outcomes for looked-after children. This report fulfils that requirement and provides a profile of the City Corporation's activities for looked-after children and care leavers for the year 2019/20.

Current Position

Corporate Parenting Strategy Update

5. The Corporate Parenting Strategy sets out how the City Corporation will deliver its role as a corporate parent and ensure that children and young people have the support, care and encouragement to reach their full potential.
6. The strategy has been updated to reflect the quality of services that the City Corporation provides, such as noting the result of Ofsted's inspection of Children's Services in March 2020 as being overall 'Outstanding'.
7. It has also been updated to reflect some of the changes that have had to take place due to the COVID-19 pandemic. For example, the pandemic has affected the way our Children in Care Council (CiCC) meets and operates, as meetings have now transitioned to an online group, rather than a physical meeting at Guildhall.
8. The update notes that the Pledge will be reviewed again in 2021 to consider the change in the service due to the COVID-19 pandemic. The City Corporation has also translated the Pledge into several of the languages our young people speak.
9. A copy of the updated Strategy can be found in Appendix 1.

Annual Report

10. The Corporate Parenting Annual Report for 2019/20 covers areas, including but not limited to, health and wellbeing, safeguarding, education, employment, accommodation and the activities of the CiCC.
11. The report contains relevant statistics such as the number of children and young people under the age of 18 who were being looked after by the City Corporation as of March 31 2020, as well as how many young people left our care. It also includes relevant statistics related to the Independent Reviewing Officer service, UASC and the health and wellbeing of our looked-after children and care leavers.

12. As a corporate parent, the City Corporation will continue to drive the achievement of ensuring that all children in and leaving its care meet their full potential and have lives in which they thrive. The Annual Report details the targeted actions that the service will undertake during 2020/21, some of which have been affected and influenced by the COVID-19 pandemic.
13. A copy of the Corporate Parenting Annual Report 2019/20 can be found in Appendix 2.

Implications

Strategic

14. The Corporate Parenting Strategy and Annual Report are both statutory requirements as set out by the relevant legislation.
15. By reporting on the progress of the City Corporation as a corporate parent, with a regularly updated strategy, it helps contribute to the City Corporation's Corporate Plan for 2018–23 and help ensure that people are safe and feel safe, people enjoy good health and wellbeing, people have equal opportunities to enrich their lives and their full potential, and communities are cohesive and have the facilities they need.

Equalities

16. The City Corporation's Department of Community and Children's Services strives to improve outcomes for our children and young people who often experience several areas of inequality. The vast majority of looked-after children within the City are UASC, and therefore it is important that any actions of the service reflect the specific needs of this group. This is ensured by carrying out adequate Equality Impact Assessments for all new services and initiatives that are developed.

Conclusion

17. The Corporate Parenting Annual Report provides oversight of the work undertaken by the service during 2019/20, and the priorities for the year ahead, which are reflected in the strategic aims set out in the Corporate Parenting Strategy.

Appendices

- Appendix 1 – Corporate Parenting Strategy (Updated January 2021)
- Appendix 2 – Corporate Parenting Annual Report 2019/20

Scott Myers

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City of London Corporation

Corporate Parenting Strategy

DRAFT

Document status:

Prepared by: Scott Myers – Strategy Officer, Department of Community and Children’s Services

Reviewers: CSMT

Owner: Chris Pelham – Assistant Director People, Department of Community and Children’s Services

Approved by: Director – Department of Community and Children’s Services

Review date: Annually

DRAFT

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DRAFT

1 Introduction

- 1.1 The City of London Corporation (the City) wants the children in and leaving its care to meet their full potential and have lives in which they thrive. As a corporate parent we will keep our children safe, and support, encourage and nurture them so that they reach the heights we all aspire to for our own children.
- 1.2 Corporate parenting is when the local authority takes on the role of a good parent to the children that it looks after and those who have left care and who are starting their independent adult life. As a corporate parent the City has a moral and legal duty to provide the kind of support that any good parent would provide for their own children. We know we cannot replace or replicate all aspects of parental love, but we can share the same personal concern, desire to support fulfilment and aspirations for the lives of the children in our care.
- 1.3 Our commitment to this role is set out in this strategy. It sets out our “Pledge” to the children in our care, and the expectation they can have of us as corporate parents. In doing so it challenges us as corporate parents to ensure that we act to continuously improve the life chances of our children looked after, young people, care leavers and unaccompanied asylum-seeking children. It builds on the work that has already been progressed to drive, support and strengthen it further, and it places corporate parenting as a responsibility that sits across all of the City’s elected Members, departments and officers and our partner agencies.

2 Context

- 2.1 The outcomes for children in care (CIC) can often be worse than those of their peers. Our children will have come into care having faced difficulties and disruption in their lives and many continue to face challenges. Nationally, the educational, physical and psychological wellbeing, training and employment outcomes for children and young people looked after tend to be poorer compared with their non-looked after peers. However, as with all children, their experiences are individual, their response to those experiences is their own and their needs are distinct.
- 2.2 The City has a duty under the Children Act 1989 to “safeguard and promote” the welfare of each child we look after. The Children (Leaving Care) Act 2000 extended the responsibility of local authorities to young people leaving care, requiring them to plan the young person’s transition to adulthood and provide ongoing advice and assistance until at least the age of 21. The Children Act 2004 introduced a duty on named agencies both to cooperate with the local authority and to ensure that they take account of the need to safeguard and promote the welfare of children in fulfilling their own functions.

- 2.3 The Children and Social Work Act 2017 outlines principles in how local authorities should look after CIC. The principles include acting in the best interests of CIC, promote their physical and mental health and wellbeing; encourage expression of their wishes and take account of those wishes; and help children gain access to and best utilise local authority services.
- 2.4 The success and impact of these duties can only be measured through the positive difference we make to the safety, health and wellbeing, educational attainment and transition to adulthood of children and young people. To ensure that we focus on and deliver this positive difference, and that there is a clear line of accountability for its delivery, the City has a lead Member for children's services to provide the political leadership, and a Director of children's services to provide professional leadership.
- 2.5 This leadership operates in an authority that is unique. Our size is such that we can develop a very close relationship with, and in-depth knowledge of, our children and young people. No child looked after or care leaver will contact the City and not be known to a professional in the team. This creates a relationship with our children and young people that is personal, and offers stability and security.
- 2.6 Ofsted recognises the quality of the service we provide: in inspections in 2020 our Children's Services were rated overall as 'Outstanding'. The City and Hackney Safeguarding Children Partnership was also rated 'Outstanding' in its most recent inspection in 2016.
- 2.7 As corporate parent to a small and diverse number of children and young people, the City does not, and would not, offer uniform services based on standardised approaches. We are flexible and creative in our approach – tailoring our support and care to the needs of the individual.
- 2.8 We support the children in our care and our care leavers through our generic children's social work team within the City's Children and Families services. This support is enhanced by a workforce that is stable and allows for the development of trusting relationships with our children and young people. It is an approach that is supported by an Early Years offer that provides universal services for children at all levels of need.
- 2.9 The geography of the City and its role as the world's leading international finance centre mean that there are no opportunities to place children into care within our boundaries. This places an even greater responsibility on us to ensure that our children are connected and feel an attachment to the City. This focuses not only on our children knowing our workers and Members, but also on helping them to discover our history and the opportunities the City can offer.

Outcomes

- 2.10 As corporate parents the City Corporation takes responsibility for assessing and promoting good physical and mental health among the children and young people in

our care. This is achieved through annual assessments of health and dental health, and by ensuring children and young people are fully immunised. The City Corporation's performance in achieving health and dental assessments and immunisations has exceeded national performance.

- 2.11 Our CIC population largely comprises unaccompanied asylum-seeking children who have often experienced very difficult journeys to the UK, involving increased risk of health conditions.

3 The City as a corporate parent

- 3.1 Everyone who works for the City of London is a corporate parent to the children and young people who are in our care. This is not just those who have direct day-to-day contact with our children, such as social workers and foster carers, but all those who work for the City, including our elected Members and chief officers. A key role for elected Members and the City's officers is to promote opportunities for our looked after children and care leavers, and to be a challenge and a champion on their behalf.

- 3.2 The City is responsible for delivering a vision of corporate parenting which ensures that all children in care and those leaving care have the support, care and encouragement to reach their full potential.

- 3.3 As a good and effective corporate parent we will make decisions and behave in ways that:

- keep our children and young people safe
- help children and young people's material wellbeing
- support children and young people in their education and training
- provide appropriate health care for children looked after
- promote employment
- encourage enjoyment and achievement through leisure and continuing interests
- help to develop personal skills
- provide stability and a sense of security and belonging
- understand family life
- provide support after leaving care
- empower our children and young people.

- 3.4 We have a safeguarding responsibility to all of our children. As corporate parents this means that any risk of harm to our individual children looked after must be assessed and plans put in place to keep them safe. These risks may include emotional and physical harm, sexual abuse and sexual exploitation, bullying, gang activity, self-harm or suicide. Many of our children come into care with a first language other than English and may struggle to communicate issues that identify risk – a barrier we must overcome to ensure their safety. We must also make sure that our children have someone "outside the system" such as an advocate or independent visitor to look out for their interests.

- 3.5 To support us to deliver our responsibilities as a corporate parent, the City has a lead elected Member for children's safeguarding, and a Safeguarding Sub Committee made up of six elected Members meeting three/four times a year. The Safeguarding Sub Committee acts as the City's corporate parenting board – providing oversight, challenge and leadership to achieve the best outcomes for our children and to ensure that these outcomes are delivered by all partners. This is a vital role through which our Members examine and address the needs of our children and young people through the consideration "if this were my child".
- 3.6 The City of London's Children in Care Council (CiCC) established in 2014 met regularly in person prior to the Covid-19 pandemic and has now transitioned to an online group. During term time, meetings have generally taken place in the Guildhall during the morning and are followed by lunch in the Gild and an activity together during the afternoon, during the school holiday's the meeting is part of a wider programme of activities. Meeting at the Guildhall is a link for CiCC members to come into the City of London, particularly as often they live beyond the City's boundaries. The Children in Care Council is chaired by a young person elected by their peers.
- 3.7 The City's corporate parenting role is also supported and challenged by the City and Hackney Children's Safeguarding Children Partnership, and the Children's Partnership Board (CPB). The CPB is a City-specific multi-agency strategic partnership which is responsible for delivering the priorities and objectives of the Children and Young People's Plan, in which the needs of children looked after and care leavers are paramount.
- 3.8 The City goes further than many other local authorities in England by providing Independent Reviewing Officer (IRO) oversight of practice for young people in our care who are aged between 18-25.

4 What our children want

- 4.1 The City has developed a "Pledge" for its children looked after, young people and care leavers. Our Pledge is the City's promise to provide the care and help that our children and young people have told us what they want. We have also included the promises the City made in signing up to the Government's "charter for care leavers".

5 The Pledge

The CiCC reviewed the pledge in August 2019 and feedback was very positive. The Pledge will be reviewed again in 2021 to consider the change in the service due to the Covid-19 pandemic. We have also translated the Pledge into several of the languages our young people speak.

5.1 We will:

- be open and honest with you
- believe in you and encourage you to be the best you can be
- listen to you and respect and work with you to understand your point of view
- inform you at every point of your journey of the support that is available and your entitlements
- support you with information, advice, and practical and financial help, and provide emotional support and a named person you can contact when you want to
- find you a home that is right for you
- respect and honour your identity, encouraging you to be an individual but not make you different
- be there to support you and never judge
- provide space to talk one to one
- support you and help you to build life skills, and be a lifelong champion
- listen to your complaints and act on them
- help you to have your say
- provide chances to get involved in positive activities
- help you to meet other children and young people who are looked after or who are care leavers
- help you to work towards living independently and to plan for your future
- help you to stay with the right foster carer for you
- listen to your views about family contact and help that happen where possible
- help children and young people who have been in care for a while or who have left care to become a mentor to those who are new to care.

6 Delivering for our children and young people

6.1 To develop this strategy, we have examined our role and responsibilities as a corporate parent and reflected on the Pledge that our children have asked us to make to them. We can only be held to account and continuously improve if our vision and promises translate into detailed commitment and action. To ensure that this strategy is about what we are doing, and what we will do, we have set out below some of the ways in which the City is working, and will work, with our children to raise their life chances. These are grouped under the following headings:

- healthy and safe
- learning, achieving and enjoying
- listening and contributing
- independence and working
- individual and community.

7 Healthy and safe

7.1 We want our children to be healthy and safe. To achieve this we will:

- ensure that children and young people looked after have a comprehensive health assessment once a year – or twice a year for those aged under five years
- Recognise that immigration status is one of the biggest barriers to staying healthy and ensure that every child and young person has decent immigration representation
- help our children understand why they have a medical assessment and its benefits as part of a “coming into care” pack
- ensure that children are immunised
- ensure that each child/young person is registered with a GP and a dentist, and has access to eye care
- monitor and track medical, dental and optical health checks to ensure that they happen
- ensure that language or literacy issues do not create a barrier to receiving or understanding health services
- provide information on promoting healthy lifestyles and sexual health that is appropriate to the age and maturity of our children
- meet the mental health needs of young people
- provide information, advice and assistance in respect of the use of drugs and/or alcohol if these are causing or likely to cause harm to health
- develop a “health passport” for our care leavers as a record of their health care
- support emotional wellbeing through tailored activity and, where necessary, specialist intervention
- provide age-appropriate and comprehensive multi-agency teenage pregnancy and parenthood support, prioritising the needs of children looked after, where a young person in our care becomes pregnant or a young father
- maximise the inclusion of children/young people with a disability in mainstream education, leisure and social activities
- ensure that our staff and partners remain trained to meet the health needs of children looked after, including sexual health, mental and emotional health, child sexual exploitation and substance misuse issues
- provide specific training for staff to identify the risk and/or experience of child sexual exploitation that may be experienced by unaccompanied asylum seeking minors
- establish a targeted preventative and self-protection programme on child sexual exploitation for children in care
- support and encourage activity as part of a healthy lifestyle
- place children with foster carers who can best meet their needs – including those needs and preferences expressed by the child, young person and his or her parents

- ensure our foster carers are able to identify the risks of child sexual exploitation and can support online safety that includes the risks specific to children looked after
- only place with Independent Fostering Agencies that are rated “good” or “outstanding” by Ofsted
- commission quality placements and systematically monitor these arrangements to ensure that they provide stable placements which meet the physical, emotional and social needs of children
- risk assess the suitability of any placement prior to it progressing
- allocate a qualified, skilled social worker to ensure that the statutory requirements for the child’s care and protection are met
- ensure that our social workers regularly visit children looked after in line with statutory requirements, as a minimum
- allocate an Independent Reviewing Officer (IRO) to chair review meetings, monitor the appropriateness and progress of plans, and ensure that the wishes and feelings of children are taken into account
- provide as much stability of placement as possible
- ensure that a permanency plan is in place for each child by the second child looked after review meeting
- provide access to an advocate and independent visitors
- safeguard children from bullying, racism, discrimination and harassment.

8 Learning, achieving and enjoying

8.1 Educational achievement is a significant factor in improving the life chances of children and young people in care. Participating in leisure activities can enhance self-esteem and confidence. We want our children to achieve outcomes and enjoy leisure activities that are as good as those of their peers. To achieve this we will:

- make the learning and educational needs of each of our children looked after a high priority
- support educational achievement and progress through a Virtual Head Teacher
- ensure that all school-aged children in care have a suitable full-time school place
- develop a Personal Education Plan (PEP) for all children and young people
- be ambitious for our children and young people and committed to supporting their progress and attainment
- monitor educational progress and attendance quarterly
- provide specialist therapeutic support, extra tuition or specialist equipment based on individual needs to support learning
- celebrate educational achievements such as exam results
- monitor expenditure of the Pupil Premium Plus to confirm that it correlates with

the additional actions recorded in the PEP

- prioritise children in care for school admissions
- provide targeted support to those who are not in education, training or employment
- provide immediate alternative educational provision where school exclusion occurs
- ensure that all children looked after have access to local youth service provision
- provide local leisure centre membership for all children in care
- support involvement with leisure and community opportunities that reflect our children's ethnicity, religion and culture
- provide equipment such as sports equipment or musical instruments to support involvement in chosen leisure activities
- ensure that children and young people in care have holidays, visits and outings in order to broaden their horizons
- enable access to play, leisure and recreation services for disabled children and young people.

9 Listening and contributing

9.1 Children and young people, and those leaving care, have the right to share their views, wishes and feelings. We are committed to listening to our children and young people to ensure that their views shape decisions made about their lives and the services we deliver. To achieve this we will:

- consult children and young people about the decisions made about their lives and to help us to shape their futures through regular review meetings and meetings with their social worker
- seek creative and innovative ways to facilitate and encourage listening to our children and young people, both individually and collectively
- give children and young people the opportunity to influence our practice and policy through our Children in Care Council
- involve children and young people in the recruitment and induction of staff in Children and Families, and the commissioning of services for children and young people
- make sure that children and young people know how to make a complaint, and how to make a compliment, about the services they receive
- make sure that children and young people have information on services and the teams providing them through a "coming into care" pack
- provide a variety of opportunities for children and young people to meet senior staff and elected Members so that they can share their experiences, ideas and views
- provide an Independent Review Officer and advocacy service to help children

and young people to contribute their views when they want someone to speak up on their behalf

- develop opportunities for children in care and young people to deliver training to professionals and our elected Members on what it is like to be looked after and how to talk with young people about their issues.

10 Independence and working

10.1 We want our children looked after to develop and sustain independent lives. Developing life and employment skills is crucial for the future of our children and young people, and their economic wellbeing. To support this we will:

- review independent living skills within the pathway planning process to identify any needs for care and support in adulthood from adult services as part of the transitions process
- develop life skills training and peer learning to support young people in meeting the challenges of independent living – including budgeting, paying bills and dealing with emergencies
- help them to choose when to move on and give them the chance to stay put with their foster carer if they are not ready to do so
- support care leavers to appropriately remain in their semi-independent placement where it is in their best interests to do so
- help them to save for their future whilst they are in care
- give them apprenticeship opportunities with the City
- help them to gain confidence and skills through volunteering opportunities, work experience and participation in our time credits scheme
- provide chances to learn about how to deal with stress and how to be assertive in order to help our children and young people to deal with challenges in life and speak confidently for themselves
- provide tailored support and advice through our careers advisory service
- provide semi-independent accommodation for those who need a stepping stone into full independence
- remember them and provide them with ongoing support as they become an independent adult
- support young people in their tenancy to help them to settle into independent living.

11 Individual and community

11.1 We want the children and young people in our care to thrive as individuals. We want them to know themselves, their heritage and their community, and to support them to achieve this we will:

- help children and young people to understand their rights through the development of our “coming into care” pack
- help children and young people to keep photos and memories about important people in their life and places they have been
- help children and young people to feel proud and strong about their own culture, language and religion
- promote and facilitate contact with family members where this is in the best interests of a child or young person
- support our unaccompanied asylum seeking children to find and contact family members
- take into account any cultural, religious, communication or disability needs when matching children and young people with placements
- help our unaccompanied asylum seeking children to understand their heritage
- help children and young people to connect with the City and each other through events, outings, residential trips and the Children in Care Council
- support engagement and participation in cultural, religious and community activities.

12 Taking the strategy forward

- 12.1 The progress of delivery of this strategy will be reported to and monitored by the Safeguarding Sub Committee, the CPB and our Children in Care Council.
- 12.2 The strategy will be refreshed annually to ensure that it continues to drive improvements and meet the changing needs of children and young people.

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Corporate Parenting in the City of London

Annual Report – 2019/20

1 Introduction and context

- 1.1 This annual report provides an update on the City of London Corporation's role as a Corporate Parent, and the outcomes that have been achieved for the children in our care during 2019/20.
- 1.2 The City of London Corporation (City Corporation) is a Corporate Parent to the children who are in its care. These looked after children are those children and young people aged 0 – the eve of their 18th birthday who cannot safely remain with their family, or those for whom the City Corporation acts as a parent in the absence of family. Children Looked After (CLA) can include Unaccompanied Asylum-Seeking Children (UASC), children with multiple disabilities and those who have suffered abuse and/or neglect. As such, looked after children and young people are one of the most vulnerable and disadvantaged groups in our community.
- 1.3 The City Corporation's legal and financial responsibility to the children and young people for whom it is a corporate parent extends into their lives as care leavers and as they transition to independence.
- 1.4 The City Corporation's Children's Services were inspected by Ofsted in March 2020, with the findings published in June 2020. The service was found to be overall 'Outstanding' with Ofsted through its independent evaluation finding that 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'. As the report was published in June 2020, Ofsted's findings and recommendations fall outside the scope of this report.

2 The children in our care

- 2.1 At the end of the reporting period in March 2020, the City Corporation had a total of 24 children and young people under the age of 18 who were being looked after by the local authority. 92% of those coming into care this year were unaccompanied asylum-seeking children (UASC).
- 2.2 In total 21 children and young people ceased to be children in care and of these 48% had also come into care during 2019-20. No children and young people were transferred to the services of other local authorities via the National Transfer Scheme; none were transferred to the services of the National Asylum Support Service and none were returned to the care of their parent under a supervision order.
- 2.3 The City Corporation's looked after children are predominantly older. 89% of the children cared for during the year were 15 years or older, and 88% of the young people coming into care during the year were at least 16 years old as of 31 March 2020. None were younger than 15 years.

- 2.4 The City Corporation's looked after children are predominately male. 92% (22 of 24) of children in care at 31 March 2020 were male.
- 2.5 The ethnicity of the City Corporation's looked after children are predominately Black African, with 64% of the total number from this ethnicity grouping.

3 Corporate Parenting Board (Safeguarding Sub-Committee)

- 3.1 Within the City Corporation the function of the Corporate Parenting Board is undertaken by the Safeguarding Sub-Committee which reports to the Community and Children's Services Committee.
- 3.2 The Safeguarding Sub-Committee meets four times each year, and in its capacity as the Corporate Parenting Board it is responsible for:
- achieving improved outcomes for children in care and care leavers;
 - developing and overseeing implementation of the City Corporation's Corporate Parenting Strategy to drive improved outcomes;
 - providing challenge to ensure that the City Corporation's duties as Corporate Parent are carried out effectively and consistently.
- 3.3 Membership includes the Chairman of Community and Children's Services Committee. Over the past year the Sub-Committee has considered reports on topics including:
- Looked after children's health annual report
 - Children Missing from Care, Home and Education
 - Children in Care Council (CiCC) and Participation Service update
 - City of London Sufficiency Strategy update
 - Children's social care COVID-19 response
 - Modern Day Slavery Action Plan
 - Quality Assurance Framework
 - Virtual school for looked after children
- 3.4 The Sub-Committee also formally received the Annual Report of the City and Hackney Safeguarding Children Partnership and Local Authority Designated Officer (LADO) Annual Report.
- 3.5 The City Corporation launched the Achieving Excellence Board (AEB) for Children's Social Care in January 2020, with its inaugural meeting held on the 14th of January. The principle roles of the AEB are to:
- Help drive the transition to excellence and to sustain excellent practice.
 - Seek to identify any early signs where the quality of practice might be slipping so that remedial action is taken swiftly.
 - Celebrate excellence.
 - Be relentless in focusing on impact and outcomes by focusing on the 'so what' and 'how do we know' questions.
 - Develop mature working relationships so that respectful challenge is seen as an essential part of conducting our business, in and out of meetings

- Engage all staff in the work of the AEB.
- Mirror the use of systemic practice in its operation to help understand the interplay of relationships with services.
- Interrogate performance and use this to evaluate progress and identify areas for development.
- Support the establishment of a strong culture to achieving excellence in practice.

4 Corporate Parenting Strategy

- 4.1 The Corporate Parenting Strategy sets out the City Corporation's commitment to ensure that children who are looked after have the support, care and encouragement to reach their full potential. The Service Improvement Plan for 2019-2020 included objectives for children in care and care leavers.
- 4.2 To achieve this, and deliver the City Corporation's roles and responsibilities as a corporate parent the plan included new actions such as:
- Recruiting a Deputy Team Manager to chair first Child in Need meetings
 - All frontline staff and managers to undertake refresher contextual safeguarding training
 - Care leavers to have practice opportunities managing finances
 - Pathway plans are written with the young person, and include health, keywork and educational input post-18
 - Young people in care and care leavers know what they are entitled to
 - Leaving Care Guidance booklet to be used by young people
 - Every young person knows about advocacy service
 - Welcome pack to include the purpose of different meetings, photos of workers and their roles
 - Improve the mental health and wellbeing of UASC looked after children
 - Children in Care Council knows about mental health support
 - Semi-independent accommodation is safe and of good quality
 - Children in care receive timely good quality health provision

5 The Children in Care Council (CiCC)

- 5.1 The City Corporation's Children in Care Council (CiCC) was established in November 2014. The CiCC meets six times a year in each holiday and half term period.
- 5.2 During the year, the CiCC welcomed several guests including The Town Clerk who joined a consultation session on housing and accommodation, The Director of Community & Children's Services and Deputy Chair of the Community & Children's Services Committee. The CiCC also welcomed several external guest speakers on subjects such as sexual health and positive relationships and personal safety.
- 5.3 Tempo time credits have continued to be used to acknowledge members' participation, although it is not always straightforward to find opportunities to spend the credits.

- 5.4 Participation means more than the 'formal' meeting; they are generally followed by an activity which enables informal time together and which is valued by CiCC members.
- 5.5 The CiCC Chair, a young person elected by their peers, changed in the year as the previous chair moved on into independence, the Chair position was shared by three young people taking into account their availability and to give those interested an opportunity to learn the skills of chairing meetings. The CiCC Chair and Vice Chair will be re-elected in 2021.
- 5.6 The main issues addressed together during the year included:
- Keeping safe – information and discussion on personal safety when out and about;
 - Preparation for entering the world of work;
 - Supporting the recruitment of the new Participation Officer
 - Discussion and consultation on pathway plans and changing the approach, introducing 'Mind of My Own' as a potential tool;
 - Contributing to the City's children and young people's plan
 - Learning and discussion on preparing for living independently, what to expect and budgeting
 - Continuing with the participation in Whitehall Takeover Days – joining a government department and shadowing a minister for the day
 - Participation in the new London-wide Children in Care Council.
 - Developing the CiCC WhatsApp group and having break out conversation groups to enable the young people to practice their English.
- 5.7 Activities together during the past year have included:
- A week at an outward-bound centre in Scotland in Summer 2019. 12 young people travelled by train and then embarked on an active week, including hill walking, walking down a river, caving, canoeing, climbing, and a day on the beach playing cricket, football and swimming. Everyone was presented with a certificate of achievement at the end of the week before travelling back to London.
 - Bowling
 - Lunch at Nando's
 - Cinema trip
 - Boat trip on Thames
 - Exploring London's South Bank
 - Ice skating

- 5.8 The CiCC reviewed the welcome pack for newcomers which every young person receives; a backpack containing essential items for the first days as well as information sheets outlining The Pledge and opportunities available to them.
- 5.9 The Pledge is the Corporation's promise to provide the care and help that children and young people in its care have told the City Corporation they want in order to thrive – and sits within the Corporate Parenting Strategy. The Pledge was reviewed by the CiCC during the year and feedback offered to the Safeguarding Sub-Committee
- 5.10 The CiCC is represented at the Youth Programme Board and a member of the team attends meetings and reports back to CiCC meetings

6 Health and wellbeing

- 6.1 As a corporate parent the City Corporation takes responsibility for assessing and promoting good physical and mental health among the children and young people in our care. This is achieved through annual assessments of health and dental health, and by ensuring children and young people are fully immunised. The City Corporation's performance in achieving health and dental assessments and immunisations exceeds national performance.
- 6.2 During 2019/20 all 24 children who remained in the City's care for more than one week received their statutory health assessment. Discounting the UASC who removed themselves from our services within one week, every child who came into care in the year received their initial medical assessment by a paediatrician and all those who had been in care 12 or more months received their annual review by the LAC health nurse. The latest reported national figures show that 90% of children were looked after for at least 12 months had had an annual health assessment in 2019-20.¹
- 6.3 All children looked after by the City Corporation at 31 March 2020 had up-to-date immunisations or were in the process of undertaking the UASC Booster programme at year end.
- 6.4 Annual dental checks were conducted during the year for all those who were in care at the start of the year, compared to nationally reported performance of 90% for those who had been in care nationally for at least 12 months at 31 March 2020.
- 6.5 No child in care was identified as having a substance misuse issue. For reference, the national average for those who had been in care for at least 12 months at 31 March 2020 was 3% and the inner London average was 7%.
- 6.6 All children in our care received their health histories in 2019-2020 which was a previous Ofsted recommendation. Health histories contain a summary of a young person's overall health and is provided just before their 18th birthday.

¹ Children looked after in England, year ending 31 March 2017 SFR 50/2017.

7 Safeguarding our children

- 7.1 All our looked after children and young people leaving care are allocated a fully qualified social worker. Social workers offer support in areas such as identity, health, leisure, education and friendship.
- 7.2 The City Corporation's Children's Social Care Team has expanded during 2019-20 due to a large increase of young people entering the service. Due to an increased number of front-line staff, a good quality of safeguarding and case load was maintained as increasing capacity in the service has had a positive effect on safeguarding vulnerable children.
- 7.3 The Children's Social Care service went through a full systemic social work course together in 2019-20 to improve all aspects of practice, supervision and leadership, as well as increasing the use of evidence-based systemic ideas and practices. There was also a further session on risk management.
- 7.4 There were eight referrals made to the Local Authorities Designated Officer (LADO) during 2019-20, an increase of two from 2018-19. Of those eight referrals, five met the threshold for the LADO and three did not, due to insufficient evidence to support the allegation. The City Corporation received no complaints from the children or young people in its care or its care leavers.
- 7.5 Over the year, 5 UASC, aged between 16 to 17 years-old, went missing from their placements, with a total of 12 episodes between them. All within our care returned from their missing episodes. Of the 12 missing episodes: 9 returned within 24 hours, one returned within 48 hours and two were missing from between two-six weeks.
- 7.6 Children who go missing can be at risk of serious harm. There are concerns about the vulnerability of missing or runaway children to sexual exploitation or other exploitative harm such as violence, crime, gang exploitation or drug and alcohol misuse. Looked after children who go missing from placements are at particular risk and vulnerable to sexual and other exploitation. Therefore, the children in the City Corporation's care who went missing were considered vulnerable to Child Sexual Exploitation (CSE) and were reviewed by the Multi Agency Sexual Exploitation Group. This resulted in vulnerability factors being addressed in case planning and multi-agency meetings.
- 7.7 Specialist therapeutic services such as Freedom from Torture have been utilised to provide the young people with appropriate emotional support. The Service Manager for children and families also commissioned a new mental health provision in partnership with Coram and the City of London Family Therapy Training Clinic, jointly run with Kings College London which will be rolled out during 2020-21.

8 Education and employment

- 8.1 The Virtual School Head (VSH) reports on education and employment of our children looked after and care leavers on an annual basis following the educational year. The report covering 2019-20 academic year is due in February 2021

- 8.2 At the end of the 2019-20 academic year, there were a total of 56 young people enrolled at the Virtual School; 41 in at school, college or university; 6 taking part in tuition classes; 3 in work or training; 5 recorded as not in employment, education or training (NEET); and 1 recorded as missing.
- 8.3 The overwhelming majority of children in care and care leavers have excellent attendance at all education enrichment classes, and engagement with learning is high. This is reflected in the half year attendance figure in February 2020 being 91.7%, after which the national lockdown started.
- 8.4 The City Corporation ensures that children in care and care leavers have opportunities to explore the arts, culture and sport. In 2019-20, young people had the opportunity of an extended enrichment programme in partnership with the City of London School which supports better outcomes for our UASC students
- 8.5 In 2019, 37% of looked after children reached the expected standard in the headline measure reading, writing and maths, which is much lower than the 65% for non-looked after children. However, 58% of looked after children at the end of key stage 2 have a special educational need (SEN) identified, as do 49% of children in need. In comparison, only 18% of non-looked after children have a SEN nationally.

9 Assessments, case planning and permanency planning

- 9.1 The City Corporation's internal audits have shown that assessments during 2019/20 are thorough and reflect diversity, inclusion and the complex family situations that families may live in.
- 9.2 Smart case planning has been delivered throughout 2019/20 and has been improved by the addition of a Deputy Team Manager to the staff structure, and by mid-2019 all Child in Need meetings were chaired by the new Deputy Team Manager to add robustness.
- 9.3 Permanency planning meetings during 2019-20 have been chaired by the Assistant Director for People Services and Public Law Outline and care proceedings were tracked as part of these meetings.
- 9.4 In 2019/20, care proceedings were concluded with a permanency plan for adoption for two children approved by court with Placement Orders granted. Children continued to be matched with their foster carers in the long term and children's Staying Put arrangements post-18 were confirmed for Looked After Children.
- 9.5 Celebrations for young people were held in 2019-20 that were well attended by Looked After Children, elected Members, the Virtual School Headteacher and the Social Care service at Tower Bridge.

10 IRO service

- 10.1 The Independent Reviewing Officer's (IRO) statutory task is to ensure that the care plan for the child fully reflects the child's needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. There

is one full time IRO who is responsible for carrying out the functions of the role to all children in the care of the City Corporation.

- 10.2 The IRO sits away from the Children's Social Care Team and is not involved in the preparation of the child's care plan, management of the child's case, or the control over resources to ensure their independence.
- 10.3 The Children's Social Care Team notifies the IRO of all children received into care within 72 hours. The IRO conducted over 60 visits to meet children in the last 2 years. The purpose of these visits was to introduce the role of the IRO to newly accommodated children and in all cases to consult children and monitor the quality and progress of their care.
- 10.4 The IRO service has continued to go from strength to strength in 2019-20, and below lists some of the notable achievements during the year:
 - Consistent participation of children in their review meetings
 - All children seen alone by the IRO outside of review meetings
 - Active monitoring of children's care plans and needs between review periods
 - Design and implementation of independent skills checklist
 - Review minutes, contacts and alerts recorded on children's files within the ICS workflow
 - The promotion of the Children's Right services, seeing a significant increase in advocacy and independent visiting service
 - The continuation of review meetings between the IRO, Virtual School Head and Children Looked After Designated Nurse
 - 2nd IRO in post, focusing on needs of care leavers

11 Accommodation

- 11.1 Stable and caring home environments help children in care. Children looked after benefit from living with foster carers and are placed with independent fostering agencies judged Good or Outstanding by Ofsted. Foster placements are carefully commissioned on an individual basis in order to meet the needs of children and young people and these arrangements are systematically monitored to ensure they provide stable placements that meet the physical, emotional and social needs of children. The Quality Assurance Manager now reviews placements with the fostering agencies. Semi-independent accommodation will be considered based on the young person's needs, wishes and feelings, and any risk identified. Foster care will always be the starting position.
- 11.2 The City Corporation has an outstanding Quality Assurance Framework and an effective Placement Panel which is chaired by the Assistant Director for People, which prioritises placement stability and the quality of accommodation procurement.
- 11.3 When it is feasible, our LAC are placed as close to the City as possible. Although the City Corporation did not have any sibling groups within its care cohort during 2019/20, wherever it is appropriate to do so, siblings that are looked after are placed together.
- 11.4 With regards to placement stability, of the 24 children looked after as of 31 March 2020, 15 were newly accommodated UASC in 2019-20. UASC are often initially placed

under time pressure often with little information about the child and their needs, abilities and risks. They are often, therefore, subject to placement changes within the first few months. As so many of our Children in Care are UASC, placement instability is a challenge for us.

- 11.5 Of those who had been in care as of 1st April 2019: all three had remained in stable foster placements throughout the year.
- 11.6 A whole year total of 41 children that were looked after during this period required accommodation due to being unaccompanied asylum-seeking children (UASC) and in each of these cases, they were received into care under S.20 and appropriately remained looked after under this legal status throughout the year. 11 UASC became care leavers upon reaching the age of 18 during this reporting year and are being supported by the City Corporation accordingly.
- 11.7 Of the 24 children in care at the end of the reporting year, 15 are in foster placements and 9 children are in a semi-independent provision.

12 Areas of development and priorities for the year ahead

- 12.1 The Corporate Parenting Strategy sets out the City Corporation's commitment to ensuring the children in and leaving its care meet their full potential and have lives in which they thrive. We will continue to drive the achievement of this in 2020/21 through continuing and enhanced services and the delivery of targeted actions, some of which have been affected and influenced by the Covid-19 pandemic. These include:
- The management overview of families stepped down to Early Help to ensure families receive help in a timescale that is right for them
 - The recording of management decision making of a child's journey through services
 - Staff are able to support children and families through experiences of racism
 - Mental Health of UASC, local children and families is supported, and trauma reduced
 - Mind of My Own Application is used by all Social Workers and Early Help workers
 - Young people are well informed about the Covid-19 pandemic and are able to follow Public Health England guidelines
 - Face to face visits are resumed where safe to do so
 - Achieving Excellence Board Chairman to review data and improve reporting
 - Children and Young People have a good knowledge of the complaints and advocacy process
 - Families and parents are well engaged through clear consistent communication
 - Improve the confidence of Looked After Children with money and improve the employability support offer
 - Support Children and Young People with their immigration status and recognise immigration status as a barrier to good health
 - Improve staff awareness of The Pledge.

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Committee: Safeguarding Sub-Committee	Dated: 08/02/2021
Subject: City & Hackney Clinical Commissioning Group Safeguarding Children Update	Public
Report author: Mary Lee, Designated Nurse Safeguarding Children City & Hackney Clinical Commissioning Group	For Information

Summary

The purpose of the Clinical Commissioning Group (CCG) safeguarding children presentation is to update the Sub-Committee on the health economy activities and status, including the updates from the providers across City and Hackney in relation to safeguarding children's welfare. This will also provide assurance to the Sub-Committee that the CCG safeguarding statutory responsibilities are in place and being applied.

Recommendation

Members are asked to note the presentation and verbal report.

Main Report

Background

1. The current position of safeguarding children across City and Hackney is evidenced including the City & Hackney Safeguarding Children Partnership (CHSCP) Priorities and Pledge for 2020-2021 in conjunction with the Organisational Resilience Audit and Partner self assessment audit (section 11 audit) completed by the CCG and partners.
2. The Serious Case & Safeguarding Practice Reviews status that are being undertaken or published status is cited.
3. A description of the Safeguarding Partnership arrangements in response to COVID 19 is reported upon.
4. The East London Foundation Trust (ELFT) & Homerton University Hospital Trusts (HUHT) whom are the commissioned providers updates are also provided, including the Hackney Cyber Attack and Child Protection Information Services switch off at HUHT. Looked After Children, Safeguarding supervision and the Child Death Review alongside Safeguarding Children Training Compliance.

5. A Primary care update is also included in the presentation.

Appendices

- Appendix 1 – PowerPoint: CCG Safeguarding Children Update

Mary Lee

Designated Nurse Safeguarding Children

E: mary.lee1@nhs.net

City of London Safeguarding Sub Committee

08/02/2021

CCG Safeguarding Children Update

Mary Lee Designated Nurse for Safeguarding Children



City & Hackney Safeguarding Children Partnership (CHSCP) update (1)

- **CHSCP have set Priorities and Pledge for 2020-2021**
- **Our Principles are:**
 - Safeguarding is everyone's responsibility
 - Context is key
 - The voice of children and young people
 - The voice of communities
 - Enabling high quality safeguarding practice
 - Fostering a culture of transparency
- **Our Priorities are:**
 - The health and stability of the safeguarding workforce
 - The voice of children and young people
 - Getting the basics right
 - The appetite to learn
 - Making the invisible visible



City & Hackney Safeguarding Children Partnership (CHSCP) update (2)

- **Organisational Resilience Audit**

All organisations were asked to undertake this audit with 3 primary objectives

- The health and wellbeing of the workforce
- Understanding and developing trends and threats
- Understanding and adapting to interoperability

Findings of CCG exercise are available here:

N:\CityAndHackneyCCG\ELIC\Safeguarding\Safeguarding\COVID 19\Children\Business Continuity Plans\CHCCG organisational resilience

- **Partner self assessment audit (section 11 audit)**

This has been completed on behalf of the CCG and is available here:

N:\CityAndHackneyCCG\ELIC\Safeguarding\Safeguarding\CHSCP Self Assessments

Where appropriate to CCG all requirements are fully met resulting in no actions being required



City & Hackney Safeguarding Children Partnership (CHSCP) update (3)

SCRS/ Safeguarding Practice Reviews:

Four SCRs nearing completion

Child A - publication held following comments from parents. Should be published imminently. Concerns regarding YP receiving large quantities of opiates over a significant period of time.

Child I - Alleged perpetrator involved in the stabbing of Child C died whilst on remand at Youth Offending Institution. Chronology requested to be submitted by 29th January 2021.

Child R - 3yr old child who suffered significant injuries including traumatic head injury. Chronology of involvement due 29th January 2021 and IMR submission 26th February 2021.

Child B - report in final stages of completion

Child C - published in December

Ms Z / JN - briefing paper published

Published reviews available: <http://www.chscb.org.uk/case-reviews>



Safeguarding Partnership arrangements in response to COVID 19

- Children's shielded list and local mapping of vulnerable children has been shared across key partner agencies.
- Inter-agency virtual caseload reviews of vulnerable children, shared RAG rating and joint arrangements to support and monitor children.
- Additional safeguarding support has been put in place for all staff across the system.
- A comprehensive risk log has been established at National NHSE, NEL and borough level.
- Briefing updates from NHSE, DH & Royal Colleges disseminated to all practitioners.
- Development of the humanitarian helpline pathway to include Enhanced Early Help screening prior to referral to voluntary services.
- Digital resources: Fast tracking of CAMHS online offer such as KOOTH, and consistent use of City and Hackney Local Offer websites to keep families and professionals up to date with health service offers.
- Development of City and Hackney Childhood Adversity, Trauma and Resilience Strategy
- City & Hackney Covid-19 Bereavement Service for Young People and Families implemented.
- Designated Doctor & Nurse for Safeguarding Children & LAC are providing Group Supervision for the Named Safeguarding professionals across the health landscape.



Homerton safeguarding children update (1)

- **Hackney Cyber Attack/CPIS switch off**

In October Hackney Council experienced a serious cyberattack and as a result the CP-IS Service was suspended.

The national team advised

- Move to MASH contingency plan
- All A&E slips for protected children to be reviewed by 0-19 team and reconciled weekly

- **Looked After Children:** initial and review health assessments were being undertaken virtually. However, national statutory guidance require all assessments to be repeated face to face post lockdown which has significant resource implications. An increase in the numbers of children placed in care following lockdown is also occurring. The service manager and commissioners are mitigating this risk by developing a funded action plan. The impact of staff sickness and redeployment is being closely monitored.



Homerton safeguarding children update (2)

- **Safeguarding supervision:** there has been an increased demand from services for one to one and group supervision which is stretching the safeguarding children team capacity to deliver.
- numbers - reduction in capacity including the Named Doctor due to sickness, maternity leave, vacancy with another consultant post becoming vacant in August. On going recruitment underway and interim LAC consultant commenced in August.
- **Child Death Review Nurse** non recurrent funding from the CCG has been agreed and postholder is now in place.
- **Additional Support to Student Nurses.** The CCG safeguarding children team are currently providing one to one and group support to all student nurses following the redeployment of their clinical practice facilitators.
- **Dr Lessof to support Child death review process** whilst Dr Stephen unavailable



Homerton safeguarding children update (3)

- No face to face training since the end of March due to the Covid 19 pandemic
- Levels 1,2 &3 training levels updated and available on line.
- Webinars are being developed on specific subjects, domestic abuse presented in June.
- Plans are in place for the safeguarding team to access bimonthly restorative supervision from Tavistock.

Safeguarding Children Training Compliance

	Q1	Q2
L1	92%	94%
L2	92%	89.8%
L3	83%	84%



ELFT safeguarding children update (1)

- Extensive consultation with staff in all ELFT services about how best to provide services in the current circumstances .
- New assessments are being carried out face to face and service users in crisis will be seen face to face. The use of RAG rating to prioritise those service users requiring contact and providing the option of phone and video contacts for those who do not require face to face contact is being implemented.
- Safeguarding supervision is continuing to be delivered via virtual platforms for the immediate future. Feedback and attendance from these sessions have been positive.



ELFT safeguarding children updates (2)

Safeguarding Children Compliance

- A recovery plan has been developed by the Associate Director for Safeguarding Training will be provided in two parts, part one is completed online..
- Part two is a live session delivered via Zoom.
- Improvement in Level 3 compliance is now visible
- Risk assessments carried out by the adult mental health team take into consideration any risks to children in the household and risks to children are routinely assessed.

	Q1 Apr- Jun	Q2 July – Sept	Q3 Oct - Dec
SGC Level 1 Training Q1 low figures - Covid impact	82%	80%	86%
SGC Level 2 Training	83%	91%	91%
SGC Level 3 Training	54%	60%	65%



Primary Care

- Named GP's across NELCA have produced and circulated documentation to support GP's regarding the use and storage of intimate images of U18's.
- Level 3 training for C&H GP's in Dec with over 100 GPs in attendance
- Involvement in the Serious Case Review of child I and R
- Work in progress implementing the learning for GP's from the near miss Domestic Homicide Review
- Named GP Supporting C&H Child Death Review processes
- Extension of the role of named nurse SG children Primary Care agreed until Feb 2022
- Dates set for Reflective Learning Forum



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Committee	Dated:
Safeguarding Sub (Community and Children's Services) Committee	8/2/2021
Subject: Virtual School for looked after children: Annual Report for Academic Year 2019-2020	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	3
Does this proposal require extra revenue and/or capital spending?	n/a
If so, how much?	n/a
What is the source of Funding?	n/a
Has this Funding Source been agreed with the Chamberlain's Department?	n/a
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Andrew Russell, Virtual School Headteacher	

Summary

Background and context:

This report presents an overview of the activities and impact of the City of London Virtual School (VS) for the academic year September 2019 to July 2020. Compared with other VSs across England, the City of London Virtual School is very small and almost all the learners arrived in the City as refugees seeking asylum, with very limited English language skills. The vast majority are males aged between 17 and 19 years old. Some are still waiting for their legal status to be confirmed while they are on their education journey with us.

A small cohort means a small VS team – just the VS Headteacher (VSHT) for two days a week. The VSHT is part of the Children's Senior Management Team, with influence in both the Education and Social Care parts. The VSHT also sits on the board of the National Association of Virtual School Headteachers (NAVSH).

COVID-19 has had a huge impact on the learners and the work of the VS. This continues to be the case. The pandemic necessitated a rapid shift to online learning, a move that was only partially successful. KS4/5 learners spent only half their time engaged in online learning. Overall, online learning does not fully meet the needs of looked-after children sufficiently.

Highlights

The City of London VS continues to maintain the high standards reported by Ofsted in March. The majority of learners are well supported and make good progress. Challenges in measuring the progress and attainment for this unique group of learners has been greatly hampered by COVID-19. Progress is measured

individually, comparing a learner's attainment at the beginning of the year with their attainment at year end. Almost all learners show good progress across the year. Overall engagement with education has been higher than the previous year, at 92%, with instances of consistently high attendance. No looked-after children or care leavers have been excluded this year.

There is good partnership work in place to ensure that young people remain in education, employment or training. This work remains a priority for the coming year. The VSHT role in national fora for looked-after children directly benefits the work of the City of London Virtual School. An effective new partnership has started between the VSHT and an experienced headteacher and Ofsted inspector, acting as an independent 'School Improvement Partner' to provide an extra layer of support and challenge.

Challenges in the year included the planned expansion of enrichment and improving looked-after children's much-needed IT skills. More optimistically, the VSHT has firm plans in place for the coming year to take these matters forward.

Despite disruptions, Personal Education Plan (PEP) activity has remained at a good level and quality. The PEP process has provided a focus to plan online learning.

Priorities for next year

The focus this year will be to continue to develop the effectiveness of PEPs, both online and face-to-face. Setting up a procedure to provide IT support will also be a priority. The VSHT will continue to adapt and develop links with City schools to provide enrichment opportunities for a wide range of learners as well as improving the offer around career progression pathways.

Recommendation

Members are asked to note the report.

Main Report

Background and the role of the Virtual School (VS)

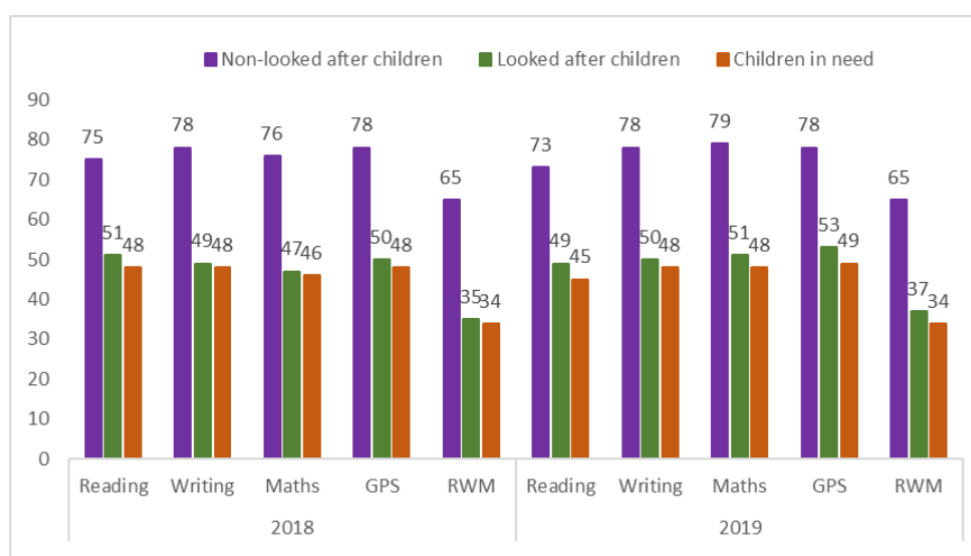
1. This report presents an overview of the activities and impact of the City of London Virtual School for the academic year September 2019 to July 2020.
2. The VS supports all children in care and relevant care leavers regardless of their length of time in care. The age range for this year covers children in secondary school through to those in college and university.
3. Every local authority has a responsibility to promote the educational achievement of children looked-after. In February 2018, the government released updated guidance, *Promoting the Education of Looked After and Previously Looked After Children* which reinforces the local authority's duty to safeguard and promote the welfare of looked-after children and previously

looked-after children, and promote the child's educational achievement, wherever they live or are educated.

4. There is a clear ambition, at national and local levels, to narrow the attainment gap between looked-after children and their non-looked after peers. The attainment gap remains high nationally as this data shows:

*[Note, data for 2020 will not be published until March 2021 **Please also note there are no children in the care of the City of London in this national data as we have not had any taking KS2 or KS4 exams this year.**]*

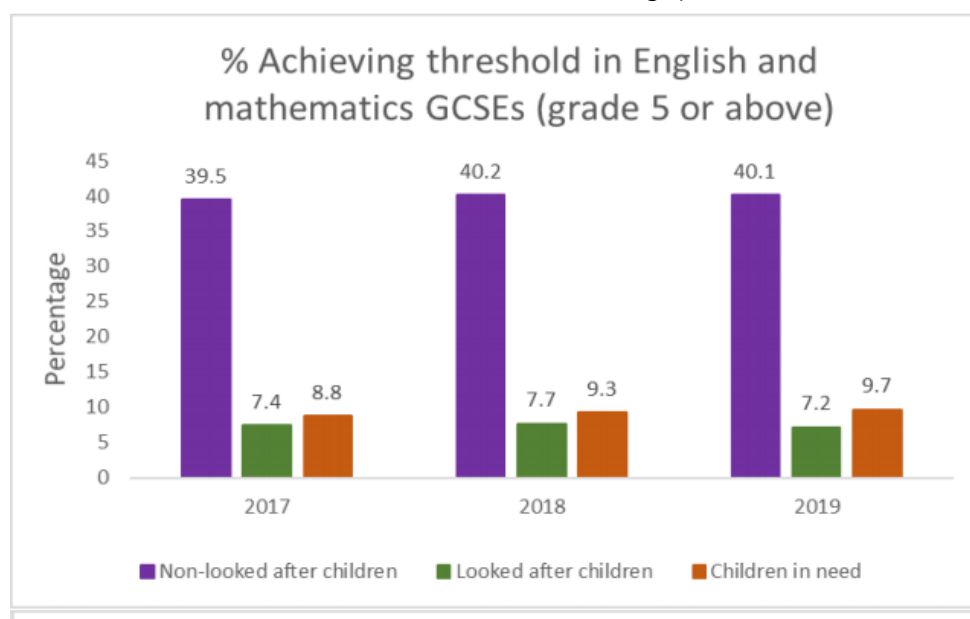
Outcomes at KS2 (end of Primary /Year 6) – National Data (there is no City data as there are no children in care at this age)



Source: CLA-NPD, CIN-NPD

5. As shown above, in 2019, 37% of looked-after children reached the expected standard in the headline measure for reading, writing and maths, which is much lower than the 65% for non-looked-after children. However, 58% of looked-after children at the end of key stage 2 have a special educational need (SEN) identified, as do 49% of children in need. In comparison, only 18% of non-looked-after children have a SEN.

Outcomes at KS4 (end of Secondary / Year 11) – National Data (there is no City data as there are no children in care at this age)



6. Again, it is very clear that there is a large attainment gap between 'all children' and looked-after children (and children in need).
7. Looked-after and previously looked-after children start with the disadvantage of their pre-care experiences and, often, have SENs. VSs have a key role to ensure that these children have the maximum opportunity to reach their full educational potential – an important part of why this role was made statutory. The City of London Virtual School is responsible for ensuring that looked-after children and care leavers fulfil their potential at all stages of their learning journey so that they can go on to be successful in higher education, apprenticeships and employment.
8. The City of London Virtual School strives to achieve this by:
 - co-ordinating and quality assuring all PEPs
 - monitoring and challenging schools and colleges to make effective use of additional resources such as the Pupil Premium for looked-after children
 - tracking the academic progress, attendance and exclusions of looked-after children
 - ensuring that special educational needs and disability (SEND) needs are identified and supported appropriately, including applications for statutory assessment if necessary
 - ensuring an effective transition between schools, colleges, higher education or specialist providers, and between such providers when a learner moves to a new placement.

9. The City of London Virtual School has only one member of staff, the VSHT, Andrew Russell. He is a former secondary school Headteacher and has been the VSHT in two other London boroughs. He works two days a week, term time only. Outside of this work Andrew works with the NAVSH, planning and organising their annual national conference. He is also a mentor/coach working with other VSHTs as well as leading training with school staff and foster carers. This training specialises in promoting the education achievement of young people in care as well as training in how to overcome the impact of trauma and attachment on behaviour and achievement in school. This work has direct benefits on the work of the City of London Virtual School.
10. The wider team that supports the education of young people in care also includes:
- six Social Workers and their Team Manager
 - Lead Education Advisor
 - Looked-after Children's nurse
 - City & Hackney Child and Adolescent Mental Health Services
 - Information, Advice and Guidance Advisor, Prospects
 - Children in Care Council (CICC) Co-ordinator
 - Two Independent Reviewing Officers (IROs)
 - Head of Adult Learning, City of London Corporation.

Governance and organisation

11. The VSHT is part of the senior leadership structure in the People's Directorate. This brings the added value of bridging the two key areas of Education and Social Care under a single management structure. The VSHT has a standing item in the Children's Senior Management Team meetings. The VSHT also regularly meets directly with the Assistant Director of Children's Services.
12. The VSHT reports into the Safeguarding Sub Committee which acts as the Corporate Parenting Board and provides additional scrutiny and challenge.
13. One development this year came at the request of the VSHT. This was to have a 'School Improvement Partner' as an independent person to provide challenge and support. This relationship started in the summer term of 2020, with the first formal meeting in the autumn of 2020. This partner will regularly report to the Assistant Director (People). The relationship has started very positively.

Cohort characteristics

14. The nature of the City of London Virtual School cohort is unique compared with other local authorities and London boroughs. It is very small, which means it is dynamic – any changes have a big impact. One learner in a cohort

of around 30 learners can change statistics by 3%. Compare this with a 'normal' VS cohort of 300 learners where one makes a difference of 0.3% in the statistics.

15. At the end of the 2019–20 academic year, the demographic of the cohort was:

Key stage	Number on roll	Number in school / college / uni	Tuition class	Working or training	NEET	Missing
EYFS	0	0				0
KS1	0	0				0
KS2	0	0				0
KS3	0	0				0
KS4	9	5	3		0	1
KS5	24	19	3	1	1	0
18–25	23	17	0	2	4	0
Total	56	41	6	3	5	1

Arrivals since start of academic year = 9 (22 the previous year)

Notes:

- NEET = Not in education, employment or training
- The '18–25' group = Care Leavers
- Of the 56 young people above, 52 are male. This is very different to an average VS. [Update September 2020 we now have two new girls in care.]
- Of the 56 in the cohort, 53 (94%) came to the UK as refugees. The majority arrive with almost no English and initially study English for Speakers of Other Languages (ESOL) at Entry Level 1. This is a much higher percentage than all other local authorities.
- Missing – many of the cohort arrive in debt to people traffickers. Once they are here, some disappear because they must go away to pay off the debts owed. This can often be against their own will.

16. The majority have Arabic as their first language, but we have many other first languages in the cohort, including:

- | | | | |
|--------------|-----------|---------|------------|
| - Pashto | - Amharic | - Farsi | - Tigrinya |
| - Vietnamese | - Dari | - Oromo | - Albanian |

17. In some cases, an interpreter is present in meetings. During the year it is pleasing to see that the need for interpreters reduces as the young people improve their skills in English.

18. As well as limited skills in English, the unaccompanied asylum-seeking children (UASC) arrive with varying amounts of education in their home countries. A few have had almost no formal education. Others have only had three to four years. Others might have had more. In all cases, however, we

must focus on their English skills first so they can then progress onto vocational courses.

19. In most local authorities, the majority of the looked-after children live within the local area. This is not the case in the City of London: 95% of the cohort live outside the City, scattered across London, with a cluster in Luton. This has several impacts on the work of the VS. Education provision must be sourced from the local area and meetings are held locally, therefore involving a lot of travel. It makes it harder to gather the cohort together locally for activities and events such as the celebration event. The VSHT attends almost all the PEP meetings wherever the young person lives. This is a key commitment to our young people. COVID-19 has had a huge impact on PEP meetings – see paragraph 40.

Attainment and Progress

20. The VSHT monitors attainment and progress throughout the academic year. This is usually through the PEP meetings which take place every term. The VSHT also gathers end-of-year attainment data directly from schools and colleges. For young people who have extra tuition and those in the tuition class, monthly reports are received from the tutors.
21. Measuring attainment and progress in this unique cohort is very different from other schools and VSs where attainment can be tracked from one key stage to another and compared with national statistics. In this current cohort there are no young people with a previous key stage result so they cannot be compared with the national cohort. In addition, there is no national comparative data for ESOL attainment. So, attainment can be measured when the learners take assessments, but progress can only be measured individually, comparing a learner's attainment at the beginning of the year with their attainment at the end. In PEP meetings this is a question asked of the school or college often in the context of 'is the learner making expected progress to reach their end of year target?'
22. Only two in the cohort were in a school five days a week at the start of the year. The majority are in colleges local to where they live and studying a variety of courses. More recent arrivals have individual tuition until they can start a school or college in September. Another group attend a tuition class that was set up locally which runs five days a week – an increase on last year when it was three days a week.
23. The table below shows the rates of progress for the whole cohort, however long they have been with us and includes those looked-after and care leavers. The progress measure is based on attainment results and feedback from schools and colleges and the tutors. It is based on the expectation for each individual as it is not possible to relate progress to any national data with this

group. The data has been severely impacted by COVID-19, which meant that most end-of-year assessment data was diminished.

Making expected progress	%
Too recently arrived / too little data	2%
Limited data from school / college (COVID-19)	50%
Below expected	15%
Expected	33%
Above expected	0%

Attendance

24. With such a diverse cohort, making sense of attendance data is a challenge. We use a company called Welfare Call to contact schools and colleges daily to monitor the attendance of 24 of the cohort. Once lockdown started it became much harder to gather meaningful data on how fully engaged the learners were with their online learning. The VSHT and social workers contacted carers and key workers weekly to find out how well the learners were engaging with their online learning: 23 of the KS4/KS5 cohort were engaging for at least 50% of the time with their online learning.

25. The table below shows the attendance figures for the half year to the February half term, after which lockdown started:

Total attendance 2019/20 (half year)	91.7%
Total attendance 2018/19 (full year)	88.25%

26. It is worth noting that 15 of the cohort have attendance above 90% -- an increase on the figure of nine last year.

27. It is impossible to accurately analyse the attendance against previous years due to the huge change once lockdown started.

Exclusions

28. There were no exclusions or behaviour issues reported this year.

The City tuition class

29. Following the success of the tuition class in the previous year, plans were set to run the class again. At the beginning of the school year, new arrivals can be placed into local colleges. As the school year progresses it gets harder to join courses at college. The demand this year wasn't as high as last year, so it was decided to run the class with some learners from the Islington Virtual School joining City learners. Learners were charged for £50 per week per learner for this service. There were two learners from Islington and initially three from the City.

30. Working with the Head of the Adult Education Service, we created the class at the Golden Lane Community Centre again. This year we ran a daily class instead of the three days a week. Another change this year was that we planned for the learners to stay on the course through to the end of the school year to get them ready to start colleges in September.
31. The class started in January with two tutors sharing the weekly sessions. In March lockdown meant the class had to move online. This took a few weeks to arrange as we had to get laptops for the learners and get everyone proficient at using Zoom. Moving online was never a 100% satisfactory replacement for the face-to-face classes. The tuition class caters for the most recent arrivals with limited English language skills and limited experience of using IT equipment. Even once they were set up and able to connect, some learners were unreliable in logging into classes consistently and on time.

Enrichment

32. The successful enrichment project with the City of London School in 2019 was planned to be repeated in the summer of 2020. Unfortunately, like many things, this was cancelled due to the lockdown. Plans are being made to develop and expand the range of enrichment opportunities for the new academic year.

Personal Education Plans (PEPs)

33. One of the main ways of engaging with education settings is through the termly PEP meeting. These take place when the young person arrives or comes into care to the City of London. An initial PEP is carried within two weeks of a young person coming into care. This is followed by termly reviews, three times a year. If there is a change of education setting, there will be another PEP within two weeks of the move. PEPs took place as normal until lockdown in March. After that they were completed using a specially designed form emailed to the key participants. This form focused on the wellbeing of the student and their engagement with the online learning.
34. Since changing the PEP forms and process last year, the quality of the PEPs has improved. There is still room for more improvement to ensure that each social worker (and school) understands what makes a good SMART target, and to ensure they chase up all the actions that were agreed in the meeting.
35. PEPs cover students aged 3–18. For students older than 18, the VSHT monitors the education section of the Pathway Plans, giving feedback and coaching to social workers around targets, where necessary.

Budget

36. The operating budget for the VS is £14,000 (not including the VSHT salary). In addition, there is a variable amount of Pupil Premium for looked-after children. This is determined by the number of young people in care aged 4–16

in January each year. This year the additional figure was just over £9,000.

37. The vast majority of this is spent on tuition – either individual or the local tuition class. Some also goes toward resources. This year extra laptops were purchased before the Department for Education (DfE) scheme was able to be used.

Celebration event

38. Due to lockdown, it was not possible to run the event this year.

Ofsted

39. Ofsted carried out an inspection of Children's Services in March 2020. The report was very positive regarding the work of the VS. These are the relevant paragraphs:

- *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.*

COVID-19

40. The impact of COVID-19 and the subsequent lockdown on the VS and the learners has been mentioned above.

41. In summary:

Before lockdown	During lockdown	VS actions
All learners attending school or college	All learners at home accessing lessons online	<ul style="list-style-type: none">• Ensure learners have access to laptops or purchase laptops as required• Work with DfE to order required laptops• VSHT deals with numerous issues relating to DfE laptops (log-ins, access to software, etc)• VSHT contacts learners by text to check in with them about their learning• Regular emails to key workers to encourage engagement with online learning
Tuition class at Golden Lane Community Centre	Tuition class closed and moves online	<ul style="list-style-type: none">• Work with class tutors to ensure that they can deliver lessons to learners
PEP meetings were taking place in all schools and colleges	PEP meetings became 'virtual'	<ul style="list-style-type: none">• Design a new proforma and process for 'virtual' PEPs• Chasing social workers to complete PEP paperwork and upload PEPs
Enrichment project with City of London School		Cancelled
Celebration event		Cancelled
Refugee week activity was planned		Postponed to 2020/21

Priorities for 2020/21

- **Celebration event:** This had to be cancelled for the 2019/20 academic year due to the national lockdown. It is a priority to run the event this year, either online, or preferably face-to-face if it is later in the year.
- **PEPs:** Investigate implementation of an electronic PEP platform and VS Information Management System.
- **Data:** Effective data collection and reporting – develop an improved dashboard.
- **IT:** Investigate a qualification that young people can take as well as extension courses on programming.

- **COVID-19:** Identifying the vulnerabilities of this cohort related to the impact of COVID-19.
- **Career Information Advice and Guidance:** Ensure that the cohort receives aspirational advice from all partners.
- **Enrichment:** Seek ways to expand the enrichment programme, both within the partner school and geographically to cover more learners.
- **Projects:** Consider how to promote City of London-led best practice projects

Report Author

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Committee:	Dated:
Safeguarding Sub Committee	08/02/2021
Subject: Quality Assurance Annual Report 2020 to 2021	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Pat Dixon, Safeguarding and Quality Assurance Service Manager	

Summary

This report is to introduce the Quality Assurance Annual Report for 2020/21. The report shows the quality assurance activity that has taken place throughout the past year. Audits have shown that the majority of the practice within Children's Social Care is to a high standard. Where recommendations have been made, they have been acted on, either on a case-by-case basis, or included within the Service Development Plan. There have been some areas requiring learning and development, and these will be progressed through the learning and development programme.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. As part of the quality assurance framework, audits are completed by independent auditors on cases open to the Children's Social Care and Early Help Service. This occurs on a quarterly basis. Some adaptations have been made to the auditing process due the unique circumstance of working in the changing environment of COVID-19. There has been more focus on thematic

audits this year, rather than full case audits, and this has allowed a more responsive approach to emerging needs.

Current Position

2. In May 2020, the Safeguarding and Quality Assurance Service Manager completed a thematic audit on face-to-face and virtual visits. In total, 24 cases were reviewed from the Children's Social Care and Early Help Service. This audit involved reviewing how many visits took place during this time period, differentiating face-to-face and virtual meetings. If they were virtual, the audit also recorded which method was used to contact the family. Overall, there was evidence of use of technology such as Zoom and WhatsApp to contact children and families.
3. In July 2020, full case file audits were completed by independent auditors. A total of 12 cases (nine families) were audited, with cases from a cross-section of social work cases open to the Children's Social Care team, and those identified by the Management team. Audits were based on a review of the electronic case file and a discussion with the allocated worker, focusing on social work interventions between January and July 2020.
4. The auditors identified that the social workers knew and understood the needs of the children and families allocated to them by demonstrating commitment, enthusiasm and compassion when they were spoken to about the cases. There were some areas that required further development in relation to process.
5. In August 2020, an independent assurance stocktake was carried out on contacts, referrals and assessments by the Chair of the Achieving Excellence Board. The case selection for the stocktake was taken from all contacts, referrals and assessments between 1 July and 5 August 2020. In total, 25 contacts and referrals, and five assessments were reviewed. Of the 25 contacts, many were of multiple family members. One such example related to 14 members of the same family. The audit did identify some areas that could be improved, however, overall, there was evidence of good practice taking place.
6. In November 2020, independent auditors were commissioned to complete a thematic audit on placement stability. This followed concerns around the number of placement moves taking place, which were identified through performance data and the Independent Reviewing Officer's annual report.
7. The thematic audit focused on identifying common denominators for moving from foster care to semi-independent accommodation, and how practitioners and commissioned services responded. There were some interesting factors identified within this audit that will support a better understanding of the underlying causes and how they can be prevented, these have been included in the Quality Assurance Annual report.

Conclusion

8. There is evidence of some excellent practice on the cases reviewed. However, practice is not always consistent, which can be due to recordings not being up to date or processes not being followed. The issues that have been identified are often easily rectified through adequate systems to ensure compliance.
9. On the completion of the audits, the recommendations are shared with the social workers, managers and the service manager. Issues are either resolved immediately on a case-by-case basis, or if they are more systemic, they are included in the Service Development Plan. The Service Development Plan is updated on a regular basis by the Children's Social Care and Early Help Service Manager, with oversight by the Achieving Excellence Board and Members.

Appendices

- Quality Assurance Annual Report 2020 to 2021

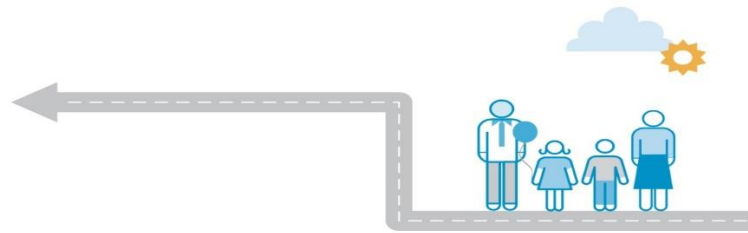
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Quality Assurance Annual Report 2020 to 2021

Introduction

This report reviews the audit activity that has taken place between April 2020 to March 2021. Some adaptations have been made to the quality assurance framework and the auditing process due to the unique circumstance of working in the changing environment of Covid-19. There has been more focus on thematic audits this year, rather than full case audits; this has allowed a more responsive approach to emerging needs.

As part of this report I will review the key findings from these audits, looking at the strengths and areas for future development, and how these findings will be incorporated into future learning and development of staff. A key area for learning from previous years has been the impact of auditing on managers and social workers. This year there has been a discernible move towards a more inclusive approach with managers and children's social care staff, which has proved to be a more positive and constructive approach.

Quality Assurance Activity

Thematic Audit on Face to Face and Virtual Visits Completed by Safeguarding and Quality Assurance Service Manager

May 2020

Thematic audits were completed on face-to-face and virtual visits that took place from the beginning of January 2020 to the end of April 2020. In total, 24 cases were reviewed from the Children's Social Care and Early Help Service. This audit reviewed how many visits took place during this time period, differentiating between whether they were face to face or virtual, and if they were virtual which method was used to contact the family.

The audit considered the detail of the information obtained and whether this was compromised by the method used. The purpose of the visit was also reviewed to assess if this had been achieved and if the child was seen / heard and visible in the recordings of the visit. Another area assessed was the ability to manage risk, especially in relation to child protection cases and new referrals.

Key Findings

- Overall, the majority of the cases reviewed showed a clear purpose to the visit and recordings were detailed and methodically laid out.

- When information was being obtained for the purpose of an assessment, headings such as health, education and wellbeing were clearly defined; this made it easier to understand family functioning.
- If the purpose of the visit was to convey information such as keeping safe during COVID-19, it was clearly identified and recorded that the young person understood the information being given.
- Where children were seen it was identified who was seen and whether they were seen on their own.
- The use of observational skills was also prominent in many of the recordings, which added a greater depth of understanding as to how the family were functioning.
- Where video contact was used with the family it gave more depth to the information recorded, with assurance in relation to risk and understanding a family functioning.
- Visits that took place over the phone presented as being more one dimensional in their content, whereby the flow of the conversation was fairly limited.
- There was also evidence of good observational skills, especially within the Early Help cases.
- There was evidence of direct work with children in Early Help cases, using the App “Mind of My Own” (MOMO).

Areas for learning & development

- 1) Virtual visits should define clearly what methods were being used to contact the family.
- 2) Telephone contact should not be the main form of virtual contact, as this does not give as much information as video contact.
- 3) Given the value that MOMO has added to virtual visits, consideration should be given to:
 - a) Training and development of staff in using MOMO from the provider.
 - b) Training session led by Early Help of how the App is used in practice.
- 4) Utilising evidence of good practice examples of virtual visits.

Full Case File Audits Completed by Aidhour, Independent Auditors

July 2020

A total of 12 cases (9 families) were audited. These cases came from a cross section of social work cases open to the Children's Social Care team and were identified by the Management Team. Audits were based on a review of the electronic case file and a discussion with the allocated worker and focused on social work intervention between January – July 2020.

Key Findings

Overall, the auditors identified that social workers knew and understood the needs of the children and families allocated to them by demonstrating commitment, enthusiasm and compassion when they were spoken to about the cases.

In the context of working under restrictions due to Covid-19, there was some good evidence of the use of technology to manage risk, support families and undertake direct work with children and families.

Management Oversight

There was evidence of timely and appropriate decision making on contacts and referrals. Cases that were stepped up to statutory services, or down to Early Help showed the rationale for the decision. Overall, there was good management oversight on the cases audited.

Practice

- There was evidence within assessments of a child focused approach in working with children and their families; this had led to responsive and creative plans to meet their needs.
- There is evidence in recordings, assessments, planning and interaction of a systemic approach being used when working with children and their families.
- Child Protection Conferences and Children Looked After Reviews are to a good standard. There was evidence that Child Protection Chairs and Independent Reviewing Officers have regular contact with children and young people outside of these formal meetings.

Areas for Development Practice

The audits identified that there were some good examples of appropriate and timely referrals onto partner agencies and organisations. However, auditors thought it would be helpful to have more updates on the progress of these referrals recorded on the child/young person's file.

1. Ensuring the views of absent parents, siblings and/or other significant family members are explored when completing an assessment so that there is a consistent level of high-quality assessments across all cases.
2. Questions around meeting threshold in “Child in Need” cases emerged as a theme in this audit. Management oversight in supervision and/or case discussions, exploring exit strategies around the impact of social work intervention would be helpful in evidencing threshold in these cases. This would also support more meaningful plans with child focused outcomes.
3. Where a case has had multiple allocations in a short period of time, there was evidence of drift and incomplete tasks. This highlights the importance of management oversight on the handover of cases, and the need to record this information on case notes on Mosaic.

Areas of Development Process

4. There were some process issues in regard to copying case notes onto another siblings file, in relation to relevance and keeping the recordings up to date. Which can have wider implications when someone unfamiliar with the case is looking at managing risk.
5. Improvements to the frequency and timeliness of holding supervision and uploading write-ups was identified as being an area where there needed to be improvements.

Practice assurance stocktake of contacts, referrals, and assessments

August 2020

In August 2020, an independent assurance stocktake was carried out on contacts, referrals and assessments by Chris Sands, Chair of the Achieving Excellence Board. The case selection for the stocktake was taken from all contacts, referrals and assessments between 01 July and 05 August 2020. In total, 25 contacts and referrals, and 5 assessments were reviewed. Of the 25 contacts, many were of multiple family members with one such example relating to 14 members of the same family.

The stocktake identified areas of excellent practice, but for the purpose of this report the focus will be on the key findings and areas for development identified from the stocktake.

Key Findings

Contact and Referrals

The overall quality of the response to contacts and referrals was identified as being good and demonstrated diligence, which remained consistent with findings in the Ofsted inspection in March 2020. Most contacts seen had timely and appropriate decisions made on them within 24 hours.

The majority of contacts the City of London receive were not connected to residents, but related to contacts from external agencies, predominantly regarding missing persons from other local authorities. The decision to take no further action was appropriate in all cases. The report identified that social workers were diligent in their approach in recording all national missing persons alerts. In one case they contacted the LA to say they had no information about an individual. However, to do this on every case would lead to a disproportionate amount of work.

In all missing persons alerts cases, the social worker recorded that the information had been sent to health agencies. This is good practice to ensure that no child falls between agencies. However, in most cases there was no evidence of this on Mosaic except in one case where this was confirmed by an email.

Management oversight of most contacts and referrals was routine and clear. The team manager took responsibility for the primary decision with the service manager doing a final check. This process provided for a robust oversight of decision making

Assessments

The quality of assessments overall was identified as being to a good standard. However, there were areas where, with further development, the quality could be improved further. A key area for improvement was showing evidence of curiosity in seeking to understand the workings of the family through the application of systemic thinking and practice.

The report also identified that in one case, the social worker had taken a sensitive approach, but this had not allowed the focus of the assessment to be compromised. There was good use of video calling, which complemented the direct visiting taking place. It was also identified that the management comments in relation to the case were thorough and demonstrated an understanding of the issues.

The stocktake recognised that some assessments would benefit from a more child-focused approach. This was highlighted in one specific case where a recommendation was made that consideration should have been given to what life was like for the child subject to the assessment. In respect of the same case, a recommendation was made that it would have benefited from remaining in the Early Help service, with regular consultation with Children's Social Care.

In some cases, not all the referral decisions for assessments included clear instructions as to what needed to be covered as part of the assessment, or expectations on timescales. A case example was given to highlight these comments, with additional comments about the importance of applying hypotheses and the rationale for these.

Management Oversight

The report recognised that although there was some good evidence of management oversight in some of the cases, this was not always consistent. If this were addressed, it would significantly improve the overall standard of management oversight.

Areas for development The report concluded with the following key areas that needed to be considered by senior leaders to improve practice.

- There was evidence that management oversight remains an area for improvement. Social work staff feedback was that managers did keep in touch on a regularly basis with practitioners. However, the records reviewed did not always demonstrate this.
- More focus should be given to evidencing reflection and hypothesis on what life is like for the child, combined with some more curiosity. Applying the systemic approach would help to cement excellent work in practice.
- The question was raised about whether there a policy for accompanying young people to placements. This arose from a case where an asylum-seeking young person was taken, unaccompanied, to a placement in a taxi. This could have presented a risk, had the young person run off during the taxi journey. Additionally, for a young person unfamiliar with this country, the journey could be quite frightening.
- Whether there was a policy and/or process map that clarifies practice expectations for the City of London's responses to missing persons alerts.
- Timely stepping down of cases to early help was a recommendation in the inspection report. The review identified one case where this was still an issue. This begged the query as to whether the tracking mechanisms in place were sufficiently robust.
- The stocktake also identified that planning had not yet been evidenced as being sufficiently robust; this was also noted in the Ofsted inspection report in March 2020.
- Records were not always being kept fully up to date. This was seen as being particularly important in the current Covid-19 situation, whereby staff are working remotely and needing to access records, perhaps in the absence of the allocated worker or for those working out hours.

Thematic Audits on Placement Stability

November 2020

Independent auditors commissioned to complete audits on quarterly basis as part of the quality assurances framework undertook a thematic audit on placement stability in November 2020. This followed concerns around placement stability which had been identified through performance data and the Independent Reviewing Officers annual report.

The thematic audit focused on identifying common denominators for moving from foster care to semi-independent accommodation, and how practitioners and commissioned services responded. The auditors reviewed 25 cases, reviewing the current cohort of 18 unaccompanied asylum-seeking children (UASC) which included four of the cohort of 12 multiple placement move cases identified in the annual report, with an additional 7 from that cohort who are no longer looked after. Each audit included an electronic case file review, interview with the allocated social worker (and manager if required), feedback from young people and their /carers/placements and, where possible and appropriate, feedback from previous carers/placements.

Impact of unresolved trauma and loss

Of the group of young people audited, the 8 young people who have been in foster care with the highest number of moves were all male and from Afghanistan, Sri Lanka, Eritrea, Sierra Leone and Sudan. All these countries have been or are war-torn, associated with which has been for some young people, directly experienced torture and witnessing the murder of family and friends. The four young people with the most placement moves, either had PTSD diagnoses, or were displaying strong indicators of trauma, having experienced traumatic loss including in the context of losing both parents to the Ebola epidemic, with the Covid pandemic triggering painful memories and feelings

Impact of Covid-19

For at least three young people, the impact of the Coronavirus pandemic and associated lockdown appears directly to have resulted in placement instability and breakdown. In one of these cases, it was associated with the young person going missing and remaining missing at the time of this audit. In another, it triggered painful memories of losing both parents to the Ebola epidemic.

Impact of immigration status uncertainty

Coinciding with the Coronavirus pandemic, this audit found an additional layer of anxiety for young people due to the delay in the Home Office progressing Substantive interviews which had been paused for young people as a result of the pandemic (Right to Remain Legal Update, 10th November 2020). Of the cohort of twenty-five young people with placement moves, all but three were awaiting their substantive interviews and associated immigration decision. The Key Worker of one of these young people aged 18, reflected; *'He can't get a job. He doesn't know when he will get his (substantive) interview and I think one impact for him is loneliness'*.

Wanting to move to London

Three of the eight young people with high numbers of placement changes identified a desire to be placed in London was the key pull factor in leaving placements – specifically, a desire to be close to an Orthodox Christian Church, and to live among people of the same nationality. Good transport links to facilitate easier access to college were also often cited in the case files

Desiring greater independence

A number of the cases reviewed illustrated clearly the challenge faced by the team of balancing the needs of some young people to be nurtured in a family environment but who possess an established level of independence, having had to look after, and make decisions for themselves in often hostile and uncertain circumstances in the absence of trusted adults. For some young people interviewed, their social workers have effectively become their secure base; in being empathic, non-judgmental and responsive, the social workers have become important attachment figures to the young people.

Impact of moves on education and mental health support

In experiencing the breakdown of placements, young people's college places or attendance were sometimes seen to be disrupted. One young person experienced five placements moves - every placement move also meaning a change of school/college, leaving his education disrupted. Placement moves have also, at times, impacted upon access to mental health and therapeutic support, which was clearly much needed by two young people in foster care.

Areas of Excellent Practice

Welcoming children who arrive during working hours: UASC children and young people who arrive during working hours are promptly seen and warmly welcomed by City of London Corporation Social Workers with the aid of interpreters. They are provided with City of London Corporation welcome packs, which are translated into the young person's language.

Short form age assessing: Where there is a question about the age of a young person, interviews for their short form age assessment take place on the day of arrival or soon after, providing opportunity for vulnerabilities to be assessed and responded to, as well as assessing age and most appropriate accommodation provision.

Relationships and support to young people

Social workers are mindful of the need to balance a nurturing approach with independence for unaccompanied asylum-seeking young people.

The quality of social worker relationships with children and young people is trusting, respectful, non-judgemental, honest, empathic, emotionally intelligent, responsive and proactive. This relationship was reflected in the social work recordings of visits and assessments, plans and reviews. City of London unaccompanied asylum-seeking young people were well understood and supported in their placement.

It is through the relationship with their social workers, that young people have been able to share that their placements have not been of good quality. Appropriate investigation of concerns is evidenced with appropriate outcomes. Review of placements with Supervising Social Workers are referred to in some of the cases.

Social workers can be seen to work collaboratively, proactively and tenaciously with key partner agencies, including statutory health and education providers as well as voluntary and charity sector organisations to secure help and support for their

children and young people. Collaboration with the London Asylum Seekers Consortium (LASC) was evidenced in two cases – and in one, impressively, to have directly led to a missing young person being found, through the links LASC had with the local community.

What some young people say about their social worker and their understanding of why they have a social worker

'I have a Social Worker because I don't have parents. My Social Worker helps me personally. She helped me with everything. She's very committed. She's done it. She's on it. She's done her best for me. I find her most interesting in that she understands the feelings of me - how I feel and how I think. She's being very supportive. I want to keep her; I said I want my Key Worker to be like her. She does support a lot. There is not a word to say how much she's supports! Every Social Worker I had supplied me 24/7 with City of London'.

Retaining timeliness, child focus and connection through technology and face-to-face during the Coronavirus pandemic.

There was good evidence of sensitive practice and child focused intervention, with excellent work by Social Workers. The use of technology to risk assess remotely and build rapport had been undertaken by workers with confidence and enthusiasm. Visits (direct and virtual) were completed within timescale and to a high standard. Social workers consider the child's world from their perspective, this is evidenced throughout case recordings.

Commitment to continuous improvement

City of London managers are committed to constantly reviewing and improving the knowledge, skills and confidence of their social workers to ever more effectively support their young people. Training from 'Waging Peace' a human rights, non-government organisation was specifically commissioned to raise social worker awareness of the Sudanese community and how most effectively to support their Sudanese young people who comprise a high number of their Looked After Children.

Timeliness of assessments and reports

The assessment, planning and review seen in files for the most part was timely and to a high standard. The quality of referral and contact forms continued to be good with timely and appropriate decision making evident. There was good evidence of management oversight and for the most part, assessments, plans and reviews were up to date.

IRO oversight of planning and review

There was evidence of good quality reviewing processes, with IRO footprint recorded on files in the lead up to and outside of formal meetings. Routine handover between IROs of young people was evident, as was their appropriate challenge and follow up with social workers and managers. It was apparent that young people felt able to reach out to their IROs.

Areas for Development

Welcoming and risk assessing new arrivals Out of Hours.

It was not clear that the children who had been supported by the shared Emergency Duty Team arriving out of core office hours had been met by a social worker upon arrival and prior to and during placing. This is a critical opportunity to assess immediate safeguarding, health and contextual risk concerns, including trafficking and exploitation to the young person and consider how they might most effectively be mitigated, and the child protected.

The recommendation therefore, is for consideration to be given to providing out of hours social work capacity to welcome, risk assess and contingency plan with providers or foster carers and police as needed, should they be at risk of, or go missing / be suspected victims, or at risk of modern slavery and human trafficking and to settle young people into their first foster or placement addresses.

Consistency of Assessments

Age Assessments

Where there is a question about a young person's stated age, 'short form age assessments' were found in some children's case notes of their Mosaic files. Fewer full age assessments were found, and their quality was found to be variable. Some were completed by independent social workers, and others by a combination of independent social workers and City of London social workers.

The recommendation is for a consistent format to be used, and for the age assessments to be uploaded into documents.

Children and Family Assessments, and Chronologies

The completion of Children and Family Assessments is seen to be increasingly consistent in 2020. In considering the circumstances of UAS children and young people specifically, it is **recommended** that as the likely key document in which their story is captured, empathically exploring pre-migration experiences in their country of origin including their environment to assist in assessment and planning; their journey to the UK and life in the UK, that Children and Family Assessments continue to be consistently completed. As circumstances change or new information comes to light they would usefully be reviewed and updated.

Risk Assessment

Risk Assessment' and 'Risk Management Plan' documents were found on some children and young people's files, but not all. It was not clear in what circumstances they were completed; how they were quality assured; the frequency of review; how they are RAG rated and if the rating links to other processes, such as strategy meetings; how risk assessments were tracked (for escalation or de-escalation of risk) or reviewed.

The recommendation is that guidance should be produced in collaboration with social workers and managers which considers all these points

Placement Plans

Placement Plans were found generally to be of high quality. In identifying issues which might disrupt placement stability, these are key documents outlining expectations of all.

The recommendation is that placement plans are consistently completed, whenever a young person changes placement, , with these placement plans being uploaded into children's files.

Consistency of location of forms, documents and agreements

Several documents were found to be uploaded in different parts of the child's file.

The recommendation is that the location of supervision notes, case summaries, chronologies and genograms should be uploaded into a consistent location.

Information sharing agreements were not in evidence in case files.

The recommendation is that an information sharing format should be developed and applied, consistently, to practice.

Line management clarity, Supervision and tracking processes

City of London Corporation Managerial footprint in the cases audited was apparent.

The recommendation is to strengthen supervision further by consistent and timely uploading of supervision notes and tracking of agreed actions from LAC Reviews, including referral to other agencies

Contextual safeguarding approach

As the majority of City of London Children are UASC many of whom live in semi-independent accommodation, they are likely to face risk primarily, from outside of the home.

The recommendation is that a greater focus and awareness relating to contextual safeguarding is required. This should be supported by a toolbox that includes multi-agency disruption responses to further develop how children, locations, people, businesses and organisations of contextual safeguarding concern can be identified.

Tracking children at risk

There was evidence in some of the case files audited of children's circumstances ranging from placement moves to sexually harmful behaviour being discussed at the 'Top Three' meeting, attended by City of London Managers and practitioners. It is understood that this meeting considers a variety of concerns and not solely safeguarding concerns.

The recommendation is made for consideration of this meeting, or allied meetings to regularly review the cases of children who are assessed to be medium or high risk of exploitation, or who are being exploited until such times as the risks to them are reduced.

Preparing for going missing

The City of London Police now routinely take photographs and fingerprints of UASC children presenting to them upon arrival and share the details with City of London Corporation. This is understood to be as part of the Operation Innerste which informs police response to UASC, recognizing them at point of arrival as potential victims of trafficking. A further complementary and beneficial development which would strengthen response further, evidence of which is yet to be seen in case files, is the development of a 'planning for missing' process which would collate key information about vulnerable young people for police and be reviewed and updated as needed. It would ensure robust, detailed and timely coordination between foster carers, care providers, the City of London Corporation and Police Services in which children at risk of going missing are placed.

The recommendation is to develop a 'planning for missing' process which would collate key information about vulnerable young people for police and be reviewed and updated as needed.

Triple planning

Contingency planning associated with triple planning for UAS children and young people would benefit from development in the cases of the children whose files were audited. However much it is hoped that young people will remain in the UK, consideration has to be given to the possibility that a child may not be granted indefinite leave to remain; either voluntarily or involuntarily, they may face return to their country of origin.

The recommendation to support triple planning becoming embedded for City of London UASC, is that consideration should be given to Pathway Plan templates being developed to reflect the three possible outcomes.

Summary and Recommendations

This report outlines the quality assurance work that has been completed on frontline children's social care practice in the City of London over the past year. Consideration has been given to the impact of Covid-19 on practice in all the quality assurance activity that has taken place. There is considerable evidence that social workers and managers have been creative in using various methods of virtual and face-to-face contact when working with children and families over the past year.

There is also evidence of some excellent practice on the cases reviewed. However, this is sometimes not always consistent, and can be due to recordings not being up to date or process not being followed. The issues that have been identified are often easily rectified through adequate systems in place to ensure compliance. On the completion of the audits, the recommendations are shared with the social workers, managers and the service manager. They are either resolved immediately on a case by case basis, or if they are more systemic issues, they are included in the Service Development Plan. The Service Development Plan is updated on a regular basis by the Children's Social Care and Early Help Service Manager. There is oversight of

this plan from the Achieving Excellence Board and elected Members. Subsequent auditing tests whether the learning has been applied effectively to casework.

A key area of strength identified within all the audits has been the relationships that children and young people have with their social workers, who present as being responsive and supportive to the young people on their caseloads. The only problem that has been identified in this area is when there have been multiple changes of social worker. However, this does not appear to be occurring on a consistent basis and relates to a period earlier in the year when there were significant changes in staffing.

The audits completed throughout the year also identify areas of learning and development that would be helpful in improving practice. A key aspect of the Quality Assurance Framework is the training and development of staff, which follows the standards expected around Social Workers continued professional development (CPD), as identified by Social Work England. The key themes found in the audits completed in 2020/21 showed that contextual safeguarding and professional curiosity were areas that required more consideration when assessing risks and needs as part of the assessment process. This is not the first time that these two areas of learning have been identified from case file audits, therefore consideration does need to be given as to the impact of learning on practice. At this current time, any learning that has been identified as part of the audit process would be either progressed by the Children's Social Care and Early Help Service, or by the People's Learning and Development Service.

This raises the question around how we evaluate learning and development for children's social care staff in relation to relevance, quality and impact. In 2019, there was considerable investment in training for frontline staff on systemic practice. This has also been mentioned in some of the audits completed throughout the year, with differing views as to the impact on practice. Therefore, going forward, this is an area that does require further development, so we can ensure that staff are having the right training, which is at the right standard and is impactful on improving practice.

Pat Dixon

Safeguarding and Quality Assurance Service Manager

January 2021

Key Priorities identified for 2021/22

1. The Evaluation of Learning and Development Offer for Children's Social Care and Early Help Service, regarding feedback on content, impact and relevance.
2. Review and update work force development strategy.
3. Review the quality assurance framework to establish consistent criteria for evaluating practice.

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Committee:	Dated:
Safeguarding Sub Committee	08/02/2021
Subject: Action for Children Survey October 2020	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Pat Dixon, Safeguard and Quality Assurance Service Manager	

Summary

In October 2020, Action for Children carried out the Annual Service User Survey among children and young people supported by the City of London. Children across the spectrum of services in the Children's Social Care and Early Help Service were invited to take part in the survey. Out of a 106 children and young people who were contacted, 69 participated. At 65% of the young people, this is the highest response that has been received over the last five years. The survey shows that the majority of the children and young people feel supported by their social workers and they feel safe. COVID-19 has been difficult for young people, especially unaccompanied asylum-seeking children (UASC).

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The Action for Children Annual Service User Survey has been taking place annually. This year's survey covered all the children open to the Children's Social Care and Early Help Service. More than 106 children were contacted to take part in the survey and 69 participated. The largest cohort of young people open to the Children's Social Care and Early Help Service is Unaccompanied Asylum-Seeking Children (UASC). This year addition

questions were added on the impact of COVID-19 and young people's experience of racism.

Current Position

2. The survey shows that children and young people overall feel supported by their social workers and the intervention they receive. Families receiving Early Help and short breaks services gave the most positive feedback, saying they felt listened too and respected (94.1% in this cohort responded to the survey). Children in Need and children subject to a Child Protection Plan were less positive about the intervention. They felt, at times powerless, and this may be due to them being less likely to have requested support or services. Also, the report does identify that some were experiencing difficulties at the time they were contacted to take part in the survey.
3. The largest cohort of children and young people open to the Children's Social Care Service are UASC, who are either looked-after children or care leavers. The majority of young people from this cohort have indicated that they have a good relationship with their social worker and Independent Reviewing Officer. They are aware of the Children in Care Council (CiCC) and they find this a good way to keep in touch with their peers.
4. COVID-19 appears to have affected this group of young people the most, as they have felt isolated, especially when they have not been able to go out.
5. There has also been an impact on their education as colleges and schools have been closed during lockdown. However, on a more positive note, the young people have felt safe and supported by their social workers.

Conclusion

6. The engagement in the survey has been improving over the past five years, and the response in 2020 was the highest level of participation since the survey started in 2015.
7. Overall, the feedback has been positive, especially in relation to the Early Help Service, which supports short breaks. It was also positive to see the level of support young people are receiving from their previous foster carers, whereby they are still having contact and support even though they are no longer placed with them.
8. The impact of COVID-19 on the young people does appear to be significant in relation to their emotional wellbeing, mental health and education. Information from this survey will assist in supporting children and young people going forward.

Appendices

Action For Children Annual Service User Survey 2020 – Non Public Appendix

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Committee:	Dated:
Safeguarding Sub Committee	08/02/2021
Subject: Service Development Plan	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
Report of: Andrew Carter, Director of Community & Children's Services	For Information
Report author: Rachel Green	

This report sets out the progress with the 2020/21 Service Development Plan for Children's Social Care and Early Help. A full annual self-evaluation of progress as at end September 2020 is appended.

Summary

The 2020/21 Service Development Plan (appendix 1) has driven forward excellence in social work and early help practice, from our judgment of 'outstanding' by Ofsted in March 2020. The aim is for excellence in all areas and to further strengthen our work with our resident children, families, children looked after and care leavers. The annual Self Evaluation (SEF) provides a thorough assessment of the service at end of September 2020 (appendix 2, Non-Public).

Recommendation

Members are asked to note the report.

Main Report

Background:

1. Ofsted judged Children's Social Care and Early Help in the City of London as Outstanding in March 2020. Judgements of outstanding were given for leadership, for children in care and children looked after. A judgement of good was given for children in need of support and protection. This report will provide focus on excellence within children in need of support and protection. The service development plan moves us from April 2020 to March 2021 as we strive for excellence consistently.

2. Ofsted made two recommendations following their visit to the City: one was to ensure no delay in step up/step down between early help and children's social care, the other was to strengthen the management decision making at all stages of the child's journey. Both are complete: an automated process now tracks step ups/step downs, alongside a strengthened management hub, and a pilot Deputy Team Manager post has given more capacity as the team has grown. The growth has been in line with expanding numbers of Unaccompanied Asylum-Seeking Children (UASC). This pilot has not been established, due to the ongoing COVID pressures and those of the Target Operating Model.

Current position:

3. A full annual self-assessment was completed in September 2020, providing narrative and data for each area of practice. This assessment is appended.

Excellence with Children in Need, and Children in Need of Protection

4. In the last quarter, we have increased the number of families supported as children in need and children in need of protection using our online trainee systemic family therapy clinic. Early help used the Clinic most in the first two quarters and supported children with disabilities in particular. The clinic is our flagship project in partnership with Kings College London, that we have developed this year; an opportunity arising within the context of the pandemic. Child and family feedback from our annual survey (October) shows how highly valued the systemic therapy has been. A detailed report on the clinic is planned for March 2021.
5. The service development plan shows strong progress with monthly management hub oversight of every child in need case. This offers a critical consideration of timely, smart planning, and has enabled managers to support families by chairing not only the first CIN review, but others as needed where there might need more grip/challenge. An example of this is with housing and negotiation.

Annual Survey

6. The children's social care and early help annual survey has been completed and report received since the last Safeguarding Sub Committee. The findings are exceptional for our Early Help Service, which shows the level of development from the Ofsted inspection which found this area to be 'good', and they are very strong for all other areas – well above national average. The feedback from children and families has been used to drive service improvement, with actions being created in line with wishes and feelings. We will write back to children and families, with a 'you said, we did' postcard, to ensure the feedback loop is complete.
7. The report was received end October 2020, only areas to improve are considered in the service development plan. The amber actions are:
 - Improving pledge awareness
 - Improving confidence making health bookings for UASC

- Overcrowding and housing
 - travelling to placement when UASC present at the police station overnight
 - Care leavers: loneliness and immigration support
8. The plan outlines the actions to improve. Immigration continues to be the main source of worry for our UASC, as uncertainty about country of residence affects every aspect of their lives. In the last year, we have found a very inconsistent response from the Home Office, with some young people having interviews quickly, and some taking longer. This having no bearing on the actions of their lawyer or social worker. We are working with the home office to begin using virtual interviews via Business Skype, which is a new offer they have made.
 9. For a young person it is difficult to understand the roles involved, the experience is one of frustrated waiting, with no timeframe for resolution. Therapy, social activities and relationship with a social worker strengthens resilience, but an answer, preferably a positive one, would be the strongest improvement of wellbeing for this cohort. Our work with a charity called 'Waging Peace', developed over the last quarter, aims to build such resilience and improve chances of positive immigration success for our Sudanese boys¹.
 10. Our contract for Independent Visitors (IVs) has been reviewed and re-awarded to Action for Children (January 2021). Contract monitoring has set out expectations as to the time and number of IVs for children in and leaving care, with the aim of reducing loneliness.
 11. Our joint project with Coram, to reduce the impact of trauma by improving sleep, should strengthen the work of our social workers and improve lives of our UASC.

Equalities implications: Anti-Racism and Black Lives Matter

12. National research has shown that black children are often not given therapeutic support of sufficient quality until crises and ill health become critical. Cognisant of this, we have ensured we prioritise black children and people of colour in our systemic therapy clinic² to intervene early and to meet need as it arises.
13. The service has continued to develop anti-racist social work practice. Evidence of our work has been shared (on request) to the DfE and to the London Improvement and Innovation Alliance.
14. Sadie Carnegie (Early Help lead) and Temitope Ademosu (systemic psychotherapist, and lead of the Col/KCL student family therapy clinic) shared a presentation and spoke to our work with the DfE Children's Social Care festival on 20 January 2021. CoL and London Borough of Camden worked together to present our shared good practice. The DfE gave really good feedback on our work and have invited us to speak next year and discuss the impact of our work and ongoing practice.

¹ <https://wagingpeace.info/> accessed 22 January 20201

² Note: Children's Social Care and Early Help Service have decided to use Black, and People of Colour instead of BAME (Black, Asian and Minority Ethnic), which is not preferred.

Conclusion

15. The Service Evaluation Framework (SEF) appended provides a full assessment of service effectiveness at end September 2020. The service has continued to provide an excellent service to children and families, with staff working diligently throughout the pandemic, seeing young people, children and families face to face and providing a duty service in the Guildhall.

Appendix:

1. Service Development Plan 2020/21, updated January 2021
2. Self-Evaluation Framework September 2020 (Non-Public)

Rachel Green

Service Manager, Children's Social Care and Early Help
People Department, DCCS

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Recommendation	Who?	Does what?	By when?	How will we know it has been done?	Outcomes for Children	RAG rated progress	
OFSTED FINDINGS							
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 work step & TAF meeting process live on Mosaic	11-May-20	EH worker will have tested the work steps.	Children are helped quickly.		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	Children are seen and supported quickly. 100% of families said communication from EH was good.		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.	Children experience seamless transition between teams, and families aren't on hold/experiencing delay in meeting need. Our data shows that there is no delay Sept-Dec		complete
The recording of management decision making at all stages of a child s journey.	Assistant Director & Service Manager	Build management capacity. Draft review in place, need to take forward.	01/08/2020	Revised structure chart published. Staff in place.	Children and families experience an exceptional service, with access to speak with managers.		This will be completed after Covid. Given the TOM and current Covid response.
	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	as above		Extension request approved.
	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.	Children and families experience consistent and timely decision making.		November 2020 audit shows strong management recording of reasons for decision making
	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.	Children and families experience consistent and timely decision making, if staff are on leave or absent.		Audit shows strong management recording of reasons for decision making
BLACK LIVES MATTER							
Staff are able to support children and families through experiences of racism, and are able to be anti racist in work. The service is actively anti-racist in the way it operates.	Service Manager & Systemic Psychotherapist	Provide six week systemic sessions on racism, supporting staff and others	17-Jul-20	One page report completed, including the anonymous staff feedback gained.	Children and families are able to share experience of racism, and be able to talk about the impact on themselves. Children and families has social workers that advocate against racism. EG challenging school decisions - e.g. with hair. Excellence in Practice		6 sessions have taken place, feedback questionnaire sent. One page report has been to CSMT. Evidence shared with the DFE and LIA as best practice.
	CSC &EH Management Team	Create and follow action plan, that follows on from systemic sessions on racism. Share this action plan with the People Dept Equalities Group.	05-Aug-20	Action plan in place, to be included in September refresh of service development plan.	Children and families have a good experience of social workers as anti racist, who listen and speak about race with competence. Excellence in Practice		Action Plan in Place. Actions are being progressed. People's Equality Group is running 28 lunchtime sessions following Layla Saad's book 'Me and White Supremacy'. All staff in the People Dept are being given the book and encouraged to work through individually or as a group.

	Service Manager	Send video messages to all looked after children and care leavers, supporting them around experiences of racism, standing with them and agreeing that Black Lives Matter	30-Jun-20	Messages sent and feedback received.	Children and families have a good experience of social workers as anti racist, who listen and speak about race with competence. Excellence in Practice		Feedback received from young people saying how much they liked the messages - enabled staff to have discussions about racism as a result. SEF captures this. DFE are using videos in their work.
COVID ACTION PLAN							
Young people know about Covid and are able to follow PHE guidelines	CSC & EH Management Team	Social workers/EH workers to be in touch weekly and give messages about Covid using WhatsApp, email, call, video links as suits the young person/family.	30-Apr-20	Visit data shows weekly contact for March/April/May. 121s covered covid with each client throughout this period.	children and young people understand covid rules and safety and reduce risk of infection/illness.		Social workers and the participation officer have shared videos, discussed rules and purpose of the rules. Young people making their own decisions, with information to support them.
	CSC & EH Management Team	Social workers/EH workers to be visiting face to face as lockdown eases. 121 to actively consider risk and management of every family.	15-Aug-20	Visit data shows face to face contact has taken place for all clients safe to do so.	Relationship based practice continues and young people have seen their social worker face to face regularly.		Face to face visits took place throughout. Suspended but for high risk given Covid mutation, at 11 January 2021. To be reviewed.
Mental Health of UASC is supported, and trauma reduced.	Service Manager	Coram UASC early intervention project runs. Providing sleep training to front line and keywork staff. In addition to charitable therapeutic input and CAMHS and the CoL Systemic Clinic.	30-Aug-20	Training has been offered to keywork staff and social workers. MyLife and Pathfinders in August.	Sleep is improved, and ability to live with trauma is extended. Excellence in Practice		Training took place with social workers and keyworkers online. The project is now working direct with young people and their support systems to improve sleep, with sessions on a weekly basis. The plan is to develop this work across London.
Mental health of local children and families is supported.	Service Manager	Set up, run and review CoL trainee systemic family therapy clinic weekly. Joint project with Kings College London.	30-Oct-20	Mid way review report to CSMT October 2020	Children and parents are able to emotionally manage day to day life better, with therapy being offered in their homes online throughout the pandemic. Excellence in Practice.		Clinic now up and running, and is seeing four families (3 CIN, 1 EH and two UASCs currently). A report is underway from the Systemic Psychotherapist running the programme, which will look at impact and outcomes alongside the 9 equality characteristics.
From Audit Findings							
Mind of My Own App is used by all social workers and EH workers. This is because audit shows it works very well	EH Lead	EH worker provides two drop in sessions for social workers on how to use the two levels of MOMO effectively.	31/08/2020	Two sessions take place. Audit shows creative and consistent usage of MOMO	Children are able to express their views to their support/social workers. Excellence in Practice		Two sessions took place in August. Needs to be added into induction programme for new staff, to keep momentum.
MANAGEMENT NOTES	MANAGERS	RECORDS INFORMAL AND FORMAL DISCUSSIONS - CONSISTENTLY ACROSS MANAGERS	END AUG 2020	DONE	Transparency for children. Decisions can easily be challenged. Children don't need to retell their story.		Audit (Nov) shows good timely management recording.
INIITAL CIN PLAN TIMELY	MANAGERS	CLEAR ON TIMESCALES IN 121, NEW MONTHLY CIN PLAN TRACKER AND MANAGEMENT OVERSIGHT ON RECORD	END AUG 2020	MONTHLY TRACKER TAKES PLACE, AND ALL CIN PLANS IN TIME AT TRACKER SESSION (ULTIMATE AIM, TO HAVE THIS AUTOMATED)	Children receive support quickly. Parents experience timely support. Excellence in Practice		Tracker has been effective at spotting the SMARTNESS and timeliness of plans and keeping them on track. Joint management oversight of plans recorded on every CIN plan every month.
CIN PLANS SMARTER	MANAGERS	REVIEW SMARTNESS OF PLANS AT NEW MONTHLY CIN PLAN TRACKER AND MANAGEMENT OVERSIGHT ON RECORD	END AUG 2020	MONTHLY TRACKER PICKS UP ON PLANS THAT COULD BE SMARTER AND RECOMMENDS MANAGEMENT SUPPORT AS NEEDED	Parents understand what needs to happen, why and by when for their children.		Annual survey shows positive parental feedback about our work. Management hub review has improved consistent smartness of plans, and ensured timely end of our services. Where needed.
FACE TO FACE VISITS RESUMED WHERE SAFE TO DO SO	SWS	FACE TO FACE VISITS WHERE SAFE	END AUG 2020	WEEKLY TRACKER	Children have strong relationships with their social workers.		see above re: visits
EVIDENCE OF SHARING MISSING INFO TO HOSPITAL ON FILE (CONTACTS)	SM	TRIPLE LOCK TO ENSURE NO EVIDENCE MISSING (NOTE ONLY ONE WAS FOUND MISSING)	ASAP	TRIPLE LOCK DONE. SM HAS CHECKED EVERY CONTACT AND THIS IS IN PLACE.	There is no administrative gap between hospital/LA if a child is found after being missing. Excellence in Practice.		complete

THRESHOLD OF CIN CONFIDENT ACROSS MANAGERS	MANAGERS	MANAGEMENT THINKING TO BE EVIDENCED IN CONTACT AND REFERRAL, TO SHOW WHY THRESHOLD CHOSEN	END AUG 2020	CS AUDIT THOUGHT THRESHOLD GOOD	Families do not have state intervention if it is not needed. Families get support if they need it at the right time.		threshold is consistently applied well. evidence through Nov audit.
AUDIT LEARNING USED IN 121	MANAGERS	MANAGERS TO USE AUDIT FINDINGS IN 121 AND IN TEAM MEETINGS TO ENSURE SOCIAL WORKERS OWNING LEARNING	END AUG 2020	MANAGERS HAVE BEEN USING LEARNING THROUGHOUT	Families experience a strong, learning organisation.		In Place. Weekly notes show handover between managers. Automated report also works.
EARLY HELP STEP UP STEP DOWN IN TIMELY WAY	EH	MANUAL MONITORING OF C&F IDEAS OF RECOMMENDATIONS AT MANAGERS' MEETING, UNTIL THIS CAN BE AUTOMATED	END AUG 2020	THERE IS AN AUTOMATED TRACKER IN PLACE FOR MANAGERS WEEKLY	Families do not have to wait for support.		In Place. Weekly notes show handover between managers. Automated report also works.
POLICY FOR ACCOMPANYING YP TO PLACEMENTS	SM	ALL DAY TIME YP TO BE ACCOMPANIED TO PLACEMENTS. TO ASK THAT POLICE ACCOMPANY OVERNIGHT.	01-Dec-20	ALL DAYTIME CHILDREN ACCOMPANIED. WE HAVE ASKED EDT TO ASK POLICE TO ACCOMPANY. NOT FEASIBLE FOR EDT TO ACCOMPANY.	Children have safe travel to their first home, and are safe from traffickers. The risk of going missing is reduced. Excellence in Practice		CoLP have transported YP to placement. Keyworkers have also collected YP from police station.
TIMELY RECORDING	MANAGERS	TO REMIND OF CASENOTE/FILE UPDATING AS NEEDED IN 121S.	01-Dec-20	AUDIT EVIDENCE, AND MANAGER CHECK PRE 121	Children don't have to repeat requests/information, in the case a worker is away.		Case note recording is consistently good.
CHRONOLOGIES ON ALL FILES	MANAGERS	REMINDERS ABOUT CHRONOLOGIES AT 121. MONTHLY REVIEW	31-Jan-21	USING NEW SW TO UPDATE CHRONOLOGIES	Children's experiences are seen in the context of their own and their family's history. Patterns of neglect can be identified and threshold considered accumulatively.		Chronologies consistent in child protection. Reminders still needed for other areas of work, to keep these up to date. This is part of business as usual case management.
VIEWS OF EXTENDED FAMILY/ABSENT PARENTS IN ASSESSMENT	MANAGERS	QUESTIONS BEING ASKED IN 121. WORKERS TO THINK ABOUT THE WHOLE FAMILY IN EXTENDED SYSTEM	01-Dec-20	Supervision notes evidence this. Audit findings show it.	Family systems are understood, risks and resources identified. Children protected.		
AEB action tracker							
Including Early Help Coordinator in decision making on threshold, whilst virtual arrangements in place.	Managers	Dip samples on contacts - to see if EH has been included in decision making.	Dec-20	Audit findings show threshold consistent.	Children do not miss out on early help.		
Travelling to placement overnight. Expectation of practice.	SM	Police to accompany YP to placement where able. Contract with EDT to be reviewed.	Feb-21	Contract has changed	Children do not go missing on travel to placement overnight. Excellence in practice.		No child has gone missing due to EDT having moved them from police to first placement. All children accompanied in the daytime - by police/social worker/keyworker. Need to review EDT contract, in February.
Service Development Plan to have a section on what this means for children and families re outcomes. Plan should include what excellence looks like in what we are doing.	SM	Service Development Plan to have section on outcomes and excellence.	08-Jan-21	column in place	Clear impact for children in every document		column in place on this plan.
AEB Chair to review data and improve reporting	SM	Improved dataset	Sep-20	In place.	Staffing/needs are properly understood, so the right services are commissioned for children.		in place
Develop CIN/CP work to be outstanding in terms of impact and outcomes.	Managers	Actively include CIN/CP families in Family Therapy Clinic	Dec-20	Midway report evidences takeup	Families at home who are struggling get help in their home (online) together. Children are supported in their own safety by their families. Excellence in Practice		in place. CP/CIN families taking up therapy.
	Managers	DTM/TM to chair CIN meetings more often, as needed to give greater oversight.	Dec-20	CIN tracker evidences decision for managers to chair.	Children and families have the most robust, clear input. Excellence in Practice		managers are routinely chairing CIN meetings to ensure pace and clarity and direction

	SWs and Managers	Risk assessment to be developed further by staff together, with views from AEB/Senior leadership gained	Feb-21	Risk assessment on tri-x	Risk is managed well for children. Risk is owned and shared by everyone around the child/family. Promoting Safety. Excellence in Practice		2 virtual sessions with staff have taken place, new risk assessment created. Awaiting feedback from AEB chair.
Self Assessment to be completed	SM	To write SEF	31/08/2020	SEF in place	Full accountable review of overall service to children and their families. Excellence in Practice		SEF is going to Safeguarding Sub Committee February 2021
Annual Survey October 2020 CIN/CP							
Housing: overcrowding	SM & Housing department	Ideas session with housing and tenancy support	Feb-21	housing strategy in place	children in safe good quality housing. Parents aware of choice and limitations. Excellence in Practice		Meeting with housing needed. From practitioner feedback it seems housing offer and staff good, it is that families want bigger housing in the estate/road they are in, which is not possible.
knowledge of complaints process	SWs/Managers	At C&F stage, and every CIN review	Feb-21	Audit findings	children and families are able to say if something is wrong Excellence in Practice		reviews always include a reminder of complaints
Immigration clarity	SWs and Managers	Coram legal support, UASC lead	Feb-21	quarterly immigration review	permanent legal stay in the UK Excellence in Practice		Lead UASC worker in place, excellent team understanding of immigration, cover of legal costs good
Confidence with money	SWs	Budget lessons. MyBNK training	Dec-20	Sessions have taken place	Confident in budgeting		Budgeting sessions have taken place, and will continue in 2021
Confidence with health	SWS	asks keyworkers to role play calling the doctor, and supporting YP to make their own appointments. Remind via contract review.	Feb-21	IRO to note if YP have made health appointments themselves. Commissioned providers to provide evidence on this to commissioners.	young people able to book their own health appointment.		All young people to have opportunity to book health appointment, when need arises.
Employability support	SWs & managers	Adult Education/Prospects/CoL Champions	Nov-20	Monthly ETE review notes show prospects know of every YP	young people have timely ETE support, with professionals working together Excellence in Practice		All services work together every month for every child NEET.
Care Leavers							
Housing. Good quality. Permanent housing.	SM & Housing	workshop with housing and tenancy support	Nov-20	Video and session on tenancy support has taken place	young people have realistic expectations on housing Excellence in Practice		video's shared, tenancy support sessions held
Face to face visits most/all the time	SWs	visit face to face	Nov-20	Performance data shows frequency	Young people have strong relationship with their SWs		
Pledge awareness	SWs	Staff session. Participation officer.	Feb-21	Pledge session undertaken. CICC session.	children confident in our promises		
Knowledge of advocacy/complaints	SWs	At PPM/LAC Review/Visits	Nov-20	LAC review minutes record reminder of advocacy/complaints	Young people know how to complain and argue if they disagree		
Education Training Employment	SM	Including Prospects in Monthly tracker, to promote realistic ETE	Nov-20	Monthly tracker notes provide evidence	Young people have access to ETE		
Loneliness	SWs	Independent visitors. Perhaps link with Strengthening Families, Strengthening Communities? Waging Peace.	Nov-20	Independent visitor numbers higher at next quarterly review. Waging Peace have our YP to work with.	Young people have at least one trusted adult Excellence in Practice		Have increased capacity for Independent Visitors. Waging Peace procurement checks underway.
Immigration support	SWs	Waging Peace to help with applications for Sudanese children	Nov-20	Waging Peace work with our boys. And see above re legal support.	culturally appropriate immigration support. Excellence in Practice		as above
Support to call/access their GP Early Help							
Housing - overcrowding and pace of response	SM & housing	reflects on family feedback and makes a plan	Feb-20	a housing strategy for EH & CSC is in place	children in safe good quality housing. Parents aware of choice and limitations. Excellence in Practice		

Committee(s)	Dated:
Safeguarding Sub-Committee	8 February 2021
Subject: Special Educational Needs and Disability (SEND) Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1-4
Does this proposal require extra revenue and/or capital spending?	No
What is the source of Funding?	The Dedicated Schools Grant – High Needs Block
Has this Funding Source been agreed with the Chamberlain's Department?	Yes
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

- The duties on local areas regarding provision for children and young people with special educational needs and disability (SEND) are contained in the Children and Families Act 2014. The Ofsted/Care Quality Commission (CQC) Inspection Framework sets out the legal basis and the principles of inspection.
- The SEND Strategy 2020–24 sets out the City of London Corporation's ambitious vision for children and young people with SEND from birth to 25 years and details what we will do to achieve this vision. It builds on the previous SEND Joint Strategy 2017–2020.
- Staff in the Education and Early Years team have maintained the capacity to provide services during the COVID-19 lockdown. In May 2020, the Department for Education (DfE) made modifications to the law on Education, Health and Care needs assessments and plans due to the COVID-19 pandemic.
- Ofsted and the Care Quality Commission (CQC) has recently published three reports on the situation in schools and Local Areas during the first ten months of the Covid 19 pandemic, known as the COVID-19 series. This report will consider the findings from the Ofsted interim visits on SEND, '*Briefing on local areas' special educational needs and disabilities provision*', October 2020. The report will update on SEND services in the City of London in the context of the Ofsted report.

Recommendation

Members are asked to note the report.

Main Report

Background

1. Since the start of the COVID-19 pandemic the Education and Early Years team have maintained the capacity to provide services. We have continued to meet our statutory deadlines throughout. Children and young people have continued their access education and their studies during lockdown and since schools reopened in September 2020. The SEND team have regularly maintained contact with all children with Education, Health and Care Plans (EHCPs) to ensure they are able to access their education and other essential services. This is regularly monitored by the SEND, education and children social care teams via the Vulnerable Children's Register.
2. The January 2021 lockdown guidance means that schools should remain open for vulnerable children and young people with EHCPs. We have actively encouraged attendance at school, but for some children on EHCPs this is not appropriate due to underlying health issues. The SEND Team has contacted those children and young people engaging in remote learning and confirmed that they have access to their studies. Remote learning is secure in these cases and all of those with EHCPs have IT and technology to support their learning where appropriate. Home-to-school transport has also continued to enable those with EHCPs to attend school where required.

Update

3. In September 2020 Schools fully re-opened to all pupils following the Lockdown in March 2020. From September to December 2020, as part of a phased return following the COVID-19 suspension of routine inspections, Ofsted and the Care Quality Commission (CQC) conducted a programme of 'interim visits' to social care providers and education settings in England. These were not full inspections, but visits aiming to understand how organisations have responded to the challenges presented by the pandemic.
4. Ofsted and the Care Quality Commission (CQC) summarised the findings from the interim visits undertaken in the autumn term, including how the first national lockdown affected children and young people, in a series of monthly briefings. They undertook 'interim visits' to six local areas to hear from children and young people with SEND, their families and practitioners and leaders. This report will consider the findings from the SEND visits and provide an update in the context of the findings on the impact in the City of London.

Ofsted and the Care Quality Commission (CQC) findings from interim visits on SEND

5. Ofsted and the Care Quality Commission (CQC) has recently published three reports on the situation in schools and Local Areas during the first ten months of the Covid 19 pandemic, known as the COVID-19 series. These reports are:
 1. Covid-19 briefing on school interim visits: *October 2020*
 2. Briefing on local areas' special educational needs and disabilities provision, October 2020
 3. The Ofsted Annual Report 2019-20, '*A Year of Two Halves*'.

This report will focus on the SEND report from November 2020, however, there are common findings from across the three reports relating to how the Covid 19 pandemic affected children and young people with SEND and their families, and the quality and effectiveness of SEND provision in schools and local areas (a local area includes all education, health and social care agencies).

5. The main findings which are based on the national picture indicate that many of the families in the survey found the first national COVID-19 restrictions challenging and said coping got harder as time went on. *'Parents and carers who normally relied on established routines, informal and family support networks and specialist services for their children struggled without them.'* The challenges of explaining restrictions to their children, or real concerns about the risks the virus posed to their child's health. In the City of London, the recent feedback and consultation with parents reflects these same concerns.

6. The Ofsted and the Care Quality Commission (CQC) report also notes that closing schools took vulnerable children and families out of sight of those who could help them. The low numbers of children who attended school during the first national lockdown, combined with disruption to community health services, directly affected the ability of local safeguarding partners to identify children and families in need of early help and protection. The picture in the City of London does not reflect these findings. The ambition to put children and young people with SEND and their families at their heart of strategic planning, is a priority of the SEND Strategy. In the City of London children and young people with EHCPs, have experienced:
 - High uptake of attendance in schools, particularly for those on SEN support and with EHCPs at The Aldgate School.
 - Many with EHCPs attending out of borough schools returned to school during the summer term.
 - Education, Early Years and children social care teams have maintained regular contact with all families, schools/colleges and early years settings since March and throughout but particularly during the previous lockdowns.
 - Strong and robust systems for safeguarding are in place, and reflect the trusted relationships the City staff have with children, young people with SEND, their families and the wider agencies and organisations that re part of the SEND support provided in the City.
 - The SEND Local Offer, Family and Young People's Information (FYI) website and our social media has been continuously updated throughout with useful information for families.
7. There were concerns that pupils with SEND have fallen further behind their peers both in learning and health. While children's engagement with remote learning activities was monitored well by schools, monitoring and assessment of children's learning proved more difficult. Ofsted Local Area SEND inspections had identified that in many cases, the goal of creating a child centred system was not being fully met. Their access to additional support and healthcare was sharply reduced during the lockdown, and early identification and assessment suffered when they were not in school. In the

City of London there are some children that have fallen behind, however, interventions to support these children include:

- The Education Welfare Service and Education Psychology Service have worked closely with all City based educational settings to support them where concerns have arisen.
- The close partnership with settings and Children Social Care has ensured that there are early interventions and support for children who may have fallen behind. These interventions have included additional tuition, provision of IT, early help support and support and advice from the education psychologist, notably for children at School.
- Healthcare services continued throughout lockdown and were provided in a virtual manner. Including access to online therapies and other support services.
- A rise in the number of referrals for funding, EHC Needs Assessments and the SEND Early Years Inclusion Fund. Drop-in sessions have been arranged for SENCO's to receive advice and guidance from the SEND Team.
- The SEND Team have attended all virtual EHC review meetings and Child in Need (CIN) meetings, where required, and have been able to support and advise schools and families at these meetings where there are concerns.

8. Ofsted and the Care Quality Commission (CQC) found that children who remained in education throughout the first lockdown benefitted from the experience and often flourished with smaller class sizes and more support. This has been evident in the City, but there have also been children that have continued to flourish receiving their education remotely at home. Whilst Ofsted found that the quality and quantity of online teaching and work provided varied considerably during the period when schools were closed, or pupils were absent. The quality of remote learning in the City has been good quality and a positive experience for those with EHCPs.
9. The role of the parent carer forum featured prominently in the most successful areas and, and leaders had understood that co-production meant working with families as equal partners. In the City of London, the development of the SEND strategy 2020-24 was co-produced with parents and young people. At the heart of the strategy is the move to person centred planning, this is a collaborative approach built on the values of inclusion and empowerment. It considers what support a person needs to be included and involved in their community. This process incorporates the importance of support services and practitioners ensuring close collaboration with young people and their families. The planning meetings fully capture the child's views, wishes and aspirations and enables us to produce a very child centred plan for their future. Parents and professionals have said that they have found these meetings to be very beneficial having family, friends and key professionals all together and have found it to be an enjoyable process for the child.
10. The finding also noted that the state of relationships between families, services and practitioners before March 2020 impacted on the effectiveness of the support that families received during the restrictions. In the City of London, there are reliable, effective communications and working relationships across education, health, social care, the City Parent Carer

Forum, SEND programme board, SEND panel. The strength of these relationships was strong in March 2020 and was fortified during the period of the first lockdown and continues to be sustained. Feedback from parents indicates that they felt they were supported while schools were closed. They valued the support services and the close collaboration between staff with young people and their families.

11. The findings of the Ofsted and the Care Quality Commission (CQC) report also found that the move to predominantly online communication and delivery of services did have some benefits. This was the case in the City of London, most notably with multi agency meetings such as the SEND panel and SEND Programme Board. These meetings were more consistently attended by all agencies, particularly colleagues from health services that are mostly based in Hackney and the Homerton Hospital. These sessions were greatly improved.
12. Ofsted and the Care Quality Commission (CQC) report concerns about the number of children who have not returned to school after lockdown and who are ostensibly being home educated. Many parents have considered removing their children because of fears about COVID, rather than a genuine desire to home school. The majority of these were BAME groups, whose vulnerability to COVID has been recognised. Whilst we have seen this in the City of London, along with an increase in the number of parents opting for elected home education, the Education Welfare Service and schools have worked with families to ensure they are fully aware of the undertaking and their responsibilities.

Conclusion

13. Many of the trends and issues Ofsted and the Care Quality Commission (CQC) found in the report on local areas SEND provision are relevant to the City of London local area. The strength of the existing provision in the City of London across Childrens Services and partners has, however, been robust and families have felt supported. Children have had access to their education and schools are continuing to monitor progress and attainment. Interventions to support children that need support continue to be provided. The Ofsted and the Care Quality Commission (CQC) report concludes by highlighting three issues that the local areas visited by Ofsted are seeking to address moving forward. For the City of London, the key area for development will be planning for the transition to adulthood for children and young people with SEND.

Appendices

- Appendix 1. Ofsted and the Care Quality Commission (CQC) COVID-19 series: *briefing on local areas' special educational needs and disabilities provision, October 2020*

Theresa Shortland

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COVID-19 series: briefing on local areas' special educational needs and disabilities provision, October 2020

Evidence from visits to six local areas between 5 and 14 October 2020

Ofsted and the Care Quality Commission (CQC) are carrying out a series of 'interim visits' to local areas to hear about the experiences of children and young people with special educational needs and disabilities (SEND), their families and the practitioners and leaders who are supporting them during the COVID-19 (coronavirus) pandemic. This briefing note reports our findings from the first six of these visits.

Data summary

We used a case-study approach focused on a sample of children and young people with SEND to examine what had happened to their support during the pandemic.

Inspectors spoke to the parents and carers of 28 children and young people, along with the education, health and social care practitioners who work with them. We invited children and young people to participate in interviews, but none did for these visits. Inspectors also held discussions with education, health and social care leaders from the six areas we visited, including senior officers from the local authority, clinical commissioning group and NHS services such as child and adolescent mental health services (CAMHS).

The children and young people were selected to provide as much variety as possible in terms of gender, ethnicity, type and complexity of need, the range of agencies offering support, the type of education provider attended and whether they had involvement from social care practitioners. Their needs included autism, social, emotional and mental health difficulties, physical and developmental health conditions such as epilepsy and cerebral palsy, sensory impairments and difficulties with communication, cognition and learning. In total, five of the families had support from early help, nine were involved with statutory children's services (children in need, children subject to child protection plans and looked after children) and two had involvement from adult social care teams. Inspectors also considered responses to online surveys for young people (aged 16 to 25) and parents and carers in the local areas. Overall, 92 young people (minimum of 0 and maximum of 35 in each local area) and 1,427 parents and carers (minimum of 62 and maximum of 678 in each local area) responded.

It is important to note that the sample of survey respondents was not random and, in some areas, very few people answered the survey. Consequently, results may not be generalisable to the wider population.

Main findings

Many of the families and survey respondents found the first national COVID-19 restrictions challenging and said coping got harder as time went on. Parents and carers who normally relied on established routines, informal and family support networks and specialist services for their children struggled without them. Some spoke about their child's regression, their own emerging mental health difficulties, the challenges of explaining restrictions to their children, or real concerns about the risks the virus posed to their child's health.

Nevertheless, some children and young people had positive experiences, at least in some respects. Those who remained in education throughout were reported to have benefited from the experience and often flourished with smaller class sizes and more support. Others enjoyed being at home and made progress.

Some area leaders described their ambition to put children and young people with SEND and their families at their heart of strategic planning. They aimed to keep services accessible, albeit in an adapted form when necessary. Some practitioners also described steps taken to ensure service continuity. Families in all six areas spoke about the benefits of bringing multi-agency practitioners together online. They also valued online resources when they were able to follow education or therapy programmes and support their children's learning and development. However, some services, such as short breaks, physiotherapy and occupational therapy, were more difficult or impossible to deliver at distance. There were also concerns that not all families were able to access online provision equally because they did not have the technology or because English was not their first language.

The state of relationships between families, services and practitioners before March 2020 impacted on the effectiveness of the support that families received during restrictions. If relationships were good and working well, support was more likely to continue and be adapted well to families' needs. Some families described support from individual practitioners in glowing terms, often naming particular people who had gone 'above and beyond' and speaking warmly about how this had benefited them. Conversely, weak relationships between families and practitioners deteriorated even further. The consequences of this could be serious. In all six local areas, some families reported receiving little or even no contact from practitioners. Some children did not receive learning support and some were not able to access health and therapeutic services. In a small number of cases, families said that their children's health had deteriorated as a consequence, or that their children had lost learning and communication skills.

Local area leaders were still facing challenging circumstances in the coming months. Some anticipated a rapid increase in COVID-19 cases. Others were concerned about staff burnout after months of significant change and high workloads. Many said their

priorities were to support the mental health and well-being of their teams and the children, young people and families they worked with, as well as enhancing communication between services and with those that use them.

Methodological note

This is the first SEND briefing note in our series about COVID-19. The evidence is drawn from two-day interim visits to six local areas, with no graded judgement. These local areas volunteered to take part, which is likely to affect the findings.

Ofsted and CQC inspectors selected 28 children and young people for case studies, using a shortlist provided by the local authorities visited. To give a wider context to these visits, we also sent surveys to young people and parents and carers. The response rate for these varied between the local areas and the achieved sample was not random.

For in-depth qualitative research, the case-study sample size is good. However, the needs of children and young people with SEND are diverse and the number of survey respondents and local areas involved in the visits is small. Therefore, general observations about SEND services across the country should not be drawn from this one briefing.

Overarching questions

This briefing answers **four** broad questions based on evidence from the visits:

1. How have children and young people with SEND experienced the pandemic so far?
2. What has worked well in supporting children and young people with SEND?
3. What have the challenges been and what has not worked so well?
4. What are the plans for supporting these children and young people in the future?

How children and young people with SEND have experienced the pandemic so far

The pandemic has been challenging for many children and young people with SEND but some have thrived.

Many of the case-study families and survey respondents had experienced difficulties. In some cases, these difficulties were profound. Survey respondents in particular mentioned the emotional strain caused by restrictions, which they attributed to the loss of support both from family members, who they could no longer see face-to-face, and from education, health and care services. Some families felt unable to fill in the gaps left by the loss of these services, resulting in them 'feeling like a failure' or 'useless and overwhelmed'. Several families had shielded throughout the period of the first national restrictions due to concerns about their children's health. Some of these families struggled with the isolation this entailed.

Some families found coping with the pandemic more difficult over time, even when they felt the services and other forms of support they were receiving were effective. Changes to daily routines and settings were difficult for some children and young people to cope with. For a small number, this had led to changes in behaviour that were physically or emotionally challenging. One parent of a child with complex needs who was unable to speak reported that, although the restrictions had initially been positive for their child due to being in a quiet home environment, 'there came a point where it turned'. Their child began to experience lethargy and an increase in seizures, which the parent felt was connected to their mental health.

The strain also affected the mental health of parents and carers as well as their children. A small number of the survey respondents said they had received treatment for new or emerging mental health disorders. Practitioners in all local areas also discussed their concerns about the mental health of families. For example, a manager from one of the SEND teams commented that some children have picked up anxiety 'from people around them'.

A small number of parents and carers said their child had enjoyed the period of restrictions because they disliked school or appreciated being at home with reduced sensory input and other forms of pressure. Some also said that, despite the more difficult aspects of life during the pandemic, they had enjoyed and appreciated spending time together as a family. In some cases, this was felt to have helped their children with SEND to develop social skills through interactions with brothers and sisters, for example.

Education was different even for those attending their usual place of learning.

Some of the children and young people we heard about during the visits had attended education throughout the restrictions. Most of this group continued to receive teaching, both face to face and virtually, and had found the experience to be beneficial as a way of maintaining routine. For example, one child remained at their residential special school and thrived there, being marked out by the school as having achieved particularly well during this time.

For those learning in the classroom, the experience was often different to the usual, even for those attending specialist providers, as the number of pupils attending fell. Some of these children benefited from the smaller class sizes and more individual support from adults. A minority were said to have received 'childcare' when attending their place of education, with education itself taking place at home. However, some parents and carers said that this had still given them some valuable respite.

Other children and young people in our case studies did not attend education during this period. Some of their parents and carers reported that children had regressed in their learning and communication due to deteriorating mental health and a loss of support. One foster carer spoke about how their child had reached a point where she barely left her room and would not engage in conversation with them or the youth worker who took her out for short breaks. Another parent who responded to the

survey said that their child, who attended a special state primary school, had 'lost the ability to speak' using the 'picture exchange communication system' (PECS). The parent described how they had re-taught their child how to use PECS but 'it was two years of work undone in the space of a few months due to a lack of support'.

Remote learning in some form was offered in all of the local areas. Families felt that the quality varied. Some said schools had differentiated work for their children and lowered expectations on homework and deadlines for tasks. Some of these families had found lowered expectations useful, as they felt it reduced the pressure on their child. However, others were dissatisfied with their education provision:

- 47% of the 1,260 parent and carer survey respondents who gave information about the amount work set for their children reported that it was either too much or too little
- 40% of the 1,250 respondents who gave information about the level of challenge offered by the work said it was either too difficult or too easy for their child.

A small number of the children who did not attend school made considerable progress at home. One foster carer, who had experience as a teaching assistant, had used the period to cover work their child had missed due to frequent exclusion from the classroom and subsequent move to a pupil referral unit. This had worked well and improved their confidence. Another child was taught by her grandmother, who had experience of educating children with SEND. She benefited considerably from this, particularly in terms of handwriting skills.

Some parents and carers whose children had enjoyed learning at home or in smaller classes at their usual place of learning expressed concerns about how their children would handle the return to school. A few of these families said their child had coped better than expected since returning full or part time from September. Others said there had been an increase in incidents of challenging behaviour. One local authority reported a higher than expected fixed-term exclusion rate in the first half of the autumn term, which was attributed to difficulties with supporting some children and young people back into education.

Some parents and carers said their child had not been offered a place at school despite qualifying under government guidance. Other families in the case studies had chosen for their child to remain at home despite being offered a school or nursery place, due to concerns about transition and the risk of infection. For example, one family declined offers of a new nursery place as they had concerns about their child's ability to settle. They were also worried that they posed a risk to other children as they were key workers, with an increased likelihood of contact with COVID-19 patients.

What has worked well in supporting children and young people with SEND

Many education, health and social care practitioners stayed in touch with families and worked with them to find ways of providing support.

Across local areas, individual practitioners and services were making a clear difference to families. One parent said: 'I felt I wasn't alone and I felt I wasn't just a number'. There were many examples of families naming practitioners who had gone 'above and beyond' to support them and their children.

In one example, the therapists and social worker for a child with physical needs all visited the child's school on the first day back in September to check their specialist equipment was available and correctly adjusted. In another, a special secondary school offered a place during the first national restrictions to a young person with autism but respected the parent's decision to keep them at home for safety. However, the offer remained open and the young person partially returned to school in July to help them prepare for a full return in September. Another parent talked about how their local authority case worker had emailed them outside of working hours to make sure their child's education, health and care plan (EHCP) was updated quickly.

Most of the case-study families felt their children were generally well supported by their education providers (primarily mainstream and special primary and secondary schools, with some attending nurseries and a small number attending further education providers). Many providers supplied tailored learning activities to families, including one special school with on-site occupational therapy (OT) provision sending exercises home to a child. Some providers sent laptops and tablets or paper copies of work to families who did not have access to necessary IT equipment. Several survey respondents also described benefiting from this practice.

Almost all the case-study families said that school staff had kept in touch with them and their child through phone or video calls, email or online learning platforms. Some families talked about how, as restrictions continued and they had found their child was more adversely affected, they had talked to school staff about this, and their child had then started attending school. In a few instances, in-school interventions such as speech and language therapy (SaLT), physiotherapy or, in one example, paediatric assessment, continued. Appointments took place on school premises, allowing children and young people's needs to be identified and met.

Outside of schools, some local areas employed flexible practices so they could continue to offer therapeutic services, for example, holding therapy sessions in public areas where social distancing could be maintained. For some families, support from therapists continued face to face. One parent of a child with cerebral palsy talked about how their child's occupational therapist had run sessions wearing PPE. Other areas used risk assessments to identify families who most needed face-to-face appointments. For example, in one local area, a dietitian talked about how the face-

to-face assessments had been focused on those most at risk, such as premature babies discharged early from hospitals to prevent infection.

Social care practitioners in some local areas also used responsive practice. In one area, assessments had continued online, but with a rapid return to face-to-face practice. Social workers and families talked about the importance of maintaining face-to-face contact where possible, for example, by doing garden visits or taking children and young people on walks to give them a chance to share how they were doing and to give parents and carers a break.

Many of the case-study families spoke positively about their family support workers. One parent said that their family support worker had provided them with face masks and door protectors to help during their child's 'meltdowns' and visited regularly, following health and safety rules. Another parent struggling with diagnosed mental health difficulties described how their social worker had been 'very supportive' of them personally as well as their child. This echoed some social care practitioners' comments about the importance of supporting the whole family, not just the child or young person.

Existing good relationships between practitioners and families were strengthened.

Evidence suggests that already positive relationships between families and a multi-agency group of practitioners were more likely to strengthen further during the pandemic. Families in this position spoke of weekly or sometimes daily contact with practitioners. They were able to get in touch through phone calls, texts, emails and conferencing software with relative ease. A small number of families continued to have face-to-face contact. This included visits from social workers, class teachers and early years services.

Good levels of contact with families were important for ensuring that support was adapted to meet their changing requirements. For example, one local area practitioner group talked about carrying out a risk assessment for a young person with complex needs, including autism and multiple health conditions. Due to the young person being in a high-risk COVID-19 category, practitioners and the family initially decided that they should remain at home instead of attending their usual place of learning. However, the young person's behaviour quickly escalated to a degree that they and others were at risk. After the family had spoken to the practitioners about this, a multi-disciplinary meeting took place and it was decided that it was better for the young person and the family's well-being and safety if they attended school. This was arranged swiftly and had an immediate positive impact.

There was also evidence that new relationships between practitioners and families had been more difficult to establish during the pandemic. For example, one group of health practitioners who found it difficult to assess a child used the special educational needs coordinator (SENCo) at the child's special school, who was known and trusted by the family, as a way of creating a relationship with the child.

There was evidence that a pre-existing relationship could be critical to ensure that services could be provided due to the nature of some children's SEND. One young child who had a severe visual impairment was able to engage with practitioners using online platforms only because she recognised their voices.

Multi-agency working continued and improved for some. This was vital for ensuring that families were supported.

In most local areas, practitioners talked about how partnership working had been effective and used child-centred models, with meetings that included everyone working with a family when decisions needed to be made. Most felt meeting virtually was easier. Some practitioners, like health workers such as paediatricians, GPs and psychiatrists, said that moving meetings online had meant they had been able to attend more regularly than previously due to not needing to travel.

Strong multi-agency working was important to families' well-being. In one local area, regular contact with trusted practitioners was described as a 'lifeline' for families, providing important insights into what was and was not working for them. Practitioners could then feed this back to relevant agencies and take action themselves.

Work to encourage multi-agency approaches and discussion with families was mentioned as a priority in some local areas. One area created a spreadsheet with details of vulnerable children and young people, which could be accessed and updated by the practitioners working to support them. This helped create a sense of team spirit among those working from different agencies to support the children, and to remove barriers to multi-agency working. In some local areas, there was evidence of a clear multi-agency approach and strong working relationships across education, health and social care alongside the local authority. Leaders in one area continued the strategic objective of strengthening their work with the local parent and carer forum, which was reported to have been highly successful.

Face-to-face appointments have become more widely available recently.

There was evidence that services were now making progress towards returning to pre-pandemic provision, with face-to-face appointments being offered to increasing numbers of families.

For example, risk assessments were being used to allow face-to-face appointments to take place for those who needed them most, and children who had not received face-to-face education since March were returning to the classroom. One of the local areas had implemented a summer programme for children and young people with SEND to encourage them to engage in face-to-face, outdoor activities as restrictions began to ease. In another local area, leaders had worked hard to rapidly revise and update their local offer to reflect what was available during the pandemic.

Local areas focused on service continuity as well as adapting provision.

As well as continuing to provide existing services, local leaders also described ensuring that services adapted once restrictions began in March 2020. Some had prepared for this beforehand. Area leaders talked ambitiously about how they tried to make sure services remained available to families. Most described making considerable effort to ensure that children, young people and families were at the centre of their strategic planning.

At an operational level, some local areas stretched existing services to reach as many families as possible. In one area, the local virtual school team reached a large number of families who were not known to them previously. This was because local area leaders had reorganised themselves to improve responsiveness and a dedicated email address was set up for families to request help. One parent summed up the approach that their local area had taken as inclusive, caring and much appreciated: 'They always say it takes a village to raise [a] child, and [my local area] has been my village'.

One of the principal impacts on the SEND system was the immediate need to rethink provision that had traditionally been delivered face to face. Leaders and practitioners in all six areas described maintaining and even increasing communications between agencies and practitioners and with families. They used video-conferencing software and messaging platforms. Families and practitioners generally described the move online as a positive change and said they felt they had been able to stay in contact more effectively, with one foster carer saying that 'doing things online has taken the pressure off'.

What the challenges have been in supporting children and young people with SEND

Not all families had contact with practitioners.

Although case-study families warmly described the contact they had received from different practitioners, this was not a universal experience. For example, one of the respondents to the young people survey, who was in their GCSE year, described leaving school in March and receiving no subsequent contact from their education provider, saying they were supplied with no learning because exams had been cancelled.

A small proportion (5%) of the 1,285 parents and carers who said their children had attended an education setting before March reported that their child had received no learning support at all, such as worksheets or online lessons. A small number also said their child had received no contact from health services.

A small number of young people, parents and carers said their social worker had not been in touch, even though these respondents had received these services before March.

Although some respondents who received no contact said they had managed without outside help, others said it had a negative impact on their children and, in some cases, themselves. These respondents reported feeling isolated and anxious. Some also described difficulties with children's worsening physical or mental health when, for example, assessments and operations had been delayed, resulting in pain. One survey respondent said they had 'stopped making demands' of their child, including not doing home learning with them, to help manage the stress of restrictions. Another respondent had faced problems trying to get their child to 'trust and re-engage' following a prolonged period without contact from others outside of the family home. These examples were found across all six areas. This suggests that a lack of contact from practitioners caused a variety of problems for families, leading to an increased need for support and intervention.

Families were not always included in discussions about how best to support them. This meant that some did not get access to support they needed.

Although risk assessments for children and young people with EHCPs continued in many cases, not all families were consulted during this process. Our survey suggested that 83% of parents and carers who responded and a similar proportion of young people with EHCPs were unaware that risk assessments had been carried out or said they had not been involved with them. However, this may be overstated. Interviews with case-study families found some instances where parents and carers mentioned taking part in discussions about their child both in relation to their needs and to the risk of COVID-19, but these discussions were not understood by all to be 'risk assessments'. The way the question was asked may therefore have resulted in the survey under-measuring the extent of families' involvement.

However, in some local areas, there was evidence that children and young people missed out on support because they did not come under the highest rating in providers' risk assessments, or their high COVID-19 risk meant that non-pandemic-related risks were side-lined. This was further exacerbated in one local area, where multiple risk assessments were taking place across different providers but did not appear to have been shared among practitioners or integrated effectively, and families were not consulted well. As a result, the assessments were often piecemeal and largely focused on education or health and safety, instead of taking a more holistic view and factoring in existing EHCPs or special educational needs (SEN) support plans.

There was an increased chance that families could fall through the gaps when they were not listened to. For example, one foster carer said that their child began to disappear frequently at night and refused to do any home learning. They had asked for the young person to continue attending school, but the school had said the risk was too high. Children's social care had been in regular contact with them and the young person through phone calls, but the increased risk to the young person's safety due to their behaviours was not fully recognised. This child did not return to school until it re-opened more widely.

The availability of services across the six areas was variable.

Social care provision and contact were particularly variable across the six areas. In some places, practitioners and families talked about the effort from social workers to try and keep in touch with children and young people through different types of communication. Video calls, phone calls and, in one local authority, socially distanced visits were used to maintain relationships with families.

In contrast, short breaks ceased for some of the case-study families and, in total, 59% of survey respondents who received a short break before March said access to this stopped during this period, varying from 40% to 78% across the six areas. In two local authorities, social care input from some services such as the disabled children's team was dependent on narrow eligibility criteria. As a result, only children deemed to be at the highest level of risk, termed by one social worker as those at 'crisis point', received support. Many families who needed support were unable to access the provision they needed.

More generally, families across local areas talked about the difficulties in accessing short breaks, most of which were paused or at least reduced. In one local area, no form of overnight respite care was offered at all. However, some families said that local and national charity organisations had partially filled this gap, which they were very grateful for. These charities provided therapeutic services and interventions as well as respite care.

Parents and carers who received more limited contact and support from the services working with their child before and during the pandemic reported feeling 'a bit like being on a desert island'. Children's and young people's needs have been impacted in different ways, with some more negatively affected than others. This was more often the case when children and young people needed particular services that were more likely to be absent (such as NHS healthcare services) or support packages that could not be provided virtually with the same degree of effectiveness. For example, one parent talked about their child's posture and muscle strength deteriorating over time. The child had been assessed for new splints by NHS health services just before the first national restrictions and the family was told these would be sent by post. They never materialised and instead the parent eventually managed to contact a private setting that offered new splints free of charge.

Not all services could switch to online provision effectively.

In several local areas, access and waiting lists for CAMHS were a particular concern. Practitioners and leaders felt this was partly due a greater demand from families for face-to-face appointments, which were not possible. In one local area, a family talked about how challenging it was to implement some therapies in a home setting without professional guidance. They were worried that the physiotherapy exercises they were doing with their child were incorrect, even though they had some medical training. This concern was mirrored by other parents for therapeutic packages for services like speech and language therapy, where a small number of parents reported not being able to understand the material.

Across some local areas, the evidence suggested that some services, such as CAMHS, were less likely to have moved to a virtual support model or adapted their existing practice. This had led to higher levels of dissatisfaction among families. One parent talked about several referrals to CAMHS that had been delayed indefinitely. Another said their child had been receiving CAMHS support before but was now back on the waiting list. Health practitioners also reported some difficulties in maintaining hospital contact and appointments for children. One psychiatrist talked at length about how they had to 'beg' the local area hospital to take a young person for blood tests, after becoming concerned about the side-effects of his medication and his special school reporting that he seemed unwell.

Support was partly determined by family resources.

In some local areas, some support was reduced or absent because families had varying access to IT equipment and technology as well as time to spend supporting their child. Some practitioners described the quality of online interactions being very dependent on the family's access to appropriate technology, with appointments being easier if families used a PC or laptop as opposed to a smartphone. In the more culturally diverse areas visited, language was also mentioned as a potential barrier to effective online appointments. Practitioners noted that extended family members who might previously have provided informal interpretation were unable to do so using the new methods of contact. Others described exploring options to include additional family members in virtual appointments or using an interpreting service. Local leaders and practitioners across all of the areas expressed concerns about the way family resources affected access to support.

There was also evidence that the quality of support available to some of the case-study families was determined by the extent to which they proactively sought this support from practitioners and charities. A small number of the case-study families described turning to charities for therapeutic services, which they felt had been able to resume face-to-face interventions more swiftly than NHS providers. Another family was unhappy with the support and equipment provided at school for their child but had not raised this with the school or health practitioners, who expressed surprise when informed of the family's concerns. The phenomenon of parents and carers 'fighting' for support has previously been noted in reports examining the SEND system.¹ It is possible the pandemic has resulted in families needing to 'fight' to secure support from charities to fill in the gaps of previously received services. Further evidence will help to show if this is the case.

Leaders and practitioners had difficulties interpreting government guidance.

At a strategic level, local leaders talked about difficulties in adapting to and interpreting guidance from central government. Leaders in the areas visited talked

¹ 'Support for pupils with special educational needs and disabilities in England', National Audit Office, September 2019; www.nao.org.uk/report/support-for-pupils-with-special-educational-needs-and-disabilities.

about how they had found government guidance to be frustrating at times due to it being 'ever-changing' and at times overwhelming. This caused confusion for leaders, practitioners and families as to what could be implemented and how, particularly at the start of restrictions.

In one local authority, leaders felt health providers had interpreted guidance in a way that resulted in adults being prioritised over children, which led to the clinical commissioning group withdrawing packages of care. In another local area, leaders and practitioners said that a lack of clarity and changing guidance had caused inconsistency in the local area's response between providers, with some continuing and others 'shutting down' completely. Some practitioners also talked about the families they worked with being unaware that they could or could not do certain things until told by a professional.

How areas plan to support children and young people with SEND in the future

How local areas were planning to support children and young people in the future was affected by the ongoing threat from the pandemic and the likelihood of further restrictions.

Increases in infection rates were affecting staffing levels as well as the availability of services and commissioning. In some of the high-risk local areas, there was less detail from leaders about how they would continue to adapt SEND support in the event of tighter restrictions, possibly because the pandemic response itself continued to dominate strategic planning. In other local areas, the pandemic was perceived as a less immediate threat and leaders described a greater focus on non-pandemic planning. Leaders in all areas were concerned for the well-being of their staff and the risk of 'burnout' if the level of activity continued at unusually high levels.

Leaders also recognised the toll the pandemic had taken on the mental health of some families. They had identified this as an area to focus on. Examples of this included projects to try and increase access to open spaces such as swimming and leisure facilities, and a 'recovery curriculum', with a focus on well-being and personal development being used to support children and young people with SEND.

Leaders in several of the areas recognised that the pandemic had changed the needs of children and young people with SEND, and that they needed to reassess in order to ensure access to the right help. One local authority planned to reassess all children with EHCPs to ensure that support packages and targets were fit for purpose. In other areas, the focus was on identifying, assessing and meeting the needs of children and young people receiving SEN support. This group were felt to have missed out on the level of support offered to those with EHCPs.

Some areas planned to continue existing work to improve families' involvement with services and to aid cooperation between different agencies. In other areas, this work was identified as an area for improvement. In these areas, discussions centred on ensuring that adequate feedback was collected from families, either at a strategic

level or among particular groups of practitioners. As a result of participating in these visits, some practitioners had recognised that they had not sought input from families or from each other to the extent that they would have wished.

Leaders in several areas planned to introduce approaches similar to those that other leaders had found to be effective, such as an integrated casefile or spreadsheet that all practitioners working with a family could access. This would be helpful and mitigate some difficulties in communication during any future restrictions.

Several local areas recognised that a second set of national restrictions would impact on schools and other service providers again. One parent reported that their child's return to school in September had initially gone well, but they were now 'getting into issues' with self-isolation, and their school had recently been closed for a fortnight. Leaders, along with school staff, discussed plans to focus on developing virtual home-learning tools and processes, including 'blended' packages and differentiated work to continue to meet the educational needs of all children. Some leaders also mentioned plans to develop evidence-based interventions to improve outcomes for children, but these were not described in detail.

Similarly, even in areas where the perceived threat of COVID-19 was lower and face-to-face appointments were resuming more rapidly, leaders and practitioners described plans to continue with some virtual practices. These had proved to be successful and popular with families, and this would allow for continuity of provision in the event of future restrictions. Leaders in services that had been less effective at keeping in touch with families talked about making this a priority in any future planning. For several local areas, this was especially in reference to CAMHS and some medical services. Practitioners also talked about developing training opportunities for staff on how to use virtual tools effectively.

Local areas also identified work for the future in response to specific issues:

- One local area had identified an increase in fixed-term exclusions for children and young people with SEND after schools fully re-opened in September. At the time of the visit, the area had begun to work with school leaders to address this and ensure that provision better met these children's needs.
- One local area identified that support plans for children were focused on the present, with there being some evidence of 'squeamishness' in planning for the longer term or for adulthood, in particular when children and young people had life-limiting conditions. Leaders were beginning to consider how to rectify this, and to ensure that planning for adulthood occurred more systematically.
- In one area where access to respite care had reduced, there were plans to increase capacity and reach, particular for those requiring an overnight short break.

Conclusions

Overall, children, young people and their families have had mixed experiences through this period. Some families have felt isolated, with limited contact from schools and services. Others shared a huge amount of praise for the health practitioners, social workers, local authority family support workers and school staff who had supported their children.

Many of the practitioners spoke about the difficulty of trying to continue all of the services a young person might have received, including therapies, medical assessment and short breaks. However, there was also a clear commitment to finding new ways of working to improve this, using online appointments or outdoor face-to-face meetings and groups providing opportunities for social interaction and respite for families.

Although most leaders and practitioners have worked hard to support the children and young people in their care, the pandemic has presented serious and far-reaching challenges for families, which have not all been possible to resolve. The visits found examples of responsive and flexible service and effective use of technology to lessen the impact of these. However, significant challenges remain. Leaders and practitioners said their priorities and plans focused on access to assessment and support, creating systems to ensure that feedback was collected from families and encouraging multi-agency collaboration to try and improve support for children and young people with SEND in the future.



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