

Minutes

CHILDREN, YOUNG PEOPLE AND LEARNING POLICY OVERVIEW COMMITTEE

7 October 2015

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge UB8 1UW



	<p>Committee Members Present: Councillors Jane Palmer (Chairman), Nick Denys (Vice-Chairman), Teji Barnes, Jem Duducu, Duncan Flynn, Tony Eginton, Judy Kelly, Peter Money, Jan Sweeting (Labour Lead) and Mr Tony Little.</p> <p>LBH Officers Present: Deborah Bell (Early Intervention Officer) Vince Clark (Assistant Director - Children's Social Care), Nikki Cruickshank (Interim Assistant Director of Safeguarding and Quality Assurance), Belinda Hearn (Service Manager - Key Working Service), Sarah Hydrie (Assistant Internal Audit Manager), Dan Kennedy (Head of Business Performance, Policy & Standards), Tom Murphy (Head of Early Intervention Services) and Jon Pitt (Democratic Services Officer).</p>
33.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Cllr. Becky Haggar, with Cllr. Judy Kelly substituting.</p>
34.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THE MEETING (<i>Agenda Item 2</i>)</p> <p>There were no Declarations of Interest made.</p>
35.	<p>TO CONFIRM THAT ITEMS OF BUSINESS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 3</i>)</p> <p>It was confirmed that all items were Part I and would be discussed in public.</p> <p>The Chairman advised that agenda item 7, the Child Sexual Exploitation Strategy Implementation Update would be considered before agenda item 6, the Children and Young People's Service Improvement Plan - Progress Report. The other agenda items would be considered in the order published.</p>
36.	<p>TO AGREE THE MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2015 (<i>Agenda Item 4</i>)</p> <p>A Member asked what the deadline was for the dispatch of Committee papers as these had been received on the Thursday before the meeting. Officers advised that the agenda papers had been dispatched on the Tuesday in the week before the meeting. This was in line with the requirement for papers to be published five clear working days before the meeting. It was noted that there would be some lag between publication of the agenda on the Council website and Members receiving hard copies.</p>

Resolved: That:

- 1. The minutes of the meeting held on 9 September 2015 be agreed as a correct record.**

37. MAJOR REVIEW - THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES - WITNESS SESSION 2 (Agenda Item 5)

Dan Kennedy, Head of Business Performance, Policy and Standards introduced his witness submission in support of the major review. The key points raised included the following:

- The information presented in the witness submission represented headline analysis of current and future needs of children in Hillingdon and was drawn from the Hillingdon Joint Strategic Needs Assessment.
- There were 78,000 people in Hillingdon aged 0-19 years. This represented 26% of the population and was slightly higher than the London average of 24.4%.
- The number of children in the Borough was gradually rising. This was caused, in part, by an increased birth rate. It was forecast that the biggest increase in the number of young people, up until 2021, would be among the 5-9 age group. Increases in the 0-4 and 10-14 age groups were also projected, while the population aged 15-19 was expected to fall slightly and then rise again.
- The population of the Borough was ethnically diverse. The largest single group was white British, which accounted for just under half of the total population.
- Appendix 2 within the officer's report showed income deprivation affecting children, broken down by ward. It was noted that charts on the subject could sometimes mask pockets of deprivation within the Borough. In order to better analyse local levels of deprivation, it was important to consider other factors that could be indicators of deprivation, such as the number of children receiving free school meals.
- There were 2,300 children in the Borough who were classified as being children in need. The most common cause of this status was abuse / neglect, followed by absent parents and family dysfunction.
- Statistics in relation to child tooth decay were relatively poor in Hillingdon compared to other areas.
- 21% of 4 - 5 year olds and 34% of 10 - 11 year olds in Hillingdon were overweight or obese.
- There had been a gradual decline in teenage pregnancy rates, which was in line with national trends. Smoking during pregnancy in Hillingdon was lower than the English average, but was worse than the London average.

In response to questions from Members, officers explained and advised that:

- Work was taking place to try to reduce hospital admissions related to alcohol for young people and alcohol misuse among the young. Hospital admissions were higher in Hillingdon compared to elsewhere in London. This included working with local schools to target alcohol misuse and ensure that resources were better targeted. The issues would also be considered as part of the Public Health Strategy.
- Further data could be provided to the Committee to show how some of the data provided was broken down at ward level. There was a large amount of data available in relation to health and social care, which could be targeted as required.

- It was agreed that information would be provided to indicate the outcomes of activities set out in the Hillingdon Joint Strategic Needs Assessment. It was also agreed that percentages would be provided in relation to figures provided in future officer analysis presented to the Committee.
- Links with the Children's Centres were improving and work was being undertaken with Ofsted to develop a plan in relation to the centres. It was expected that this would be partially completed by the end of October 2015.

Belinda Hearn, Early Intervention Officer and Deborah Bell, Service Manager, Key Working Service introduced their witness submissions in support of the major review. The key points raised included the following:

- The Early Help Co-ordination Team was within the Council's Key Working Service. Its role was to act as a 'front door' to the Key Working Service and to be the link between Children's Social Care and Early Intervention and Prevention Services.
- The Key Working Service had been established on 1 April 2015 and was in the process of obtaining feedback from families to inform its development.
- Families were provided services by the Key Working Service or by the wider Early Intervention Services team. This provision could be as a result of the families having been 'stepped down' from statutory services, or where another organisation had identified a need for services to be provided. The services provided were in addition to universal services that were provided to all families. Where identified needs met the requirements for statutory services to be provided, these would be provided instead of Early Intervention Services.
- Referrals to the Key Working Service / Early Intervention Services came from organisations, such as schools, mental health providers / professionals and schools in other local authority areas.
- The Services provided a number of tools to support both professionals and families. A practice guide was available on the Council website and booklets had been produced for both groups to explain Early Help Assessments and the role of the Team Around the Family.
- The information presented to Committee included a number of case studies that gave examples of how early help was delivered in practice. This evidenced how beneficial the help provided had been to families.
- There had been 227 requests for Early Intervention and Prevention services since 1 April 2015. 37% of these had been stepped down to universal provision, while a total of 7 had been escalated to statutory services. Involvement of statutory services could be seen as a successful outcome if it helped to safeguard a child.

In response to questions from Members, officers explained and advised that:

- The term 'step up' described the need to sometimes 'step up' service provision from Early Intervention services to the provision of statutory services.
- The term 'step down' described the stepping down of service provision from Early intervention services to universal services that were provided to everyone. It was noted that service provision could also be stepped down from statutory services e.g. from Children's Social Care to Early Intervention.
- Within Early Intervention, the prevention team provided services for a period of up to six months, while intensive services were provided for up to 12 months. The aim of service provision was to empower families so that they no longer required early intervention and could be stepped down to universal services.
- The work of Early Help Assessment (EHA) Champions covered a number of

service areas. This included working with schools, school nurses and with Children's Centres.

- The families that Early Intervention Services worked directly with were normally identified by partner organisations. These partners would approach families directly where there were specific concerns e.g. falling school attendance.
- In the event that a member of staff working directly with a family left their post there would be a handover within the Team Around the Family and the relevant family would be kept informed. It was noted that staff turnover within the team had been quite low.
- Accepting the offer of an Early Help Assessment was optional, although the proportion of families offered it who refused was quite small. However, families sometimes accepted the assessment but subsequently refused the offer of other services.
- The number of Early Help Assessments provided (92 between January and August 2015) was relatively low compared to the number of requests for Early Intervention and Prevention Services (227 since April 2015). This was partly because there were a range of other assessment routes available to families likely to be in need of help. An Allocations Panel determined which assessment route would be used. Work was being undertaken with partner agencies to increase the number of EHA Assessments.
- Some agencies were reluctant to take on the Lead Professional role as they felt that they were being given additional responsibilities. The All Age Disability Service would be looking to do some work with families in relation to this and children with Attention Deficit Hyperactivity Disorder (ADHD). It was noted that the lead professional role involved working within the community and taking a lead in the monitoring process in relation to the Team Around the Family. The role could be assumed by anyone within the child related workforce.
- The single database being developed to facilitate information sharing across agencies and to improve service provision to families did not have a timescale for completion. Work was being undertaken to identify how databases could be brought together.
- The Early Intervention services offered by the Council were advertised on the Council website and this promotion would be developed over the next few months. 'Road show' type promotion of the services was also undertaken.
- Data sharing with partner organisations could be challenging because of the difficulties associated with data protection. The prevailing view was that organisations would rather not know something than be at risk of breaching the legislation. Work was being undertaken with health colleagues to strengthen arrangements.
- Stockley was the only academy that had not commissioned the Participation Team for early intervention and prevention input prior to statutory intervention. Given its academy status, there was no requirement for Stockley to make use of these services. It did report to the Council all cases where a pupil had less than 90% attendance in a particular month and the reasons for any pupils that had been removed from the school role. Operational engagement with Stockley was considered to be sound and effective.
- The Council's School Improvement Team, which met regularly, would discuss any issues raised in relation to schools and the Council also had regular meetings with the Schools Commissioner.

RESOLVED: That:

- 1. The evidence provided be noted.**

2. Further information be provided to the Committee in relation to greater ward level breakdown and the outcomes of activities in relation to the Joint Strategic Needs Assessment (JSNA) data presented.

38. **CHILDREN AND YOUNG PEOPLE'S SERVICE IMPROVEMENT PLAN - PROGRESS REPORT** (*Agenda Item 6*)

Officers introduced an update on the status of the Children and Young People's Social Care Service Improvement Plan. The report provided a summary of the status of the Plan as of September 2015 and was one of the quarterly updates that was due to be considered by the Committee.

There were two main elements to the report presented. The first was the Service Improvement Plan itself. This was a live document that would be regularly updated. The second was a six month progress report, which showed the progress made, to 28 September 2015, against each of the actions contained in the plan.

The Plan was now supported by a dedicated project manager who was responsible for monitoring the Plan and progress made against each of the actions within it.

Steady progress was being made against all actions within the Plan, with 25 having been completed, 27 in progress and 0 that were not being progressed.

Following the Committee meeting in July 2015, Members had requested greater transparency and a clearer audit trail surrounding changes made to the Plan. This request had been accommodated in the Action Plans presented to the Committee. The information provided had been made clearer and a 'traffic light' system adopted in order to show the progress made.

Staff turnover was low, with significant progress having been in the recruitment of permanent Team Managers and Service Managers. A nationwide recruitment process was underway to recruit social workers. Consultancy firm Penna had helped the Council to promote the recruitment process, which officers considered had been excellent. Some of the Council's existing social workers had featured in the advertising campaign. Work was being undertaken with Human Resources to ensure that the recruitment process ran smoothly. The aim was to recruit 30 social workers initially, but the actual number would depend upon the market.

The average caseload for each social worker remained stable, at an average of 16 per social worker and there was a ratio of 50:50 of interim to permanent staff.

In response to a Member question, officers advised that the initial focus had been on the recruitment of Team Managers, with 14 having been recruited over the summer. A further 10 were due to be recruited and recruitment activity was progressing as planned. Of five positions at service manager grade, two permanent staff had been recruited, one was due to start at the end of October and two posts were currently filled by interims who had each been with the Council for around a year.

A work stream would be developed for the Early Intervention Service in Quarter 3, 2015/16. This would be presented to the Committee as part of the next update report, which was due in February 2016.

Members felt that the format of information provided was much improved and acknowledged the progress made in improving Children's Social Care. It was questioned when the service would be considered to be 'good' by Ofsted. Officers

advised that, subject to progress on the implementation of the Plan being sustained, they anticipated that the evidence would be available to support this judgement by the end of March 2016. A Peer Review of the service would be commissioned at this point. Senior staff were collecting evidence in support of the judgement to ensure that social workers were not diverted from their frontline work.

The Chairman said that there had been a noticeable difference in terms of delivery of the Action Plan and the way in which the data was presented to Committee. She thanked officers for the update that had been provided.

RESOLVED: That:

- 1. The next update report on the Children and Young People's Service Improvement Plan be presented to the Committee in February 2016.**
- 2. The report be noted.**

39. **CHILD SEXUAL EXPLOITATION STRATEGY IMPLEMENTATION UPDATE**
(*Agenda Item 7*)

Officers introduced an update on the progress made in the implementation of the Child Sexual Exploitation Strategy (CSE). It was noted that the Strategy had been launched to Children's Social Care and partner agencies in June 2015.

An Action Plan, which would be monitored via the Local Safeguarding Children Board (LSCB) and monthly multi-agency panel meetings, had been incorporated into the Strategy. The LSCB had established a multi-agency Child Sexual Exploitation Strategy Sub Group. Updates on implementation of the plan were also being provided at staff meetings.

Over the previous eight months, approximately 700 professionals had received CSE training. A Councillor training session had also taken place as part of a Member Development day. The Chairman of the Committee felt that the training provided had been excellent. Work had also been undertaken with the Police and with local school and taxi operators to increase awareness of CSE.

In response to Member concerns that there could be a lack of focus if the CSE Sub Group also considered other areas, such as Female Genital Mutilation and radicalisation, officers advised that there was a linkage with these areas and that it was, therefore, important to consider them together and also to ensure that there was no duplication of work between the Council and other organisations. An update on this work would be brought to the Committee in the future. The Chairman reflected that Child Sexual Exploitation was a complex issue with links to a number of other issues.

A Committee Member asked if the scale of the problem in relation to Female Genital Mutilation was known. Officers advised that neither the Council nor the Police had figures. However, it was known to be a largely hidden issue and intelligence suggested that it needed consideration locally. A resource pack had been developed to raise awareness of the issue and awareness raising sessions had been held in local schools.

RESOLVED: That

- 1. The report be noted.**
- 2. An item in relation to Female Genital Mutilation (FGM) be added to the future work programme of the Committee.**

40.	<p>CONSIDERATION OF TOPICS FOR MINOR REVIEW (<i>Agenda Item 8</i>)</p> <p>Officers invited the Committee to consider whether it wished to confirm the previously identified topic of Elective Home Education for the undertaking a Minor Review.</p> <p>The Committee felt that, given that Elective Home Education had previously been reviewed in 2011/12, it would be more appropriate for the Committee to select a different topic for review.</p> <p>There was a brief discussion about undertaking a minor review in relation to child mental health, following which officers were asked to investigate the topic further and report back to the Committee.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Officers to investigate the undertaking of a minor review on child mental health by the Committee. 2. An update report on the previous Elective Home Education review be added to the Committee's work programme.
41.	<p>FORWARD PLAN (<i>Agenda Item 9</i>)</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. The Forward Plan be noted.
42.	<p>WORK PROGRAMME 2015/16 (<i>Agenda Item 10</i>)</p> <p>The Chairman requested that the Committee give its agreement to holding an additional witness session in relation to the major review, "The Effectiveness of Early Help to Promote Positive Outcomes for Families." The additional session would enable the Committee to further explore the role of Children's Centres in the provision of Early Intervention Services. It was also agreed that some parents should be invited to take part in a witness session. Officers suggested that holding a witness session separately from the Committee's scheduled session would enable it to gather information from more witnesses and it was also considered likely that some witnesses would be more comfortable speaking away from a formal Committee setting.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. An additional witness session with representatives from Children's Centres and parents be organised. The Chairman, Labour Lead and Tony Little would attend the session. 2. The Work Programme be noted.
	<p>The meeting, which commenced at 7.05 pm, closed at 9.05 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Jon Pitt 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

