



HILLINGDON  
LONDON



# Children, Young People and Learning Policy Overview Committee

**Date:** WEDNESDAY, 7 OCTOBER 2015

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 5 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

**Meeting Details:** Members of the Public and Press are welcome to attend this meeting

## Councillors on the Committee

Jane Palmer, (Chairman)  
Nick Denys (Vice-Chairman)  
Teji Barnes  
Jem Duducu  
Duncan Flynn  
Becky Haggar  
Tony Eginton  
Peter Money  
Jan Sweeting (Labour Lead)

## Other Voting Representative

Anthony Little, Roman Catholic Diocesan.

**Published:** Tuesday, 29 September 2015

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# Terms of Reference

A central role of a Policy Overview Committees is to undertake in-depth policy reviews on specific issues. Reviews provide the opportunity to hear from members of the public and expert witnesses, including people from a wide range of external organisations. Reviews usually make recommendations to the Cabinet on how the Council could improve its work. They therefore perform an important role in opening up the policy-making process to a wider audience, including people who would not normally have the opportunity to participate.

This Committee undertakes the policy overview role in relation to the following matters:

- Education Services and statutory education authority functions
- School performance and attainment
- School Transport
- Relationships with Local Academies / Free Schools
- Pre-School & Early Years Services
- Youth Services & Careers Services
- Juvenile justice & probation services
- Adult Learning
- Education and learning partnerships
- Music & The Arts
- Social care services for children, young persons and children with special needs
- Adoption and Fostering
- Family Services

# Agenda

- 1 Apologies for Absence
  - 2 Declarations of Interest in matters coming before the meeting
  - 3 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
  - 4 To Agree the Minutes of the Meeting Held on 9 September 2015 1 - 8
  - 5 Major Review - The Effectiveness of Early Help to Promote Positive Outcomes for Families - Witness Session 2 9 - 102
  - 6 Children and Young People's Service Improvement Plan - Progress Report 103 - 132
  - 7 Child Sexual Exploitation Strategy Implementation Update 133 - 138
  - 8 Consideration of Topics for Minor Review Verbal Report
- For the Committee to consider which topic they wish to select for a minor (single meeting) review. Elective Home Education has previously been identified as a possible review topic.
- 9 Forward Plan 139 - 142
  - 10 Work Programme 2015/16 143 - 146

## Minutes

### CHILDREN, YOUNG PEOPLE AND LEARNING POLICY OVERVIEW COMMITTEE

9 September 2015



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

	<p><b>Committee Members Present:</b> Councillors Jane Palmer (Chairman), Nick Denys (Vice-Chairman), Teji Barnes, Duncan Flynn, Becky Haggart, Allan Kauffman, Tony Eginton, Peter Money and Jan Sweeting (Labour Lead).</p> <p><b>LBH Officers Present:</b> Nikki Cruickshank (Interim Assistant Director of Safeguarding and Quality Assurance), Dan Kennedy (Head of Business Performance, Policy &amp; Standards), Tom Murphy (Head of Early Intervention Services), Andrea Nixon (Children and Young People's Services - Safeguarding Children), Ian Anderson (Complaints and Service Improvement Team Manager), Neena Singh (Business Manager - Technical and Business) and Deborah Mbofana (Health Promotion Manager)</p> <p><b>Also Present:</b> Steve Ashley (Independent Chairman of Hillingdon Local Safeguarding Children Board)</p>
23.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Cllr. Jem Duducu, with Cllr. Allan Kauffman substituting and from Anthony Little, Roman Catholic Diocesan representative.</p>
24.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THE MEETING</b> (<i>Agenda Item 2</i>)</p> <p>No Declarations of Interest were made.</p>
25.	<p><b>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</b> (<i>Agenda Item 3</i>)</p> <p>It was confirmed that all agenda items were Part I and would be discussed in public.</p>
26.	<p><b>TO AGREE THE MINUTES OF THE MEETING HELD ON WEDNESDAY 15 JULY 2015</b> (<i>Agenda Item 4</i>)</p> <p><b>Resolved: That:</b></p> <ol style="list-style-type: none"> <li>1. The minutes of the meeting held on 15 July 2015 be agreed as a correct record.</li> </ol>

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

The Head of Early Intervention Services and the Health Promotion Manager gave a presentation in support of their witness submission. The submission had been circulated to the Committee Members prior to the meeting.

The presentation had two key aims, to provide an understanding of early help available to families and to provide an understanding of the way in which these services were organised and coordinated.

The provision of early help was seen as being a high priority. This included prevention work to stop problems from arising in the first place and early intervention in order to identify action as soon as possible and tackle problems that had already emerged. Early intervention work was undertaken in collaboration with universal services and with individual families. The purpose of Early Intervention Services was to 'work together with families who need our support so that they may develop the skills, knowledge, resilience and capabilities required'. Negative family outcomes had associated costs, both financial and human and it was therefore important to take action in order to reduce these.

It was noted that a range of interventions were used with the aim being to improve health and wellbeing. For example, the provision of green spaces.

Four levels of early help were provided by the Council and partner organisations. Level 1 focused on prevention and was about providing universal services to all families in order to prevent problems from arising in the first place. Level 2, Early Intervention involved working with children and families that had additional or complex needs, while Levels 3 and 4 involved social care services for children and families with complex needs (Level 3) and children and families with acute needs (Level 4).

The Early Intervention and Prevention Services provided at Level 1 and Level 2 were outlined. Some of the Level 1 Services included schools, GPs, leisure services, libraries and Children's Centres, while Level 2 services included Youth Offending Services, Key-working Services, Targeted Programmes and counselling services. The aim was to use a joined-up approach when identifying families in need of additional support delivery in order to effectively prevent initial problems from escalating.

The majority of universal services e.g. libraries, sports development and family information were provided by the Council's Residents Services directorate. Children and Young People's Services were responsible for providing Early Intervention Services. These included Key-working, Children's Centres and youth offending services. These targeted services worked with specific families. Partner organisations, such as the NHS, voluntary sector, schools and faith groups also had a role to play.

A refreshed Early Intervention and Prevention Strategy was in the process of being developed. Good arrangements for collaboration and coordinating the the work of a range of agencies were being developed, along with clear 'step up' and 'step down' procedures to outline when services should be provided. The aim was to ensure the early identification of and engagement with, families in need of early help.

It was noted that The Hillingdon Early Intervention and Prevention Strategy Group had the following vision:

'Hillingdon families are safe, healthy, prosperous and self-reliant because they have aspirations and means to succeed'.

The Group was developing the Strategy with a range of partners. This would be based upon the vision and a number of principles that aimed to help families prosper. A three stage approach would be adopted in order to understand needs and priorities and the role of each partner organisation; to embed principles and practice and jointly plan and; to jointly deliver, evaluate and commission.

Evidence from the Joint Strategic Needs Assessment and local intelligence had been used to develop four headline outcomes that work would be organised under. These outcomes included helping families to be strong, safe, healthy and economically prosperous. Key areas of concern had been mapped in relation to each of these areas and these would be used to enable partners to undertake work in relation to each theme. This was seen as an evolving document, which would be revised based upon future revisions to the Joint Strategic Needs Assessment and changing partner priorities.

Services provided would be targeted by age group, including Early Years (0 - 5), Early Childhood (6 - 12), Adolescent (13-19) and Transition to Adulthood (19-25). There would be a particular focus on Early Years as intervention at this stage could help to prevent or reduce problems in later years. There was particular concern about dental health and obesity, with dental health of young children being among the worst in London. It was anticipated that two new NHS dentists in the Borough would help to address the issue, as would the various activities being undertaken with local primary schools.

Members reflected that improvements to early intervention and early help were only likely to be effective if they were based upon robust data. It was questioned how outcomes were monitored and what they told the Council about the effectiveness of service delivery. Officers advised that a number of performance indicators were used but that these needed further development. A scorecard was being developed to enable the effective rating and comparison of services.

A Member asked what work was being undertaken prior to a child being born in order to identify potential problems. For example, where the expectant mother was drinking alcohol, smoking, was in poor housing or was not emotionally ready to be a mother. Officers advised that maternity and health were part of early intervention, alongside a variety of other preventative work. It was important to host such sessions at facilities where people would feel comfortable, such as local libraries or Children's Centres. It was noted that Members would hear from persons responsible for the delivery of such services at future witness sessions.

It was questioned how the vision to ensure that families were prosperous, self-reliant, safe and healthy would be realised, given that these were not always mutually exclusive. It was also questioned what steps were being taken to ensure that data was shared more effectively with Children's Centres. It was confirmed that the vision statement was a working vision that could be revised if alternative wording was considered more appropriate. It was acknowledged that the information provided to Children's Centres was not comprehensive enough. Some improvements had already been made and work was ongoing to address the issue, including the development of an action plan for use by the Council and partners.

A Member expressed concerns that although schools could be quite proactive in

contacting parents with concerns about their children, they did not often share concerns with the Council or other partners. In specific relation to the 6-12 age group, it was questioned how early intervention issues would be picked up and how cooperation would take place with GPs and schools. It was felt that cooperation with schools could present a challenge as the majority were not controlled by the local authority. Officers advised that schools were being encouraged to share more general information about issues requiring potential early intervention and that the situation was felt to be an improving one. Efforts were being made to strengthen working relationships with schools.

There was a discussion about the capacity of existing services, such as Children's Centres, to provide the targeted support required by families, especially given that some wards lacked children's centres or early years facilities. It was acknowledged that capacity would need to be considered as part of the developing strategies and that both qualitative and quantitative analysis would be required of relevant data.

Concerns were raised by the Committee that although there were a broad range of facilities in the Borough, such as libraries, youth centres and children's centres, these were not necessarily being used as effectively as they could be or to full capacity. It was questioned how these services were being promoted. Officers advised that a number of information raising activities were undertaken through the Team Around the Family and that consideration was being given to how information could be shared with other organisations more effectively. This information sharing was governed by various protocols and agreements.

A paragraph in the supporting officer report talked about the need to foster a culture of shared learning across agencies and the need to invest in learning fully about the role of these partners. It was questioned how this would be achieved in practice. It was confirmed that staff training and workshop sessions would have a role to play and that the need to better share intelligence was further emphasised.

Members asked what the expected timescales were for the proposed changes. Officers advised that changes were already being realised and that the long term objective was to ensure partner buy in. It was anticipated that in three years time, all partners would be fully aware of their responsibilities and that they would have a full suite of data available to support their work.

The Committee thanked officers for their informative presentation and requested that any similar presentations in the future be provided to Members in advance of the meeting. The Chairman reflected that there was a need for a firm evidence base in order to move forward effectively with improving service provision.

**RESOLVED: That:**

**1. The evidence provided be noted.**

28. **HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014 - 15** (*Agenda Item 6*)

The Independent Chairman of the Local Safeguarding Children Board (LSCB) introduced the 2014/15 Annual Report. This highlighted the main achievements, in addition to current and future priorities. It was noted that publication had been delayed while the verification of performance data took place, but that it was the intention for the report to be published by the end of May in future years.



Publication of the report fulfilled the Board's statutory obligation. The Board had also been required to develop an improvement plan by Ofsted as the Board had previously been identified as requiring improvement. However, although this was a requirement, it was not seen as being particularly useful to enable the Board to make the improvements it required.

It was noted that the Board was not able to be assured that children and young people were as safe as they could be across the Borough. Further work would be needed by the Board and by partners before such an assessment could be made. It was acknowledged that this situation was unacceptable and assurances were given that it would not be repeated in the future. Much work to improve the Board had taken place since March 2015, including improvements to auditing and the provision of a clearer assessment of the effectiveness of the Board. It was also confirmed that the Chairman and other key staff were new in post and had been appointed since the timeframe covered by the report.

The 2015-16 proposed LSCB priorities were seen as being a start, but it was suggested that an additional five or six priorities could be included. Work would be undertaken in order to better evidence what the priorities should be in the future. The priorities also formed part of the Business Plan that the LSCB was required to produce. In response to a Member question, the LSCB Chairman advised that a list of the top three priorities for the Board would be developed and reported back to the Committee at a future date.

Children's Social Care was funding work being undertaken to put a business unit in place for the Board. This was seen as being critical to enable the Board to move forward with required improvements. The finances of the Board were also a cause for concern and it was noted that an Operations Group would be reviewing the various sub groups of the Board.

A Member questioned whether the budget provided in the report had incorrectly being labelled as being for 2013-14, rather than for 2014-15. It was agreed that this was a mistake and it was also noted that the Member had identified other mistakes within the report. Concerns were raised that the Council was contributing a relatively small amount to the Board, when compared to neighbouring London Boroughs. The contribution of £96k in 2014/15 compared to Harrow (£125k) and Hounslow or Ealing (each £160k). The LSCB Chairman confirmed that the 2014-15 Hillingdon contribution was an increase on the previous figure of 60k.

Concerns were also expressed that the Annual Report did not list all the Member organisations of the LSCB and also that it did not give the names of the person that represented each Board Member. It was requested that future reports provide attendance statistics for individual Members and that a glossary be provided. This had been included in previous annual reports but was absent from the 2014-15 report under consideration.

The Board thanked the Chairman of the LSCB for the honesty in admitting that significant improvement was required.

**RESOLVED: That:**

- 1. The report be noted.**
- 2. The top three priorities for the LSCB be developed and provided to the Committee at a future meeting.**

29.

**COMPLAINT REPORT FOR CHILDREN AND YOUNG PEOPLE SERVICE FOR 1 APRIL 2014 TO 31 MARCH 2015** (*Agenda Item 7*)

Officers provided an overview of the complaints and Members' Enquiries received by the Children and Young People's Services (including Education Services) for the period 1 April 2014 to 31 March 2015. This satisfied the requirements to publish annual information about complaints.

Feedback in the form of complaints and compliments was seen as being an important source of information to enable the Council to improve services. The focus was on trying to resolve complaints informally. It was for this reason that the number of informal complaints about Children's and Young People's Services had increased from 26 in 2013/14 to 49 in 2014/15. It was envisaged that this would continue to rise in the year ahead.

Complaints made by children, or on their behalf, are governed by the Children Act 1989, Representations Procedure (England) Regulations 2006 (Statutory Instrument 2006 No. 1738). The Council operates a three stage complaint procedure. At Stage 1, a senior manager within Children's Services investigates and responds to a complaint within 10 working days. At Stage 2, complaint investigations are undertaken by an Investigating Officer (IO) and Independent Person (IP), not employed by the Council, with specialist knowledge of the Children's Act. At Stage 3, a panel of three people independent of the Council review what has happened and put forward options for resolution.

It was noted that all Stage 1 responses were seen by the Complaints and Service Improvement Manager prior to them being sent out. This was in order to ensure that a full response was provided to all the concerns raised.

The number of Stage 1 complaints received in 2014/15 was 30, which was a reduction when compared to the 2013/14 figure of 58. Two Stage 2 complaints had commenced in 2014/15 and would be concluded in 2015/16. One of the complaints related to allegations of historic abuse and the other to transport. No Stage 3 Complaints had been received during 2014/15.

There was a target of 10 working days for responding to Stage 1 complaints. During 2014/15, responses to 19 of the 30 complaints (63%) met this target. However, 13 Stage 1 complaints had been received since the start of April 2015. All of these had met the 10 working day target, with officers considering that there had been a cultural change. However, it was acknowledged that some improvement was required as complaint responses were not always clear or empathetic enough and there were also sometimes delays in communicating with members of the public.

The number of compliments received was increasing and exceeded the number of complaints. 47 compliments had been received in relation to Children's Services in 2014/15.

Complaints regarding education and schools were dealt with separately under the Council's Corporate Complaints Procedure. This involved a three stage complaint procedure with escalation to the Local Government Ombudsman if a complainant remained dissatisfied.

During 2014/15, there were 17 informal complaints, 6 Stage 1 complaints, 1 Stage 2 complaint and 1 stage 3 complaint (subsequently withdrawn by the complainant) about education and schools. Most education and schools complaints were about school admissions. For 2014/15, six complaints had been referred to the Local Government Ombudsman of which five had complained direct to the Ombudsman. The Ombudsman had found in the Council's favour in all six complaints.

A Member asked whether there was a pattern to the type of complaints that were dealt with informally. Officers advised that these tended to be the more simple complaints where customers were not happy with the service they had received, but that there were a few examples of more complex concerns being dealt with informally.

The Committee thanked officers for the report provided and the positive position that it presented.

**Resolved: That:**

- 1. The Report be noted.**

30. **QUARTERLY SCHOOL PLACES PLANNING UPDATE** (*Agenda Item 8*)

Officers introduced the Quarterly Schools Place Planning Update to inform the Committee about the demand for school places in Hillingdon.

The annual July 2015 school places forecast for Hillingdon had been submitted to the Department for Education. There had been no significant change from previous forecasts. This included no change in the Northwood and North Ruislip areas and a slight increase in Ruislip / South Ruislip. Increased demand for places in the north of the Borough was being caused mainly by children moving into the Borough from neighbouring Boroughs. Further expansion in the Hayes Wood End Park area may be required in the future. Members asked why proposed developments in the area did not include provision for a new primary school. It was noted that future requirements depended in part on the development of the former Nestle site.

Feasibility studies of three primary school sites to assess potential for expansion were underway. The findings were due to be discussed by officers in the week following the Committee meeting and would be reported for consideration by the Cabinet Member for Education and Children's Services.

With regard to secondary schools, the demand for additional places from 2016/17 onwards remained high and was likely to grow in future years. It was anticipated that an additional 24-25 forms of entry would be required between 2016 and 2020.

Officers had been investigating a range of options for the provision of additional school places. This included the possibility of expanding an additional five secondary schools in the Borough. All options were under consideration, including options for a new school.

The new school term had started in the week before the Committee meeting, with all children having been offered a place. There had been some late applications, due to children moving into the Borough, but there had been enough capacity to accommodate this. It was noted that St Martin's CE Primary School had opened on time for the start of the new term in September 2015.

	<p>A number of families in West Drayton had applied for places at schools outside their immediate area. For example, there were six children living in the West Drayton area whose parents had chosen John Locke Academy as their preferred school, which was in the Uxbridge area.</p> <p>Work to rebuild and expand Northwood School had commenced and a planning application had been submitted for the expansion and rebuilding of Swakeleys and Abbotsfield Schools. These expansions would add a total of 5.5 forms of entry.</p> <p>A requirement for an additional five forms of entry had been identified in the south of the Borough. A new school may be required as existing schools in the area reached capacity, although it was noted that some pupils travelled to Swakeleys or Abbotsfield Schools or to schools outside the Borough e.g. to Grammar schools in Slough. This helped to alleviate the demand for places.</p> <p>Members asked whether officers knew how many of the expected 180 places at the new Pinner High School would be allocated to children from Hillingdon. It was not possible to predict this, but it was noted that the school was expecting to serve a 1.5 mile radius area rather than basing admissions on administrative boundaries. The school would open for year 7 pupils only initially, with other years being established as the initial intake progressed through the school.</p> <p><b>Resolved: That:</b></p> <p><b>1. The Report be noted.</b></p>
31.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 9</i>)</p> <p><b>Resolved: That:</b></p> <p><b>1. The Forward Plan be noted.</b></p>
32.	<p><b>WORK PROGRAMME 2015/16</b> (<i>Agenda Item 10</i>)</p> <p><b>Resolved: That:</b></p> <p><b>1. An update report or verbal update on the progress made by the Hillingdon LSCB be provided to the January 2016 meeting of the Committee.</b></p> <p><b>2. The Work Programme be noted.</b></p>
	<p>The meeting, which commenced at 7:00 pm closed at 9:00 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.

# Agenda Item 5

## MAJOR REVIEW - THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

### WITNESS SESSION 2 - UNDERSTANDING AND RESPONDING TO NEED

**Contact Officer:** Jon Pitt  
**Telephone:** 01895 277655

#### REASON FOR ITEM

To enable the Committee to gather evidence as part of its Major Review 'The effectiveness of early help to promote positive outcomes for families.'

#### OPTIONS AVAILABLE TO THE COMMITTEE

1. Question the witnesses.
2. Highlight issues for further investigation.
3. Propose possible recommendations for the review.

#### INFORMATION

For this witness session, Members will hear evidence from:

Name	Position
Dan Kennedy	Head of Business Performance, Policy & Standards
Belinda Hearn	Early Intervention Officer
Deborah Bell	Service Manager, Key Working Service

Public Health is unable to send a representative to the meeting. A written statement from this service is attached to this report.

#### PAPERS WITH THE REPORT

- § Written Submission: Belinda Hearn
- § Written Submission: Deborah Bell
- § Written Submission: Dan Kennedy
- § Written Submission: Dr. Steve Hajjoff

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# THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

## WITNESS SUBMISSION

**Name:** Dan Kennedy  
**Role:** Head of Business Performance, Policy and Standards  
**Organisation:** London Borough of Hillingdon

### SUMMARY OF EARLY PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

The Business Performance, Policy and Standards service area provides support to front-line services by undertaking analysis of needs for services and working closely with senior managers to put our residents first by evaluating what difference services are making.

To support the review of early help in Hillingdon, this report presents the headline analysis of current and future need for children in Hillingdon drawing on the Hillingdon Joint Strategic Needs Assessment.

### OUTCOMES ACHIEVED

Research studies demonstrate that a child's future development and achievements are built on their experiences early in life.

Early help to work with children/families and particular population groups can come from a range of sources:

- Council
- Voluntary and community sector
- Schools
- Public Health services
- Health services

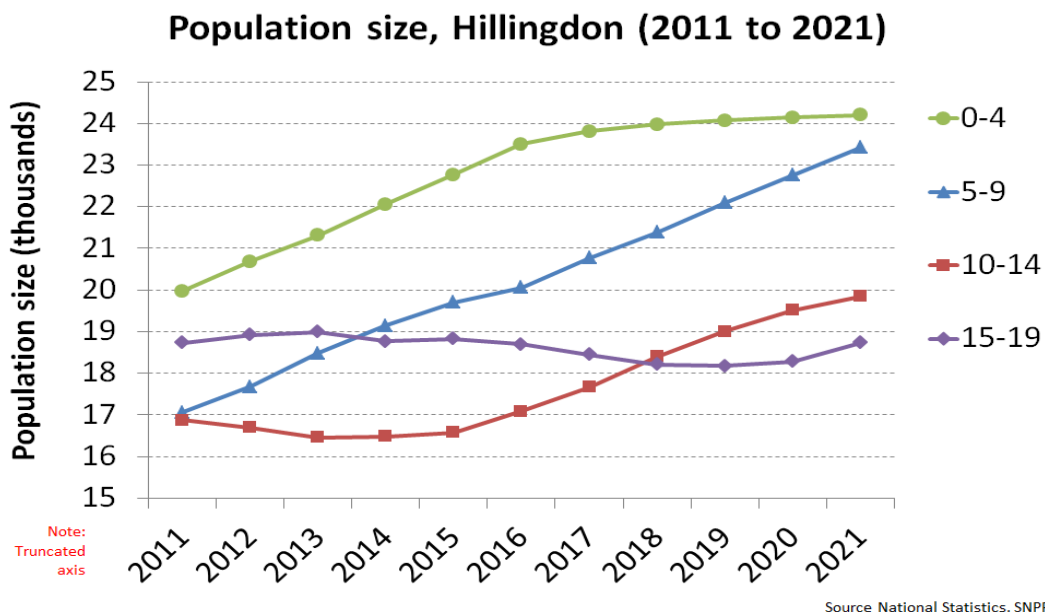
Joint working across agencies to intervene early and quickly to tackle emergent problems and working preventatively with groups most at risk of developing problems is understood to be key to achieving better outcomes because emergent challenges will not become entrenched or have the chance to escalate.

The following information helps to paint the current picture of need across the Borough to inform the review of services providing early help.

## Population

- There are 78,000 young people aged 0-19 years in Hillingdon (26% of the total population), which is slightly higher than the London proportion of 24.4%. Generally the wards in the south of the borough have both greater numbers of young people and a higher proportion of their population aged under 20 (see appendix 1).
- Just under half (45%) of the population represent a White British ethnic group; Asian/Asian British: Indian (12%); Asian/Asian British: Other (7.5%); Black/Black British: African (6.4%); White: Other (4.5%), then Asian/Asian British: Pakistani (4.3%). Wards in the north of the Borough have a higher proportion of residents representing a White British ethnic group. The highest number of traveller children are in the wards of West Drayton, Yiewsley, Harefield, Botwell and Barnhill.
- Between 2006 and 2014 there has been an increase in annual births in Hillingdon of 20%, more than 700 births per year, with a total of 4423 births in 2014 compared with 3,691 in 2006. Projected trends over the next few years suggest that the rate of increase in numbers of births will be much less than it has been over recent years. There is wide variation between Hillingdon wards in the numbers of births annually, ranging from 84 per year in Ickenham to over 340 per year in Botwell, and with more births in the south of the borough.
- The graph below shows population projections for young people up to 2021. The biggest increase is expected in the 5-9 year age group, with increases also in 0-4 year olds and 10-14 year olds. The number of 15-19 year olds is expected to fall slightly, before rising again.

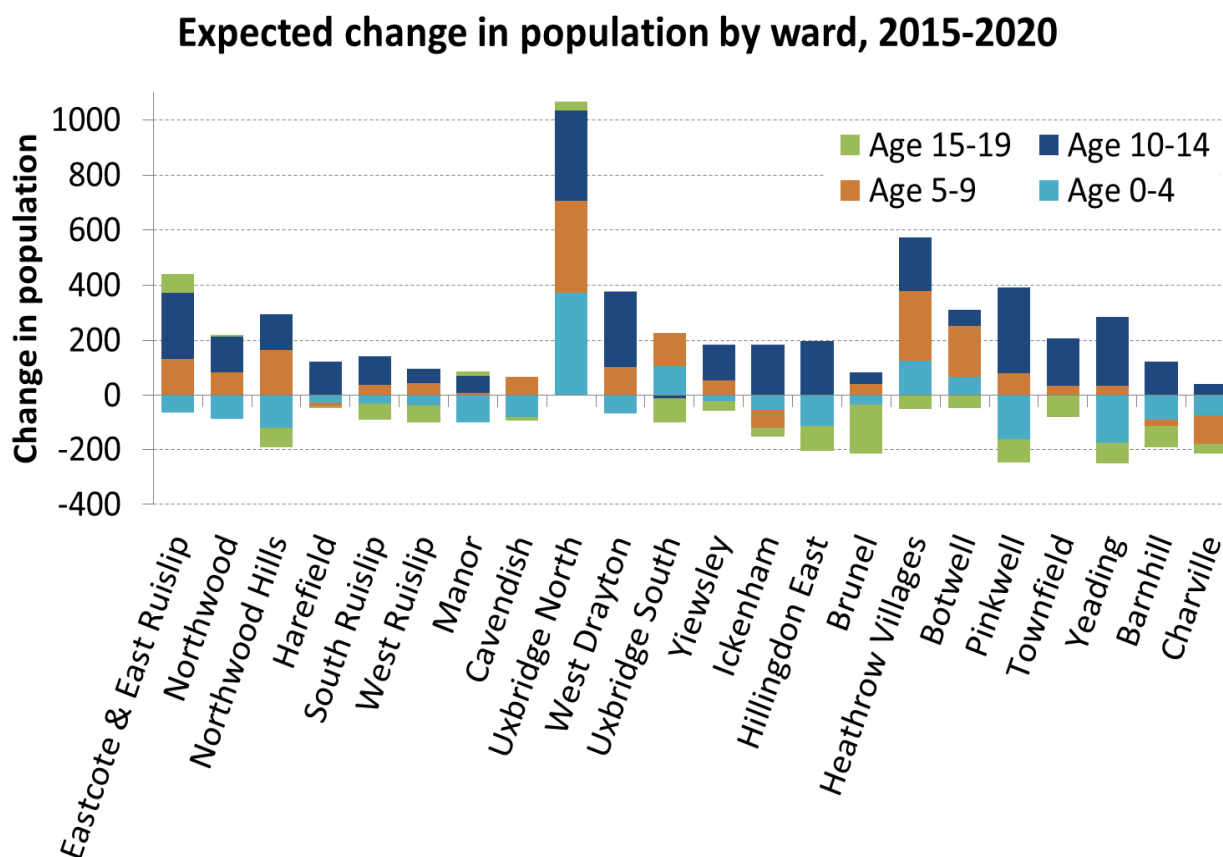
**Graph 1:** Population projections, Hillingdon children and young people 2011- 2021.





- The expected change in the 0-19 year old population for each ward over the years 2015-20 is shown in graph 2 below. This shows that the expected net change in the population of children and young people varies significantly between wards. In nearly all wards the number of 15-19 year olds is expected to stay the same or fall. The net change in the number of 0-19 year olds is the smallest in West Ruislip and Manor, with small increases in the 0-14 year old population. In West Drayton (in the centre of the chart) a slightly larger increase in the number of 0-14 year olds is predicted, whilst in Uxbridge North the increase is much larger. In Hayes and Harlington a larger increase in 0-14 year olds is predicted. Uxbridge North is an outlier and this is a consequence of the development of the RAF Uxbridge site.

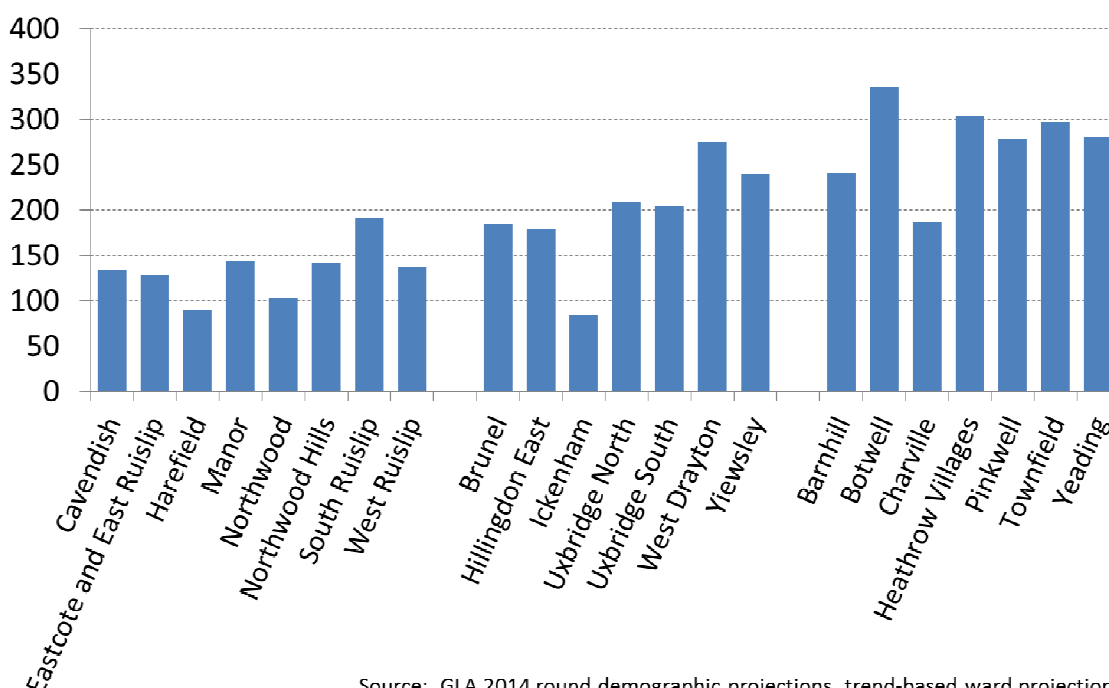
Graph 2: Projected change in population for each age group by ward



- There are more births in the south of the borough than the north (see graph 3 below).
- An increasing proportion of mothers to children living in Hillingdon were not born in the UK.

**Graph 3** - Estimated average annual number of births by ward over the next five years

**The average annual number of births projected for 2015-19**



Source: GLA 2014 round demographic projections, trend-based ward projections

**Levels of Disadvantage**

- There are 15,000 children aged 0-15 in poverty using the national standard measurement for income deprivation for children (IDACI). Children in poverty can be found in all wards from Ickenham (6%) to West Drayton (43%) (see appendix 2).
- Pupils eligible for free school meals or statemented with Special Educational Needs or subject to School Action Plus is at or lower than the England average rate.
- Wards in the south have a higher proportion of pupils (age 5-16 years) eligible for free school meals.

**Vulnerable Groups**

- There were 2,300 children in need (CIN) using the latest, official published statistics for Hillingdon and the rest of the Country (as at 31.03.14). Analysis of data shows that the number and rate of children in need on 31<sup>st</sup> March 2014 in Hillingdon rose by 19%, after having decreased by 25% the previous year. The rate in Hillingdon in 2014 (347 per 10,000) was lower than the average for London (368) but slightly higher than the rate for England (346).

**Table 1 - Children in need throughout the year and on 31<sup>st</sup> March, Hillingdon, London and England 2011-2014**

	2011	2012	2013	2014
Hillingdon (number at 31 <sup>st</sup> March)	2,147	2,622	1,954	2,334
Hillingdon (rate/10,000 at 31 <sup>st</sup> March)	352.8	406.9	299.3	347.2
London (rate/10,000 at 31 <sup>st</sup> March)	419.6	361.8	368.4	367.8
England (rate/10,000 at 31 <sup>st</sup> March)	346.2	325.7	332.2	346.4
Hillingdon (number throughout year)	4370	4,835	5,600	3,799
Hillingdon (rate throughout year)		750.3	857.6	565.2
London (rate throughout year)		678.4	680.5	688.0
England (rate throughout year)		651.9	645.8	680.5

Source: [Characteristics of children in need SFR43/2014 gov.uk](http://Characteristics of children in need SFR43/2014 gov.uk)

- The most common primary cause of CIN status was abuse/neglect (47%) followed by absent parenting (17%) and family dysfunction (15%).
- The proportion of disability of CIN in Hillingdon (7%) was lower than London (11%) and England (13%). 1,200 children have a Special Educational Need (SEN) (2.9% of school population). The most common SEN is speech, language and communication needs.
- Statistics from the end of 2014 for Hillingdon estimate that there were 250 young people aged 16-18 classed as not in education, employment or training (NEET), 2.5% of the population of that age. This compares with 3.5% of the 16-18 population in London and 4.7% of the 16-18 population in England. Residents from a white British group are over-represented within NEET figures.
- The largest numbers of the NEET cohort live in Botwell, Townfield, Uxbridge South, Yiewsley, South Ruislip, Charville and Yeading.
- There are 2,500 carers aged less than 25 years in Hillingdon; the majority of adults being cared-for by a young person have a mental health issue.

### Health Outcomes

- The proportion of low birthweight babies in Hillingdon (6.9%) is similar to the England average. Low birthweight babies are more prevalent in the wards of Botwell, Pinkwell and Townfield.
- Smoking in pregnancy is lower in Hillingdon (8%) than in England.
- In Hillingdon 60% of mothers are still breastfeeding at 6-8 weeks which is higher than England.
- Immunization rates for children aged 0-5 years are similar to the England rates.

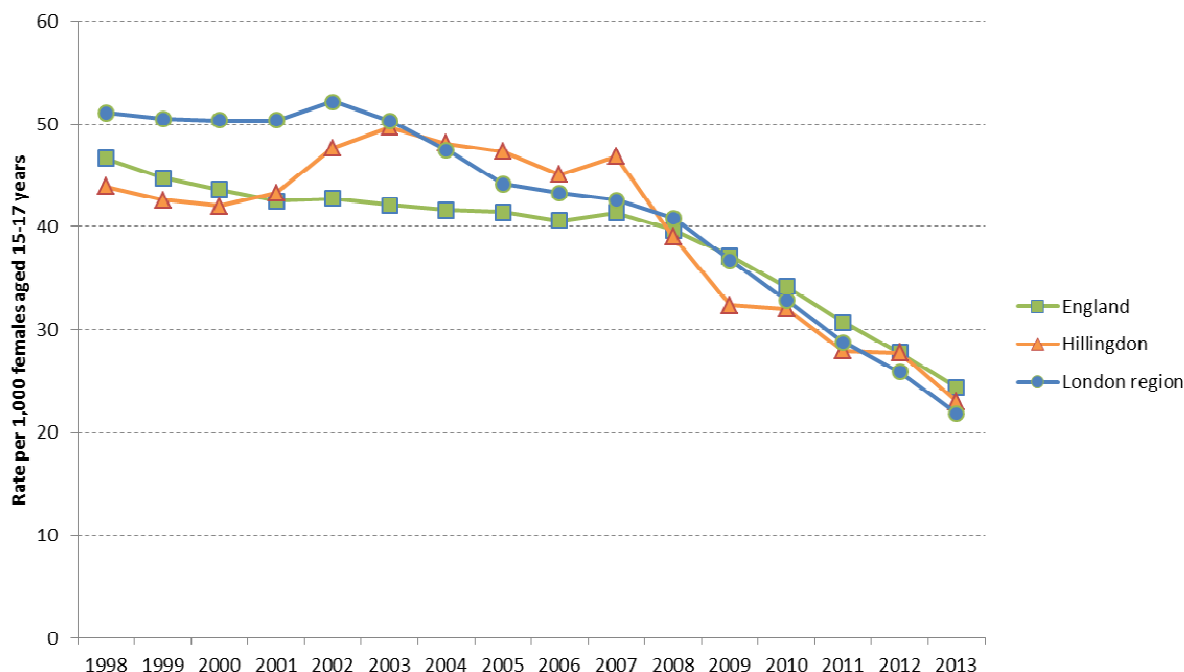
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Children, Young People and Learning Policy Overview Committee – 7 October 2015

PART 1 – MEMBERS, PUBLIC AND PRESS

- The stillbirth rate and infant mortality rates are lower in Hillingdon than London or England.
- Healthy habits start in childhood:
  - Oral health as measured by decayed, missing and filled teeth is not as good for children living in Hillingdon as the national average.
  - 21% of 4-5 year olds and 34% of 10-11 year olds in Hillingdon are overweight or obese.
  - Hospital admissions for conditions causally related to alcohol for young people is higher in Hillingdon than London
- Positive chlamydia tests in those residents aged 15-24 is low in Hillingdon.
- The highest number of A&E attendances across Hillingdon are in the younger age categories. A&E attendances in 0-4 year olds were 22% lower in 2013/14 than 2012/13 because of the opening of the Urgent Care Centre. 16% of 0-4 year olds attending A&E have nothing abnormal detected
- Graph 4 below shows the trend in teenage pregnancy rates since 1998 (the baseline year for the Teenage Pregnancy Strategy). There has been a decline since 2007 which has been even more marked in Hillingdon than in the country as a whole. The rate in Hillingdon in 2013 was below the national rate, 23 per 1000 15-17 year olds, and slightly higher than but not significantly different from the average rate for London.

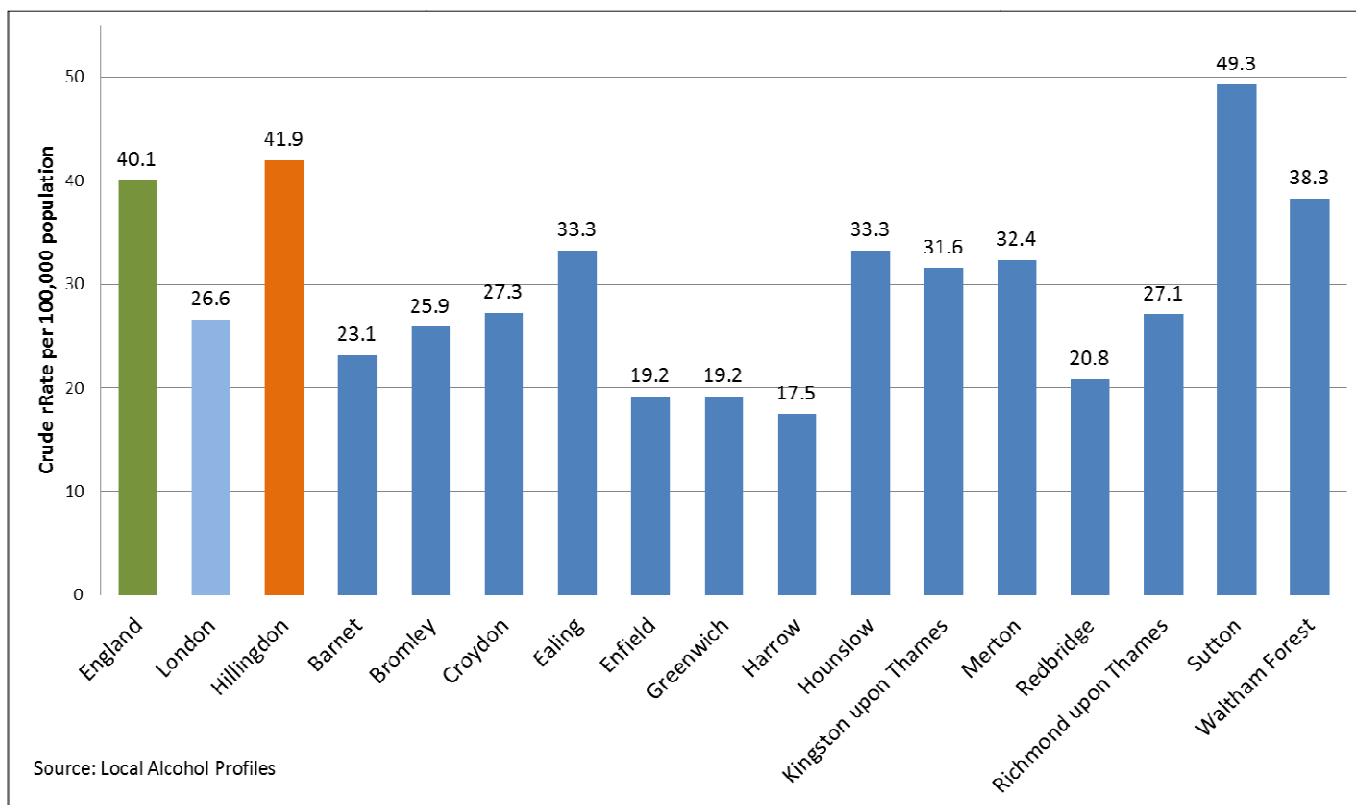
Graph 4 - Trend in under 18 conceptions, Hillingdon, London and England, 1998-2013



- The rate of hospital admissions of young people aged under 18 for alcohol specific conditions is higher in Hillingdon than the rest of London and England, and the

trend has fallen only slightly in Hillingdon in the last few years compared with a steeper decline nationally.

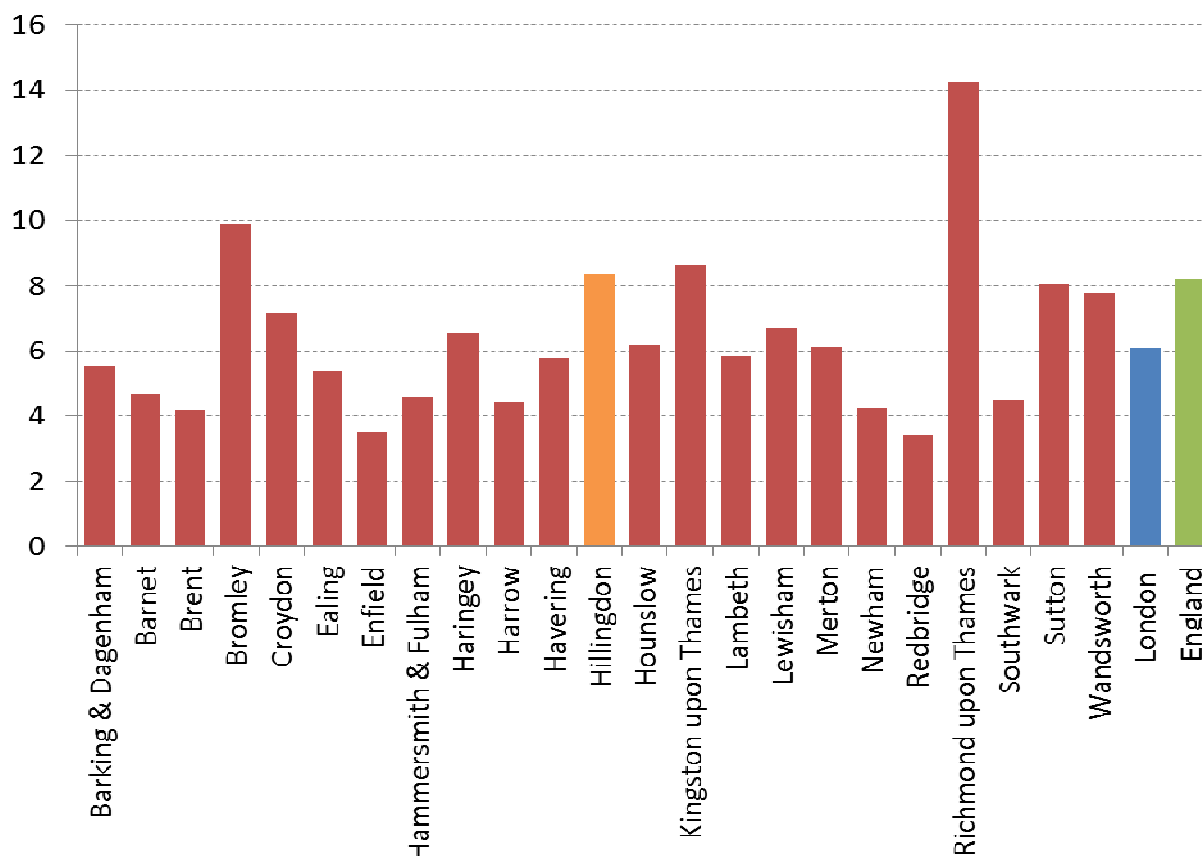
**Graph 5 - Hospital admissions for alcohol specific conditions, under 18s, Hillingdon and Outer London boroughs**



Source: [http://www.lape.org.uk/downloads/Lape\\_guidance\\_and\\_methods.pdf](http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf)

Graph 6 below shows the percentage of current smokers at age 15 years in Hillingdon is similar to those nationally but above the London average. There has been a continuing decline in any reported substance misuse.

**Graph 6** - Percentage of current smokers at age 15 years in Hillingdon compared with London and England.



Source: Public Health England, 2014

**COMMENTS ON PROVISION OF SERVICES E.G ANYTHING THAT YOU THINK COULD BE IMPROVED OR DONE DIFFERENTLY ETC.**

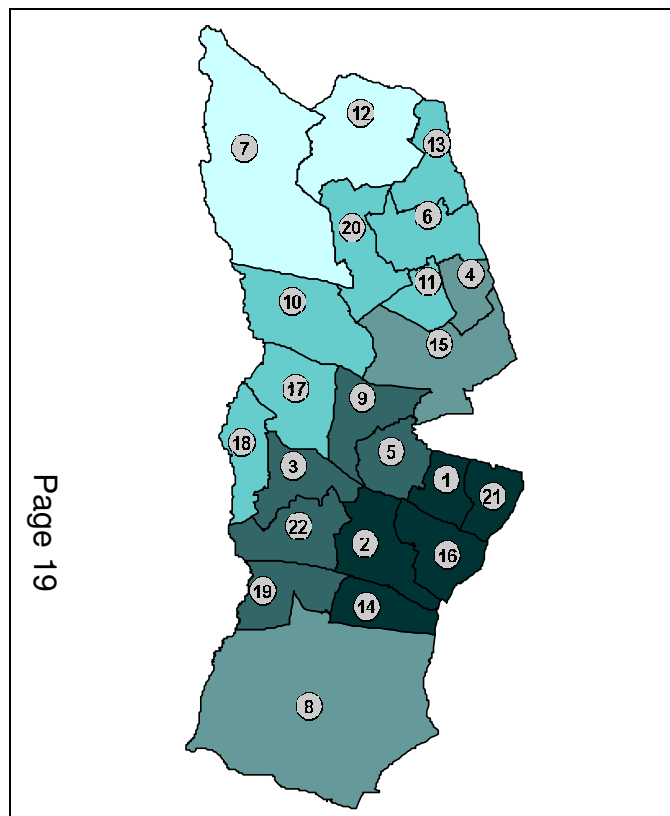
The Committee are asked to give consideration to the range of needs presenting in this report, in particular how these needs vary across the Borough and over time. Consideration should also be given to early action which has a higher likelihood of tackling issues and promoting effective family functioning for young people to raise aspirations, achievement and keep young people healthy and safe into adulthood.

**OTHER COMMENTS**

The information presented in this report is not intended to be exhaustive. The Committee may wish to give consideration to requesting further information to assist with the review.

# Appendix 1

**Figure 1: number of 0-19 year olds in each ward**



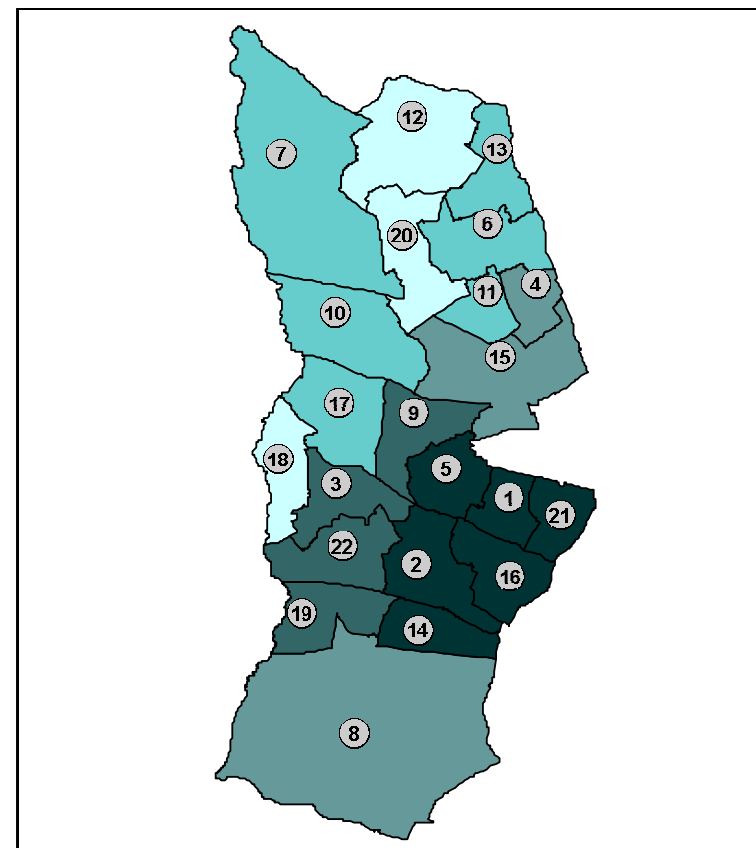
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Quintiles	Low (>=)	(<) High	Occurrences
1	1,746	2,300	(2)
2	2,300	2,900	(7)
3	2,900	3,500	(3)
4	3,500	4,100	(5)
5	4,100	4,732	(5)

		Total 0-19s	% of ward aged 0-19
1	Barnhill	4156	30.9
2	Botwell	4732	31.5
3	Brunel	3980	28.8
4	Cavendish	2982	25.6
5	Charville	3765	29.8
6	Eastcote & ER	2765	22.8
7	Harefield	1746	23.6
8	Heathrow Villages	2995	24.6
9	Hillingdon East	3698	28.7
10	Ickenham	2462	23.7
11	Manor	2773	24.2
12	Northwood	2035	19.4
13	Northwood Hills	2703	23.3
14	Pinkwell	4701	31.8
15	South Ruislip	3076	24.9
16	Townfield	4202	29.8
17	Uxbridge North	2710	22.5
18	Uxbridge South	2893	20.7
19	West Drayton	4011	27.9
20	West Ruislip	2314	21.8
21	Yeading	4230	31.1
22	Yiewsley	3600	27.7
	<b>Total</b>	<b>72529</b>	<b>26.5</b>

Source: 2011 Census

**Figure 2: Proportion of population of each ward aged 0-19**



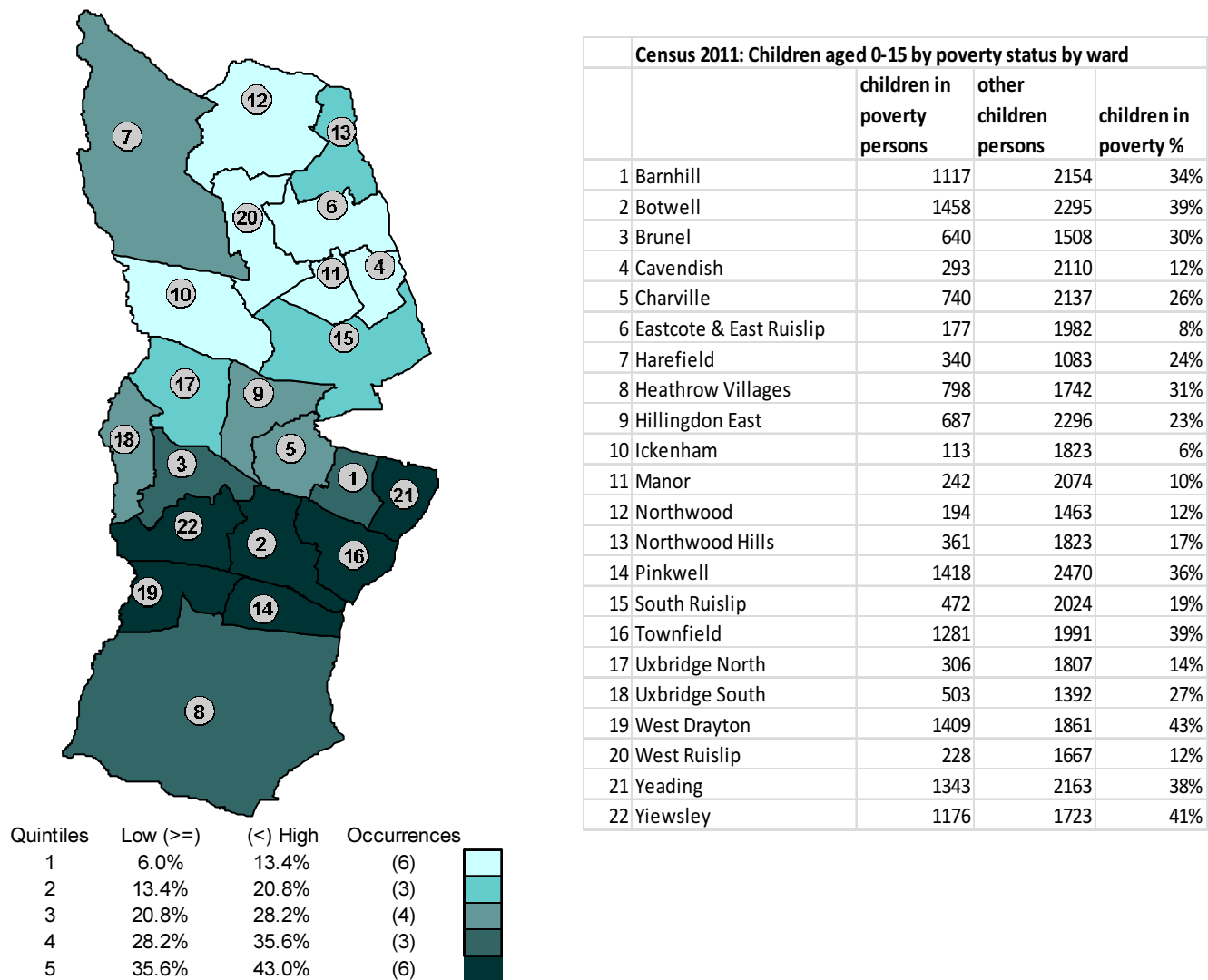
Quintiles	Low (>=)	(<) High	Occurrences
1	19.4%	21.9%	(3)
2	21.9%	24.4%	(6)
3	24.4%	26.9%	(3)
4	26.9%	29.4%	(4)
5	29.4%	31.8%	(6)

## Appendix 2

### Deprivation and child poverty

Figure 3 shows the proportion of children aged 0-15 in each ward living in income deprived households, according to the Income Deprivation Affecting Children Index (IDACI).

**Figure 3: Income Deprivation Affecting Children Index by ward**



### Source: 2011 Census

In this indicator, income deprivation is based on a summation of the following five indicators:

- Adults and children in Income Support families
- Adults and children in Income-Based Jobseeker's Allowance families
- Adults and children in Pension Credit (Guarantee) families
- Adults and children in Child Tax Credit families (who are not in receipt of Income Support, Income-Based Jobseeker's Allowance or Pension Credit) whose equivalised income (excluding housing benefits) is below 60% of the median before housing costs
- Asylum seekers in England in receipt of subsistence support, accommodation support, or both.



# THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

## WITNESS SUBMISSION

**Name:** Belinda Hearn

**Role:** Early Intervention Officer

**Organisation:** LBH

### SUMMARY OF EARLY PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

I work in the Early Help Co-ordination team which is within the Key Working Service, and part of the council's Early Intervention Service. The team's role is to act as a 'front door' to the key working service and be the link between children's social care and Early Intervention and Prevention Services. My team is responsible for the Early Help Assessment (EHA), Team Around the Family (TAF) and ensuring that the Lead Professional role is embedded across partner agencies throughout Hillingdon.

Access to the Key Working Service for partner agencies is via the Early Help Assessment (EHA). The Assessment tool was designed with partner agencies from Hillingdon's Local Safeguarding Children Board (LSCB) to ensure that the process was inclusive of all agencies from the onset, following guidelines suggested in Working Together 2015. The EHA and TAF processes are overseen by the LSCB.

My team ensures that all agencies working with families with children aged 0-18 are aware of Hillingdon's Early Intervention and Prevention Services and the offer of a range of services that are on offer from Children's Centres, Youth Programmes and the Key Working Service. We do this by attending service area team meetings, training events and offer 1:1 bespoke training for all agencies.

All partner agencies can access an e-learning programme and there is detailed guidance for practitioners and a leaflet for parent/carers, please see Appendices 1 and 2. There is a website which provides information for practitioners and residents. My team also offer practitioners advice on the EHA process when required.

#### **Early Help principles:**

##### **Assessing Need**

- The Early Help Assessment (EHA) will be the tool used to help families and professionals identify needs and how these may be met.
- All family members will be supported to contribute to the EHA.
- The EHA will be most effective when undertaken with the professional who knows the family best.
- The EHA will be considered a 'live document', shared and updated as circumstances change with the aspiration of achieving a 'tell us once' approach.

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Children, Young People and Learning Policy Overview Committee – 7 October 2015

- The family's wishes with respect to the sharing and storage of EHAs will be paramount.

### **Intervention Planning**

- The child/family is maintained in the universal context wherever possible.
- Professionals will have good local knowledge of and be able to access the local services that can support children and families.
- When additional needs are identified, the targeted service is brought into the universal provision to add to the support being provided in the universal context.
- Where the family may need to access a number of targeted services the Team Around the Family (TAF) approach will be used to manage the process and ensure activity is integrated and seamless.
- The lead professional role is central to the successful delivery of co-ordinated services.
- All professionals within the children's work force will understand and undertake the lead professional role where appropriate.
- Intervention plans will build on the existing strengths of the family.
- All family members will be supported to develop the intervention plan and review its effectiveness.
- Where at all possible there is one integrated intervention plan agreed by all relevant parties. However, it is recognised that some services are legally required to have their own plan, but all plans will correlate and support each other.
- Targeted services are withdrawn when the need has been met.

We have also recently recruited EHA Champions. EHA champions are identified from service areas outside of the local authority to give their colleagues advice on the EHA and TAF processes. I meet with the EHA champions every quarter in person and communicate any updates via email. The EHA champions give the champions the opportunity to discuss any barriers they may be facing with the EHA tool and accessing Early Intervention.

To ensure the smooth running of processes between social care and early intervention and prevention services I work closely with social care, and I am the named link person for early intervention. I attend social care team meetings on a bi-monthly basis, I am available for discussion by phone or email and I make sure I speak with social worker managers at least once per week in person and ask them if they have any cases or queries they wish to discuss.

The TAF is a multi-agency meeting with the relevant practitioners and the family present. My team will support practitioners with arranging the first TAF meeting and assist with the formulation of any outcome based TAF plan and identify the relevant lead professional. Once a lead professional is appointed my team will no longer attend meetings but the Lead Professional keeps the team informed of the review TAF meetings and can contact the team for further advice and support when needed.

## **OUTCOMES ACHIEVED**

The number of Early Help Assessments (EHA) from January 2015-August 2015 is currently 92 which is the same figure for the same period in 2014 which demonstrates the tool is being used consistently.

The aim of my team is to increase the number of EHA's completed across partner agencies, particularly schools

The number of Team Around the Family (TAF) meetings held for the period January 2015-August 2015 were 68 which is slightly lower when compared to the same time period in 2014; this is likely to be due to recent changes within service processes.

With recently increased capacity in the team it is envisaged that the number of EHAs and TAF meetings will increase in line with increased communications, training and awareness.

The number of 'step down' TAF meetings from social care has increased in 2015 and this trend is likely to continue with the new link between the two teams.

The EHA and TAF process provides positive outcomes for families which is demonstrated in the case study in Appendix 4. The family in this particular instance felt they were "stuck" and after successful intervention said that the TAF was a "wonderful process" and that things would not have changed for the family without the TAF meeting.

## **COMMENTS ON PROVISION OF SERVICES E.G ANYTHING THAT YOU THINK COULD BE IMPROVED OR DONE DIFFERENTLY ETC.**

- Consistently ensuring all relevant colleagues are aware of and using the EHA process and tools. This is a challenge as our ambition is to enable and ensure usage across all internal and external partner services. We aim to continually increase and improve application with ongoing communication with partner agencies, and attendance at service area meetings, and continued review.
- The development of a service specific area to support families who are struggling with children's behaviour due to ASD/ADHD is an area requiring focused attention.
- Meeting the needs of children with emotional well-being issues is also a key issue. The development and implementation of the CAMHS Strategy is an important development in response to these needs.
- A single database to facilitate information sharing across agencies would help improve service provision to families and identify those of need of early help at an earlier stage.

- Some agencies are reluctant to take on the Lead Professional role as they feel they are being given extra responsibilities. Through training, information and support it is hoped that this view will change in time.

# THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

## WITNESS SUBMISSION

**Name:** Deborah Bell

**Role:** Service Manager

**Organisation:** Key Working Service

### SUMMARY OF EARLY PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

The Key Working Service is designed to work in support of families to resolve problems, that without key-work intervention would escalate, become more entrenched and difficult to resolve.

This is achieved by delivery and coordinated personalised, evidence based early and preventative interventions for children, young people and their families with the aim of de-escalating issues of concern, achieving sustainable change, promoting capability and capacity within families to problem solve difficulties they are or may experience in the future and preventing the need for statutory intervention services. These concerns relate to a variety of challenges a family might face alongside those of a more specific nature such as children's participation in education, employment and training, low family income as a consequence of unemployment and involvement in criminal activity and anti-social behaviour.

The service also working in collaboration with social work teams in support of higher need families (Level 3) with complex and multiple difficulties which may include low income as a consequence of worklessness, involvement in or at risk of being involved in crime, alcohol or substance misuse, antisocial behaviour, disengagement with education and risk of homelessness or children on the edge of care.

Lower need families (Level 2) experiencing difficulties that are likely to become more complex and entrenched without a brief solution focused intervention.

In addition to these key-working functions, the service includes support and promotion principles and processes designed to enable the identification of the need for early support and to facilitate appropriate and swift responses for residents. These processes include the application of the Early Help Assessment and Team Around the Family (TAF) methodology. This service is informed by the fact that families often experienced multiple and sometimes common issues that were not always responded to in a unified manner. This could lead to families experiencing numerous interventions that had not been collectively conceived based on a common understanding of what the problems were and how they may best be resolved.

The new Key Working Service operates so that these needs are best served by a service delivery model that adopts a collaborative approach to resolving presenting issues as opposed to a 'team for an issue' arrangement. Integrated key-worker teams with the capacity and expertise to attend to a range of presenting issues have consequently been established from 1<sup>st</sup> April 2015. The teams comprise key-work practitioners with core as well as more specialist skills, knowledge and expertise relevant to the accountabilities of the role and the needs of the families it serves. Practitioner and team knowledge and expertise is applied and shared across the service in response to family need. Knowledge and expertise is being developed through the continuous professional development of team members and a core workforce development programme. Partnership work with Social care colleagues, Police, Schools, Children's Centres, Targeted Programmes and Health professionals is key to success.

- The Key-working Service is developing, implementing and reviewing evidence based and time-bound intervention plans, based on assessed needs, which address areas of concern whilst promoting problems solving skills/strategies within the family. Plans can be for the family as a whole or specific to individual members.
- It works intensively with family members in their own homes and community settings. Key-workers apply modelling and coaching techniques to promote the development of practical skills, such as budgeting and domestic management, and social skills. They also provide guidance, advice and training to parents on child care and parenting skills at different stages of child development and support family members in managing difficult and challenging behaviour.
- The key-working function combines case-work and client tracking as part of the process of monitoring the impact of interventions made. The tracking process is being developed and supported by the Performance and Intelligence Team.
- Statutory duties in relation to the provision of education welfare services and support, information, advice and guidance are located and discharged within the Key-working Service. This includes the need to fulfil the duty to prosecute, where necessary and appropriate, parents who do not ensure their children attend school as required or ensure their children receive full time and appropriate education.

## OUTCOMES ACHIEVED SINCE 1<sup>ST</sup> APRIL 2015:-

### DEMAND FOR SERVICE:

Requests for Early intervention and Prevention Services direct intervention: 227

Demand allocation (\*Cases in addition to schools specific case-work)

Preventative team 1	Preventative team 2	Intensive team	Early help co-ordination Team	Participation team*	Targeted youth services	Intensive team and participation team	Services outside EI	Total
56	56	39	14	11	4	1	46	227

## **OUTCOMES:**

Families 'stepped down' to universal context: 37

Cases escalated to children's social care: 7

## **COMMENTS ON PROVISION OF SERVICES E.G ANYTHING THAT YOU THINK COULD BE IMPROVED OR DONE DIFFERENTLY ETC.**

1. The role of the intensive key working team leader is being reviewed to strengthen and sustain the interface with children's social care.
2. The use of data is being developed. 'Clearcore', data matching software, has provided an opportunity to identify families who are experiencing multiple challenges but may only be known by individual agencies.
3. Co-location of key working services is a current project to enhance soft data exchange and improve consistent practitioner standards.
4. Links with children's centres are improving through the appointment of a service manager responsible for this element of Hillingdon's early intervention and prevention offer.
5. All academies have commissioned the participation team for early intervention and prevention input prior to statutory intervention. The one exception to this is Stockley academy. Operational relations with this school are sound and effective. Improvements in strategic links are sought on an ongoing basis.
6. Residents will benefit from the newly configured key working service receiving a comprehensive continuous professional development package currently being designed.

## **OTHER COMMENTS**

Data sharing arrangements with partners can be challenging when identifying and supporting vulnerable families, particularly with Health. Working is being progressed via the early intervention and prevention strategy group to strengthen arrangements.

The Key Working Service is contributing to the development of a revised CAMHS Strategy and is also working with associated services and partners in response to the needs of young people on the autistic spectrum. .

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# A practitioners guide to the **Early Help Assessment** and **Team Around the Family**



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## Introduction to Early Help Assessment (EHA)

The EHA is an early intervention assessment tool designed to assist practitioners to identify the needs of all children and young people within a household, ranging from unborn children to 18 years, analyse the information and plan what to do next. The EHA can be completed by any professional working with a family, including the private and voluntary sector.

The EHA was launched in Hillingdon in June 2013. This guidance has been prepared on behalf of the Local Safeguarding Children Board (LSCB) and the Hillingdon Children and Families Trust Board (CFTB), by a multi agency group of practitioners using jointly developed early help principles.

### **Families who live outside Hillingdon**

This process is only applicable to families that live in the borough of Hillingdon, even if a child attends a school/college/group in Hillingdon.

If you have contact with and have concerns for a family who live outside Hillingdon contact the TAF Co-ordinator for advice.

### **Child Protection Concern**

**If you have a child protection concern, or are unsure whether a family should be referred to social services, speak to the safeguarding officer in your organisation or contact social services for further advice.**

## Early Help Principles

### Assessing Need

- The Early Help Assessment (EHA) will be the tool used to help families and professionals identify needs and how these may be met.
- All family members will be supported to contribute to the EHA.
- The EHA will be most effective when undertaken with the professional who knows the family best.
- The EHA will be considered a 'live document', shared and updated as circumstances change with the aspiration of achieving a 'tell us once' approach.
- The family's wishes with respect to the sharing and storage of EHAs will be paramount.
- Electronic means of completing and storing EHAs are the most efficient and will be explored.

### Intervention Planning

- The child/family is maintained in the universal context wherever possible.
- Professionals will have good local knowledge of and be able to access the local services that can support children and families.
- When additional needs are identified, the targeted service is brought into the universal provision to add to the support being provided in the universal context.
- Where the family may need to access a number of targeted services the Team Around the Family (TAF) approach will be used to manage the process and ensure activity is integrated and seamless.
- The lead professional role is central to the successful delivery of co-ordinated services.
- All professionals within the children's work force will understand and undertake the lead professional role where appropriate.
- Intervention plans will build on the existing strengths of the family.
- All family members will be supported to develop the intervention plan and review its effectiveness.
- Where at all possible there is one integrated intervention plan agreed by all relevant parties. However, it is recognised that some services are legally required to have their own plan, but all plans will correlate and support each other.
- Targeted services are withdrawn when the need has been met.




## Role of the Team Around the Family (TAF) Co-ordinator

The primary role of the TAF co-ordinator is to work alongside agencies to embed the EHA and TAF process.

The TAF Co-ordinator can assist practitioners by providing:

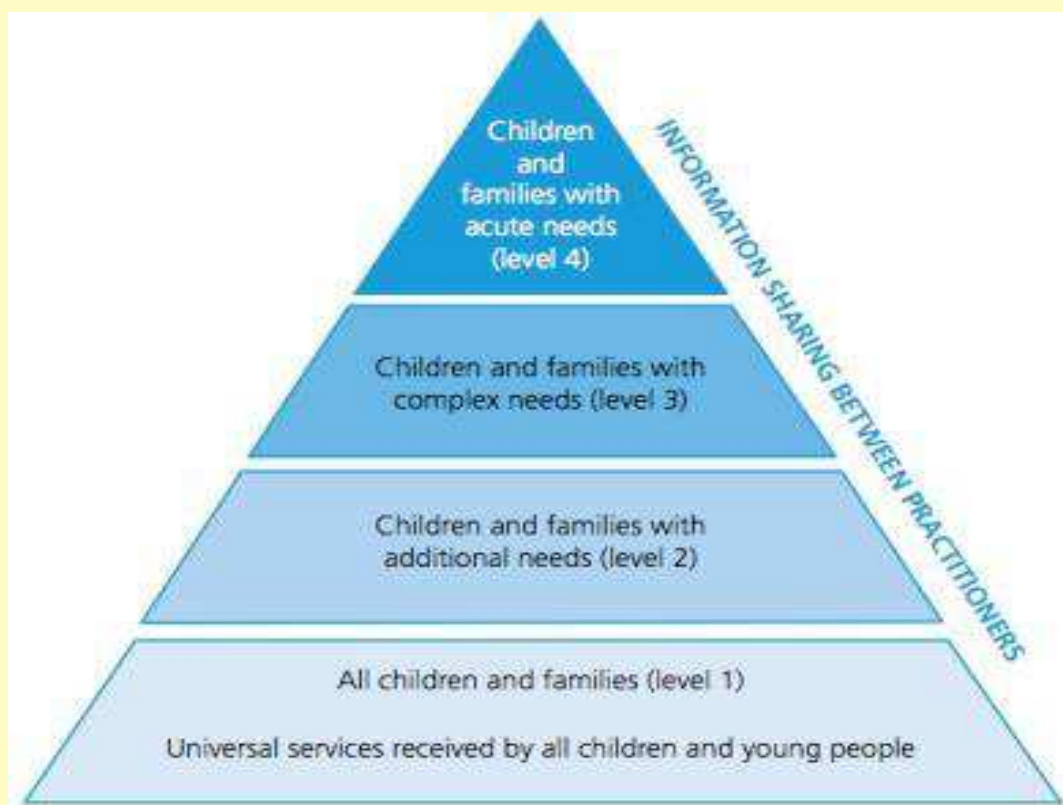
- Advice on whether an EHA would be appropriate.
- Updates and checks of the EHA register.
- Advice on agencies that could work with the family or attend TAF meetings.
- Help to agencies with arranging their first TAF meeting, including advising and contacting agencies to attend the TAF meeting.
- Attendance at the first TAF meeting to provide support to practitioners who are not familiar with the TAF process.
- Advice on complex TAF meetings.
- Auditing of completed EHA and TAF action plans.
- Bespoke training sessions for agencies regarding EHA and TAF.
- Data for senior management teams for EHA and TAFs.
- Information on existing TAF meetings and Lead Professionals and maintaining these records.

### Contact details for TAF co-ordinator

	Non-secure email (ensure the document is password protected)	<a href="mailto:taf@hillington.gov.uk">taf@hillington.gov.uk</a>
	Secure email	<a href="mailto:Belinda.Hearn@hillington.gcsx.gov.uk">Belinda.Hearn@hillington.gcsx.gov.uk</a>
	Postal address	London Borough of Hillingdon Link 1A, Civic Centre, Uxbridge, UB8 1UW

## Thresholds

Hillingdon has adopted the London continuum of need which is shown below. The continuum of need provides a model to help professionals identify and assess the most appropriate threshold of intervention and support for a particular child. It is intended to be used as guidance, not a prescriptive procedure, to support practitioners and managers to exercise sound professional judgement.



### Level 1: Universal services

At level 1, children with no identified additional needs will have their developmental needs met by universal services. Examples of universal services include schools, health visitors and children's centres.

### Level 2: Additional needs

Children at level 2 will have additional needs that are not clear, not known or not being met. This is when the Early Help Assessment should be completed to identify the family's needs and which service(s) could work with the family. Agencies working with families could include universal services and /or targeted services. These services are typically early intervention and preventative services.

### Level 3: Complex needs

Children at level 3 have complex needs that are likely to require longer term intervention from statutory and/or specialist services. This is also the threshold for a child in need, which will require children's social care intervention.

### Level 4: Acute needs

Children at level 4 have acute needs requiring statutory intensive support. This includes the threshold for child protection, which will require children's social care intervention.



## Referrals to social services

When considering making a referral to social services you should refer to the Hillingdon Threshold document [www.hillingdon.gov.uk/article/15540/Key-documents](http://www.hillingdon.gov.uk/article/15540/Key-documents) and the Working Together 2015 guidelines: <https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions>

If you are still unsure whether a family meet the threshold for children's social care, before conducting an EHA or making a referral call children's social services and ask to speak to a social worker for advice on 01895 556644. The team are available Monday-Friday 9.00am-5.00pm.

They will be able to guide you as to whether your concerns meet the social services threshold, and if not which action to take next. If you are advised to make a referral to social services then use the Inter-Agency referral form and seek the family's consent as advised by the social worker. The Inter-Agency referral form has its own guidance and is available to download at the website: [www.hillingdon.gov.uk/article/15540/Key-documents](http://www.hillingdon.gov.uk/article/15540/Key-documents)

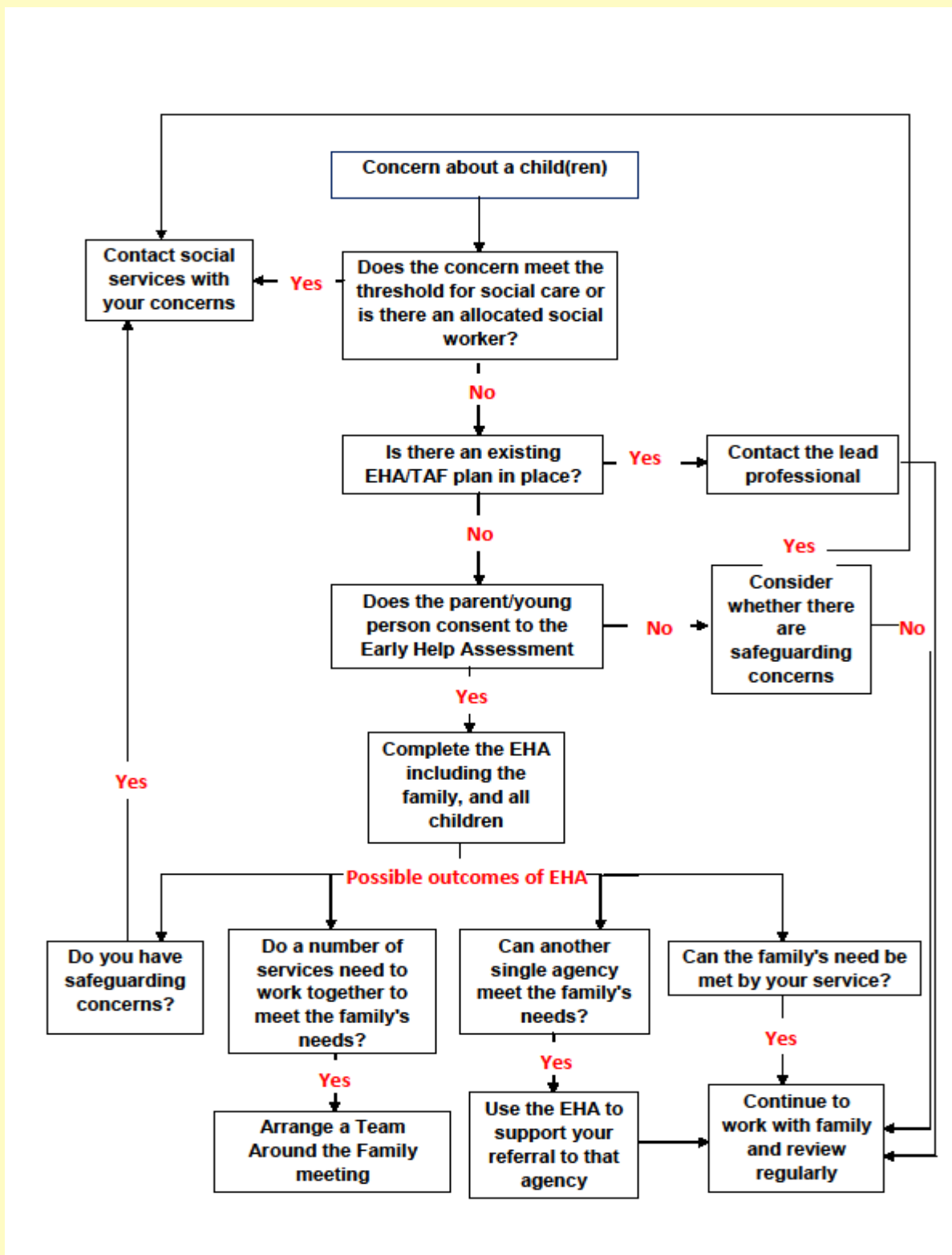
### "In need" referral criteria

The decision about whether a child is eligible for an assessment or on-going service from children's social care rests with the social care managers. The assessment of whether a child's needs fall within the "in need" eligibility criteria takes into account and is informed by the:

- age of the child
- level of the child's need and the impact of the concern on the child's welfare and development
- level of risk facing the child, currently and in the future, and any risk that they may pose to others
- child and family's wider circumstances
- level of support that is being provided, or may be provided, by other agencies and professionals
- risk of deterioration if services are not provided
- local authority's statutory responsibilities



## The Early Help Assessment process



When you complete an EHA send a copy to the TAF Co-ordinator so the EHA register can be kept up to date

## When to complete an Early Help Assessment

If you are working with a family you may notice some changes with the child/children that you are working with, or the parent/carer may approach you with a worry or concern they have. The EHA can be used to clarify your thinking on what the needs of the family are and how they may be met.

### Example situations or observations that may lead to an EHA being completed

- You notice a change in the appearance or behaviour of a child/young person
- Persistent non/late attendance
- Child/young person appears hungry and does not have packed lunch or money to buy food
- You become aware of a significant event, eg pending eviction, divorce, or bereavement
- Concerns about the family's home environment
- Child/young person is making slower progress than expected
- Challenging or aggressive behaviour
- Becoming bullied or being a bully
- Family breakdown
- Acting as carer to sibling or parent
- Mental health or illness with child/young person or within family
- Exposure to substance misuse in family home
- Exposure to domestic violence
- Suffering discrimination
- Becoming homeless
- Becoming a teenage parent
- Frequent non attendance to medical appointments/meetings

If you are unsure whether an EHA should be completed you can contact the TAF Co-ordinator on 01895 556144 who will be able to talk through the process with you.

### REMEMBER

1. The EHA is an early intervention assessment tool and is not for making a referral to social services (to do this you will need to complete an Inter-Agency referral form (see page 8)
2. If you have any doubts about whether to make a referral to social care you should speak to the safeguarding officer in your organisation or contact social services for further advice.
3. If you start an EHA and then identify more worrying concerns you can always stop and make a referral to social care
4. If there is already a social worker allocated to the family you do not need to complete an EHA. You should instead share your concerns directly with the social worker and participate in any planning processes already in place.

## Consent and Information sharing

### Getting consent

Before completing the EHA you need the consent of the parent/carer and in some cases the young person. They will want to understand the purpose of the document and there is a leaflet available to explain the process to the family [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha)

You must ensure that the parent/carer/child or young person giving consent to the EHA fully understands what they are consenting to and the implications of giving or not giving their consent. This conversation is an important part of making sure that you fully understand their needs and agreeing how best to meet those needs, including which other practitioners may be able to work with them.

Young people can give consent to the EHA without their parent/carers consent; however, you should try to encourage the young person giving consent to include their parent/carer in the process.

It is presumed that young people over the age of 16 have sufficient understanding to give consent. This may also be applicable to young people over the age of 12; however, you must use your professional judgement as to whether this is the case. When making this decision you should consider whether the young person has the capacity to understand and make their own decisions to give or refuse consent.

### Information sharing

The last page of the EHA asks the parent/carer/young person to give their consent to the EHA process and also records their consent to sharing of the EHA with other agencies.

The EHA should record which agencies you wish to invite or contact regarding a Team around the Family meeting (TAF) allowing families to give informed consent as to the sharing of the EHA.

The Department for Education has issued guidance regarding information sharing and consent which is available on the website:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

You should explain that you will only share information without their consent in exceptional circumstances, such as when you believe that they or another child or young person may be at risk of significant harm, or an adult may be at risk of serious harm, or to prevent, detect or prosecute a serious crime.

**NB** This guidance around consent is based solely around the EHA and TAF processes. Professionals should consult their own organisational guidance on consent issues in their area of work.

## Completing the Early Help Assessment

If the family consent to completing an EHA, contact the TAF Co-ordinator to check if an EHA or TAF is in place or if the family have an allocated social worker. If an EHA or TAF is already in place you will be given the contact details of the lead professional so you can contact them with your concerns. Similarly, if the family has an allocated social worker you should share your concerns directly with him/her.

If there is no EHA, TAF or allocated social worker, you should then arrange a date with the parent/carer/young person to undertake the EHA. There is a leaflet to explain the process to the family at [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha)

Pages 1-3 of the EHA are for recording the demographic details of the family and the reasons why the EHA is being completed. Remember, the EHA is a family assessment and should include all children aged 0-18, including unborn children. If you are not working with all children you should ask the parent/carer for consent to contact other agencies that are working with the children and ask them to contribute to the EHA.

Page 3 is key in recording other agencies that work with the family and some prompts are given to assist in this. Page 3 also includes the views of the family as to why they think the EHA is being completed and what they hope will be achieved by completing the EHA.

### REMEMBER

#### Families who live outside Hillingdon

This process is only applicable to families who live in the borough of Hillingdon, even if a child attends a school/college/group in Hillingdon.

If you have concerns for a family who live outside Hillingdon, contact the TAF Co-ordinator for advice.

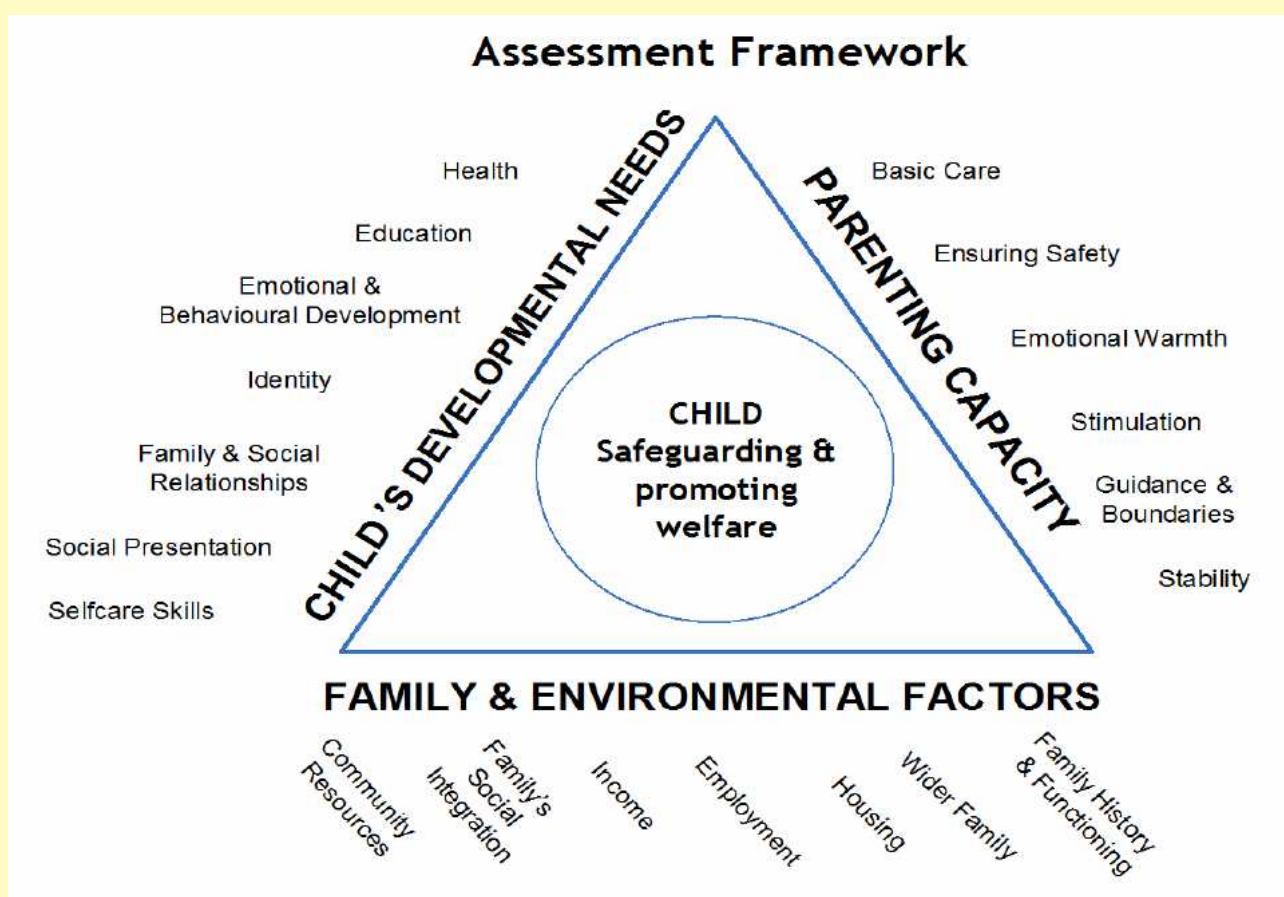
## The Assessment Framework

The assessment section is on pages 4-6 of the EHA document. As the EHA is a family assessment there are boxes for up to 3 children/young people. If there are more than 3 children in the household you can print off pages 4-6 and attach them to the EHA to include all family members.

The EHA is based on the assessment framework which some practitioners may be familiar with.

The framework sets out the key areas of assessment under 3 headings. Although the headings in the EHA are slightly different from those below, they are based on this framework.

Not all areas will be relevant to every assessment; however, each area should be considered to ensure a full assessment of the family's needs.



*This diagram is from the Working Together to Safeguard Children guidance 2013*

## Assessment guidance

On the following pages there are some questions and areas you could consider when completing the EHA. These are examples and will not cover every situation. The assessment should consider the family's strengths and needs and include the views of the family including children and young people, if they are old enough to give their views. If there are differences of opinion these should also be recorded. The assessment should be evidence based, giving examples and evidence for any concerns.

When recording the assessment, do not repeat information or be too concerned if you are putting the information in the "right box". The most important thing is to ensure that the information is recorded in the EHA. In time, completing the assessment will become easier. For a completed example of an EHA see Appendix one.

There are no deadlines or time scales for completing the EHA with the family; however, the response should be timely so that the family's needs neither drift nor escalate.

### Development needs for each child

Look at how the child/young person thrives, and their physical, social and mental development based on your observations and from your knowledge of working with the family

### Physical and mental health

Fine and gross motor skills, nourishment, disability and additional needs, recurring or chronic health problems, physical and mental wellbeing, weight and height

#### Possible questions

- *Do you have any concerns about the children's health?*
- *Have you seen a Doctor about any concerns?*
- *What do the children like to do outside school?*

### Education

School/nursery attendance and punctuality, SEN support, barriers to learning, including access to books and toys, ICT, language, qualifications-both undertaken and achieved, SEN, exclusion history, attainment and peer relationships, EP or EWO involvement

#### Possible questions

- *Is your child attending nursery/playgroup/children's centre?*
- *Do the children have difficulty coming into school as their attendance is X or they have X number of lates?*
- *What books do the children like to read at home?*
- *Do you think your child has any difficulties with school and learning, have you sought any advice?*
- *Does your child like school, what reasons do they have for their answer?*
- *What is their favourite toy(s)?*

### Emotional and behavioural development

Poor self esteem, engaging in risky behaviours including offending behaviour and substance misuse, attachment disorder, violence and aggression towards parent/carers and peers and adults outside the family, coping with stress and feeling isolated, self harm, eating disorders, depression, pregnant or expressing wish to become pregnant

**Possible questions**

- *Have there been any significant events in the family which may be impacting on your children, for example bereavement or separation?*
- *Do the children have difficulty sleeping or eating?*
- *Have they deliberately hurt themselves?*

**Identity development**

Perception of self-image and self esteem, knowledge of personal/family history and sense of belonging, positive sense of individuality eg race, religion, age, gender, sexuality and disability

**Possible questions**

- *Do you think your child has inappropriate self esteem (too high or low)?*
- *Do they see themselves as victims of unfair treatment - eg in home, school or community?*
- *Do they display discriminatory attitudes to others?*

**Family and social relationships**

Able to build stable relationship with family, peers and wider community, helping others, age appropriate friendships

**Possible questions**

- *Who are the main carers?*
- *What names do the children mention as school friends?*
- *Who do the children play with outside of school?*
- *Do the children see siblings/grandparents/aunts/uncles wider family?*
- *What do the children like to do with you at the weekend?*

**Presentation**

Appearance of child/young person, age appropriate dress, cleanliness and personal hygiene

**Possible questions:**

- *Are they polite, sociable, mature?*
- *Do the children take care over their appearance?*

**Self-care skills**

Age appropriate behaviour, independent living skills, decision-making, practical skills of dressing and feeding, opportunities to gain confidence. Give consideration to any additional needs a child/young person may have

**Possible questions**

- *Can the children get themselves dressed in the morning?*
- *Do the children need help with anything?*

**Other points to consider**

- *Is the child a young carer?*
- *Any significant family events including divorce, new baby, bereavement?*

**About the parent(s) capacity in relation to each child**

How is the child/young person when they are at home and in the care of their parents/carers?

**Basic care**

Child care arrangements, supervision of children, parent/carer learning disability, substance misuse, parental non compliance, providing for the child's physical and health needs, provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene,



**Possible questions**

- *What are the children's favourite meals?*
- *Who helps look after the children in the evenings?*
- *Who collects the children from nursery/school?*

**Ensuring safety**

Supervision and parenting of child, ensuring the child is adequately protected from harm or danger both in the home and elsewhere, domestic violence - historic or current

**Possible questions**

- *Have the children witnessed or heard domestic violence?*
- *Are there stair gates in the home?*

**Emotional warmth**

Inconsistent parenting and effect this has on development of child/young person, affection and attachments, ensuring the child's emotional needs are met and giving the child a sense of identity, feeling valued and a positive sense of own racial and cultural identity, appropriate physical contact, domestic violence - current or historic.

**Possible questions**

- *What do you do with the children at the weekend/evenings?*
- *How do you enforce boundaries and rules, eg reward/sticker charts?*

**Stimulation**

Promoting child's learning and intellectual development, encouraging and joining the child's play, ensuring school attendance or equivalent opportunity

**Possible questions**

- *What games do the children like playing?*
- *What toys do the children like to play with?*
- *Do the children like to read/be read to?*

**Guidance and boundaries**

Boundaries set by parent/carer, positive role models set by parent/carer/adults, positive activities

**Possible questions**

- *How do the children respond if you are telling them off?*
- *What happens if you tell the children to return home at a certain time?*



**Stability**

Frequency of house moves and around boroughs, household relationships between family members/parents/carers

**Possible questions**

- *How long have you lived at the current property?*
- *Where did you live previously?*
- *Who else lives in the family home?*

**Environment and family circumstances for each child**

What are the family's current circumstances and what is their ability to manage the current situation? This includes housing, domestic violence, financial situation and wider family support. Please provide as much information as you can or that the family are willing to share.

**Family history and functioning**

Parent/carer unable to manage child's behaviour, relationships between parents - including domestic violence and/or separated parents - which may affect child/young person, composition of household, childhood experiences of parents, nature of family functioning, including sibling relationships and its impact on the child and whether the child is acting as a young carer.

**Possible questions**

- *How do the children get on with their siblings?*
- *Do the children have regular contact with mum/dad (if parents are separated)?*

**Wider family network**

Support from family or non family members, who are considered to be members of the wider family by the child and the parents?

**Possible questions**

- *Which family members/family friends do the children see regularly?*
- *Do you get any help looking after the children in the evenings or at weekends?*

**Housing**

Property size, temporary accommodation, social housing or privately owned, overcrowding, is the housing accessible and suitable to the needs of disabled family members, basic amenities including water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing

**Possible questions**

- *What is the family's housing situation, eg. private or council rental?*
- *How many bedrooms in the house?*
- *Do the children share a bedroom with siblings or parent?*

**Employment**

Are parents/carers working, is this full or part time, permanent, temporary or voluntary work, does a parent do more than one job? Does the parent's work impact on the child?

**Possible questions**

- *Are you working at the moment?*
- *Would you be interested in help looking for work?*
- *Do you need any training so you are available to work? Do you need child care?*

**Income**

Benefits the family receive, income received into family home, risk of homelessness due to rent arrears or debt, is there enough money for utility bills and food?

**Possible questions**

- *What benefits do you receive?*
- *Are you affected by recent benefit changes?*
- *Are you facing eviction?*
- *Do you use the food bank?*

**Social integration**

Parent/carer involved in anti-social or criminal activity, social networks, social exclusion. Are the family suffering from harassment or discrimination?

**Possible questions**

- *Do you get on well with your neighbours?*
- *Do you have friends nearby?*

**Community resources**

Are the family accessing community groups in their area, leisure facilities, shops and access to transport? Accessibility to resources for family, including disabled members

**Possible questions**

- *Do you live close to shops?*
- *Are you or the children a member of any local clubs/groups?*
- *Do you or the children attend a children's centre/young people's centre*
- *What do you like to do if you have any free time?*

**Other points to consider**

- Relationship between family members,
- Adult carers
- Private fostering
- Financial concerns
- Any family members involved in anti social behaviour, or victims of harassment, redundancy
- Domestic violence

## The Outcome Wheel

The outcome wheel is at the end of the EHA and should be used when undertaking the EHA with the family for the first time. This tool can be used to help aid the assessment and gives families the opportunity to have their say on where they feel their needs lie and can also be used with children and young people too.

The wheel is used with families to mark where on the wheel they would place themselves and can be used throughout the EHA to inform your assessment of the family. Not all areas of the wheel will be applicable, so just complete the areas which the family feel they need support with.

The outcome wheel is kept with the EHA and is not added to or changed. There is an opportunity at the end of the process to review this if the family's needs have been met.

## Elements of a good assessment

Family focused	<ul style="list-style-type: none"> <li>• The views of the family, including those of children and young people where they are old enough to give their views, should be included in the assessment.</li> <li>• The family should be kept at the centre of the assessment to ensure their needs are met.</li> <li>• Apart from a pre-natal assessment, it is not possible to complete the Early Help Assessment (EHA) without seeing or involving the child(ren).</li> </ul>
Non discriminatory	<ul style="list-style-type: none"> <li>• The EHA should be based on equality of opportunity and takes into account disability, communication, gender, and sexuality, cultural and racial needs.</li> <li>• Personal information should always be dealt with in a sensitive and non-discriminatory manner.</li> <li>• Take into account whether an interpreter may be required to complete the assessment.</li> </ul>
Current	<ul style="list-style-type: none"> <li>• The assessment should be based on the current concerns of the practitioner and the family, ensuring these are recorded in the EHA.</li> </ul>
Sufficient and formative	<ul style="list-style-type: none"> <li>• The EHA should provide sufficient information so that the needs are clearly identified.</li> <li>• The EHA should take into account strengths as well as needs to help with the decision making process as to the next steps to take.</li> </ul>
Collaborative	<ul style="list-style-type: none"> <li>• The EHA should be completed with the family, including children and young people.</li> <li>• If another agency is working with a child/young person you do not know then, where possible, they should be contacted to contribute to the assessment (eg. Sibling in a different school or attending a children's centre).</li> </ul>
Transparent	<ul style="list-style-type: none"> <li>• Throughout the process, all work with the family should be honest and open.</li> <li>• The purpose should be clear to all.</li> <li>• The family should have access to information held about them.</li> </ul>
Consensual	<ul style="list-style-type: none"> <li>• The informed consent of the child/young person and /or parents/ carers should be obtained.</li> <li>• You cannot undertake an EHA unless the child and/or their parent agree. The EHA is entirely voluntary.</li> </ul>
Evidence based	<ul style="list-style-type: none"> <li>• A good assessment is grounded in evidence based knowledge, current research and an understanding of human growth and development.</li> </ul>
Language	<ul style="list-style-type: none"> <li>• The language used should be non-judgmental in the discussion and in the EHA.</li> </ul>

## Analysis and next steps

The EHA should have helped you to identify the family's needs. It should be shared with the family to see if they recognise the difficulties identified, and then to explore what they would like to happen next and what they would like to achieve. Discuss your goals and aims too and agree a plan. The goals and plan are recorded on page 7 of the EHA.

- **Your own service can meet the family's needs**

If your own agency has resources it can use to meet the family's needs, continue to work with them as before. Use the EHA to record your plan and continue to meet with the family and review the plan regularly. If other services need to be involved in the future, the EHA and updated plans and reviews can be used to access other services.

- **A referral to one single agency**

If you identify that another single agency for example a children's centre, young people's centre, educational psychologist, could meet the family needs you can use the EHA to support your referral to that agency. In some cases the agency may still require you to complete their own referral form. You would need to discuss this referral with the family.

- **A number of agencies are identified as being required to meet the family's needs**

Arrange a Team Around the Family (TAF) meeting. Further information about the TAF process is on pages 22-30. A TAF meeting will bring agencies together to identify how they can meet the needs of the family. The TAF co-ordinator can be contacted for help with arranging the first TAF meeting or suggesting agencies that could be part of the TAF meeting.

- **You have safeguarding concerns**

If, based on the additional information you have gathered during the assessment process, you have safeguarding concerns or are not sure whether the family should be referred to social services, contact social services for further advice. If a formal referral is the outcome of those discussions, the EHA can be used to support the referral.

If you are not sure you can contact the TAF Co-ordinator for advice on the next steps.

**Once you have completed an EHA send a copy to the TAF co-ordinator so the EHA register can be kept up to date. See contact details on page 36**

***NB: The family are always given a copy of the EHA.***

## Team Around the Family

A Team Around the Family (TAF) is one of the possible outcomes from the EHA. As with the EHA, the family have to consent to the TAF meeting, including who is invited to the meeting.

The TAF is made up of the different agencies that are already working with the family or could work with the family in the future, based on the needs identified in the EHA. The family, including the children where they are old enough, should attend the meeting. In most circumstances a child would only attend part of the meeting. It may not be appropriate for a child/young person to attend the meeting if they have special needs which mean they would find it difficult to express their views in a meeting environment, for example some types of learning disability. In these situations the parent/carer or another person working with the child should ascertain their views prior to the TAF meeting.

### Examples of when a TAF meeting may be held

Below are some situations where a TAF meeting may be necessary, with examples of agencies you could invite.

These are just examples, and not all situations are explored. Each family will be different and so agencies and suggested actions may differ

Situation	Agencies that could attend TAF meeting
Family facing eviction	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Nursery/school/college</li> <li>• Children's centre</li> <li>• Health visitor/school nurse</li> </ul>
Child who is a young carer	<ul style="list-style-type: none"> <li>• Young Carers</li> <li>• Nursery/school/college</li> <li>• Children's centre/young people's centre</li> <li>• Health visitor/school nurse</li> </ul>
Teenage mother struggling to cope	<ul style="list-style-type: none"> <li>• Children's centre</li> <li>• Health visitor/midwife</li> <li>• Home-start</li> <li>• School/college</li> <li>• School nurse</li> <li>• Young people's centre</li> </ul>
Parent/carer has mental health issues	<ul style="list-style-type: none"> <li>• Young Carers</li> <li>• Adult mental health services</li> <li>• Nursery/school/college</li> <li>• Children's centre/young people's centre</li> <li>• Health visitor/school nurse</li> </ul>

## Arranging the TAF meeting

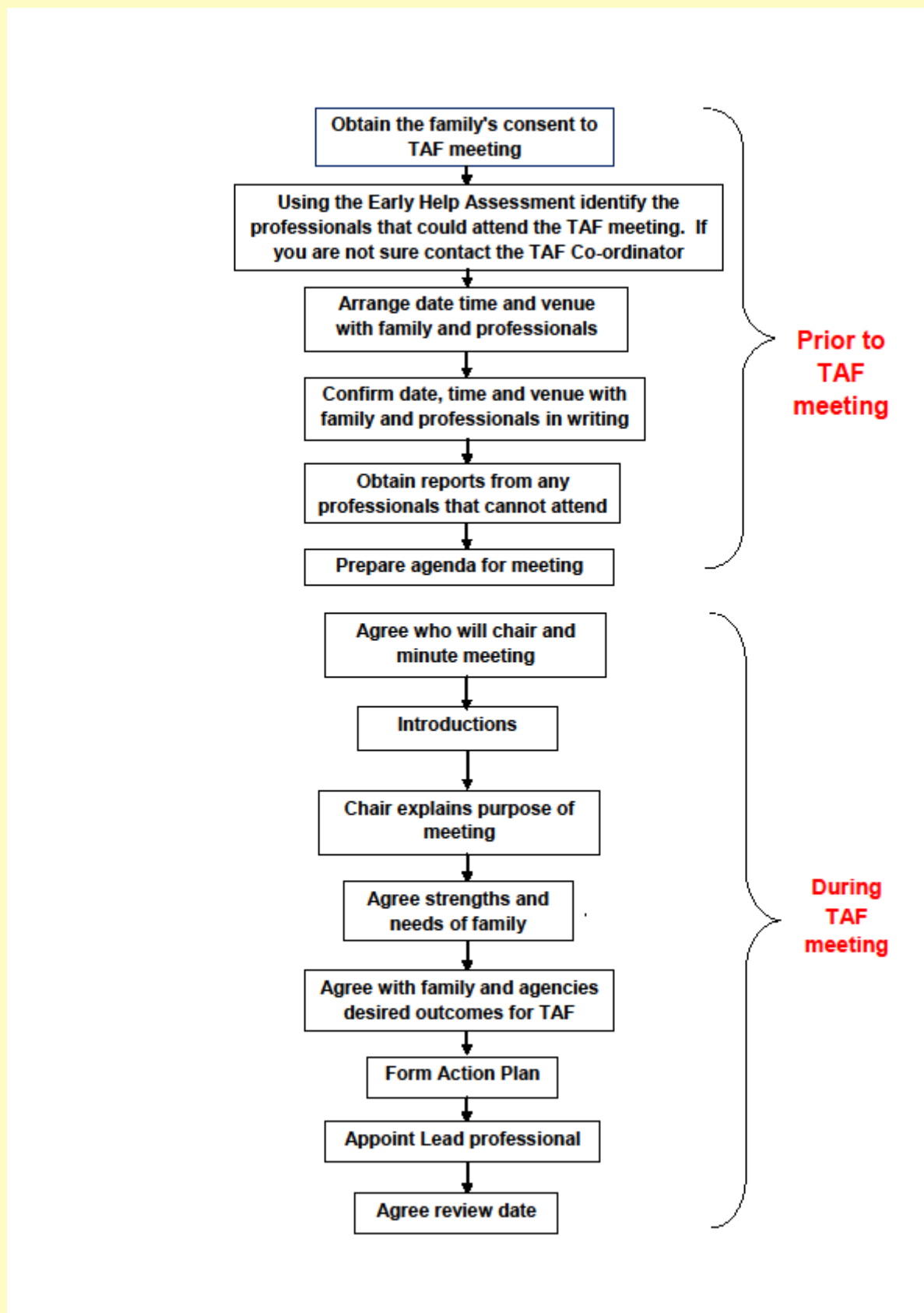
Usually the person who completed the EHA will arrange the first TAF meeting. The TAF Co-ordinator can give advice as to who could attend the meeting. The family information directory may also help to identify agencies that could attend the TAF meeting [www.hillingdon.gov.uk/families](http://www.hillingdon.gov.uk/families)

When you are arranging a TAF meeting, check the family's availability first. Agree venue, dates and times when the family can attend the meeting and who you can invite to the meeting. When discussing a venue bear in mind any accessibility needs for the family, how easy it is for the family to get to the venue and whether they will feel comfortable in the venue.

When contacting agencies to attend the TAF meeting it will not always be possible for everyone to attend. Prioritise agencies that are a *must* to attend the meeting. If an agency that is already working with the family cannot attend then ask them for a report/update prior to the meeting. Other agencies can be asked in advance what services they may be able to provide and this can be shared at the meeting.

You may find it helpful to prepare an agenda prior to the TAF meeting to ensure that all areas are discussed.

## The Team Around the Family Process



**Send copy of TAF action plan to the TAF Co-ordinator**

## The First TAF meeting

This is usually chaired by the EHA author, or the person who arranged the TAF meeting, but could be any professional working with the family. If the TAF Co-ordinator is attending the first TAF meeting, they could be asked to chair the first meeting.

### Guide to Chairing a TAF Meeting

All attendees should always avoid professional jargon. Practitioners should not share information or concerns without the family being present.

1. Welcome all attendees to the meeting.
2. Explain the purpose of the meeting and confirm who the meeting is about.
3. Explain the confidentiality status of the meeting - for example, explain what information will be recorded and who it will be shared with.
4. Ask all attendees to introduce themselves and explain their current involvement and/or possible future role.
5. Discuss the needs identified in the Early Help Assessment, if applicable, and possible support available to meet those needs. The views and opinions of the family should be sought throughout the meeting.
6. Agree outcomes and actions. Draw up an action plan, agree who should become the Lead Professional and set a date for review (ensure a venue is agreed and available).
7. Summarise the outcomes of the meeting and ensure the young person or child and parent/carer are in agreement with and clear about who is involved, who will do what and what happens next. The family and all members of the TAF are sent a copy of the minutes.
8. Send a copy of the minutes to the family, TAF group and the TAF Co-ordinator.

In between meetings the TAF group continue to communicate and share information with the family and within the group. If any member of the TAF group, including the family, has concerns they contact the lead professional.



## The Lead Professional

The term 'lead professional' is not a job title but a set of functions carried out as part of targeted and integrated support. Most professionals working with children, young people and their families carry out these functions on a day to day basis without necessarily identifying themselves as doing so.

The purpose of formally identifying a lead professional is to reduce the duplication that can happen when a number of individuals are working with the same family. This is particularly important at a time when all organisations are facing significant resource pressures. For the family, it reduces the experience of repeated lengthy meetings, conflicting or confusing advice and uncertainty about who to approach for up to date information.

A lead professional **is not responsible for the work of other practitioners**. All practitioners working with the family will have their own responsibilities for delivering specific services as part of the action plan identified in the Team around the Family meeting.

A lead professional:

- acts as a single point of contact for the child or family and a sounding board for them to ask questions and discuss concerns
- co-ordinates the delivery of the actions agreed by the practitioners involved in the Team Around the Family process
- reduces overlap and inconsistency in the services offered to families

Typical tasks may include:

- building a trusting relationship with the child and family (or other carers) to secure their involvement in the process
- being the single point of contact for all practitioners who are delivering services to the child/young person and family
- reviewing the action plan at review Team Around the Family meetings
- understanding key transition points in a child's life, for example, moving into the next key stage at school.
- being able to challenge the child/young person, family and professionals when necessary and help them move on in their thinking

Decisions about who is the most appropriate lead professional should be considered on a case by case basis. One practitioner may take the lead professional role for the purpose of organising the initial Team Around the Family meeting; however, at the meeting an alternative may be identified based on the following considerations:

Considerations	Who should be lead professional?
What are the predominant needs of the child or family?	Once these are identified a practitioner from this area of work should be lead professional.
Which agency has main responsibility for addressing the child or family's needs including statutory responsibility?	Once the main agency has been identified a practitioner from within that service should be lead professional.
Does anyone have a previous or potential ongoing relationship with the child or young person?	If a practitioner has this previous or potential experience then they should be lead professional.
Does anyone have an ongoing responsibility to carry out an advocacy role for the child or young person?	If anyone has this responsibility then they should be lead professional.

The views and wishes of the child young person and family will be a key factor in identifying the lead professional.

### Who can be the lead professional?

Many practitioners working with children and young people can be a lead professional at certain times for some of their cases. The following list gives some examples of who may take on the role, but is not exhaustive.

Youth workers	Children's centre workers
Midwives	Early years workers
Nursery nurses	Volunteers
Education welfare officers	Family workers
GPs	Health visitors
School nurses	Community children's nurses
Housing support staff	School support staff
Community support officers	Learning mentors
Teachers	CAMHS worker

### Reviewing the lead professional

At the review TAF meeting the lead professional role should be reviewed. Due to the changing needs of the family, the lead professional may need to change or a member of the TAF group could leave. The role of the lead professional must always be transferred with the knowledge and agreement of the family. Change of lead professional can be noted on the action plan and the TAF Co-ordinator notified.

## TAF Action Plan

At the TAF meeting the minutes and agreed outcomes are recorded on the TAF meeting plan template. This can be downloaded from the website [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha)

An example of a completed TAF plan can be found in Appendix two.

**Hillingdon Children & Families Trust TAF Delivery Plan & Review**

(Actions from the assessment should be brought forward into the delivery plan and added to where a multi-agency team around the child response is required and/or used to review progress)

**Personal details**

Given name(s)  Family name  Date of Birth or Estimated Due Date

Address  Postcode  Male  Female  Unborn

**Lead Professional details**

Name  Agency/Relationship  Email

Address  Contact Number(s)

**Review date**

Desired outcome (as agreed with child, young person, family)	Action	Who will do this?	By when?	Progress & comment	Date closed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The action plan should be outcome focussed, based on the needs identified in the EHA and discussions at the TAF meeting.

Action plans should be **SMART**:

**Specific** - clear about what needs to be done.

**Measurable** - the frequency or duration of the action is specified.

**Achievable** - actions are achievable and have the capacity to succeed.

**Related/Realistic** - related to the EHA and actions and outcomes are realistic.

**Time bound** - the time for completion of each plan is specified making it easy, at review, to determine whether or not the action has been achieved. The decision about when to set a formal review date is helped by specified timeframe in the action plan.

## Reviewing the TAF action plan

At the first TAF meeting it should be agreed when the action plan will be reviewed. There are no set timescales for reviewing the TAF, however, it should be within 3 months. The needs of the family and the outcomes and actions identified at the TAF meeting will be a factor in deciding the date of the next TAF meeting. It is always better to set a review date at the first TAF meeting so that the family and the TAF group have the date in their diary.

Things to consider at a review TAF meeting:

- The family's views - what do they think has gone well, or not so well, since the previous meeting?
- Have there been any notable successes for the family since the last TAF meeting?
- If TAF members are not present at the meeting, have they provided an update? If not who will ensure this is received and considered and how will this be done?
- Have the actions from the plan been completed, if not, why not?
- Revise priorities and agree new actions.
- TAF membership - do new agencies need to be invited to the TAF meeting or will some agency support end? Remember, the family have to consent to new agencies joining the TAF group.
- Does the lead professional need to change?
- Are the TAF group communicating effectively in between meetings?
- Does the TAF need support from the TAF Co-ordinator with any particular challenges the TAF group are experiencing?
- Does the TAF need to continue, can the TAF be closed and /or family supported by a single agency?

The minutes and action plan are sent out to the TAF group and the family, including members of the TAF group that were not able to attend the meeting.

**After each TAF review meeting send a copy of the action plan and minutes to the TAF co-ordinator.**

## Ending the Team Around the Family process

The EHA and TAF process is about empowering families so they will eventually need support only from universal services or a single specialist agency. The aim of the TAF is that it meets over a short period of time to meet a specific set of objectives. There is no recommended time frame for the TAF being in place but it should usually last no longer than 12 months. If there are still needs that are unmet then the TAF group and action plan should be reviewed to ensure that the TAF action plan and the TAF group are able to be effective in meeting the family's identified needs.

Some reasons why a TAF may close are:

- all the identified needs and outcomes are met.
- the family is able to access services without support or with minimal support, from one service/universal services.
- concerns have escalated and a referral has been made to social services.
- the family withdraw their consent.

**When the TAF process ends please notify the TAF Co-ordinator, including minutes from the meeting to ensure records are kept up to date**

### Use of the outcome wheel

At the end of the EHA process the outcome wheel should be completed by the lead professional with the family. The visual nature of the wheel is useful for families and young people to 'see change' that they and others recognise as having occurred and demonstrates how their needs have been met. The second outcome wheel should only be completed if the process has gone well and has not escalated to statutory services.

A copy of the outcome wheel is in Appendix 5

## Measuring outcomes

To ensure that the Early Help Assessment and TAF processes are achieving the outcomes expected for the family, an outcome wheel is included at the end of the EHA. The wheel is completed when you first undertake the EHA. The wheel is completed by the practitioner completing the assessment with the family, ensuring the views of the family are recorded on the wheel. The outcome wheel covers the same assessment domains as the EHA and will be a useful tool to show a family how they have made progress throughout the process. The wheel is again used at the end of the process to clearly demonstrate outcomes to the family and also your organisation and inspectors.

A copy of the outcome wheel is in Appendix 5

### Measuring the views of the family

Two questionnaires have been devised to capture the views of the family as to the benefits of the process. These are to be completed at the end of either the EHA or TAF process and can be completed with the family and the lead professional, via post or a phone call from the lead professional or another member of the TAF group.

There are questionnaires for the parent/carer to complete and also the child/young person.

Copies of both questionnaires are in Appendices 6 and 7.

Copies of completed questionnaires are sent to the TAF Co-ordinator.

**Please send completed copies of the outcome wheel and questionnaires to the TAF Co-ordinator**

## Team Around the Family-'step down' cases

The Team Around the Family process is part of the early intervention offer in Hillingdon and is not applicable when statutory services such as social services are working with a family. However, if they are closing a case then a TAF meeting could be considered to ensure the family's needs continue to be met by targeted and universal services as part of the exit strategy. These are called "step down" cases.

The "step down process" can also apply where another agency has undertaken an assessment of the family and has either delivered a service or identified that the needs don't meet their service thresholds.

Where an agency has undertaken their own assessment, it is not expected that an EHA would also need to be completed. Rather, the practitioner considering a TAF should discuss this with the family and seek their permission to share the findings of the assessment with the agencies likely to be attending the TAF. The practitioner should also explore the outcomes being sought from the TAF with the family and share these with the family.

The TAF process is not for monitoring families and TAF members would not offer unannounced visits. The family have to give consent to the process and cannot be forced to engage with the TAF process.

Where the family and practitioner agree to proceed with the TAF process, a meeting is arranged by the practitioner prior to case closure. This meeting is used as a closure/step down TAF meeting. The family and the agencies working with the family are invited to the meeting. The practitioner would attend and chair this meeting. At this meeting the outcomes and action plan are agreed and a new lead professional is appointed to take forward future review TAF meetings.

The TAF Co-ordinator can be contacted for advice on the process and suggest agencies that could be invited to the TAF meeting, and if required invited to the meeting to facilitate the handover.

## Auditing process

To ensure there is consistent quality of completed Early Help Assessments and TAF plans within Hillingdon, an auditing schedule has been agreed and audit tools developed (see Appendices 3 & 4). This is to ensure that the quality of EHA and TAF plans is being monitored by the partnership, as required by Ofsted, and any training needs can be identified. Agencies will be expected to audit 5% of completed EHAs and 5% of TAF plans within their organisation or one assessment or plan, whatever is greater.

The audit tools can be completed using an on line Google form or using the Excel format (which will need to be sent to the TAF co-ordinator). The TAF Co-ordinator will also undertake a number of audits each month. All the auditing data will be collated on a central data base and the outcomes reported to the LSCB and CFTB at least annually.

Both audit tools will be available via a link on [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha) Please note that the audit tool will look different when using the tool in Google forms.



## EHA/TAF Champions

Each organisation will have a named EHA/TAF champion and an updated list can be found on the website [www.hillingdon.gov.uk/eha](http://www.hillingdon.gov.uk/eha). You can ask your champion for advice regarding the process. However, you can also contact the TAF Co-ordinator with any queries should the champion for your organisation not be available.

## Retention

Retention of documents by partner agencies will be in keeping with their own respective Retention and Destruction Policy and Procedures.

Documents logged with the TAF Co-ordinator will be held for three years.

## Links to other services

### **Education Health and Care Plan (EHCP) (Statutory Assessment)**

Prior to applying for an Education Health and Care Plan (EHCP) it is advised that an Early Help Assessment is completed to identify the needs of the family. The EHA process may identify the need for a Special Educational Needs and Disabilities Team Around the Child (SENDTAC) which is different from the Team Around the Family process detailed in this guidance. The SENDTAC is arranged by the setting following completion of an EHA. The setting can refer to the Hillingdon EHCP guidance for accessing an EHCP for support and information, or contact their SEN co-ordinator.

### **Statutory Services, eg. Social services/Youth Offending Service**

If the family are working with statutory services, the TAF and EHA process will not apply. However, a TAF meeting could be considered as an option when a case is closing. These are known as 'step down' cases. Further guidance regarding 'step down' cases is on page 31.

### **CAMHS (Child and Adolescent Mental Health Services)**

There is a set process agreed with CAMHS as to when a TAF meeting may be appropriate. The TAF Co-ordinator can be contacted for further advice if needed.

## Useful contact numbers and websites

TAF Co-ordinator	Telephone: 01895 556144 (ext 6144) Non secure email: taf@hillington.gov.uk Secure email: Belinda.Hearn@hillington.gcsx.gov.uk Address: London Borough of Hillingdon, Link 1A, Civic Centre, Uxbridge, UB8 1UW
Children's social services	01895 556644
Adult social services	01895 556633
EHA website-EHA and other templates and guidance	<a href="http://www.hillingdon.gov.uk/eha">http://www.hillingdon.gov.uk/eha</a>
Hillingdon LSCB website-Inter agency referral form and guidance	<a href="http://www.hillingdon.gov.uk/lscb">www.hillingdon.gov.uk/lscb</a> <a href="http://www.hillingdon.gov.uk/article/15540/Key-documents">http://www.hillingdon.gov.uk/article/15540/Key-documents</a>
Working Together guidance	<a href="https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions">https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions</a>
Eileen Munro report	<a href="https://www.gov.uk/government/collections/munro-review">https://www.gov.uk/government/collections/munro-review</a>
Information sharing guidance	<a href="https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice">https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice</a>
What to do if you are worried a child is being abused guidance	<a href="https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2">https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2</a>

# Appendices

**Appendix One - Example Early Help Assessment**

This is an example of a completed Early Help Assessment. This EHA was completed by a school in Hillingdon.

## Early Help Assessment

<b>Names of child(ren) and young people who are part of this assessment. Include unborn children and children not living in the family home.</b>				
Last Name	First Name	Age/DOB/E DD	Gender M/F/ Unborn	Religion
<i>Example</i>	<i>Child 1</i>	<i>18/08/09</i>	<i>M</i>	<i>Christian</i>
<i>Example</i>	<i>Child 2</i>	<i>17/01/12</i>	<i>M</i>	<i>Christian</i>
<b>Address:</b> <i>1 A road</i> <i>Uxbridge</i> <b>Postcode:</b> <i>UB8 1AB</i> <b>Telephone number:</b> <i>01895 123 456</i> <b><i>Home number or mobile number(s) of parent/carer/young person</i></b>				

<b>Names of other household members who are significant to child(ren) young person</b>				
Last Name	First Name	Age/DOB/E DD	Gender M/F	Religion
<i>Example</i>	<i>Parent 1</i>	<i>10/08/89</i>	<i>F</i>	<i>Christian</i>
<i>Example</i>	<i>Parent 2</i>	<i>24/06/82</i>	<i>M</i>	<i>Christian</i>
<b>Name of parents or carers with whom the child(ren) lives (give address if different from the child)</b>				
<b>Telephone number:</b> <i>01895 123 456</i> <b><i>Home number of parent/carer if applicable</i></b>		<b>Mobile number:</b> <i>07541 123 456</i> <b><i>Mobile number of parent/carer</i></b>		
<b>Are there any communication/interpreting needs for the child and /or family? <i>Include any communicates needs, eg sign language, interpreter needed</i></b>				
<b>Do the child and/or family have a disability or special needs? <i>Include any additional needs of parent or child/young person, inc</i></b>				

<b>Ethnicity</b>					
White British <input checked="" type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>

What services are already working with the child / family?			
Name	Agency	Address	Telephone
<i>School name-child 1</i>	School/Nursery	<i>Address</i>	<i>01895 12 12 12</i>
<i>Nursery name-child 2</i>			<i>01895 11 11 11</i>
<i>Dr name</i>	GP	<i>Address</i>	<i>01895 131313</i>
<i>School nurse name-Child 1</i>	Health visitor/School nurse	<i>Address</i>	<i>01894 14 14 14</i>
<i>Health visitor name-Child 2</i>			<i>01895 15 15 15</i>
<b>Was this Assessment completed at the Team Around the Family Meeting?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date of TAF meeting			
<b>Has any other agency carried out an Early Help Assessment? If so please give details with names of services and professionals involved</b> <i>No</i>			
<b>Has any other agency carried out any other assessments? ie social services, youth offending, education reports? If yes please give details</b> <i>No</i>			
<b>What work has your or any other agency completed with the family?</b> <i>Our Family Support Worker has supported the family in the past with regards to housing.</i>			

**Why has the early help assessment been started?**

<p><b>Parent/Carers views:</b> <i>Mum explained that she is worried Child 1 puts himself at risk. He can explain the consequences for his actions but will still follow through with the action. For instance he knows it is dangerous to play with scissors but will continue to do so even when told not to. Compared to his younger sibling, Child 1 does not follow instructions. He finds it very difficult to concentrate and distracts himself away from the task he should be doing. He uses his imagination to make up stories, sometimes to cover up some wrong he has done e.g. he threw a teddy and some foam handles from his bicycle on a neighbours' roof. He told mum a bird had taken them and flown away. At the time she was not sure what he was talking about until she discovered the items on the roof. Mum is not sure whether he does this on purpose or whether he cannot stop himself, she wants to understand why he is making these choices.</i></p>
<p><b>Child/young persons views:</b> <i>Our family support worker has spoken with Child 1 to get his views. Child 1 said that he does not know why he acts this way and does not understand why people get upset with him. Child 2 is too young to give his views</i></p>

**Practitioners views:**

*Child 1 disclosed to a member of staff that he is hit with a running shoe if mum gets cross with him. Also that this form of discipline is used on his younger brother. When mum was asked (22/09/2014) about this she said she does 'tap' him with her shoe when he does not follow instructions and that she needs help with Child 1. When I met with mum the following day to complete the assessment, she said that the incident had only happened once and that it was a year ago. I spoke to social services for advice and they suggested that an assessment was completed with the family to identify the needs of the family.*

*In class, adults do find that they sometimes need to repeat instructions to Child 1 but he is able to follow them too. This was much more evident at the start of term but since routines have been in place he has made improvements. On occasions he will tidy the table and insists he should continue with the task rather than join the other pupils on the carpet. He will, when the instruction is repeated, join the carpet reluctantly. He can use avoidance tactics to avoid completing work. He can be stubborn and selective about what he listens to with regards to instructions.*

**Details of professional completing assessment**

<b>Name</b>			<b>Role</b>
<i>Author Name</i>			<i>School name</i>
<b>Address of organisation</b>	<i>School address</i>		
<b>Contact Number</b>	<i>01895 12 12 12</i>	<b>Email address</b>	<i>name@hillingdonschool.hgfl.org</i>



**Development needs for each child**

Child 1	Child 2	Child 3
<p><i>Child 1 is a happy, confident child who is very sociable. Mum describes him as being too sociable as he approaches strangers and asks them questions. He is very inquisitive about others and is always asking questions. Mum says that Child 1 avoids telling the truth, especially when he has made the wrong choice; mum says it is difficult to know if he's telling the truth. Child 1 was under weight as a baby but he was a hungry baby. Mum was worried about this as the health worker would question the amount he was being fed. Mum said she fed him the amount recommended but he was still losing weight. Fine motor skills are good. He likes drawing and would do so with a lot of detail even when he was pre-school age.</i></p>	<p><i>Child 2's weight and height are fine. He is very sociable and enjoys playing with other children. When quieter children are around he makes an effort to engage with them.</i></p>	

*Mum struggles to do homework with Child 1, she says he often says he can't do it, can't write. She struggles with his reading too, she would bargain with him but this rarely works. Mum has made an arrangement with a friend of hers whose son is in the same class as Child 1. The arrangement is for Child 1 to do homework at her friend's home with his friend.*

*Mum explained she finds reading and writing difficult herself, this would therefore have an impact on the support she can give Child 1.*

*School would assess Child 1's ability as average. He is able to read well but will sometimes avoid doing so. He doesn't see the value of working academically but will engage if given an incentive such as a sticker. He will on occasions say he can't do something but when working with a group e.g. a reading group, he will answer the questions of other pupils which*

*Child 2 is at nursery, the nursery key worker has said that Child 2 is meeting his milestones and doing well in nursery*

<p><b>shows he is able to complete the work.</b></p>		
<p>Emotional and behavioural development</p>		
<p><b>Child 1 is caring towards others including adults. Mum explained he does put himself in dangerous situations e.g. running across the road without waiting for his mum. When it's explained that the behaviour is dangerous, he says he knows and smiles, she says he laughs when he's done something serious. He does things to upset his younger brother, to make him angry e.g. taking his breakfast, toys away from him, throws things at younger brother. Some violent behaviour has been shown towards younger brother. Mum says it is difficult to find time to spend with Child 2 to give him attention without younger brother being present. He has punched mum in the stomach, loses control when he does not get his own way e.g. pulls on mum's arm and hangs off her leg, dragging her.</b></p>	<p><b>Child 2 is more aware of dangerous situations. He reacts only when Child 1 hits him and hits him back however if another child hits him, child 2 does not react and turns to mum for help.</b></p>	

Identity development	
<b>Child 1 is a confident child who appears happy. His behaviour (as described above) does seem to show he is jealous of his younger brother and the attention Child 2 receives from mum.</b>	
Family and social relationships	
<b>Mum explained grandmother has noticed Child 1 is more aggressive, he understands the consequence but this does not stop him. He doesn't listen to instructions from anyone at home according to mum; she is not sure why he doesn't listen. Mum thought it was for her attention.</b>	<b>Fine with other members of the family, listens to instructions and enjoys interactions with others. He likes socialising with young children his age.</b>
Presentation	
<b>Well presented, always wearing school uniform. Neatly presented, clean with no problems with hygiene.</b>	<b>Clean and well-presented also.</b>
Self-care skills	
<b>As explained above, Child 1 does put himself in dangerous situations e.g. runs across the road. He takes a long time to get dressed, he just sits there and</b>	<b>Child 2 is too young to dress himself but will try and help when Mum is trying to get him ready</b>

<p><i>gives excuses not to get dressed e.g. he's cold. Mum sits with him to encourage him.</i></p> <p><i>He does play with his food and takes an hour to feeds himself which means mum often gets the children up very early.</i></p>		
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**About the parent(s) capacity in relation to each child**

Child 1	Child 2	Child 3
Basic care		
<p><i>Mum tries to get the children to sleep at 7:00-7:30pm. Child 1 can't sleep, he distracts himself and others, keeping himself awake. Tells father when he returns from work that mum hasn't fed him.</i></p>	<p><i>Child 2 goes to bed at 7.00pm but his sleep is disturbed by child 1</i></p>	
Ensuring safety		
<p><i>Mum explained she always keeps an eye on the boys especially Child 1 to check he plays nicely with his younger brother.</i></p>	<p><i>Mum does her best to keep on eye on both children at home but she is worried that Child 1 will sometimes lash out at his sibling.</i></p>	
Emotional warmth		
<p><i>Child 1 cuddles mum all the time, often says he loves mum. When he makes the wrong choice he will constantly say sorry for being naughty but does it again.</i></p>	<p><i>The school have seen a good bond with mum and child 2 when she picks up child 1 from school. Child 2 is very responsive to mum and will seek reassurance when he meets new people.</i></p>	

Stimulation	
<p><b>Mum tries to play with the children; however they are fighting for her attention. Mum does not play joint game with the boys as they end up fighting.</b></p>	
Guidance and boundaries	
<p><b>Mum explained she does a countdown 3, 2, 1 and then stand up which makes Child 1 panic and sometimes he will then follows instructions. She asks him to sit on the chair to have a timeout. If mum has given an instruction which he hasn't followed, mum asks him to stay in one place and mum does what she has asked him to do e.g. tidy up.</b></p> <p><b>When she explains, he apologises but does it again later. He screams and throws things around if he doesn't get his own way.</b></p>	
Stability	

**Environment and family circumstances for each child**

Child 1	Child 2	Child 3
Family history and functioning		
<p><i>Mum lost her father to suicide in December 2009 and father's mother passed away with cancer in June 2009. Child 1 was born in August 2009 between these two tragic events.</i></p>		
Wider family network		
<p><i>Grandmother lives across the road and is supportive if mum needs to talk to her. Mum prefers to deal things by herself with partner's help rather than rely on her mother. Partner's family aren't involved, partner's sister recently back in family's lives.</i></p>		
Housing		
<p><i>The family live in a studio flat which is privately rented. The living and bedroom area are in the same part of the house, separate kitchen. The family have been there for four years. Limited living space does impact on parents' relationship, leading to disagreements but not in front of the children mum explained.</i></p>		

Employment	
<b>Children's father works full time. Mum would like to work but finds it difficult with two young children. She does volunteer and is currently volunteering in school, working on gardening.</b>	
Income	
<b>Father works full time, he does extra work to cover bills and rent. There is some debt, mum manages the household budget. Father has a gambling problem which is starting to cause problems. Child benefit and tax credit is received to supplement income.</b>	
Social integration	
<b>Old neighbour who lived above was threatening his own wife and used bad language. Child 1 would say, 'the man upstairs is shouting again.' The man has now moved out but his wife is still living there. It is quieter since the neighbour has moved out. Mum often meets the neighbour's wife and child 2 plays with the neighbour's daughter.</b>	



**What are the families' goals? What outcomes are being sought?**

- *Would like to see changes in Child 1's behaviour so that he listens to instructions.*
- *He has a more caring and loving relationship with his younger brother and does not seek to upset him.*
- *Improvements in his attitude to his learning, wanting to do his homework and learning independently.*
- *Would like to see Child 1 making decisions where he does not put himself in danger. He understands the risks and will act in a safe way.*
- *Housing does have an impact as the family are all in one room.*

**Plan of intervention for the family.****Child 1**

- *Child 1 to be taken to the GP for a referral to the Child Development Centre*
- *Child 1 to be seen by school educational psychologist*
- *Team Around the Family Meeting to be arranged to consider housing, discussion regarding child 1's behaviour and progress at school sibling*

**Agencies to be invited to Team Around the Family meeting**

- *Class teacher*
- *Pastoral support*
- *School family support worker*
- *School nurse*
- *Health Visitor*
- *Nursery*
- *Families Information Service*
- *Children's centre*
- *Educational psychologist*
- *Key working service*

**Child 2**

- *Team Around the Family to be arranged*
- *Discussion with nursery/Families Information service to ask whether more nursery hours can be offered to family*
- *Health visitor to visit family prior to Team Around the Family meeting*

Child 3 N/A

<b>Date of Review</b>
-----------------------

<b>Outcomes Achieved</b>

**Parent / child's consent for information storage and information sharing**

<p>I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:</p> <p><input checked="" type="checkbox"/> Me</p> <p><input checked="" type="checkbox"/> Child or young person for whom I am a parent</p> <p><input type="checkbox"/> Child or young person for whom I am a carer</p> <p>I have had the reasons for information sharing explained to me and I understand those reasons</p> <p>I agree to the sharing of information between the services listed below. I agree that information can be shared between these agencies for the purpose of carrying out at assessment.</p>	
1. <b>Education</b>	3. <b>Early intervention services</b>
2. <b>Housing</b>	4. <b>Health</b>

Signed (child or parent)	<b>Parents signature</b>	Name	<b>Parent 1 Example</b>	Date	<b>01/11/14</b>
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Signed by practitioner	<b>Author signature</b>	Name	<b>Teacher name</b>	Date	<b>01/11/14</b>
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## Appendix Two-Example TAF plan

This is an example of a TAF action plan following on from the above example EHA

### Personal details

Given name(s)	Child 1 Child 2	Family name	Example	Date of Birth or Estimated Due Date	18/08/09 17/01/12
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Address	1 A road Uxbridge	Postcode	UB8 1AB	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>
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### Lead Professional details

Name	Class teacher	Agency/Relationship	teacher	Email	name@hillingdonschool.h gfl.org
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Address	School name School address	Contact Number(s)	01895 12 12 12
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### Review date

1 <sup>st</sup> December 2014
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Desired outcome (as agreed with child, young person, family)

Desired outcome (as agreed with child, young person, family)	Action	Who will do this?	By when?	Progress & comment	Date closed
Parents feels enabled to manage child 1 behaviour	Key worker to work with both parents on boundaries and routines with both children	Key worker and both parents	01/03/15		
Assessments are completed to ensure there is not a medical reason for child 1's behaviour	Educational psychologist to observe child 1 in school.	Educational Psychologist	31/01/15		
Mum feels skilled to help children with homework	Mum to attend maths and literacy classes at children's centre	Mum	01/03/15		

**People present**

- *Parents x 2*
- *Child 1 (part of meeting)*
- *Class teacher*
- *Pastoral support*
- *School family support worker*
- *School nurse*
- *Health Visitor*
- *Nursery*
- *Families Information Service*
- *Children's centre*
- *Educational psychologist*
- *Key working service*

Review delivery plan and update with any agreed further action

**Next steps**

*Above plan put in place. Actions agreed at the meeting were:*

- *Child 1 to attend school homework club from 08/12/14*
- *School to offer after school activities for child 1 in next school term. Child 1 said he would like to attend the football club.*
- *Key worker to meet with mum and family at home, date to be arranged outside of meeting.*
- *Educational psychologist to observe child 1 at school in January 2015*
- *Child 2 will attend nursery 3 days a week from 05/01/2015 (Child in Need funding in place until 31/03/15)*
- *Mum to attend adult education classes to improve maths and English skills at the children's centre. The children's centre will offer child 2 a place at the crèche*
- *Mum to attend P3 appointment at children's centre regarding housing advice on 10/12/15*
- *A referral to the Child Development Centre has been made, parents to ensure that they take child 1 to the appointment*

*School appointed as lead professional*

*Date of next meeting 02/03/2015 and will be held at the primary school*

**Can the TAF be closed?**

Yes

Reason for closure

No

Agreed review date

**02/03/15**

**Review notes**

*Full notes removed to ensure case is kept anonymous.*

**Areas discussed:**

- *Parents views-What their expectations of the meeting are and what they would like to happen*
- *Child 1 behaviour at home*
- *Child 2 behaviour at home*
- *Child 1 behaviour at school*
- *Child 2 behaviour at nursery*
- *Academic progress of child 1 and child 2*
- *Housing*
- *Update from health visitor*
- *Families Information Service offer regarding Child in Need Funding*
- *After school activities*
- *Homework/School Homework Club*
- *Referral to Child Development Centre*
- *Referral to Educational Psychologist*
- *Update from school Family Support Worker*
- *Key Working Service offer of working 1:1 with family in the home*
- *Children's Centre offer of sessions at children's centre, adult education classes and P3 housing advice*

*Child 1 brought in at end of meeting to express his view*

*Date of next meeting 02/03/2015 and will be held at the primary school*

**Actions agreed:**

- *Child 1 to attend school homework club from 08/12/14*
- *School to offer after school activities for child 1 in next school term. Child 1 said he would like to attend the football club.*
- *Key worker to meet with mum and family at home, date to be arranged outside of meeting.*
- *Educational psychologist to observe child 1 at school in January 2015*
- *Child 2 will attend nursery 3 days a week from 05/01/2015 (Child in Need funding in place until 31/03/15)*
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- *Mum to attend P3 appointment at children's centre regarding housing advice on 10/12/15*
- *A referral to the Child Development Centre has been made, parents to ensure that they take child 1 to the appointment*

*School teacher appointed as lead professional*

**Child or young person's comment on the review and actions identified**

*Child 1 was brought into the meeting by his mum and was initially shy. Due to Child 1's young age he could not fully express himself. He said he liked school and liked playing football. He said he had a best friend at school but did not like X because he shouts all the time. (The school said they were aware of this situation and are addressing this) Child 1 says that he sometimes finds school hard and doesn't like writing or doing the work at home. Child 1 was asked whether he would like to do some fun things after school and he said he would like to play football.*

**Parent or carer's comment on the assessment and actions identified**

*Both parents said that they were "at the end of their tether" and did not know what to do about child 1's behaviour. Mum said that she feels she is not able to manage and finds it difficult. Mum says she does most of the caring of the children as Dad is at work all day. The parents were asked what their priorities for the meeting were and they said they want help with Child's 1 behaviour, and want to know if there is something "wrong" with him as they cannot see why he is acting the way he is. Both parents said they would like to move as they are all living in a studio flat but they cannot afford to pay any more rent for a bigger house. Mum said that she feels that she never has any time to herself and would like some time to herself just to get the house straight. Both parents agreed to the TAF plan and actions and agreed to working with the TAF group and further meetings.*

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Appendix Three-Early Help Assessment Audit Tool

Early Help Assessment audit tool

Child and young person's background and characteristics	
Initials	
ID Number	
Age (years & months)	
Ethnicity	
Language(s) (interpreter?)	
Religion (practicing?)	
Nationality	
Immigration status	
Disability	
SEN	

EHA Date	
EHA Author	
EHA Agency	
Date of audit	
Name of auditor	

Please use the following scoring criteria when assessing quality of process, intervention and outcomes:

Not completed/No = 0	Poor = 1	Satisfactory = 2	Good = 3
Section should have been completed but was left empty No evidence Insufficient information	Unclear why being assessed or referred Level of need inappropriate Service involvement requested rather than on outcomes	Brief comments but clearly stated Levels correct Outcome focussed	Comments are clear and purposeful and linked well to evidence Levels correct and good evidence Strong picture of outcomes needed with appropriate action steps

1: Name of Family and Identifying Details		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
1.1 Are the personal identifying details of the family entered onto the Early Help Assessment? (i.e. all area on page 2 of the EHA). If only partially completed please put notes in comments	Y	N		
2: Existing services		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
2.1 Is this section fully completed and provide an overview of existing or recently provided services clear?	Y	N		
3 : Reason for Assessment		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
3.1 Is this reason for assessment clear and do they reflect the views of the family, Child/young person and assessing agency?	Y	N		
4: Assessment Information		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
4.1 Developmental needs of each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.2 Parent/carer's capacity in relation to each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.3 Environment and family circumstances for each child	Information sourced/evidenced based, non judgemental	Y	N	
	Strengths/position included	Y	N	
	Parent/carer engagement in process	Y	N	
	Child/young person engagement in process or needs of child/young person appropriately represented	Y	N	
4.4 Are the views of the family, including child/young person, included in the assessment?	Y	N		
5: Families goals		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
5.1 Are the outcomes being sought by the family clearly identified?	Y	N		
6: Conclusions, solutions and actions		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
6.1 Is the plan of Intervention Smart (Specific, Measurable, Achievable, Realistic, Timely)	Y	N		
6.2 Does the EHA plan include calling a TAF meeting?	Y	N		
6.3 Is there a date to review the plan?	Y	N		
6.4 Have the outcomes been achieved and evidenced?	Y	N		
7: Consent		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
7.1 Has the consent section (page 8) been fully completed?	Y	N		
<b>Total Score</b>				

**TAF plan audit tool**

<b>Child and young person's background and characteristics</b>	
Initials	
ID Number	
Age (years & months)	
Ethnicity	
Language(s) (interpreter?)	
Religion (practicing?)	
Nationality	
Immigration status	
Disability	
SEN	

EHA Date	
EHA Author	
EHA Agency	
Date of audit	
Name of auditor	

**Appendix Four-TAF plan Audit Tool**

Please use the following scoring criteria when assessing quality of process, intervention and outcomes:

Not completed/No = 0	Poor = 1	Satisfactory = 2	Good = 3
Section should have been completed but was left empty No evidence Insufficient information	Unclear why being assessed or referred Level of need inappropriate Service involvement requested rather than on outcomes	Brief comments but clearly stated Levels correct Outcome focussed	Comments are clear and purposeful and linked well to evidence Levels correct and good evidence Strong picture of outcomes needed with appropriate action steps



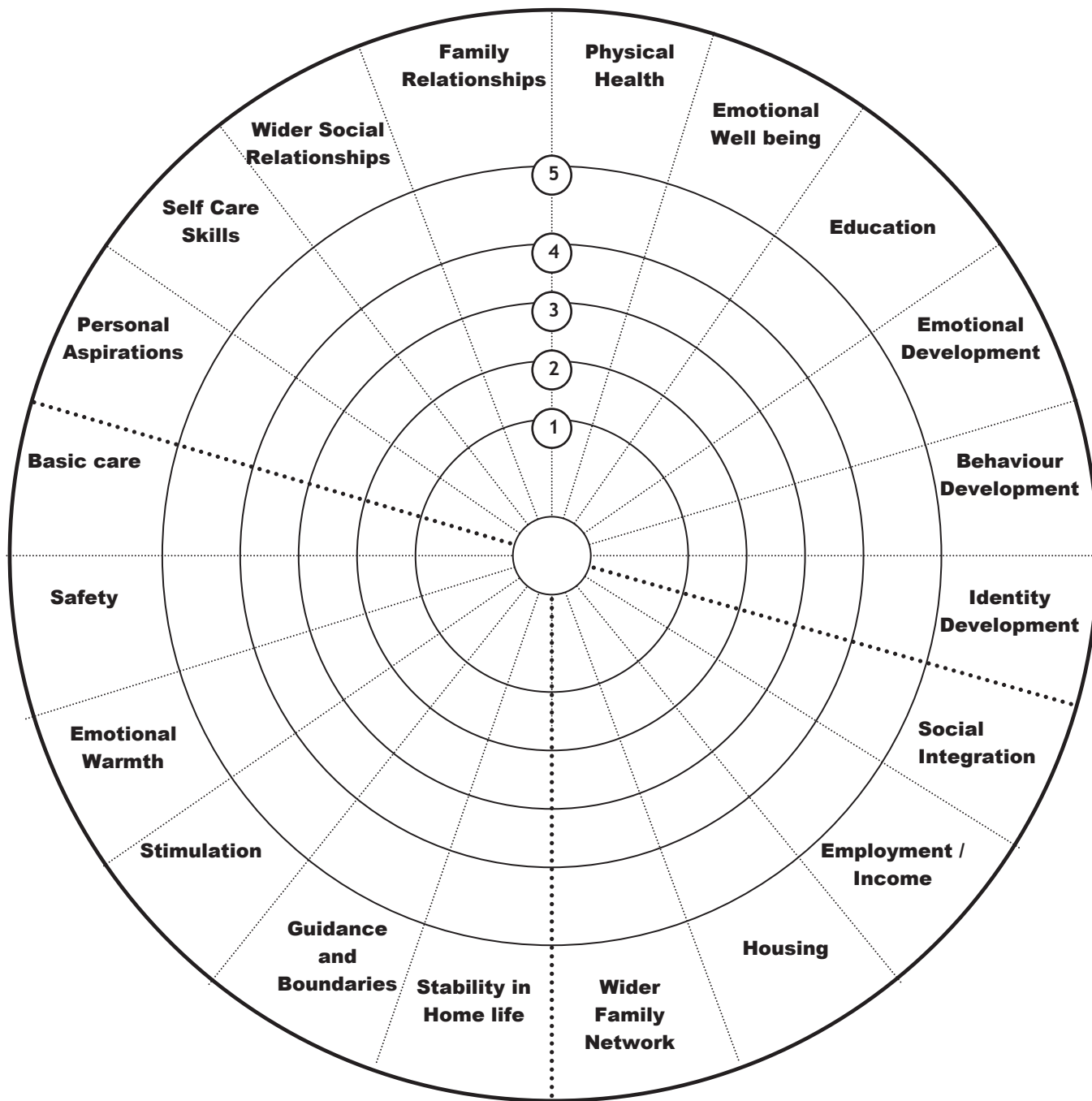
1: TAF meeting		Comments (Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)		Score
1.1 Is the TAF plan SMART (Specific, Measurable, Achievable, Realistic and Time bound)?	Y			
		N		
1.2 Has the TAF plan been reviewed? (if applicable)	Y			
		N		
1.3 Has a date for the next TAF meeting been arranged?	Y			
		N		
1.4 Are the parents/child/young person's views recorded?	Y			
		N		
1.5 Is there evidence that interventions has been delivered?	Y			
		N		
1.6 Has a lead professional been appointed?	Y			
		N		

		Total score
2: Existing services	Tick appropriate outcome	Comments
		(Please note: comments should include evidence of what is good, requires improvement and also learning points that are evident in each section)
2.1 All outcomes for family met		
2.2 Escalated to children's social care		
2.3 Escalated to other tier 3/4 service-please note in comments box		
2.4 Step down to universal services-please note in comments box		
2.5 Closed due to non engagement		
2.6 Other-Please note in comments box		

# Appendix Five-Outcome Wheel

Name of Family :  
Date Profile Completed:

**Developmental needs:**  
How is the child developing in these areas?



**Parents Capacity :**  
Are the parents able/ equipped to provide the following :

**Family Circumstances:**  
How do these external factors help the child to develop?

- Key**
- 1: Significant concerns - must improve
  - 2. Quite concerned - lets work hard at improving this
  - 3. Not great - need to do something
  - 4. OK - may not be too serious but could be better
  - 5. Great - a real strength

## Appendix Six-Parent evaluation form



## FAMILY KEYWORKING SERVICE (TAF)

## Post Intervention Parent/Carers Evaluation Form

Family Key Working Service (FKWS) wants to know what you thought of the service we provided and how we can improve our service. The information you give us will help us to do this.

Your Name: -----

Date:-----

Lead Professionals name:-----

	Not at all	Somewhat	Very much	
1. Are things better for your family now?	1                      2	3	4                      5	
2. Have you achieved the outcomes of the Team Around the Family (TAF) plan?	1                      2	3	4                      5	
Please tell us what you found useful?				
3. Do you feel your views were taken into account?	Yes		No	
4. Has the TAF process enabled you to access other services?	Yes		No	
5. How satisfied are you with the TAF process?	Not at all	Somewhat	Very much	
	1                      2	3	4                      5	

	Please describe what parts of the process you found most helpful		
6. Do you feel confident your family can continue with progress made?	<b>Not at all</b>	<b>Somewhat</b>	<b>Very much</b>
	1                      2	3	4                      5
7. How can we improve the TAF process?	Please write your answer here:		

**Total Score=**

Thank You for taking the time to tell us what you think, this information will help us improve our service 😊 !

Appendix Seven-Young person feedback form



**FAMILY KEY WORKING SERVICE TAF PROCESS**  
**YOUNG PERSON FEEDBACK FORM**

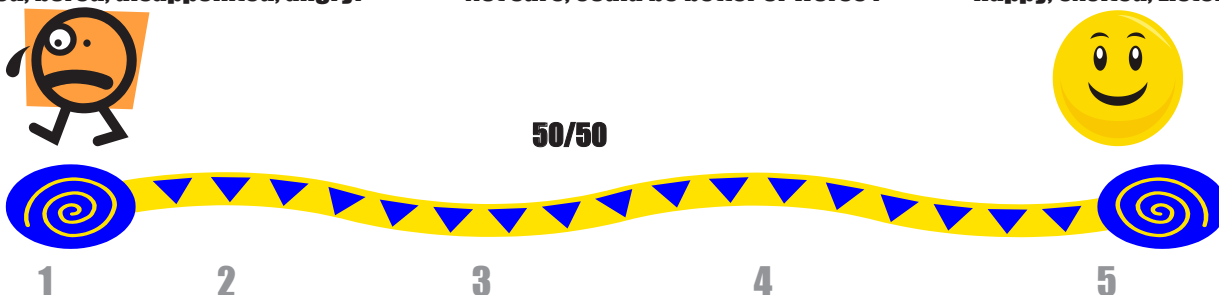
**YOUR NAME:** ----- **DATE:**-----  
**AGE:**-----

**1. How do you feel about the support the Team Around the Family (TAF) offered you.....?**

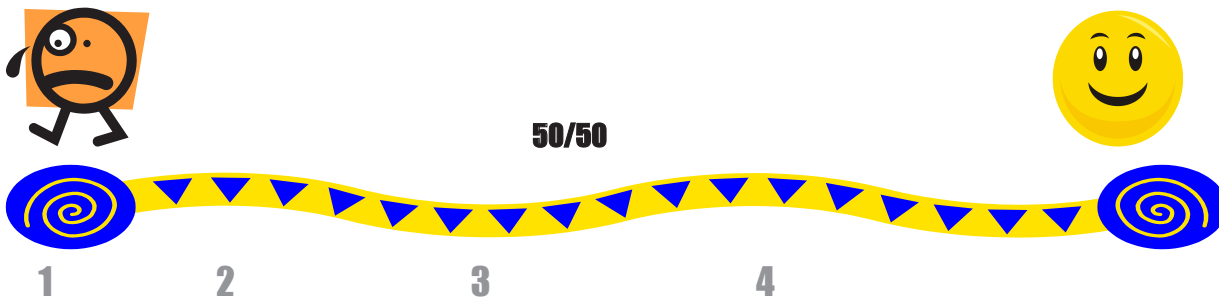
**Confused, bored, disappointed, angry!**

**Not sure, could be better or worse !**

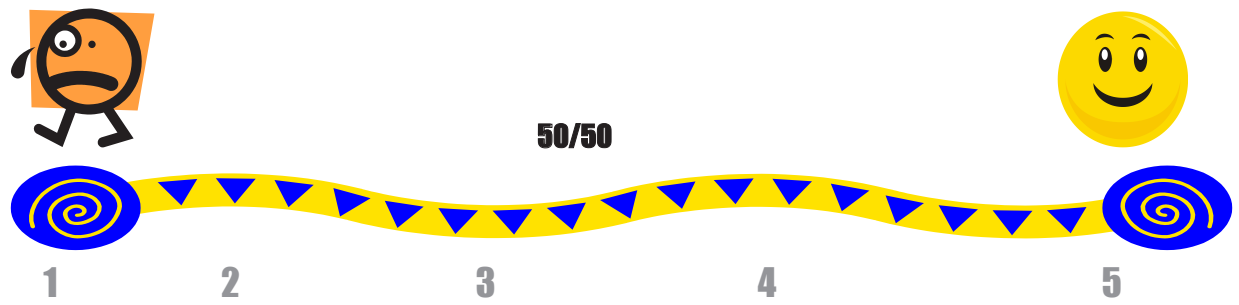
**Happy, excited, Listen to!**



**2. Do you feel you were able to have your say and listened to .....**



**3. Do you feel the TAF meetings helped you.....?**



**4. How can we improve how we work with young people.....?**

**Add your own words here** .....

.....

.....

.....

**Total score =**

**Thank You for taking the time to tell us what you think, this information will help us improve our service for young people !**

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# A guide to the Early Help Assessment and Team Around the Family



**HILLINGDON**  
LONDON

[www.hillingdon.gov.uk](http://www.hillingdon.gov.uk)

## What is an Early Help Assessment?

Many families, at one time or another, need extra support. An Early Help Assessment is about ensuring that you and your family receive the right support at the right time from the right professionals.

The assessment is completed with you to identify what assistance you and your family need and what to do next. Once an assessment is completed, the person completing the assessment may be able to help you themselves or may refer you to another service. In some cases, it may be more appropriate for a Team Around the Family meeting to be arranged.

## What does Team Around the Family mean for me and my family?

The Team Around the Family is just that – a group of professionals that will meet with you and your family to identify how they can best work together to support you to overcome your difficulties. You will probably know most of the people at the meeting but, with your agreement, new people may be invited to offer your family additional support and assistance.

Those invited to the meeting could include children's centre workers, health visitors, school nurses, teachers, housing staff and workers from voluntary agencies.

At the meeting, you and the team will put in place a plan that is based on the needs identified in the Early Help Assessment and it will include actions for the professionals and for you and your family.

## Appendix 2

To ensure the meeting is co-ordinated and you have a person to contact if you have any queries, a lead professional is appointed at the first meeting. The role of the lead professional is to:

- act as a single point of contact for your family and a sounding board for you to ask questions and discuss concerns
- co-ordinate the delivery of the actions agreed by the practitioners involved in the Team Around the Family process
- reduce overlap and inconsistency in services.

You will have a say on who the lead professional is. To ensure it is working, the plan is reviewed at a further Team Around the Family meeting.

### Do I have to attend the meeting and do my children have to attend?

As a parent or carer, you have to agree for the meeting to take place and, for the process to work, you need to be part of the meeting because you know your family best. In most cases, we would like the children to attend at least part of the meeting so they can have their say too, but we recognise there may be occasions when this may not be possible; for example, with very young children.

### What happens to my information?

You give consent as to which agencies are given copies of the Early Help Assessment and minutes from the Team Around the Family meeting. Your information will be held securely and be read by the agencies you give consent to.

**For more information, contact:**

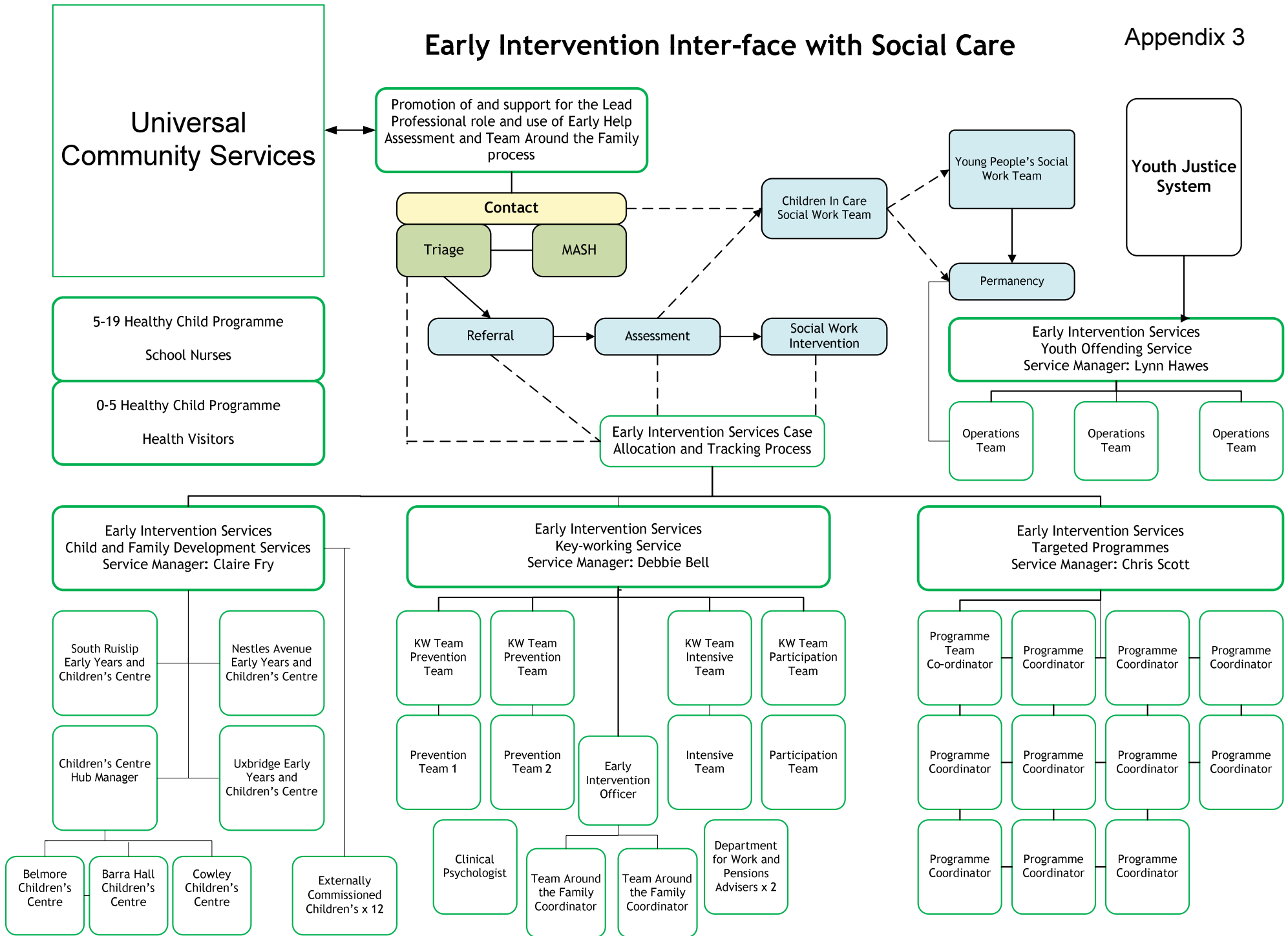
**TAF Co-ordinator**

 **01895 556144**

 **taf@hillingdon.gov.uk**

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# Early Intervention Inter-face with Social Care



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## **Examples of Early Help in Practice**

### **Biography of family**

Mother

Child 1- male aged 6

Child 2 - female aged 2

Family at time of EHA living in B&B outside of Hillingdon

Child 1 attends a primary school in Hillingdon

Child 2 attends a nursery and children's centre in Hillingdon

EHA completed by children's centre

### **Presenting issues**

- Family in temporary accommodation out of borough
- Child 1 has ASD and accommodation is impacting on behaviour and school attendance
- Child 2 is not toilet trained
- Mother cannot implement routines and boundaries due to problems with accommodation
- Child 1 cannot access health provision in Hillingdon at current time due to living out of borough

### **Team Around the Family (TAF) membership-February 2015**

Initial TAF meeting:

Mother

Primary school

Nursery

Children's centre

Educational Psychologist

Health Visitor

Occupational Therapist

Housing

Key working service

TAF Co-ordinator

### **Appointed lead professional**

Children's centre

**Outcomes**

Family were moved into Hillingdon area by housing

Child 1 school attendance has improved

Child 1 is accessing health provision in school and at Hillingdon Hospital

Child 1 behaviour has improved and mother has attended parenting courses to improve parenting skills

Family are working within a universal setting and do not need additional support



# THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

## WITNESS SUBMISSION

**Name:** Dr. Steve Hajioff

**Role:** Director of Public Health, Hillingdon

**Organisation:** LBH

In 2014 Hillingdon as part of the Core Offer by Public Health to the Clinical Commissioning Group (CCG), Public Health was tasked to complete a Children and Young People's Needs Assessment. This would look at all health issues from conception through to age 19.

The aims of the Needs Assessment for Children and Young People in Hillingdon were to:

- Collate available data and information on the health and well-being of children and young people in Hillingdon, using national and local sources of information and local views and knowledge;
- Use this information to draw conclusions about the current needs of children and young people in Hillingdon;
- Make recommendations to NHS commissioners and providers of services on actions required locally to improve the health and wellbeing of Children and Young people.

The needs assessment was produced by Public Health on behalf of both LBH and Hillingdon CCG. The content for the assessment was discussed with stakeholders during preparation and the final draft was shared with the Children's Trust Board in July 2014.

The assessment also reviewed where services provided by LBH and Hillingdon CCG had evidence of the 'Voice of Young People' to highlight where services were using the felt and expressed needs of children and young people to shape services. Information was included here if the methodology of the consultation appeared to have been:

- Reasonably robust and findings have been clearly reported.
- The information came from young people themselves rather than service providers.
- A significant number of children and young people (around a hundred or more) were involved.
- the information related to their needs and perceptions of services

A number of other pieces of work were also identified but are not included here because they did not meet these criteria, for example they may have been primarily service evaluations or reports on activity, or involved a smaller number of children and young people.

The key findings from this needs assessment have been published as 'The Children and Young People's Needs Assessment' in August 2015 by the Performance and Intelligence Team.

## CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE SERVICE IMPROVEMENT PLAN - PROGRESS REPORT

**Contact Officer:** Vince Clark  
**Telephone:** 01895 250498

### REASON FOR ITEM

This report aims to provide a summary of the status of the CYPS Service Improvement Plan as of September 2015. The Plan gives an overview of all of the key areas of activity and details of the current stage of improvement work within Children and Young People Social Care. Within the context of the Department's overall plan, this paper sets out progress against each work stream and our performance measures at 6 months.

### SUGGESTED COMMITTEE ACTIVITY

It is recommended that the Committee notes the development of the Service Improvement Plan and progress undertaken to date, and comments as appropriate on the direction of travel and pace of improvements within the service.

### INFORMATION

#### Children's Social Care Services Improvement Plan

1. In March 2015 the Children's Social Care Services Improvement Plan (SIP) was developed using the Transformation Children's Pathway work streams. The SIP acknowledges the urgency required to deliver better outcomes for children within Hillingdon. It enhances the work already completed as part of the Ofsted Improvement Plan 2014 and ensures that recent improvements are sustained and built upon. There are 7 work streams which contain performance measures, milestones and key targets for each area of the Service, they are:
  - i. Workforce Development;
  - ii. Improving Triage, MASH and Referrals & Assessment;
  - iii. Improving social work practice within the Children's Social Work Teams;
  - iv. Improving outcomes for Looked After Children & Young People;
  - v. Improving the quality of Fostering & Adoption provision;
  - vi. Embedding new ways of working and improved practice management arrangements; and
  - vii. Effective Quality Assurance.
2. Each work stream has an Action Plan which contains the details of our progress against our performance milestones and targets. The Action Plan is a 'live' document and due to the dynamic nature of the Service the Plan is updated on an ongoing basis. Following the Committee meeting in July 2015, Members requested greater transparency and a clearer audit trail surrounding changes made to the Plan. This request have been accommodated in the Action Plans which are being

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Children, Young People and Learning Policy Overview Committee – 7 October 2015

presented today (please refer to **Appendix 3**). The plan is now supported by a dedicated project manager who coordinates the monitoring of the plan and provides an independent challenge to the Service to provide evidence of progress against each of the actions. The Committee will also note that there is now a summary graph which illustrates the number of **COMPLETED**, **IN PROGRESS** or **STATIC** actions by work stream, for easier and more effective monitoring of actions. The action plan is reviewed and monitored regularly by the Assistant Director, Children's Social Care and by the Director and the senior management team (SMT).

3. To improve the visibility and monitoring of our actions against key targets, the following changes have been made to the Action Plans, they are:

- The order and titles of columns: "*Performance Measures and Milestones*", "*Key targets*" and "*Progress - Actions*" has changed slightly so that the information between the assigned action and its status i.e. what we are doing and where we are, flows better to tell the story of improvement;
- The "*Status*" column is new. It contains three options to inform the service and the Committee about whether an action is **COMPLETED**, **IN PROGRESS** or **STATIC**. A red, amber, green (RAG) rating has been applied for easier identification and more effective and informed monitoring against each action;
- The "*Changes post July 2016*" column is also new and aims to inform the Committee of any changes that may have taken place since the last Plan was presented to them in July 2015. This column aims to clearly explain the justification and rationale for any changes that may have occurred;
- At the bottom of each work stream there is now a box which contains a summary of each **COMPLETED**, **IN PROGRESS** or **STATIC** action (by number and as a percentage of the total actions);
- Any actions which have been fully **COMPLETED** i.e. where no further progress is required are recorded in the "*Retired Actions*" box. This is applicable for work streams 1, 2, 5 and 6; and
- Where actions are **STATIC** or in danger of not meeting their deadline these are being pulled into our risk register which are being monitored more closely (by Service Managers and SMT) with mitigating and remedial actions in place to ensure they get back on track.

4. The graph shows that steady progress is being made against all **52** actions in the Plan, with **25** actions **COMPLETED**, **27** actions **IN PROGRESS** and **0** are **STATIC**. We are meeting with Service Managers on a monthly basis to update, challenge and track progress against the Plan on a regular basis.

5. In Quarter 3 we are developing a work stream for the Early Intervention Service which we will present to the Committee at the next quarterly update which is due in February 2016.

### **SIP 6 Month Progress Update**

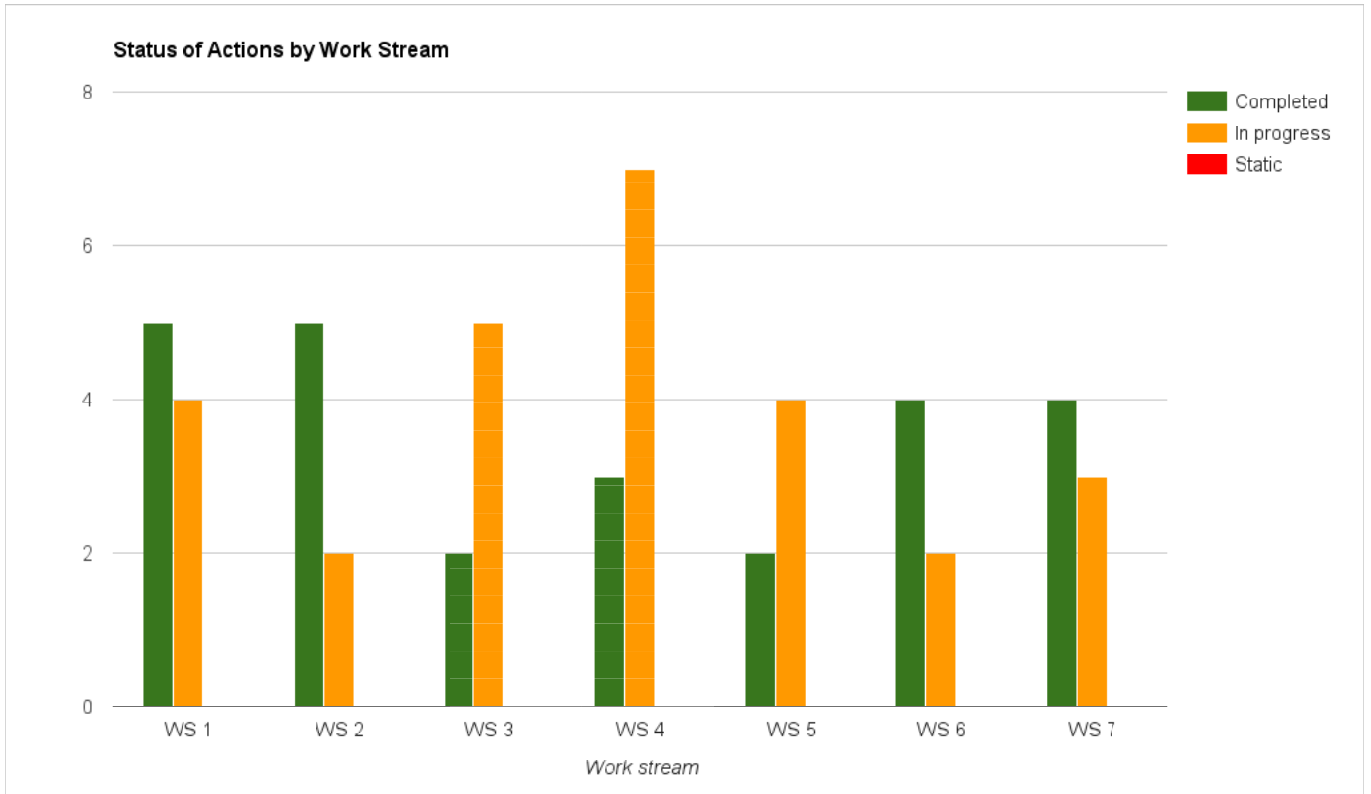
6. The service has continued to make steady progress from the last period of reporting. Although high percentages of interim staffing are still used, turnover is low and significant progress has been made in the recruitment of permanent Team Managers and Service Managers. A national recruitment process is now underway to recruit permanent social workers into the service over the autumn. The demand and through-put of work into the service has remained relatively high and this has resulted in higher number of children subject to a child protection (CP) plan. However Looked After Children (LAC) numbers have remained relatively stable. All statutory CP and LAC cases are allocated and social workers caseloads have remained stable with an average of 16 per worker. This compares favourably to other London Boroughs and will be a main 'selling point' in our recruitment process.
7. To provide a more detailed overview of the progress each of the 7 work streams in the SIP contains a measurement of progress at 6 months and at 12 months. Attached to this paper is a graph which contains our progress against these measures at 6 months. The graph follows the same principles as the Action Plan i.e. progress is measured against a RAG rating which highlights whether an action is **COMPLETED**, **IN PROGRESS** or **STATIC**. Detailed narrative concerning progress against each outcome can be found in **Appendix 4**.
8. From the graph we can see that out of **57** projected outcomes, **34** are **COMPLETED**, **23** are **IN PROGRESS** and **0** are **STATIC**. Progress against these measures is also discussed with Service Managers and is being scrutinised and tracked on a regular basis. In April 2016, we will report back to the Committee about progress against the 12 month measures.

### **BACKGROUND PAPERS**

1. Graph depicting progress against Children's Social Care Improvement Action Plan 2015/16 (**Appendix 1**).
2. Graph depicting 6 month progress against Children's Social Care Improvement Plan 2015/16 performance measures (**Appendix 2**).
3. Children's Social Care Improvement Action Plan 2015/16 (**Appendix 3**).
4. London Borough of Hillingdon Children's Social Care Improvement Plan 2015/16 (**Appendix 4**).
5. Glossary (**Appendix 5**).

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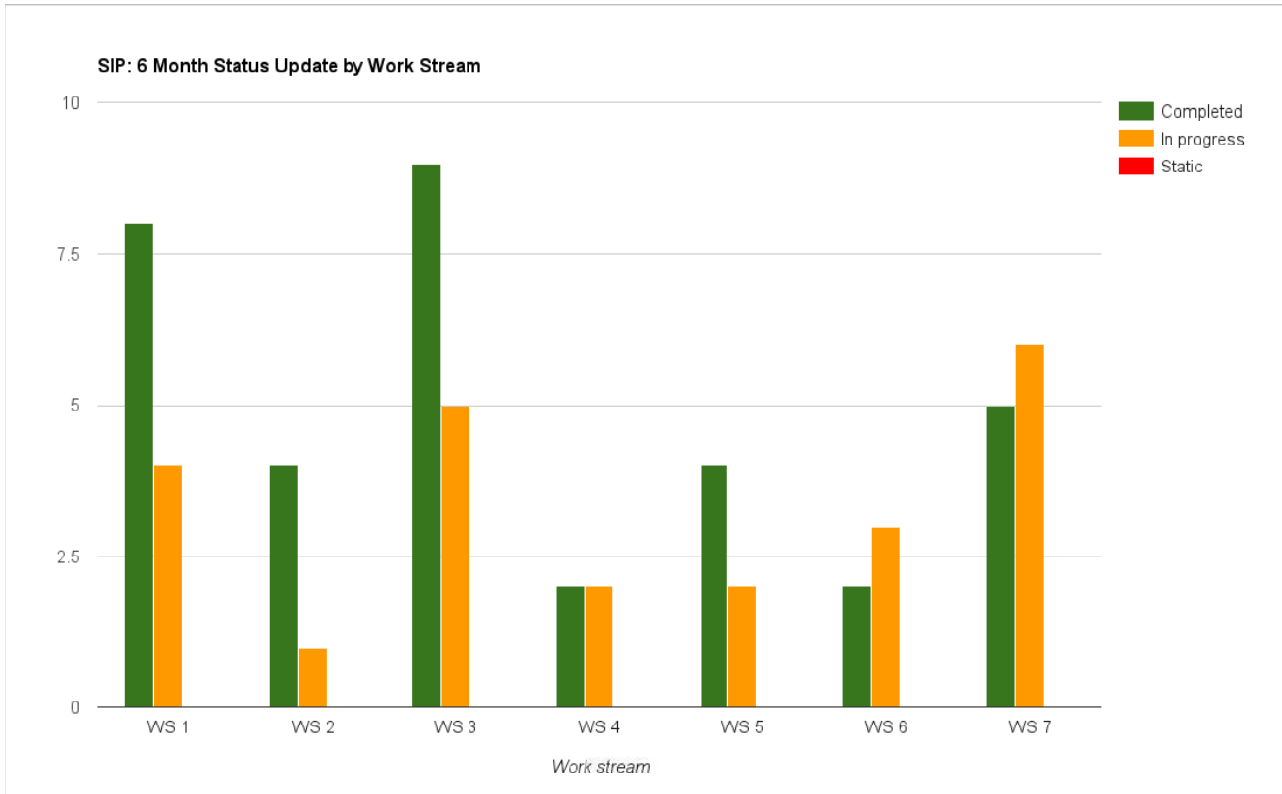
	Completed	In progress	Static	Total Actions
WS 1	5	4	0	9
WS 2	5	2	0	7
WS 3	2	5	0	7
WS 4	3	7	0	10
WS 5	2	4	0	6
WS 6	4	2	0	6
WS 7	4	3	0	7
<b>Total</b>	<b>25</b>	<b>27</b>	<b>0</b>	<b>52</b>



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	Completed	In progress	Static	Total Actions
WS 1	8	4	0	12
WS 2	4	1	0	5
WS 3	9	5	0	14
WS 4	2	2	0	4
WS 5	4	2	0	6
WS 6	2	3	0	5
WS 7	5	6	0	11
<b>Total</b>	<b>34</b>	<b>23</b>	<b>0</b>	<b>57</b>



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Action / Process			Improvement Targets and Outcomes			Progress - Actions			Changes post July 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Key Target	Status	Changes post July 2015
1.3	Recruitment process through to delivery to meet the needs of the service in line with the improvement plan	HR	01/05/2015	01/03/2016	Transition Plan agreed by the Leader	Improve the ratio of permanent to agency social workers within the Service. Target is 85% to permanent within the Service	- The Council is in a better place from which to recruit with clear direction, managed caseloads, competitive remuneration and a commitment to continued professional development all supporting the Council's offer to social workers. Plan to use Sanctuary, who specialise in social work recruitment in the UK, and HCL, who have a dedicated overseas recruitment network - Permanent recruitment campaign underway with 28th Sept for all perm social work posts. Interview schedules blocked out in October - 12 Team Managers and 1 Service Manager recruited to the new structure	In progress	- A 4 day induction programme was launched in January 2015. The programme runs every month and invites / expects delegates to attend through the New Starters Form process or from Managers booking existing staff onto the programme - The number of delegates has increased over the last 3 months. To date, all delegates that have attended have been either agency staff or student social workers	Completed	Key Target has changed from 'Full complement of Social Workers in post by July 2015'
1.4	Induction process for every new worker to be embedded as standard practice, and to achieve 100% compliance with current staff receiving a refresher induction to update their knowledge	L&D	01/01/2015	On-going	100% of new workers attended induction programme	All staff inducted		Completed		Completed	
1.5	AYSE support to be embedded, with clear standards and requirements set out to encourage these newly qualified workers to remain in Hillingdon long-term	L&D	15/03/2015	On-going	100% of NQSW's remain in social work posts, 2 years after qualifying	High standard ASYE programme resulting in NQSWs taking up permanent social worker posts in Hillingdon, and creating opportunity to grow future managers and create a stable workforce	The induction programme includes a modified and enhanced offer of support to ASYE	Completed		Completed	
1.6	Social Work Pathway to be embedded to ensure career structure is supporting individual needs	L&D	TBC by L&D	TBC by L&D	All professional social work posts have a career pathway established	Renewed job profile and job description for NQSW, SW and AP	The new career pathway for targeted posts have been developed and implemented as part of the recruitment programme	Completed		Completed	
1.7	Supervision structures to be embedded to ensure 100% compliance and delivery, including recording and performance management processes to be clear and robust in dealing with competency issues	AD Children's Safeguarding and AD C/C, Permanency & Children's resources	01/04/2015	Sept 2015	100% Compliance in the delivery of supervision	All staff receiving timely, good quality supervision in line with the Hillingdon Supervision Policy	- A comprehensive supervision monitoring and audit tool has been developed and implemented across C/YPS. It is supplemented by regular practice audits - All managers to provide supervision to staff in line with Hillingdon's Supervision Policy	In progress		In progress	
1.8	PADA reaches 100% completion on time and is robust in identifying current practices of the worker, identifying learning needs and having a SMART development plan to meet these needs	AD Children's Safeguarding and AD C/C, Permanency & Children's resources	01/04/2015	01/04/2016	By May 2015 all staff in the Children & Young People's team have a PADA in place, which will have expected priorities by role in line with this action plan.	PADA targets to be rolled out to all staff. Checks are undertaken to ensure that PADA's have been signed off. PADA reaches 100% completion	- Plans are in place to complete the 6 month PADA review by the end of October 2015 - All Senior Managers to ensure that supervising managers have received supervision induction and training within the first two weeks of employment (agency or permanent)	In progress		In progress	
1.9	Management development plan to be completed for all managers to support their practice with clear measures of performance incorporated in their development plan / PADA	AD Children's Safeguarding and AD C/C, Permanency & Children's resources	01/04/2015	01/04/2016	100% of managers to have a management development plan	All managers have a clear plan of support and career progression	- Management development training has been commissioned for all managers and will commence in Quarter 4, following successful recruitment of the permanent cohort of Team Managers - All Senior Managers to complete management development plans with their managers	In progress		In progress	

Retired Actions

Action / Process			Improvement Targets and Outcomes			Progress - Actions			Changes post July 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Key Target	Status	Changes post July 2015
1.1	Update website to enable prospective applicants to have a good understanding of what Hillingdon can offer and expectations of the role of a Social Worker	HR	01/04/2015	01/03/2016	New website functional	By Sept 2015 website updated and online.	Meetings held with Penna who specialise in recruitment marketing. Focussing on developing the Council's 'employment brand'. Initially we will develop with Penna a strong proposition clearly articulating the Council's successes, direction, delivery model and competitive remuneration. This will be communicated on a new recruitment portal or 'micro-site' which will later be used for other recruitment across the Council.	Completed		Completed	These actions have retired as they were completed within the agreed timescale
1.2	Applicant packs to contain all relevant information and guidance when applicants considering Hillingdon as their chosen workplace. Explanation contained in the pack of supervision, POD work, support etc.	HR	01/04/2015	01/07/2015	TBC by HR	On hold until Transition plan agreed by the Leader	A new Social Worker Job Profile has been developed clearly defining career progression and professional development within the Council. This will be a key message in the recruitment campaign and we will invite social workers to 'grow your professional career at Hillingdon'.	Completed		Completed	These actions have retired as they were completed within the agreed timescale

**STATUS OF ACTIONS for 2015/16**

Number	In progress	Static	Total
Percentage	44%	0%	9
	56%	0%	

Action / Process			Improvement Targets and Outcomes			Progress at 28 September 2015		
Ref	Action	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
2.1	Improved and consistent decision-making by the Triage and MASH teams	01/04/2015	01/04/2016	<ul style="list-style-type: none"> <li>Data around following Key Indicators as recommended by The London Chief Exec. Self-Improvement Board line is collated</li> <li>MASH clearly identifies statutory social work service Step across to early help services</li> <li>Contacts assisted through advice and information</li> <li>Re-referral rates</li> <li>Effectiveness of initial RAG rating by MASH is above 90%</li> </ul>	<ul style="list-style-type: none"> <li>Data around Key Indicators as recommended by The London Chief Exec. Self-Improvement Board is in line with statistical neighbours</li> <li>Audits and data indicating consistent decision-making from Triage and MASH. Audit of decision-making planned, 95% target</li> <li>On-going partner discussion regarding thresholds and delivery of training to partners to explore social care decision making and the MASH concept</li> <li>The MASH Manager remains the final decision maker on all cases progressing for assessment.</li> <li>Threshold training given to all MASH and Triage staff</li> </ul>	<ul style="list-style-type: none"> <li>Regular MASH operation meetings and strategic partnership meetings which are well attended and in which our key partners attend are in place and are chaired by the Assistant Director</li> <li>Audit of decision-making is now part of the monthly electronic audit tool, the results of which will be reported in our monthly audit trend document going forward. 100% target for compliance achieved</li> <li>There is a CSE officer who started in Sept and a Detective Sergeant will be working in MASH full time - their jobs will be to focus on CSE and FOM operations</li> <li>Thresholds agreed and training delivered, which has been evidenced in supervision meetings</li> <li>MASH protocols have been completed and are in place</li> <li>UK Border Agency and British Airways staff (incl pilots) have received safeguarding training</li> <li>Fortnightly meetings with Skylakes to discuss actions, has resulted in referrals decreasing</li> <li>Review of decision making demonstrates high levels of consistency and threshold management</li> <li>The available outcome information shows 276 contacts stepped up to Children's Social Care; 114 contacts stepped across to early help services and 220 contacts assisted through advice and information.</li> <li>Of those contacts rated RED 100% maintained their rating throughout the process an indication all had been correctly weighted. Of those contacts rated AMBER 430 out of 444 remained AMBER, 96.8% maintaining their weighting. Eight contacts were stepped up to RED and 6 stepped down to GREEN</li> <li>Of those contacts rated GREEN 79 out of 95 remained GREEN, 83.2% maintaining their weighting. 16 contacts were stepped up to AMBER</li> </ul>	Completed	<ul style="list-style-type: none"> <li>1. Perf Measure &amp; Milestones '10,000,000' of the CYP population'</li> <li>110,000 of the CYP population and 'Section 47' enquires per 10k of the CYP have been removed because there is no national comparator.</li> <li>2. The 5th Key Target now includes Triage staff</li> <li>3. % of referrals leading to the provision of a social care service (as defined by the child becoming a child in care) in the Perf Measure has been removed</li> </ul>
2.2	To establish an effective Referral and Assessment Service	01/08/2015	01/03/2016	<ul style="list-style-type: none"> <li>The recruitment will drive the establishment and implementation of 4 Duty Teams in line with the new service model.</li> </ul>	All staff in post by March 2016	<ul style="list-style-type: none"> <li>Recruitment for the Team Manager role has started. 2 Team Managers were not successful in appointing, however further recruitment is underway. In the meantime we continue using Skylakes</li> <li>There are plans to build two Social Work Teams by Sept/Oct 2015, who will be taking over from Skylakes during the transition</li> <li>Assessments are carried out within timescale and % of step-downs: Sept 2014 - assessments carried out within timescales was 64% Sept 2015 - assessments carried out within timescales is 97% Sept 2015 - step downs is at 81%</li> <li>At the end of Quarter 1 the re-referral rate is at 18%</li> <li>13% of children on a CP Plan second or subsequent time</li> <li>Maintain Skylakes project until Feb 2016. Recruitment is underway to move the provision inhouse and plan a smooth transition by Feb 2016</li> </ul>	In progress	<ul style="list-style-type: none"> <li>Previous ref was 2.6. The order has been changed so that the actions flow better in the Plan</li> </ul>
2.3	There will be an increase in families stepping down at key points in social care (at contacts, post assessment and during CP / CIN work) - seen via demand and capacity data set	01/04/2015	On-going	<ul style="list-style-type: none"> <li>% families no longer receive a statutory service and not re-referred to statutory social work for 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>Functioning RAS (Skylakes)</li> <li>Re-referral rate and children subject to a Plan a second time, 15-20% target</li> </ul>	<ul style="list-style-type: none"> <li>At the end of Quarter 1 the re-referral rate is at 18%</li> <li>13% of children on a CP Plan second or subsequent time</li> <li>Maintain Skylakes project until Feb 2016. Recruitment is underway to move the provision inhouse and plan a smooth transition by Feb 2016</li> </ul>	Completed	<ul style="list-style-type: none"> <li>1. Previous ref was 2.2</li> <li>2. Key Targets are new (there were no targets in the previous Plan)</li> </ul>
2.4	Best Value is obtained from Skylakes team in that they deliver to contract showing consistent good performance and to an acceptable practice standard	01/11/2014	01/04/2016	<ul style="list-style-type: none"> <li>Key Indicators and delivery model is agreed and delivered:</li> <li>Implementing a 5 week duty service that will undertake duty tasks and assessments of all children in need.</li> <li>Delivering 100% of assessments within 45 days max with an average of 30 days per assessment.</li> <li>Delivering 100% of ICPC within 15 days.</li> <li>% families no longer receive a statutory service and not re-referred to statutory social work for 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment Service is established and resourced.</li> <li>Regular risks and issues meetings are held.</li> <li>Performance data is collated and shows achievement of indicators in the social work teams. Results will be seen in the reduction of 'backlog' cases and new work being completed more frequently within timescales.</li> <li>Improved throughput of work from referral to social care planning to permanency, with a clear focus on legal planning and pre-proceedings work (Early Intervention, CIN, CP, LAC or Children's Pathway).</li> </ul>	<ul style="list-style-type: none"> <li>Contract oversight: Performance indicators are set and regular meetings are held on risks and issues. Partnership framework is established</li> <li>Skylakes embedded. Full review of project by Director of Children's Services (DCS). Run down of contract expected by February 2016</li> <li>There is a tapered transition into LBH RAS</li> <li>There are weekly practice meetings. Fortnightly risk and issues meeting where the Assistant Director, Service Manager and Skylakes Manager test the quality of practice. Further, there are quarterly performance monitoring meetings with the DCS</li> <li>97% of assessments within 45 days max with an average of 30 days per assessment</li> <li>87% of ICPC within 15 days</li> </ul>	In progress	<ul style="list-style-type: none"> <li>Previous ref was 2.3</li> </ul>

Action / Process				Improvement Targets and Outcomes			
Ref	Action	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status
2.6	Improve service offer for DV	01/04/2015	01/09/2015	<ul style="list-style-type: none"> <li>- Improved signposting for DV families from CSC.</li> <li>- An increase in orders against perpetrators or legal remedies.</li> <li>- Social Workers and audits indicate an improvement in assessment quality re. DV families.</li> <li>- Full time IDVA appointed within MASH.</li> </ul>	<ul style="list-style-type: none"> <li>- Training to be rolled out by QA service on DV tools March onwards.</li> <li>- New activities to be linked with DV strategy and plan.</li> </ul>	<ul style="list-style-type: none"> <li>- MASH partnership to deliver DV specialist role to MASH to identify and enhance service offered to families identified with DV risk</li> <li>- Implemented risk assessment tool which includes the principles of the CAADA-DASH Risk Identification tool to the Assessment and SW teams and of Barnados DV identification matrix</li> <li>- There is now a dedicated DV worker in MASH</li> <li>- DV training for all staff has been planned through LSCB. First session on DV and impact on children to take place on 18/09/2015 and the next is due to take place on 15/01/2016</li> <li>- Full time IDVA appointed within MASH</li> </ul>	Completed
2.7	Establish effective working relationship with the Asylum Intake Team (AIT)	01/03/2015	On-going	<ul style="list-style-type: none"> <li>- Delivering 100% of assessments within 45 days max with an average of 30 days per assessment</li> <li>- Performance Indicator meetings held weekly to ensure ongoing case management</li> </ul>	<ul style="list-style-type: none"> <li>- UKBA and AIT to work in partnership with operations to safeguard children YP Vulnerable to FGM/ CSE/ trafficking/ Terrorism</li> <li>- 100% LAC asylum allocated</li> </ul>	<ul style="list-style-type: none"> <li>- LAC asylum assessments delivered within 45 days max with an average of 30 days per assessment</li> <li>- June 15 - 100% average working days per assessment 29.25</li> <li>- July 15 - 90% average working days per assessment 36.9</li> <li>- Aug 15 - 100% average working days per assessment 44</li> <li>- Sept. 15 figures are still being compiled</li> <li>- Fully permanent workforce with manageable caseloads</li> <li>- Staff development / training on age assessments and human rights assessments</li> <li>- Permanent Team Manager in post</li> <li>- Service Manager recruited to cover the Asylum and Young Peoples Service. New asylum team structure to be in place from the 1st Oct 2015</li> </ul>	Completed

Retired Actions

Action / Process				Improvement Targets and Outcomes			
Ref	Action	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status
2.8	Improve EDT staff recording practice following snapshot review.	01/04/2015	On-going	<ul style="list-style-type: none"> <li>- TRIAGE team are reported any issues weekly of incorrect recording and timeliness of reporting.</li> </ul>	<ul style="list-style-type: none"> <li>- EDT to work in line with the social work teams and remain consistent in their approach to recording.</li> <li>- Snapshot Review to be discussed at SMM for further improvement consideration</li> <li>- Full EDT review completed in April 2015 and sent to senior management. Monthly meetings take place between senior manager and Finance for budget monitoring purposes</li> </ul>	<ul style="list-style-type: none"> <li>- There are no more issues from Triage</li> <li>- 1-2-1 training with Triage in place immediately</li> <li>- Monthly meetings help identify issues and are dealt with immediately</li> <li>- ICS contains advice on performing referrals</li> <li>- 100% permanent staff employed in EDT</li> <li>- In Oct 2016 an audit will be carried out in this area</li> </ul>	Completed

STATUS OF ACTIONS for 2015/16

Number	Completed	In progress	Static	Total
Percentage	7.1%	29%	0%	7

Action / Process				Improvement Targets and Outcomes		Progress at 28 September 2015			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
3.1	Successful permanent recruitment to all social work and team manager posts  Recruit family support workers, one to each social work team	AD Children's Social Care	01/07/2015  Dec 2015	01/12/2015	- Permanent recruitment  - Recruit support staff to assist with intensive social work intervention	- Stable workforce to achieve good outcomes for families.  - Families receive a targeted service and increase in direct work when children are subject to CP/CIN plans.	- Penna are providing assistance in the permanent recruitment campaign for managers and social workers in the social work teams  - 2 permanent Team Managers (TM) have been appointed. The Early Help Service restructure will provide an enhanced family support provision to the Service. Interview slots for remaining TM posts have been booked	In progress	
3.2	Average caseloads - 18 cases per qualified social worker	Service Manager CSWT	01/01/2015	On-going	Weekly data set indicate that all Social Workers have an average caseload of 18 children.	- To ensure Social Workers are supported with manageable caseload and the work undertaken on the cases is undertaken in a timely manner with good outcomes for families.  - There is flexible use of agency staff across the service which is aligned with demand.	- Benchmark for caseloads agreed in line with London Standards document: 16 for CP/CIN (CSWT) service remains on track. Overall, there is a reduction in caseloads and extra resource in May and June helped to reduce these numbers (where the average caseload was 15 cases during that period). Caseloads are reviewed on a regular basis. As of Sept 2015 the average caseload is 16. There is regular monitoring of caseloads and a focus on reducing caseloads where possible. CP cases which has been historically high which adversely affects caseloads.	Completed	
3.3	Improving the level of professional supervision and development of staff	Service Manager CSWT	01/04/2015	On-going	- 100% compliance and delivery of supervisions  - 100% POD supervision	Monthly report on supervision indicates that staff are receiving 1-1 supervision in line with the Inlington supervision policy and that where this doesn't occur, clear explanations are given.	- Implement 1-2-1 supervision tracker, 76% 1-2-1 supervisions completed in July 2015. This is being monitored and scrutinised with backlogs at the end of the month. Next meeting on 24/09/2015, where an improvement is expected.  - First report on professional supervision went to SMM in July 2015, where they identified variable performance issues which were dealt with by the Service Manager. It was agreed that POD supervision should be conducted fortnightly as this adds more value to the process  - From August 2015 Practice Mentors will audit performance and POD supervision and prepare an action plan where managers can address any issues. Audits have been completed and are discussed at the Service Managers meeting fortnightly	In progress	1. 90% staff to have 2-1 supervisions from Perf Measure has been replaced with 100%
3.4	Improve the quality of social work assessments in the CSWT	Service Manager CSWT	01/04/2015	01/04/2016	- 100% compliance in team managers undertaking audits.  - Case audits show improvement in grading: ● 35% good by March 2015 ● 50% good by Sept 2015 ● 80% good by March 2016  - 100% supervision is delivered and recorded to staff benefit.  - Supervision Audit and Staff surveys indicate high quality supervision is being delivered and staff report its benefit.  - New management structure implemented by June 2015  - An assessment training programme to be commissioned from the QA service and rolled out to all social work practitioners.	- Social work assessments contain clear analysis and informed judgements on intervention models to be used with families  - Assessments reflect the child's voice and social work engagement with the family and partner agencies  - Improved throughput of work from referral to social care planning to permanency, with a clear focus on legal planning and pre-proceedings work (Early Intervention, CIN, CP, LAC or Children's Pathway).  - All Case records to contain up to date chronologies.  - New management structure was implemented on 1st June 2015.  - Programme start date to be confirmed.  - Social workers to receive training on 'what good looks like' in assessments.  - Assessments to reflect meaningful engagement with children and their families with required outcomes clearly identified.	- 100% compliance in TM's undertaking audits - ongoing  - Case audits showing improvement in grading: ● 35% good by March 2015 - achieved ● 50% good by Sept 2015 - this is ongoing as the Sept round of audits are still underway at the time of this report  - New practice management structure was implemented on 1st June 2015  - The Services team are developing an action plan with Practice Mentors on improving work on practice activity  - Update Learning & Development key messages to staff  - Practice training on assessment skills will be delivered in the Autumn	In progress	1. 'Good' added to milestones under 'Performance Measures' column.
3.5	All social work interventions are provided in a clearly defined and timely manner	Service Manager CSWT	01/04/2015	On-going	- % families no longer receive a statutory service and not re-referred to statutory social work for 6 months.  - Step-up and Step-down data indicates: ● CP cases average 6 month ● Pre-proceedings work is 12-14 weeks average ● Increase in Step down post assessment and intervention ● % families no longer receive a statutory service and not re-referred to statutory social work for 6 months. ● There is a reduction in complaints. ● Practice mentors to support staff in delivering timely interventions	- Protocol outlining interface between Early Intervention Service and Children's Social Care is rolled out and targets agreed.  - Referrals received into children's services are appropriate for statutory intervention.  - Re-referral rates are reduced and in line with statistical neighbours  - Staff families and partners in feedback and surveys are clear about our involvement and there is an agreed plan which is outcome focussed and time-bound.  - Training on pre-proceedings work to be rolled out by Court Trackers and others in first quarter of 2015.  - Practice guidance has been updated and rolled out to all managers and staff including 'Working Together 2013'  - Social workers are familiar with Tri-x (the electronic policies and procedures web portal)	- Re-referral rates have remained within target parameters at 18%. All statutory cases allocated and have appropriate plans  - Step-up and Step-down data results: ● CIN and CP average case time is improving 6 month ● Pre-proceedings work is 12-14 weeks average ● There is a reduction in complaints - Achieved. Improved performance regarding compliance with 10 work days timeframe. Quarter 2 data was still being processed at the time of this review ● Review all practice standards and guidance - Part of the Tri-x update which is due in Oct 2015 ● Practice mentors to support staff in delivering timely interventions - Achieved  - Training on pre-proceedings and PLO process have been reviewed and implemented  - PLO workshops take place every fortnight and there has been a marked improvement in the outcomes of PLO work as a result	In progress	1. Key Targets 6 and 7 contain further detail.

Action / Process		Improvement Targets and Outcomes			Progress at 28 September 2015		Changes post July 2016	
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status
3.6	Defined response for all cases where Domestic Violence is the presenting risk factor	Service Manager CSWT	01/12/2015	On-going	Assessments reflect that the impact of DV on children is identified and responded to with clear safety plans and signposting to programmes for children experiencing DV IDVA worker to be appointed to MASH	Permanent IDVA within MASH	- Permanent IDVA worker appointed to MASH to provide support and guidance to CYPS - DV training to be rolled out in the Autumn 2015	Completed
3.7	Provide effective parenting assessment service	Service Manager CSWT	01/04/2015	01/04/2016	- Service to refresh protocol and offer. - An increase in parenting assessments being completed in-house for all pre-proceedings families unless a clinical/medical assessment is required. - An increase in parenting assessments being completed within new timescale. - An ongoing case consultation and training in assessments and pre-proceedings to be offered to Social Care staff.	- Once service is fully staffed targets for assessments to be rebased. (See separate detailed briefing on the proposal for this service) - Parenting assessments to be completed within 6 weeks unless agreed with legal and SW teams.	- Initial review undertaken that allows Service to work more effectively - Further reviews of Parenting Workers Contract with a clear link to throughput and quality of work - Service review is near completion. Reviews have been completed and new contracts are being issued	In progress

STATUS OF ACTIONS for 2015/16

Number	Completed	In progress	Static	Total
Percentage	29%	71%	0%	7



Action / Process			Improvement Targets and Outcomes			Progress at 28 September 2015	
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions
4.1	All LAC cases will be allocated to ensure that all statutory LAC requirements are met.	Service Manager LAC & YP's Team	01/04/2015	On-going	- All statutory posts are filled and caseloads are within the service average (14 for CIC teams) by Sept 2015. - Weekly data set - 100% allocation LAC Balanced caseloads - 100% of LAC visited within statutory timescales. - Low numbers of children missing from care <5 - Weekly management oversight of all LAC missing - 80% permanent staff to agency ratio	- Permanent recruitment successful with all Team Managers appointed. - Permanent recruitment with all social workers. - Agency workers to fill vacancies - Regular Permanence management meetings implemented to track KPis	- Significant recruitment underway in July and Sept 2015. All Team Manager (TM) posts filled and all statutory Social Worker recruitment is underway - Caseloads are within the service average which is 14 for CIC teams - 100% allocation LAC Balanced Caseloads has been achieved - LAC visited within statutory timescale - 83% (YTD) and 75% (June 2015). New management arrangements now imbedded and actions in place to improve performance - All children missing from care are being reviewed and risk assessed on a weekly basis by the Service Manager - Average caseload of 14 children at Sept 2015
4.2	Average caseloads remain within 14 - 16 cases per qualified social worker (A/YSE T2)	Service Manager LAC	01/04/2015	On-going	- Weekly data set: Average caseload for Children in Care Teams = 14	- Average caseload maintained between 14 to 16 children per worker	- Implemented supervision tracker which demonstrates variation and clear focus for new TMs - Supervision tracker in place for all staff - 100% POD supervision for reflective case discussion - Representative from the Quality Assurance team has met with all managers to ensure consistency across POD supervision meetings - report completed - Care leavers conference took place in June 2015
4.3	Improving the level of professional supervision and development of staff		01/04/2015	On-going	- 100% compliance and delivery of supervisions - 100% POD supervision for all teams - Implement supervision tracker across all teams - July 2015	- Clear robust decision making on all case files through QA audits and practice audits ensuring leading good QA audits. Build skill base within the team.	- This is a new action
4.4	Evidence of child or young person participation in their care planning for LAC and care leavers	Service Manager LAC	01/04/2015	On-going	- Feedback forms and information leaflets to young people about service - Number of LAC who require an advocate and receive an advocate should be 100% - Corporate manager data: - Milestones for audited cases: ● March 15 - 35% good ● Sept 15 - 60% good ● March 16 - 80% good - Thematic audit demonstrates 80% of cases where the child's voice is reflected in practice	- 60% return rate for feedback forms - Evidence of improved LAC and Leaving Care YP engagement. - Staff attend training delivered to ensure good outcomes for children. - 90% attend PLO/CSE Training	- Good added to the milestones under the Performance Measures column.
4.5	Effective management oversight is in place leading to better and more timely decision-making	Service Manager LAC	01/04/2015	31/03/2016	- 1-2-1 supervision tracker - Implement fortnightly performance management clinics - Court outcomes and LAC reviews: - The average of PLO cases to be concluded = 26 weeks - 100% of LAC reviews completed within timescale - Milestones for audited cases: ● March 15 - 35% good or better ● Sept 15 - 50% good or better ● March 16 - 80% good or better	- To ensure all care plans are robust to demonstrate good outcomes for LAC children - Recruitment of permanent team managers - Average PLO cases is 26 weeks - 100% LAC reviews within timescales - 100% audit of cases	- 1. End Date changed from 01/07/2015 to 31/03/2016 for consistency with the milestones for audited cases. 2. 'Good or better' added to the milestones under the Performance Measures column.
4.6	Health placement outputs demonstrate good outcomes for LAC	Service Manager LAC	01/01/2015	01/12/2015	Updates from Data and weekly Performance meetings.	- 90% completion of LAC health assessments within timescale, escalate to SW's and respond within 24 hours. - Workshops for mental and VH teams	- Regular 6 weekly monitoring meetings in place with designated health professionals to track and monitor health assessments, attendance is mandatory - Due to some slippage, this has gone to Service Managers Meeting (SMM) for escalation and a representative from Health has provided a report in which management actions have been raised to increase the profile of achieving this target. At July 2015 the number of initial health assessments was 35% and at August 2015 the number was 65%. The progress made here is promising and is being closely monitored during SMM - Workshops are in the process of being organised by the Virtual Head and are due to be delivered in Quarter 3



Action / Process			Improvement Targets and Outcomes			Progress at 28 September 2015			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
4.7	Education placement outputs demonstrate good outcomes for LAC	Head of Virtual School	01/01/2015	01/12/2015	<ul style="list-style-type: none"> <li>- Updates from Data and weekly Performance meetings</li> <li>- Ensure all children who are LAC and not meeting their milestones have an effective plan in place through the PEP, to ensure progression.</li> <li>- Milestones for the completion of a Personal Education Plan (PEP):                             <ul style="list-style-type: none"> <li>● March 15 - 50% completed</li> <li>● Sept 15 - 75% completed</li> <li>● Dec 15 - 100% completed</li> </ul> </li> </ul>	100% PEPs in place for all LAC between the ages of 3 years old, up to 18 years of age.	<ul style="list-style-type: none"> <li>- Residual actions from Ofsted Improvement Plan: Decision made to develop tracking and monitoring system within ePEP so that all attainment and progress data is contained within one system accessible to SWs, DTs, VSCs and FCs. Date for completion set for April 2015.</li> <li>- Residual actions from Ofsted Improvement Plan: Amendments to be made to ePEP so that Action Plans agreed can be SMART by 13th April 2015.</li> <li>- Residual actions from Ofsted Improvement Plan: In order of operation to target PEP resources for implemented, 2014-2015 PEPs being devolved to schools in March 2015, some have been used on commissioning (1 tuition, Book Trust to increase literacy and incentives to encourage LAC.</li> <li>=====</li> <li>- Regular meetings with the Children In Need team and Virtual School</li> <li>- Weekly performance data used to monitor the completion of PEPs which are at:                             <ul style="list-style-type: none"> <li>● March 2015 - 51% PEPs completed</li> <li>● Sept 2015 - 80% PEPs completed</li> </ul> </li> <li>- IRO Service has agreed to escalate cases without a Permanency Plan</li> <li>- All long term voluntary (Section 20) care cases reviewed and appropriate long term plans now in place</li> <li>- All Placement Order cases reviewed and being returned to Court where appropriate</li> </ul>	Completed	1. Milestones have been added to the Performance Measures column to ensure more effective monitoring of PEPs.
4.8	Improve monitoring and timeliness of permanent placement provision for LAC	Service Manager LAC	01/04/2015	31/03/2016	<ul style="list-style-type: none"> <li>- The average of PLO cases to be concluded = 26 weeks.</li> <li>- Percentage of children waiting for family finding 9 months of entry into care = &lt;30%</li> <li>- Percentage of children waiting for family finding 12 months of entry into care = &lt;10%</li> <li>- All Section 20 by March 2016, 100% over a year has a Permanency Plan</li> </ul>	<ul style="list-style-type: none"> <li>- 26 weeks achieved in court-monthly meetings</li> <li>- To provide timely permanent outcomes for all long term LAC</li> <li>- Review undertaken of all long term cases to promote permanent outcomes. All children with an adoption plan have been matched or placed with prospective adopters</li> </ul>	Completed	1. End Date changed from 01/07/2015 to 31/03/2016 for consistency with Permanency Plans.	
4.9	Improving outcomes for Leave in Care	Service Manager LAC	01/07/2015	31/03/2016	Monitoring NEET, accommodation and Pathways Plans for Leave in Care	Key targets are being agreed at the Care Leavers sub-group of the Corporate Parenting Board	<ul style="list-style-type: none"> <li>- Accommodation policy for Hillingdon has been updated and presented to Corp Parenting Board</li> <li>- Monitoring of NEET performance and practice undertaken by regular reviews by the Leave in Care sub-group of the Corp Parenting Board</li> <li>- There is regular feedback from the Service Manager to Corp Parenting Board to check the sustainability of accommodation</li> <li>- We are in the process of developing further SMART targets for all care leavers</li> </ul>	In progress	2. 'Permanency Plan' added to target 4 in the Performance Measures column. 3. 2nd 'Key Target' added. This is a new action
4.10	All LAC children over the age of 16 years old will have a Personal Advisor allocated	Service Manager LAC & Manager Children & Young People Service	01/04/2015	01/12/2015	Weekly Data Monitoring: <ul style="list-style-type: none"> <li>- 100% allocation = all 16 plus open cases</li> <li>- 100% pathway plans = All eligible care leavers</li> </ul>	To improve the outcomes for young people leaving care.	<ul style="list-style-type: none"> <li>- Personal Advisor will be allocated to all LAC YP over the age of 16 years old. All eligible care leavers will have an effective Pathway Plan</li> <li>- March 2015 = 85% care leavers have a Pathway Plan</li> <li>- Sept 2015 = this data is still being compiled and will be reported to POC at the next update meeting</li> </ul>	In progress	Old ref number was 4.3

STATUS OF ACTIONS for 2015/16		Total	
Completed	In progress	Static	Total
3	7	0	10
30%	70%	0%	

Action / Process		Improvement Targets and Outcomes			Progress - Actions		Changes post July 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	
5.2	Implement new service structure to deliver and maintain the improvements expected from the initial project, to plan for demand at key points within the Fostering and Adoption service and implement a 'best value' placement service for the LAC model	Service Manager Children's Resources	15/02/2015	01/03/2016	<ul style="list-style-type: none"> <li>- Sufficiency Strategy signed off at Corporate Parenting Board and implemented by July 2015</li> <li>- Service pathway and staffing structure communicated to key stakeholders and staff</li> <li>- Recruitment of permanent staff underway by Oct 2015</li> <li>- Quality Assurance framework provides evidence of good quality social work practice on all assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Business case completed and presented to SMT and Leader</li> <li>- Recruitment of team managers - three successful appointments</li> <li>- Agency staff used to cover vacant post</li> <li>- Link in with plan for social work recruitment across Children's Services</li> <li>- Fortnightly Permanency Monitoring Meeting embedded in practice and provides robust challenge and oversight of permanency outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- Recruitment of permanent staff on track to be completed by Oct 2015. Recruitment started in July 2015. 3 TMs appointed and in post, fourth TM to be recruited to. Recruitment to permanent TM post underway. We have started recruitment to a substantive Senior Manager post. Vacancies are either covered or being recruited to. There are no substantive casework backlogs in the Service</li> <li>- The Sufficiency Strategy has been shared with the Service, has been approved and is now live. The Sufficiency Strategy was signed off by Senior Management Team and the Corp Parenting Board in July 2015. The Strategy will go live on Horizon and follow up actions will be monitored via this Action Plan</li> <li>- All placements outside of LBH are reviewed by the Access to Resources Panel and meet the child's specific needs</li> <li>- The service pathway was presented at Assistant Managers Meeting in July 2015. It will be shared with 1 team Managers within the Service and will be discussed at regular staff briefings. Once the Agency has agreed to work with the Foster Care Association, the West London Alliance and the Independent Fostering Agency (in Sept 2015)</li> </ul>	<ul style="list-style-type: none"> <li>1. Perf Measure 'ICS/Performance Team monthly data for approval of carers in line with statutory requirements' has been removed because it is covered in 5.3</li> <li>2. Two Perf measures repeated in 5.6 and have been removed</li> </ul>	In progress
5.3	Improve performance management by implementing strong management oversight and evidence of improved permanency outcomes for LAC in Hillingdon	Service Manager Children's Resources	15/02/2015	16/03/2016	<ul style="list-style-type: none"> <li>- Dataset agreed by June 2015 (refer to action 5.5)</li> <li>- Scrutiny of monthly data by Performance subgroup by July 2015</li> </ul>	<ul style="list-style-type: none"> <li>- Data set agreed</li> <li>- ICS adoption module implemented</li> <li>- Monthly performance data meetings embedded in practice</li> <li>- Reduction in average days from the child being LAC to long term permanency decision being made</li> </ul>	<ul style="list-style-type: none"> <li>- Data set has been agreed to provide regular management info against adoption scorecard</li> <li>- ICS/Performance Intelligence Team continue to meet monthly to discuss data provided to track timescales for approval of carers</li> <li>- Continued scrutiny of monthly data by the Performance subgroup on a monthly basis. Implementation of monthly performance tracker meeting to provide improved performance management and oversight of permanent placements</li> <li>- Key Performance Indicators are tracked by Performance subgroup on a weekly basis</li> </ul>	<ul style="list-style-type: none"> <li>Repeated in 5.3. 5.5 and 5.6 so Perf Measures have been revised and refined</li> </ul>	Completed
5.4	Improve the management and coordination of the Adoption & Fostering Panel	Service Manager Children's Resources & Panel Advisor	15/03/2015	Dec15	<ul style="list-style-type: none"> <li>- Quality Assurance in place for all cases and paperwork presented to Adoption and Fostering Panel after each panel</li> <li>- Implement timely decisions from the Panel</li> </ul>	<ul style="list-style-type: none"> <li>- Panel training successfully delivered</li> <li>- Panel process and functioning coordinated and streamlined</li> <li>- Electronic system implemented to circulate paperwork and improve communication with panel members</li> <li>- Panel minutes are completed and signed by ADM within 2 weeks of panel</li> <li>- Tracking of panel cases to inform panel quarterly reports developed</li> <li>- Successful improvements in partnership working with panel members and the service</li> <li>- Panel requirements and expectations delivered to team meetings</li> <li>- Children's Service training programme developed</li> <li>- QA feedback sheet for SW reports prior to going to panel implemented</li> <li>- ADM decision making process streamlined timely</li> </ul>	<ul style="list-style-type: none"> <li>- Panel requirements and expectations delivered at the following meetings:                             <ul style="list-style-type: none"> <li>FOSTERING &amp; ADOPTION PANEL TRAINING 09/03/2015 - Data protection, Chromebook ICT</li> <li>16/03/2015 - New legislation on long term fostering</li> <li>20/10/2015 - Fostering and Adoption NMS and Regulation</li> <li>FOSTERING TEAM MEETING - 14/04/2015 (another date to be arranged)</li> <li>ADOPTION TEAM MEETING - 24/06/2015 (another date to be arranged)</li> <li>CIC MANAGERS TEAM MEETING - 16/04/2015 (another date to be arranged)</li> <li>IRO - Meeting was scheduled in June 2015 but did not take place. Meeting to be rearranged for Aug 2015</li> <li>- Panel Advisor appointed and in post. The process for performing QA checks on paperwork presented to the Fostering and Adoption Panel are in place</li> <li>- Admin support in place</li> <li>- ADM decision making is fixed in their diary</li> <li>- Children's Service training programme is in progress and will be delivered in Spring 2016</li> <li>- Successful improvement in partnership working with panel members will be delivered via training and feedback</li> <li>- Feedback received from the Panel become embedded in the cycle of learning and escalation. Minutes and decisions are agreed, tracked and evidence is collected</li> <li>- Business Support requirements are being reviewed to obtain dedicated admin support</li> </ul> </li> </ul>	In progress	

Action / Process		Improvement Targets and Outcomes		Progress at 28 September 2015		Changes post July 2016			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
5.5	Improve the function and process of family finding within the service	Service Manager Children's Resources	15/03/2015	15/12/2015	<ul style="list-style-type: none"> <li>- Prototype service completed and evaluated by July 2015, see Coram and HCL Service Plan</li> <li>- Team fully recruited by October 2015</li> <li>- Regular performance review of key service indicators:                             <ul style="list-style-type: none"> <li>• % of children who cease to be LAC after who were adopted</li> <li>• Average between child entering care and moving in with its adoptive family</li> <li>• % of children who wait less than 18 months between entering into care and moving in with adoptive family</li> <li>• % of children who ceased to be LAC because Special Guardianship</li> <li>• Average time between receiving a court to place and deciding on a match to an adoptive family</li> <li>• Average time between receiving a court to place and deciding on a match to an long term fostering placement</li> </ul> </li> <li>- Scrutiny of monthly data by Performance subgroup</li> <li>- Recruitment and retention of foster carers for older LAC and those with complex needs</li> <li>- 110 in-house foster placements</li> <li>- Reduce ratio of IFAs (45%) to in-house (55%)</li> <li>- Improve placement stability for children placed in long term fostering placements in line with the new structure</li> <li>- Reduce the number of placement breakdowns for children placed in long term fostering placements:                             <ul style="list-style-type: none"> <li>• Reduction in the number of children placed in residential placements</li> <li>• Reduction in the number of children and young people placed outside of 20 miles of LBH</li> </ul> </li> <li>- Increase number of good quality LB Hillingdon foster placements available</li> </ul>	<ul style="list-style-type: none"> <li>- Improved permanent placement outcomes for LAC in Hillingdon</li> <li>- Improvement in the performance as measured by the national adoption scorecard</li> <li>- LAC are placed with long term foster placement within 1 year of the placement order being made</li> </ul>	<ul style="list-style-type: none"> <li>- All backlog cases have now been dealt with and children have now been either placed or selected for matches with adoptive families. There is currently no children with placement orders waiting for an adoptive family. The family finding team are working proactively at selecting potential adoptive families for children prior to the final hearing therefore greatly reducing the drift.</li> <li>- Increase in the number of children being placed with an adoptive family within one year of the placement order being granted. 2014/15 15 children placed - 4 placed within one year of PO</li> <li>- Increase in the number of children being placed in a long term fostering placement within one year of the care order being granted. 2014/15 8 children placed - 1 within one year of CO</li> <li>- 61% of children referred to Family Finding were referred within timescale.</li> </ul>	In progress	<ul style="list-style-type: none"> <li>1. Coram and HCL Service Plan added to the first Performance Measure.</li> <li>2. Key Target now says 'Scorecard' instead of 'Score'</li> </ul>
5.6	Development of LBH foster carers to meet the diverse needs and challenges of LAC	Service Manager Children's Resources	01/09/2015	31/03/2016	<ul style="list-style-type: none"> <li>- Sufficiency Strategy presented to Corporate Parenting Board</li> <li>- Permanency Monitoring Meeting embedded in practice</li> <li>- Re-tiering exercise for WLA completed</li> <li>- Business case for new structure completed and presented to SMT and Leader</li> <li>- Recruitment of team managers - three successful appointments</li> <li>- Agency staff used to cover vacant posts</li> </ul>	<ul style="list-style-type: none"> <li>- Sufficiency Strategy presented to Corporate Parenting Board</li> <li>- Permanency Monitoring Meeting embedded in practice</li> <li>- Re-tiering exercise for WLA completed</li> <li>- Business case for new structure completed and presented to SMT and Leader</li> <li>- Recruitment of team managers - three successful appointments</li> <li>- Agency staff used to cover vacant posts</li> </ul>	<ul style="list-style-type: none"> <li>- In month 4 there was a increase of 16 in house placements made and in month 5 a increase of 13 in house placements made. This demonstrates the new management oversight. There is currently a recruitment campaign under way called the fantastic thirty. There is 29 households booked in for the information evening for September. There is currently 5 IV's underway - 4 stage 1 assessments going into stage 2. There is 1 mainstream carer booked for November panel. Short breaks care booked in for September panel - 1 short breaks carer booked in for November panel</li> <li>- All legacy cases are completed, we are now focusing on baby cases</li> <li>- All placements outside of 20 miles have been reviewed to verify that placements meet the child's needs</li> <li>- Permanent monitoring meetings are fully embedded into practice and resulted in all children with a placement order where the Care Plan is still in adoption matched or plans to be matched</li> </ul>	In progress	<ul style="list-style-type: none"> <li>1. Start date, was 'Start of new team structure' and End date was '6 months from start' have both been revised.</li> <li>2. 4th Performance Measures now includes 'in line with the new structure'.</li> </ul>

Retired Actions

Action / Process		Improvement Targets and Outcomes		Progress at 28 September 2015		Changes post July 2016			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
5.1	Pilot new service model to ensure allocation and completion of all outstanding and new assessments coming into the service	Service Manager Children's Resources	15/01/2015	15/07/2015	<ul style="list-style-type: none"> <li>- 100% of outstanding assessments presented to Adoption and Fostering Panel for approval within 6 months Coram project</li> <li>- New assessments are presented to Adoption and Fostering Panel in line with statutory guidelines</li> <li>- ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements</li> <li>- Scrutiny of monthly data by Perf subgroup</li> </ul>	<ul style="list-style-type: none"> <li>- Coram managed service successfully implemented 100% of cases allocated</li> <li>- HCL prototype implemented and service model being incorporated into the Children's Pathway</li> <li>- Monthly data performance meetings are embedded in manager's role</li> <li>- Adoption ICS module is live and will be able to provide data and analysis of service provision</li> </ul>	<ul style="list-style-type: none"> <li>- Implement a managed service with Coram and HCL</li> <li>- Allocate 29 outstanding assessments</li> <li>- Implement HCL staffing cohort to prototype service model</li> <li>- Implement regular performance management systems for adoption and fostering</li> </ul>	Completed	This target has now been completed and is considered to be a retired action.

STATUS OF ACTIONS for 2015/16		Total	
Completed	In progress	Static	Total
2	4	0	6
33%	67%	0%	

Work stream 6: Embedding new ways of working and improved practice management arrangements Children's Social Care Improvement Action Plan 2015/16

Appendix 3

Action / Process				Improvement Targets and Outcomes		Progress at 28 September 2015	
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions
6.1	Support better outcomes by aligning the staffing model with expected demand	AD Children's Social Care	01/04/2015	07/09/2015	- Implement Children's Pathway model - Monitor effectiveness of the 'managed service' model	- Complete a demand exercise within LBH - Benchmark LBH demand rates with national rates - 100% allocation of all statutory cases	- Implemented the Children's Social Care Pathway in June 2015 - Work completed on the expected demand across the children's pathway service for the provision of assessment teams - Extra demand is being met by the implementation of a 'managed service' for the provision of assessment teams - Regular weekly management monitoring arrangements are in place and are resulting in service improvements - All statutory cases are allocated across the Service within agreed caseload limits
6.2	Support best practice by ensuring caseloads are stable and balanced	AD Children's Social Care	01/04/2015	On-going	- Average caseload for qualified social workers = 18 - Newly qualified social workers = 12	- Case Loads for qualified social workers are monitored weekly at Performance Board - The average caseload across children's services has remained stable at 16/17 and is within target set - Caseloads in Referral & Assessment, Children in Care, Young People's Service and Adoption & Fostering are stable and within target set - Caseloads with Children in Need/Child Protection teams higher than target and actions in place to reduce within target range	- Caseloads are currently within the target average range (16) and monitored as part of weekly performance management of the Service. The average caseload newly qualified social workers has remained at 10 for the same period - Increased capacity added through 'managed service' models and sustained interim staffing - Practice improvements have led to closure of all backlog work and cases open without a plan for more than 6 weeks - The new Advanced Practitioner (AP) role has been added to the structure, there will be one AP per social work team - All AP posts have been recruited to as part of the main recruitment activity in Autumn 2015
6.4	Invest in expert advanced practitioner roles in line with the motto principle to best practice capability at the point of delivery	AD Children's Social Care	01/05/2015	01/03/2016	- Improved social work practice.	- Percentage of work judged good or better: ● 95% by the end of March 2015 ● 50% by the end of September 2015 ● 80% by the end of March 2016	- Work judged good or better. ● 35% by the end of March 2015 - achieved ● 50% by the end of September 2015 - ongoing at the time of this report - Implement Service Training and Development Plan Actions underway to ensure all staff have individual training plans (IDP) appropriate for the requirements of their roles and responsibilities within the Service - 6 month PADA reviews to be completed by end of Oct 2015
6.5	Invest in staff professional development and clearer alignment with service requirements	AD Children's Safeguarding	01/04/2015	01/04/2016	- 100% compliance and delivery of supervisions - 100% POD supervision	- 100% of qualified social workers to receive supervisions on a monthly basis - 100% qualified social workers have IDPs appropriate to the requirements of their job. - 100% of qualified social workers have completed their PADA	- There are regular whole service communication events held to outline key changes and planning within the service. - All Service Managers hold regular meetings with all staff in their service to explain in detail changes and improvement action. - Following participation from all staff, CYP's staff outturns demonstrated a positive change in staff morale.
6.6	All changes to be made with transparency consultation and care through regular communication with staff and managers	AD Children's Social Care & AD Children's Safeguarding	01/04/2015	On-going	- Quarterly whole service events held - Regular attendance of staff at Service Management meetings	- 50% response rate to all staff survey from Children's Services	- The following Performance Measures have been removed as they were no longer informative: 1. Case Loads for qualified social workers are monitored weekly at Performance Board 2. The average caseload across children's services has remained stable at 16/17 and is within target set 3. Caseloads in Referral & Assessment, Children in Care, Young People's Service and Adoption & Fostering are stable and within target set. Caseloads with Children in Need/Child Protection teams higher than target and actions in place to reduce to within target range.

Action / Process		Improvement Targets and Outcomes			Progress at 28/5/2015				
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
6.3	Ensure good management oversight and support of practice by implementing a flatter team management structure	AD Children's Social Care	01/05/2015	01/06/2015	- Measurement of management oversight through supervision and audit activity.	- 100% of qualified social workers to receive supervisions on a monthly basis. - Percentage of work judged good or better: • 35% by the end of March 2015 • 50% by the end of September 2015	- To deliver clearer accountability by expanding the number of team managers with small (maximum 6) teams of social workers. - Business case completed and submitted to the Leader end March 2015.	Completed	1. This target has now been completed and is considered to be a retired action. 2. Key targets have been added

STATUS OF ACTIONS for 2015/16

Number	Completed	In progress	Static	Total
Percentage	4 67%	2 33%	0 0%	6

Action / Process			Improvement Targets and Outcomes			Progress at 28 September 2015			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
7.1	Implementation of new Quality Assurance Framework and Audit Programme to embed 'good' standards of practice	AD Children's Safeguarding	01/04/2015	31/03/2016	<ul style="list-style-type: none"> <li>- Percentage of work judged good or better:                             <ul style="list-style-type: none"> <li>• 35% by the end of March 2015</li> <li>• 50% by the end of September 2015</li> <li>• 80% March 2016</li> </ul> </li> <li>- Monthly Quality Assurance findings will drive improvement across the service developing clear action plans.</li> </ul>	Good' standard of practice evidenced and sustained across the service.	<ul style="list-style-type: none"> <li>- Quality Assurance Framework signed off and launched 1 April 2015 and Audit Programme for 2015/2016 launched on 1 April 2015</li> <li>- Percentage of work judged good or better:                             <ul style="list-style-type: none"> <li>• 46% at end of March 2015 - milestone achieved</li> <li>• Sept 2015 is still ongoing</li> </ul> </li> <li>- We recently completed an audit of POD supervision and an action plan has been developed and distributed to senior managers for implementation</li> </ul>	Completed	1. End date has changed from 01/09/2015 to end of March 2016 so that it is consistent with our milestones.
7.2	Launch new Practice Standards	AD Children's Safeguarding	01/04/2015	31/03/2016	<ul style="list-style-type: none"> <li>- Percentage of work judged good or better                             <ul style="list-style-type: none"> <li>• 35% by the end of March 2015</li> <li>• 50% by the end of September 2015</li> <li>• 80% March 2016</li> </ul> </li> </ul>	Good' standard of practice evidenced and sustained across the service.	<ul style="list-style-type: none"> <li>- New Practice Standards for:                             <ul style="list-style-type: none"> <li>• Referral and Assessment</li> <li>• Child Protection Plans</li> <li>• Visits to Children</li> <li>• Care Planning</li> </ul> </li> <li>- signed off and launched on 15 April 2015</li> <li>- Ongoing programme of Bite size training and workshops on new Practice Standards commenced in mid April 2015 and being delivered by Practice Mentor. Further, this is part of the induction process for new starters</li> <li>- Percentage of work judged good or better:                             <ul style="list-style-type: none"> <li>• 35% at end of March 2015 - milestone achieved</li> <li>• Sept 2015 is still ongoing</li> </ul> </li> <li>- Monthly audit programme underway</li> </ul>	Completed	1. Ongoing has been removed from Start Date column. 2. End date has changed from 01/06/2015 to end of March 2016 so that it is consistent with our milestones.
7.3	Launch new Audit Programme	AD Children's Safeguarding	01/04/2015	31/03/2016	<ul style="list-style-type: none"> <li>- From April 2015 100% compliance for completion of case file audits</li> <li>- From May 2015, 100% case file audits completed using electronic audit tool</li> <li>- By April 2016 100% of themed audits are completed as programmed</li> <li>- Monitored at monthly Quality Assurance meetings</li> </ul>	An approach that will support practice managers to embed scrutiny and practice learning from audit into daily supervision and management in a rigorous way.	<ul style="list-style-type: none"> <li>- All managers to complete single agency audits using the electronic case file audit tool. Electronic audit tool provides data on specific areas on a monthly basis to track performance including assessments, chronologies, management oversight/decision making, supervision and the voice of the child. Bi-monthly thematic audits completed using bespoke audit methodology and electronic audit tool</li> <li>- Monthly supervision tracker used as an audit tool to monitor and check implementation of supervision meetings</li> <li>- From April 2015, 100% compliance for completion of case file audits completed</li> <li>- From May 2015, 100% case file audits completed using elec audit tool completed</li> <li>- Audit trend report is distributed to the Chief Executive and Cllr Simmonds for monitoring and scrutiny purposes. Practice Managers and SMM's agree and implement actions via the action plan</li> <li>- Reviewed by IRO's during monthly team meetings</li> <li>- Ongoing review that 100% LAC have had mid-point reviews</li> </ul>	Completed	1. End date has changed from 01/10/2015 to end of March 2016 so that it is consistent with our performance measures.
7.4	Ensure a robust Reviewing Service that quality assures consistently promoting good practice and challenging practice areas that require improvements	AD Children's Safeguarding	01/04/2015	01/09/2015	<ul style="list-style-type: none"> <li>- Dispute Resolution Tracker reviews at monthly quality assurance meetings</li> <li>- 100% Looked After Children will have a mid-point review by Sep 2015.</li> </ul>	Improved outcomes for Looked After Children.	<ul style="list-style-type: none"> <li>- Ongoing review that 100% LAC have had mid-point reviews</li> </ul>	In progress	
7.5	Launch CSE strategy and Missing Person and Runaway Protocol	AD Children's Safeguarding	01/01/2015	01/09/2015	<ul style="list-style-type: none"> <li>- Development of CSE data in order to measure the level of concerns in line with national and local trends</li> <li>- 100% of CSE cases tracked and all have effective risk assessment and plans recorded by Sep 2015.</li> </ul>	A CSE strategy that will enable all professionals to develop confidence and practice when identifying and responding to CSE concerns.	<ul style="list-style-type: none"> <li>- CSE strategy and Missing Person and Runaway Protocol launched in April 2015</li> <li>- Monthly MASE and MAP meetings are used to track CSE cases</li> <li>- 100% cases tracked and risk assessments and plans in place</li> <li>- CSE Strategy Implementation Update report is going to POC in October 2015</li> <li>- Ongoing and on track to be completed by October 2015</li> </ul>	Completed	Retired
7.6	Collation and analysis of Quality Assurance systems across the service, incorporating improvements achieved through good practice and learning to inform future planning and promote improvement	AD Children's Safeguarding	01/09/2015	01/10/2015	All teams with the support of the Quality Assurance Team will run a structured review of quality assurance feedback and data every six months.	A robust process in place for turning strategic quality assurance activity into reflection, planned action, better practice and improved outcomes for children.		In progress	
7.7	Through child's journey it is evident that their views are considered in all aspects of decision making	AD Children's Safeguarding	01/01/2015	01/03/2016	<ul style="list-style-type: none"> <li>- MyReview will see increased response to completing and evidencing child's views</li> <li>- Audit of care plans and Child Protection Plans evidence the child's voice in decision making (Sep 2015). Milestones: 100% by March 2016</li> </ul>	To ensure all plans and social work interventions consider the child's voice and include their views in decision making.	<ul style="list-style-type: none"> <li>- Consultation for CP and LAC are taking place. MyReview is the new model (replacing ViewPoint) which will be introduced for LAC by Aug 2015 and for CP by early 2016</li> <li>- Track children and young people's participation in LAC Reviews and Child Protection Conferences.</li> <li>- Sept 2015 audits are still being undertaken and will be reported at the next POC update</li> </ul>	In progress	

STATUS OF ACTIONS for 2015/16		Total	
Completed	In progress	Static	Total
4	3	0	7
57%	43%	0%	



# London Borough of Hillingdon Children's Social Care Improvement Plan

## Appendix 4

### 6 month progress report against SIP

#### Work stream 1a: Workforce development

No	Action	Progress at 28 September 2015	Status
1	Implementation of flatter management structure to offer enhanced support and supervision and provide clearer professional accountability	Completed in July 2015 and has been embedded into the Service	Completed
2	National recruitment campaign for permanent staff	Recruitment has been underway since August 2015, with a national campaign to employ qualified and newly qualified social workers in Sept 2015	Completed
3	Revised social work pathway and offer to ensure Hillingdon is in the top quartile	The new career pathway for targeted posts have been developed and implemented as part of the recruitment programme	Completed
4	Updated website to enable prospective applicants to have a good understanding of what Hillingdon can offer and expectations of the role of a Social Worker.	CYPS and HR have been working with Penna to develop our website and implement a refined 'front door' approach so that potential applicants feel that they are joining a professional, polished service	Completed
5	Applicant packs to contain all relevant information and guidance when applicants considering Hillingdon as their chosen workplace. Explanation contained in the pack of supervision, POD work, support etc.	Completed and in place	Completed
6	Recruitment process through to delivery to meet the needs of the service in line with the improvement plan.	Completed and in place	Completed
7	Induction process for every new worker to be embedded as standard practice, and to achieve 100% compliance with current staff receiving a refresher induction to update their knowledge.	An induction programme is in place and several inductions have taken place in the last 6 months as new cohorts of starters arrive. This is ongoing as the recruitment campaign for social workers started in Sept 2015 and further inductions will take place	In progress
8	Assessed and Supported Year in Employment (AYSE) support for all newly qualified staff to be embedded, with clear standards and requirements set out to encourage these newly qualified workers to remain in Hillingdon long-term.	The induction programme includes a modified and enhanced offer of support to AYSE	Completed
9	Social Work Pathway to be embedded to ensure career structure is supporting individual needs.	Completed in July 2015 and has been embedded into the Service	Completed

#### STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	8	4	0	12
Percentage	67%	33%	0%	

#### Work stream 1b: Workforce development

No	Action	Progress at October 2015	Status
10	Supervision structures to be embedded to ensure 100% compliance and delivery, including recording and performance management processes to be clear and robust in dealing with competency issues.	Supervision tracker in place which is being used to monitor whether supervisions are taking place on a regular basis. A report is presented to the Service Managers Meeting monthly and any slippage must be explained and remedial action taken to ensure performance does not decline any further	In progress
11	PADA reaches 100% completion and is robust in identifying current practices of the worker, identifying learning needs and having a SMART development plan to meet these needs.	Plans are in place to complete the 6 month PADA review by the end of October 2015. All Senior Managers to ensure that supervising managers have received PADA induction and training within the first two weeks of employment (agency or permanent).	In progress
12	Management development plan to be completed for all managers to support their practice with clear measures of performance incorporated in their development plan / PADA.	Management development training has been commissioned for all managers and will commence in Quarter 4, following successful recruitment of the permanent cohort of Team Managers. All Senior Managers to complete management development plans with their managers.	In progress

6 month progress report against SIP  
 London Borough of Hillingdon Children's Social Care Improvement Plan  
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Work stream 2: Improving Triage, MASH and Referrals & Assessment

No	Action	Progress at 28 September 2015	Status
1	Performance data showing an appropriate level of contacts and consistent conversion rate to referrals into Social Care.	Regular performance data now demonstrates that the Service is coping with demand through the Triage and MASH effectively and consistently. Conversion rates from contacts to referral is averaging at 19% which is within the expected tolerance expected for the Service. This has led to a significant improvement in the number of assessments completed within timescale which currently stands at 97%.	Completed
2	Performance data - weekly target to reduce overall CIN cases to meet target case load. Data-set has been designed to show CIN case trajectory across all teams including Skylakes.	Demand has remained high but the MASH and Referral & Assessment Service (Skylakes) have resulted in consistent numbers being allocated into the Children in Need Service. Further work is required to transfer the Referral & Assessment Service from Skylakes to in-house provision.	Completed
3	Service undertakes regular supervision audits and PADA reviews. (Residual Ofsted action).	Supervision tracker in place which helps monitor regular supervision meetings are taking place. PADA reviews were undertaken in April 2015, six month reviews are due to be completed by end of October 2015.	In progress
4	Contract oversight - Performance indicators are set and regular meetings are held on risks and issues. Partnership framework is established.	Performance information for the MASH demonstrates that it is working effectively and efficiently. The partnership framework is fully implemented and fortnightly monitoring meetings are held to monitor performance and the quality of work. The partner MASH Board meetings are held regularly and chaired by the Assistant Director Children's Social Care.	Completed
5	Caseloads in the CSWTs to be in line with London AD standards document (average 15 for Duty and Assessment staff, 18 for CP / CIN and 14 for LAC).	Caseloads across the Service have remained below the target average at 16 per qualified social worker. The case loads for RAS and LAC social workers have also remained within the target set. However case loads in the CSWT remain slightly higher and work is underway to reduce these.	Completed

STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	4	1	0	5
Percentage	80%	20%	0%	



# London Borough of Hillingdon Children's Social Care Improvement Plan

## Appendix 4

### 6 month progress report against SIP

#### Work stream 3: Improving social work practice within the Children's Social Work Teams

No	Action	Status
1	Skylakes and Hillingdon are able to embed a referral and assessment team that delivers early outcomes.	Completed
2	Reduction of caseloads in the CSWTS, by creating capacity in these teams to close step down and progress casework. The evaluation will feed into any further work on the Children's Pathway.	Completed
3	A service demand flow map including demand and capacity will be established to ensure there is appropriate capacity at key points in the Children's Pathway.	Completed
4	The resource is flexed and aligned with the transitional approach and dependent on recruitment.	In progress
5	Private Fostering lead is identified, project group is set up. QA audit of current cases are completed with learning.	Completed
6	The Parenting Assessment Service staff are brought into the Hillingdon structure, the remit is expanded with the placing of the specialist Mental Health Worker.	In progress
7	There is an increase in Legal planning meetings, with an increase in families in line with making timely decisions for children.	Completed
8	Case transfer panel is established, transfer check list (good practice) is used and cases are transferred at agreed points more consistently.	Completed
9	Improvement in timeliness of assessments completed.	Completed
10	A focused improvement project on assessment and chronology.	In progress
11	Number of complaints will reduce and response time will improve.	Completed
12	Partners feedback will be sought.	Completed
13	Monthly QA audits on cases will have 100% compliance.	In progress
14	Recruitment of first line managers is effective as we reduce 100% current agency staff in management positions to 40% or less.	In progress

#### STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	9	5	0	14
Percentage	64%	36%	0%	

6 month progress report against SIP  
 London Borough of Hillingdon Children's Social Care Improvement Plan  
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Work stream 4: Improving outcomes for Looked After Children & Young People

No	Action	Progress at 28 September 2015	Status
1	Performance data - weekly target to allocate all LAC cases; meet statutory reviewing and visiting targets, through weekly meetings with managers to review performance against target.	The new team structure has been fully implemented with regular performance meetings taking place. Due to some short-term staffing issues that have now been addressed, there has been a slight drop off in performance against statutory tasks but these will improve as new staff come into the Service during September and October 2015.	In progress
2	Health, education and placement outputs demonstrate good outcomes for LAC.	The Service now works closely with Education colleagues in the Virtual School and this has led to an improvement in the completion of PEPs (see education section in Action Plan). Work is also underway to improve the Health Assessment outputs within the service and this has resulted in improvements in recent months. Both education and health outcomes are on track to be 'good' by the end of March 2016.	In progress
3	Monthly PLO reporting against 26 week target - continue to reduce number of 'legacy cases' to final hearing and conclude proceedings. Ensure all current work started since October 2014 is concluded within 26 weeks.	The Service has made significant progress in this key area of activity. Performance has continued to improve with cases now being completed in 27 weeks. This is an average which includes legacy cases that have taken longer to complete due to their complexity. Performance across the majority of cases (minus legacy cases) is now under 26 weeks.	Completed
4	Successful interim recruitment to all social work and team manager posts and caseleads to be within the range of 14-16 cases per qualified social worker.	The Service has maintained good staffing levels for over 10 months. All Team Manager posts are filled (three permanent and one agency). All key social work posts have been filled and average caseleads remain at 14 cases within the Service.	Completed

STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	2	2	0	4
Percentage	50%	50%	0%	

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Work stream 5: Improving the quality of Fostering & Adoption provision

No	Action	Progress at 28 September 2015	Status
1	Implementation of the 'managed service project' (provided by Coram & HCL) to allocate all assessment activity as outlined in the project above.	Coram and HCL have completed the work agreed as part of the managed service	Completed
2	Performance data - weekly target to allocate all carer assessments within statutory and good practice guidance.	Data performance meetings take place each month	Completed
3	Re-design the service structure to meet the new service model requirements.	Sufficiency Strategy has been approved and has gone live	Completed
4	Improved permanent placement outcomes for LAC in Hillingdon - improvement in the performance as measured by the national adoption score card.	The catch-up case work activity has now been completed and there are currently no children waiting for a adoptive placement to be identified for them. The permanency monitoring meeting continues to review each new looked after child and to refresh the permanency planning to ensure placement options are identified before the placement order is granted	In progress
5	Reduction in the number of children moved further than 20 miles from their home address to a minimum - less than 10% of LAC.	The list of young people placed over 20 miles is reviewed and discussed as part for the Permanency Planning Meeting and budget meetings.	In progress
6	QA framework provides evidence of good quality social work practice on all assessments undertaken by Coram (80% judged good or better and no inadequate).	Completed. The work carried out by Coram was found to be of a good standard. This work was used as an example of good practice for Hillingdon staff. Coram will be doing a lessons learnt session for all Hillingdon staff	Completed

		STATUS OF ACTIONS			
		Completed	In progress	Static	Total
Number		4	2	0	6
Percentage		67%	33%	0%	

## Appendix 4

## Work stream 6: Embedding new ways of working and improved practice management arrangements

No	Action	Progress at 28 September 2015	Status
1	Simplified practice management structure in place - April 2015.	The new simplified management structure has now been implemented across all teams within Children's Social Care. All team management posts are filled with a combination of interim and permanent post holders. Within the last six months 12 permanent team manager posts have been recruited to. Recruitment is underway to fill the remaining 10 posts.	Completed
2	The average case load across the service remains at or below 18 per qualified social worker (in accordance with service requirements).	The average case load within the Service has remained stable at 16 for qualified social workers for over 6 months.	Completed
3	All social workers receive regular monthly supervision.	With the introduction of the simplified Team Manager structure we are now able to track and monitor 1:1 supervision of social workers for the first time. A supervision tracking system was developed and implemented in June 2015. Some teams are now at 100% supervision for the first time but this is not consistent across all teams. It is expected that all social workers will have regular supervision within the next Quarter.	In progress
4	Monthly QA audit report - percentage of work judged good or better - 35% by end March 2015, 50% by end September 2015, 80% end March 2016.	The QA process is now fully embedded with 100% compliance by all team managers and approximately 90 cases audited each month. The percentage of 'good' cases is rising but slower than we expected this Quarter. At March 2015, 46% judged good or better - milestone achieved Sept 2015 is still ongoing at the time of this report	In progress
5	Performance data - weekly target to allocate all CIN, CP and LAC cases, meet statutory reviewing and visiting targets, with weekly meetings with managers to review performance against target. In 2015-16 a feasible benchmark of case duration for CIN and CP will be able to be set, as well as step up and step down targets, and we should achieve the 26 week proceedings target to ensure more timely decisions for children.	Dedicated training and practice mentoring work is underway to increase the rate of improvement for the next Quarter. All statutory cases are allocated and most statutory targets are being met. Further work is underway in Quarter 3 to deliver the target outputs across all work. Work in the Public Law Outline is now fully embedded and we are meeting our target outcomes for these cases.	In progress

## STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	2	3	0	5
Percentage	40%	60%	0%	

# London Borough of Hillingdon Children's Social Care Improvement Plan

## Appendix 4

### Work stream 7: Effective Quality Assurance

No	Action	Progress at 28th September 2015	Status
1	Launch the new QA Framework in April 2015.	Achieved - Framework launched on 1st April 2015	Completed
2	Percentage of work judged good or better - 35% by the end March 2015, 50% by end September 2015.	March 2015, 46% judged good or better - milestone achieved Sept 2015 results are still being compiled	In progress
3	Monthly Quality Assurance findings will drive improvement across the service developing clear action plans that are SMART.	Achieved - action plans are produced following every audit and actions are developed using the SMART framework	Completed
4	CP Conferences and LAC reviews are completed within statutory timescales (95%)	97% CP conferences are completed within statutory timescale NC to check LAC reviews	In progress
5	LSCB responsibility in relation to safeguarding will be evidenced through QA audit and findings each quarter.	By Oct 2015, CSE and DV audits will be conducted, which will give us some assurance. New Board structure to be introduced in Oct 2015	In progress
6	Implement Dispute Resolution Process with appropriate outcomes achieved in relevant timescales that improve outcomes for children and young people.	Achieved - Process introduced in Sept 2015	Completed
7	Implementation of Mid-point Reviews for care plans and child protection plans.	Achieved	Completed
8	MyReview will see increased response to completing and evidencing child's views at specific meetings and assessments and providing feedback on the quality of practice.	MyReview implemented in August. Update in Oct required	In progress
9	IDVA service performance measures will indicate an improved and more targeted service.	Achieved - 3.5 IDVA's appointed, working in Victim Support (full time), MASH (full time), Police Station (full time) and Housing (part time)	Completed
10	Higher rate of FGC referrals and good outcomes to prevent escalation to tier 3 services or becoming looked after.	Report from Daybreak received in Aug 2015. Up to date figures for Sept/Oct to be provided	In progress
11	Development of CSE data in order to measure the level of concerns in line with national and local trends, with clear targets to be measured with the action plan, being reviewed quarterly and timescales measured against effectiveness. An annual review with clear targets set as required. An action plan progress update to be reported to the LSCB board twice annually.	Reported to the Board in April and going to the Board again later in the year. Update CSE report to POC in Oct 2015. CSE Action Plan reported by the Board and sub-group. Training and QA specifically for the Boards.	In progress

#### STATUS OF ACTIONS

	Completed	In progress	Static	Total
Number	5	6	0	11
Percentage	45%	55%	0%	

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## Appendix 5 - Glossary of Terms Used

AD	Assistant Director
ADCS	The Association of Directors of Children's Services Ltd
AYSE	Assessed and Supported Year in Employment
CADA	Police description for the purpose of crime logging
CIC	Children In Care
CIN	Children In Need
CP	Child Protection
CSE	Child Sexual Exploitation
CSWT	Children's Social Work Team
CYPS	Children and Young People's Services
DV	Domestic Violence
EET	Education, Employment, or Training
FGC	Family Group Conference
HCL	HCL Workforce Solutions
HR	Human Resources
ICPC	International Child Protection Certificate
IDVA	Independent Domestic Violence Advocacy service
IFA	Independent Foster Agency
LAC	Looked After Children
LSCB	Local Safeguarding Children's Board
MASH	Multi Agency Safeguarding Hub
MOPAC	Mayor's Office for Policing And Crime
NEET	Not in Education, Employment, or Training
NRPF	No Recourse to Public Funds
PADA	Performance & Development Appraisal

PEP	Personal Education Plan
PLO	Public Law Outline
QA	Quality Assurance
SDQ	Strengths and Difficulties Questionnaire
SGO	Special Guardianship Orders
SMART	Specific, Measurable, Achievable, Realistic and Time-limited
YP	Young People
YPIDVA	Young People's Independent Domestic Violence Advocacy service



## CHILD SEXUAL EXPLOITATION STRATEGY

### IMPLEMENTATION UPDATE

**Contact Officer:** Nikki Cruickshank  
**Telephone:** 01895 556708

#### REASON FOR ITEM

This report provides an update of the progress made in the implementation of the Child Sexual Exploitation Strategy.

#### OPTIONS AVAILABLE TO THE COMMITTEE

1. To note the progress made in the Implementation of the Child Sexual Exploitation Strategy and future plans.

#### INFORMATION

##### 1. Background

The sexual exploitation of children and young people is a form of child sexual abuse. The following description of child sexual exploitation has been supplied in the guidance provided by the Department for Children, Schools and Families:

*Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.*

Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.

Over the last few years, there has been an increase in the media exposure of Child Sexual Exploitation (CSE) which has heightened awareness of the issue amongst statutory agencies as well as amongst members of the public. Serious Case Reviews have looked at the way that certain cases have been handled by the responsible authorities elsewhere in the country. This has highlighted the need for all organisations to look at their practices and procedures and, most importantly, to use the lessons learnt to inform the further development of our joint work on child sexual exploitation.

A London Borough of Hillingdon CSE Strategy has since been developed with and signed off by the Hillingdon Local Safeguarding Children's Board (LSCB) to ensure that the individual agencies work effectively together to prevent CSE, intervene early when risks are identified, help, protect and support children who are being exploited and determinedly pursue the perpetrators. The CSE Strategy was launched to Children's Social Care and partner agencies on 15 June 2015. The Strategy aims to build on the pro-active multi-agency work which is already undertaken in Hillingdon by providing a framework for all professionals working with children and young people in the Borough to deliver a programme designed to raise awareness of CSE in age appropriate ways and provide them with the appropriate life skills in order to prevent them becoming involved in sexual exploitation.

## **2. Overview**

A CSE Action Plan has been incorporated into the CSE Strategy based around the 3Ps model: Prevention, Protection and Prosecution. This Action Plan identifies the work that will need to be progressed and clearly highlights all responsibilities that have been agreed by the partner agencies. The Action Plan also includes a requirement to ensure that appropriate pathways and therapeutic support are available for those young people at risk of CSE.

New systems have been implemented to ensure CSE concerns can be registered and monitored. Information gathered in the community about CSE and statistical information provided by partners is now being recorded centrally. It is recognised that this database of information will need to be built upon to record a range of different data sets such as information in relation to sexual health, police prosecutions and children that go missing from school.

As part of scrutiny and further oversight children and young people known to be at risk of CSE are tracked and reviewed at the monthly Multi-Agency Professionals Meeting (MAP). MAP is chaired by the Assistant Director of Safeguarding and Quality Assurance and attended by all partners. New cases are referred to the panel through the CSE Prevention Manager. Multi-Agency Sexual Exploitation Meetings (MASE) are convened monthly and chaired by local Borough Police at a rank not below Inspector. MASE is the driver for agreeing the appropriate operational activity to tackle CSE threats, linking in with other areas and providing information to inform problem profiles and Hillingdon Local Safeguarding Children's Board.

The LSCB has established a multi-agency Child Sexual Exploitation sub-group, which will include other relevant areas of concern such as missing, trafficked, Female Genital

Mutilation (FGM), radicalisation and serious youth violence and drug related children/young people to coordinate and monitor the delivery of an annual action plan with key partners. A number of key agencies including the Police, Children's Services, Education, Health, the voluntary sector and the Youth Offending Service are represented. Its key functions are:

- Scope the scale of the problem within Hillingdon by collecting and monitoring local data
- Share responsibility among members for the coordination and delivery of the CSE action plan
- Report to LSCB on progress, highlighting any specific barriers or areas of risk in implementing action plan
- Raise awareness of sexual exploitation, missing, trafficked and gang related children/young people within agencies and communities
- Encourage the reporting of concerns about sexual exploitation, missing, trafficked and gang related children/young people
- Support the identification of training and awareness needs
- Disseminate guidance and examples of good practice across sector

### 3. Progress to Date

#### Prevention

The CSE Strategy and Action Plan were launched on 15 June 2015, as part of the prevention key action. The CSE Strategy has been disseminated to all key partner agencies and uploaded to the LSCB website. All professionals have access to the CSE Risk Assessment and there is a clear referral pathway to Children's Social Care.

CSE awareness training has been delivered to the following professionals:

- **Children's Social Care** - Service Managers, Team managers, social workers, youth workers, residential managers and staff, foster carers, Child Protection Chairs and Independent Reviewing Officers, Early Intervention Team, Key Working Service and Youth Offending Service
- **Health** - Hospital Trustee Board members, midwives, paediatric consultants, A&E paediatric consultants and nurses, minor injuries unit, sexual health clinical staff, diabetic consultants, senior nursing staff, school nurses
- **Education** - Head Teachers conference, child protection leads
- **Metropolitan Police** - Borough CID and MASH
- **Housing** - housing officers
- **Community workshops** - female residents of LBH

- **Councillors at Members Development Day**

Over the last eight months approximately 700 professionals, 30 female residents and Councillors have received CSE awareness training by the CSE Prevention Manager. A corporate membership with the National Working Group (NWG) has been commissioned for all CSC staff who works directly with children and young people.

'Chelsea's Choice' theatre production has been commissioned and is available for bookings for all Secondary Schools, year 10 (see point 4 for detail).

Progress continues to be made nationally with regard to including CSE within the PHSE curriculum in order to engage with children and young people to raise awareness.

Increased awareness of CSE with regard to the night time economy is being progressed by the Borough Metropolitan Police.

Missing child/young person from home/care policy continues to be embedded into practice. An update on missing children/young people policy was delivered to the Corporate Parenting Board. Feedback was positive.

Continued support, advice and monitoring is provided to CSC staff and other professionals regarding CSE, missing, trafficked, serious youth violence and FGM, by the CSE Prevention Manager.

IT will be adding FGM, serious youth violence and radicalisation to the contact drop down of gathering information in order to ensure safeguarding and risk assessment of information is appropriately managed. This will also inform data performance of subject areas of concern relating to the CSE strategy.

### **Protection**

The CSE Operating Protocol 2014 has been disseminated to all professionals to aid risk assessing of children and young people at risk of CSE. A review took place in March 2015 and the updated version has been sent to all professionals.

Cross border safeguarding of children and young people at risk of CSE is monitored by a Team Manager and has the oversight of MAP/MASE monthly panel meeting.

Oversight and scrutiny at the MAP/MASE monthly meetings promotes the safeguarding of children and young people who are suffering and or at risk of CSE.

The CSE Prevention Manager works closely with UK Border Force and has been present during operations at Heathrow tracking children and young people at risk of CSE, FGM and trafficking.

## **Prosecution**

A pre-trial plan is in place for any child or young person who has to attend a CSE Trial. This plan also includes support to family and Children Social Care staff.

As part of working together the Metropolitan Police continue to use their disruption tactics against subjects of concern/perpetrators who pose a risk to children/young people where there is a concern of CSE.

Information from previous prosecutions is disseminated to Senior Managers, with an expectation to share with staff as part of learning and development.

Significant progress has been made in the Prevention, Protection and Prosecution key actions of the CSE Strategy. LSCB has ensured that the tools to aid professionals in risk assessing a children or young people who may be at risk of CSE are effective, following the guidance of the CSE Prevention Manager.

## **4. Next Steps**

- A CSE training programme for 2015/16 has been developed which includes awareness raising for young people and their parents/carers in secondary schools, special educational needs schools and pupil referral units through 'Chelsea's Choice'. 'Chelsea's Choice' is a hard-hitting applied theatre production that has proven highly successful in raising awareness of the issues surrounding Child Sexual Exploitation. The play is followed by a Q&A/plenary session exploring the issues raised.
- Operation Makesafe is an initiative to identify potential victims of Child Sexual Exploitation with the assistance of business owners/premises where CSE has historically taken place. This will include hotels, taxi, fast food restaurants, and licensed premises. This is not an exhaustive list.
- CSE awareness training is provided to staff at these premises in relation to the warning signs for CSE and what actions should be taken if they are concerned about a child's safety or concerned about suspicious behaviour or activity on their premises.
- If concerned the business community are encouraged to ring 101 and quote Operation Makesafe where they will receive an appropriate police response. The Local Safeguarding Board has signed up to this initiative and it is due to be launched in the coming weeks.

- A female Met Police officer has been appointed to the CSE role based in MASH. The Police officer will be undertaking mainly office based operational tasks and some initial home visits to potential victims of CSE.
- Assurance meetings with LSCB have taken place regarding other subject areas of concern which include FGM, trafficked and radicalisation.
- Six weekly meetings will continue regarding the growing concern of drugs and serious youth violence in Hillingdon and outside of the borough.
- Annual programme to support CSE awareness Day on 18 March 2016.
- CSE champions in Children's' Social Care (CSC), Early Intervention and partner agencies.
- Data performance for CSE within CSC has been collated from the point of contact. In the past 12 months, 80 contacts have been received where a CSE concern has been raised.
- A CSE audit is due to be sent to all partner agencies to complete within a set timescale. LSCB are leading in gathering all the information from the audit.

#### **5. Suggested Committee Activity**

1. To note the work being undertaken to implement the Child Sexual Exploitation Strategy.
2. The Committee may wish to seek further updates in relation to progress made.

Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
Council Departments: RS = Residents Services    CYPs = Children and Young People's Services    ASCS= Adult Social Care Services    AD = Administration    FD= Finance <b>Cabinet meeting - 22 October 2015</b>									
66	<b>The provision of Accommodation and Support for Young People aged 16-24</b>	Cabinet approval is sought for the extension of 4 accommodation based support contracts. These extensions to the services will co-terminate the contracts, enabling more flexible reconfiguration and/or re-commissioning of these resources.			Cllr David Simmonds CBE	ASCS / FD - Martin Trim	Children's Services	<b>NEW</b>	Private (3)
68	<b>Proposed changes to the Admissions criteria for Community Schools</b>	Cabinet will be asked to consider proposals for changing to the current admissions criteria used to allocate school places for Community Schools and publish them for wider consultation.	All		Cllr David Simmonds CBE	RS - Dan Kennedy / Jenny Chalmers		<b>NEW</b>	
56	<b>Children's Centres Leases</b>	Cabinet will be asked to consider granting a 25 year lease on a number of Children's Centres where the freehold interest is in third party ownership.	All		Cllr Jonathan Bianco	RS - Mike Paterson			Private (3)
62	<b>Local Safeguarding Children Board: Annual Report</b>	Cabinet will receive the Annual Report of the Local Safeguarding Children Board (LSCB). It provides Elected Members with a view on effectiveness of children's safeguarding in Hillingdon and identifies priorities for future action and attention.	All		Cllr David Simmonds CBE	CYPS - Steve Ashley (Independent Chairman) / Tony Zaman	Policy Overview Committee		
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			
SI	<b>School Capital Programme Update</b>	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees		Public / Private (3)

Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
Council Departments: RS = Residents Services CYPs =Children and Young People's Services ASCS= Adult Social Care Services AD = Administration FD= Finance									
SI	<b>Academy Conversions</b>	A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Michael Patterson			
<b>Cabinet Member Decisions - October 2015</b>									
55	<b>Home to School Travel Assistance Policy Review</b>	Following consultation to approve an updated Home to School Transport Policy.	All		Cllr Ray Puddifoot MBE & Cllr David Simmonds CBE	AD - Jackie Wright			
<b>Cabinet meeting - 19 November 2015</b>									
SI 40	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			
SI	<b>School Capital Programme Update</b>	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees		Public / Private (3)
SI	<b>Academy Conversions</b>	A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Michael Patterson			



Ref	Decision	Further information	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
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Council Departments: RS = Residents Services CYPs =Children and Young People's Services ASCS= Adult Social Care Services AD = Administration FD= Finance

## Cabinet meeting - 17 December 2015

46b	School Improvement Plan	Following July 2015 Cabinet's decision to consult with schools and other stakeholders on a draft School Improvement Plan, Cabinet will give consideration to approving the Plan, aimed at ensuring the best possible standards of education within Hillingdon's schools.	All		Cllr David Simmonds CBE	RS - Daniel Kennedy		<b>NEW</b>	
61a	The Council's Budget - Medium Term Financial Forecast 2016/17 - 2020/21 <b>BUDGET &amp; POLICY FRAMEWORK</b>	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2016/17 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	18 February 2016 or 25 February 2016 (reserve date)	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		
SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			
SI	School Capital Programme Update	This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Jean Palmer OBE / Bobby Finch	Corporate consultees		Public / Private (3)

**Ref Decision Further information Ward(s)**

Council Departments: RS = Residents Services CYPs =Children and Young People's Services ASCS= Adult Social Care Services		AD = Administration	FD= Finance	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
SI	<b>Academy Conversions</b>	A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status.	Various		Cllr David Simmonds CBE / Cllr Jonathan Bianco	RS - Michael Patterson			
SI	<b>Voluntary Sector Leases Report</b>	Regular report on discounted leases to voluntary sector organisations that benefit residents and the wider community	All		Cllr Jonathan Bianco	RS - Michael Patterson / Michele Henington			Private (3)
<b>CABINET MEMBER DECISIONS - LIST OF STANDARD ITEMS CONSIDERED EACH MONTH</b>									
SI	<b>School Governing Bodies and Governors</b>	To approve appointments, nominate appointments and make reappointments of local authority governors and to approve any changes to school governing body constitutions. To also authorise any Officer or Member to be a Governor or Director of an Academy	N/A		Cllr David Simmonds CBE	AD - Democratic Services			

## WORK PROGRAMME 2015/2016

**Contact Officer:** Jon Pitt  
**Telephone:** 01895 277655

### REASON FOR REPORT

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of each agenda.

### OPTIONS OPEN TO THE COMMITTEE

1. To confirm dates for meetings; and
2. To make suggestions for future working practices and reviews.

### WORK PROGRAMME 2015/16

<b>24 Jun 2015</b>	Major Review - Consideration of Scoping Report
<b>CR5</b>	School Admissions Update
	Update on previous Major Review of the Committee - Strengthening the Council's Role as a Corporate Parent
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>15 July 2015</b>	Children and Young People's Service Improvement Plan - progress report
<b>CR5</b>	Budget Planning Report for Education & Children's Services 2016/17
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>9 Sep 2015</b>	Major Review – Witness Session 1
<b>CR5</b>	Quarterly School Place Planning Report
	Annual Complaints Report 2014/15 for Children and Young People's Services
	Local Safeguarding Children's Board Annual Report
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>7 Oct 2015</b>  <b>CR5</b>	Major Review – Witness Session 2
	Consideration of topics for minor review
	Children and Young People's Service Improvement Plan - Quarterly Update
	Child Sexual Exploitation Strategy - Implementation Update
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>25 Nov 2015</b>  <b>CR5</b>	Major Review – Witness Session 3
	Minor Review - Consideration of Scoping Report
	Standards and Quality in Education in Hillingdon 2014/2015
	Update Report - Progress on Implementation of previous review 'Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>13 Jan 2016</b>  <b>CR5</b>	Minor Review - Witness Session
	Major Review - presentation of draft final report
	Budget Proposals Report
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>17 Feb 2016</b>  <b>CR4 and CR4A</b>	Minor Review - Presentation of Draft Report
	Children and Young People's Service Improvement Plan - Quarterly Update
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>16 Mar 2016</b>  <b>CR5</b>	Update on previous Major Review of the Committee - Reducing the Risk of Young People Engaging in Criminal Activity and Anti-Social Behaviour
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

<b>13 Apr 2016</b>	Quarterly Child Social Care Audit Update 2015 / 2016
<b>CR5</b>	Quarterly school place planning
	Children and Young People's Service Improvement Plan - Quarterly Update
	Cabinet Forward Plan - Review forthcoming decisions
	Work Programme – Review the work programme for the coming year

***\*all meetings begin at 7pm.***

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