

# Education & Children's Services Scrutiny Sub-Committee

Wednesday 14 January 2015

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1  
2QH

## Supplemental Agenda

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Date: 9 January 2015



## Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Monday 24 November 2014 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Jasmine Ali (Chair)  
Councillor Lisa Rajan  
Councillor Evelyn Akoto  
Councillor Anne Kirby  
Councillor James Okosun  
Councillor Kath Whittam  
Councillor Kieron Williams  
Lynette Murphy-O'Dwyer

### OTHER MEMBERS

#### PRESENT:

**OFFICER &** Rory Patterson, Director, Children's Social Care.  
**PARTNER** Robert Rees, Vice Principal Quality & Curriculum (interim) ,  
**SUPPORT:** Lewisham Southwark College

### 1. APOLOGIES

1.1 There were no apologies for absence. Councillor Anne Kirby gave apologies for arriving late.

### 2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

#### 4. MINUTES

##### RESOLVED:

The minutes of the meeting held on 15 October 2014 were agreed as a correct record.

#### 5. REVIEW: ATTAINMENT GAP - LEWISHAM SOUTHWARK COLLEGE

- 5.1 The chair introduced the purpose of the review and then invited Robert Rees, Vice Principal Quality & Curriculum (interim), to give an overview of the work of Lewisham Southwark College and address the review questions, which asked how the college:
- ensure as many young people as possible attain 5 good GCSEs
  - enable school leavers to access education, employment or training
  - provide a diversity of educational programmes so all young people can maximise their achievement & progress - including young people with special educational needs or who might have a range of aptitudes
- 5.2 The Vice Principal explained he came in as part of the recovery team in February and will remain until the new principal is settled in. Last November Ofsted graded the college "inadequate", after a moderation process. The vice principal said the college is moving away from inadequate and they are expecting a new inspection in the spring. There is a new emphasis on English and Maths teaching; several colleges have recently been down graded by Ofsted because of this new focus in their assessment process. He reported that there has been a root and branch review of the place of English and Maths in the curriculum. He explained that many students come to the college after 11 years of failing at English and Maths and want to concentrate on vocational subjects so our task is about re-engaging them in a more practical context to ensure they have these crucial skills for employability. He organised a conference on teaching English & Maths, and introduced higher level teachers who train and mentor.
- 5.3 The Waterloo campus is the main hub in Southwark. Lambeth Southwark College is a vocational college – and does not do A levels. Students are preparing for employment or further education and the college do entry level provision up to higher levels. The college caters for about 9,000 adult students, from introductory return to learn programmes up Foundation Degrees and HND, as well as full and part time learning for ESOL. Half the college's students are mature students, often over 30 years old, and for ESOL a significant number are over 40.
- 5.4 The chair commented that there is a strategic link between the college courses and the council administration's manifesto commitment to guarantee education, employment or training for every school leaver in Southwark.
- 5.5 The Vice Principal responded that since he came into post the college have been developing a strategic plan with both boroughs. Stephan Gaskell leads on economic development for Southwark Council and he regularly visits the college -

there is a focus on construction, tourism, health and creative arts, which the college is borderline “Outstanding” on. Hee reported that these are all growth areas for the college.

- 5.6 He explained the college provide a pre GCSE education and students supported include those who are disengaged, school phobic, and some of the brightest young people.
- 5.7 A member asked about links with local secondary schools and the Vice Principal responded the college do not have as many relationships in Southwark as the college do with Lewisham schools, and this may be to do with the history of provision and less ties with the local authority; Southwark has many more Academies. It was suggested that the college linked with Southwark Headteachers Executive.
- 5.8 A member commented that she had contacted the college and tried to get advice and support for her autistic child, but she found the college completely unapproachable as a parent and she had to go elsewhere. The Vice Principal responded that one of the areas he has focused on was recruitment and selection at the introductory day so that students could be supported and given additional learning support. The member emphasised the importance of a named person and the importance of this as a parent of an autistic child. The vice principal said that the college does much better with this cohort, though he did not discount her experience. He said if she came to the day now she would get a named support member of staff.
- 5.9 The Vice Principal was asked about the Bermondsey site and he explained that this had been sold to and this helped fund the Waterloo site.
- 5.10 A member then asked about ESOL provision and the Vice Principal explained this was delivered at the Camberwell site during the day, Waterloo site in the evening, Lewisham had mixed provision. He explained the college support students from entry level up to level 2; people frequently come and study English with the college for a couple of years and then progress to vocational courses .
- 5.11 The Vice Principal was asked about apprentices and he explained the college had over 1300 last year, and this increased recently to 1,500 or 1,600; the college are doing much better than most places. He was asked about success rates and he responded this was not great, however this was showing an improvement. A member asked about apprenticeship quality and the Vice Principal explained that there has been a forensic analysis of people on programmes - for example counting the number of teaching assistants, training and progression . Concerns about poor pay were raised and he agreed that given apprentices can be paid £95 per week the college do want to see investment and commitment in their learning and development. On going support was discussed and the Vice Principal explained that apprentices can return to college for continued learning and employment support, however if the apprentice does not secure a job at the end it is considered a failure. A member asked about current numbers and the Vice Principal said he would get back with this information.
- 5.12 The chair thanked him for his contribution and requested the college fill out the

online survey to assist the Attainment gap review.

## **RESOLVED**

The college will fill out the scrutiny survey and provide more details on the number of pupils:

- with a learning disability
- in supported employment

Scrutiny will provide an introduction to Head-teachers' Executive to improve links with secondary schools.

## **6. REVIEW : ATTAINMENT GAP - EVIDENCE FROM THE SCHOOL SURVEY**

- 6.1 The chair and project manager fed back on the Headteachers Executive Conference they had attended. A keynote speech had been given by Professor Steve Strand on Attainment of working class white boys and he had offered to provide some academic papers to support the review.
- 6.2 Members asked for feedback on the headteachers views on the review and the project manager said that the headteachers had suggested focusing on achievement – which encompasses 'progress' and 'attainment'. They had particularly advised this given the changes underway to the testing and exam regime, which is moving to 'norm' referencing rather than 'criteria' referencing. This means the attainment of children will remain a constant proportion of the overall cohort. Members raised concerns about schools losing a focus on attainment, given its importance to children's career and educational life chances, and the importance of raising the attainment to tackle inequality & deprivation. A member highlighted the lower levels of attainment in Southwark's estates and the importance of tackling this.
- 6.3 A survey has been sent out via email and about 12 schools had completed the survey. This will soon be distributed online to aid ease of completion. Members offered to contact schools to increase engagement and it was agreed that the committee would do this once the online form had gone out for a couple of weeks.

## **RESOLVED**

An online version of the scrutiny survey on the Attainment Gap will be sent out electronically by the Headteachers' Executive, with two weeks to complete. Following that members will contact schools to encourage completion.

## **7. CHILD SEXUAL EXPLOITATION (CSE) - FOLLOW UP WORK**

- 7.1 Rory Patterson, Director, Children Social Care, briefly presented the follow up paper on young peoples' involvement with the CSE strategy. He highlighted that often young people do not see themselves as victims.

- 7.2 The Director commented that raising awareness and concern about CSE has had an impact on the use and availability of secure accommodation as now secure accommodation is being used to home victims to keep them safe. He reported that when he recently inquired about a secure place for young person there was none available. He explained that formerly this accommodation was usually used only for offenders, and using this type of accommodation for victims raises issues both of availability, suitability and appropriateness of locking up victims, even if it is for their own protection.
- 7.3 A member asked if the availability of secure accommodation is reaching crisis and noted that every May she gets nominated to a Secure Accommodation Panel - but it never meets and she would hate something to be missed. She queried what would trigger a meeting. The Director reported that two units have closed recently so there is a significant loss in capacity, alongside this there is the rise in demand due to CSE. Providers are struggling with the welfare needs of CSE victims, and although more are becoming geared up providers can also say no.
- 7.4 A member commented on the media coverage and that Birmingham announced in the media that 130 odd children were CSE victims. The Director commented that this is probably not too much for a city that big. A member commented that there was a tension between communication, the media and the sensitivity of the subject.
- 7.5 The chair reported that the cabinet had endorsed all the scrutiny recommendations and these will now go to the safeguarding board. They had all been accepted at cabinet, and there was not much discussion. The chair highlighted the recommendation for Patchwork, and commented that as this is an innovation tool the company may well be willing to lower the prices as an innovator for research. The Director commented that Southwark is keen to innovate and referred to MASH, which Southwark pioneered and which has now been recommended nationwide.
- 7.6 Members agreed the report was very interesting, but disturbing, particularly the views on violence they were keen that the council contributes to a cultural shift in values. A member referred to the scrutiny recommendation to raise the profile of CSE and commended the Mental Health day used by the Southwark Clinical Commissioning Group (CCG) and the link with radio station Repräsent.
- 7.7 The chair referred to the work plan commitment to conduct a further look a Child Sexual Exploitation and Female Genital Mutilation.

## **RESOLVED**

Request more information on the CCG day on Mental Health and link to Repräsent as an example of good practice.

Report back on oversight of secure accommodation and in particular the remit and meeting arrangements of any panel or committee with this responsibility.

There will be a 'scrutiny in a day' of Female Genital Mutilation (FGM).

## 8. FREE HEALTHY SCHOOL MEALS - SUMMARY OF EVIDENCE

- 8.1 The project manager said there was a considerable amount of material on this subject generated by previous iterations of the committee and asked if any members would be interested in going through this and starting to draw conclusions, and Councillor Kieron Williams volunteered.

### RESOLVED

The scrutiny project manager will provide Councillor Kieron Williams with a summary of evidence to assist with drafting a report.

## 9. WORK-PLAN

- 8.1 The chair reported that she has requested copies of any Serious Case Reviews, to be considered by the committee alongside the Safeguarding report. A member suggested getting more information on Schools and safeguarding. Lambeth do a checklist which is very useful, particularly for governors. Members suggested speaking to frontline practitioners and Norman Gould from Bacons School was recommended.
- 8.2 It was reported that the autism strategy has been delayed and the consultation is not signed off yet. The SEND process was discussed and Members commented that the website looked rapidly put together. Every school has to have something and include Southwark's local offer. Parents now decide how to use funds and these do not have to be spent on the school; there is now a procurement process. The committee commented that a report with progress on milestones and lessons learnt from pilots would be helpful. It was reported that the Lambeth SEND development process has been very good.
- 8.3 A focus group for adoptees has been organised for 27<sup>th</sup> November.

### RESOLVED

The next meeting will receive the Annual Safeguarding report, alongside Serious Case Reviews. The Director of Children's Social Care will consult with scrutiny on options for publication.

The details of the consultant involved with the Lambeth SEND process will be circulated to Southwark officers as an example of good practice.

Scope out further work on Safeguarding and how to involve practitioners in scrutiny.

Request a SEND report to be considered alongside the Autism Strategy.

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> January 2015	<b>Meeting Name:</b> Education, Children's Services Scrutiny Sub- Committee
<b>Report title:</b>		Southwark Safeguarding Children Board Annual report 2013 - 4	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Rory Patterson, Director, Specialist Children's Services and Michael O' Connor Independent Chair, Southwark Safeguarding Children Board	

### RECOMMENDATION

1. That the Education and Children's Services Scrutiny Sub Committee notes the Annual Southwark Safeguarding Children Board Report at Appendix 1.

### BACKGROUND INFORMATION

2. The SSCB Annual Report 2013/14 is presented to the Scrutiny Sub Committee annually.
3. The Annual Report was agreed by the SSCB in September 2014. The report has been formally presented to the Leader and the Chief Executive of the Council, Chief Executives of the Health Trusts providing services to Southwark residents, the Police Commissioner and Chair of the Health and Well Being Board as advised by *Working Together to Safeguard Children (2013)*
4. Statutory guidance in *Working Together to Safeguard Children: (2013)* requires that the Local Safeguarding Children Board (LSCB) be independent and not subordinate to other local structures. As such, LSCBs are required to have an independent chair which can hold all agencies to account.
5. Section 14A of the Children Act 2004 and paragraph 16 of Chapter 3, *Working Together* require that independent Chair of the LSCB publishes an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.
6. The report is one of the ways in which the LSCB enables challenge and transparency across the multi-agency partnership for protecting children in Southwark. This report relates to the work of the Board and its partner agencies in the financial year 2013-14.
7. Agencies represented on the Safeguarding Children Board have contributed to the development of this annual report.



## KEY ISSUES FOR CONSIDERATION

1. This is the SSCB Chair's first SSCB Annual Report. The report provides information on the effectiveness of partnership working in Southwark and evidence of a busy and productive year.
2. The revised Working Together to Safeguard Children (2013) issued by the government late in the financial year enabled a refresh of many areas of partnership working including single assessment, threshold document and a learning and improvement framework
3. The 2014/15 priorities of the Board have included the prevention and response to neglect, early help, and child sexual exploitation.
  1. There have also been significant changes within the partnership including the development of the Multi Agency Safeguarding Hub (MASH) and implementation of Social Work Matters which has transformed the service and implemented systemic approaches to working with children and families. There is emerging evidence to suggest these developments are improving services for vulnerable children and families through a strong multi agency approach.
  2. Alongside these changes there is positive feedback within the report on the work of Early Help Locality teams and the continued embedding of Signs of Safety as a framework and strengths based approach to child protection practice. The report also positively highlights reduction in the number of children subject to Child Protection Plans for more than two years. Quality Assurance Audits indicate that this is due to more effective interventions with families and a clearer pathway to step-down services provided by Early Help locality teams.
  3. This report offers development areas for improvement for the Board to take forward in the 2013/4 work plan. This includes:
    - a. Improving timeliness of assessments and effectiveness of multi-agency interventions.
    - b. Understanding the reasons for the rate of children looked after (CLA) remaining high and developing new approaches to supporting children within their families and communities.
    - c. Improve placement stability to ensure better outcomes for children in care..
    - d. Developing and implementing a multi agency Child Sexual Exploitation Strategy.
    - e. Implementing and embedding a multi agency approach to single assessment to ensure that children get the right help at the right time.
    - f. Building on early help enhancing multi agency engagement and pathways to reduce the high rate of unnecessary contacts and referrals to social care.
    - g. Continuing to raise awareness on private fostering and increase the rate of notification and support to children in these arrangements.
4. The Board has taken its responsibility to reflect and learn seriously. The learning and improvement framework developed sets out a clear methodology for formal Serious Case reviews and other management reviews it may need to consider. In March 2014 the Board considered a serious incident affecting a

young person and this is currently subject to a Serious Case Review. The review is using the locally agreed systems methodology from the Welsh guidance for arrangements for multiagency child practice reviews. The review is due to be completed in April 2015. This is the first Serious Case Review the Board has commissioned since 2011.

5. The Board held a well received conference focusing on neglect. The event was attended by 200 partners with strong engagement from health, children social care and education and supported the strategic and operational conversations about Southwark's response to neglect
6. The Lambeth and Southwark Child Death Overview Panel (CDOP) was reviewed and new processes to improve communication and learning are in place. Meetings are now more focussed and strategies for disseminating learning have been sharpened, with notable successes, for example in the provision of defibrillators in schools
7. For the remainder of this financial year, the SSCB will maintain its focus on the key areas of Family Matters as a response to early help and neglect help and child sexual exploitation. This is in addition to the continued focus on the core business of the Board - child protection and the safety of looked after children
8. During 2013/4 The Board has also reviewed governance arrangements to ensure closer and more direct attention is paid to the voices of children and young people in the work of the Board. The plan to develop an child and young peoples engagement group with the Board has been taken forward in this years work programme
9. Arrangements have been put in place to ensure that the 2014/5 Annual Report will be produced and circulated earlier.

## **POLICY IMPLICATIONS**

10. This report will be submitted to the Health and Wellbeing Board for the purposes of information and challenge.
11. The work of the Safeguard Board is consistent with the Council's priorities for securing the *Best start in life*, as articulated in the four-year Council Plan.

## **COMMUNITY IMPACT STATEMENT**

12. The work of the LSCB particularly affects vulnerable children, young people and their families. It is a statutory framework to ensure effective safeguarding of Southwark's children and ensure all partner agencies are held to account.

## **RESOURCE IMPLICATIONS**

13. The report details the council's resource contributions to the work of the Safeguarding Children Board. No changes were made to the council's financial contribution for the financial year in question (£50,000). However the Council also contribute support through the Organisational Development team and payment of staff supporting the Board work. This report evidences the need for

dedicated support to the Board to ensure effectiveness of delivery and scrutiny of partnership arrangements

## CONSULTATION

14. All agencies represented on the Board have contributed to the writing of this report, and an opportunity for comment on the final draft was provided

Background Papers	Held At	Contact
Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children	<a href="https://www.gov.uk/government/publications/working-together-to-safeguard-children">https://www.gov.uk/government/publications/working-together-to-safeguard-children</a>	Ann Flynn SSCB Development Manager
Protecting children in Wales: Guidance for arrangements for multi agency child practice reviews	<a href="http://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/child-practice-reviews/">http://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/child-practice-reviews/</a>	Ann Flynn SSCB Development Manager

## APPENDICES

No.	Title
Appendix 1	Southwark Safeguarding Children Board Annual Report 2013/4

## AUDIT TRAIL

*This section must be included in all reports.*

<b>Lead Officer</b>	Rory Patterson, Deputy Director, Specialist Children's Services	
<b>Report Author</b>	Ann Flynn, Development Manager Safeguarding Board	
<b>Version</b>	Final report	
<b>Dated</b>	September 2014	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
	<b>Officer Title</b>	<b>Comments Sought</b>
	Director of Legal Services	No
	Strategic Director of Finance and Corporate Services	No
	List other officers here	

<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>		08 01 2015



# Southwark Safeguarding Children Board

## Annual Report 2013 - 2014

**'Preventative services can do more to reduce abuse and neglect than reactive services'**  
*Munro review of child protection services*

Any comments on this report can be made to the independent chair Michael O'Connor on [SSCB@southwark.gov.uk](mailto:SSCB@southwark.gov.uk)

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# 1. Foreword from the independent chair

## Introduction

This is my first Annual Report as the Chair of Southwark Safeguarding Children Board. (SSCB). It has been a busy and productive year and this is reflected in this annual report for 2013/4. My introduction provides a summary and gives me an opportunity to highlight particular achievements and future priorities.

Working Together sets out the responsibilities of Safeguarding Children Boards and outlines the content of annual reports. The 2013/4 annual report provides an overview of the effectiveness of safeguarding children and young people in Southwark including highlighting key achievements and identifying areas for development.

## Overview of Safeguarding Practice

Southwark has a diverse population of children and young people with comparatively high levels of deprivation and this impacts on needs and outcomes. Section 4 assesses the effectiveness of the help being provided starting with a summary of positives and areas for development. In 2013/14 the number of repeat referrals to social care and the number of children who were found to be at risk of harm or had been harmed for a second or subsequent time reduced. There was also a reduction in the number of child protection plans in place for over two years. These are indications of improvements in early help and safeguarding practice. In Southwark, we are keen to triangulate findings which means we do not rely on one evidence source to assess impact. We use a range of different methods. Early Help audits and robust case tracking also indicate some good early help practice. The annual report also highlights positive feedback from parents on their experience of Children's Centres and from schools on their experience of the Council's Early Help Service.

Significant changes took place in 2013/14 in social care under the auspices of the borough's *Social Work Matters* transformation programme. The SSCB scrutinised the plans for implementing Social Work Matters and will continue to monitor the impact on vulnerable children and families. This is a whole system transformation programme which is changing the way social work is delivered in practice. The SSCB is pleased that Southwark is responding to the recommendations of the Munro review.

The Southwark Multi-Agency Safeguarding Hub (MASH) became operational in September. The MASH reflects both the complexity and commitment of the safeguarding landscape in Southwark with 14 agencies actively involved in assessing the needs of vulnerable families. In Southwark we are also keen to use external and independent assessors to monitor and evaluate practice and impact. An external review of the MASH took place in March 2014. This found evidence of effective case tracking, good management oversight of Section 47 child protection investigations and evidence of child centred practice. Improvements identified included better analysis of performance information. The SSCB will continue to scrutinise the MASH.

Against this backdrop of changes to process and organisational structure, there has been a drive to improve practice through the development of systematically trained social work practice groups and the implementation of Signs of Safety. This is a strengths-based approach to working with families. Audits undertaken in 2013/14 illustrated that Signs of Safety is proving to be a useful tool for engaging parents and supporting change.

Performance with regard to outcomes for Looked After Children (LAC) and care leavers were also strong and I am pleased to note that partners' ambitions and aspirations for these cohorts continue to rise.

During 2013/14 the SSCB focussed on the issue of child neglect. Neglect was the subject of the Board's annual conference and multi-agency audits on neglect also took place. This work will continue in 2014/5, with greater scrutiny of data and local intelligence. There is firm agreement to develop and implement a new model of early intervention and prevention which brings together a range of services from social care to youth and health services to create a co-ordinated model of intervention. The work to achieve this has started and this is a priority for the Board given the significant impact of neglect on Southwark's children and young people .

2013/14 was also a year in which the Board intensified its focus on understanding and tackling Child Sexual Exploitation (CSE) in Southwark. The establishment of a multi-agency subgroup as part of the SSCB to develop a strong local strategy is an important step forward, and as Chair I will be keen to ensure during 2014/15 local arrangements and protocols are making a positive impact. Ensuring that Southwark embeds pan-London protocols for tackling CSE will also be imperative.

### **Priorities going forward**

Neglect and CSE will continue to be priority areas for the Board in this forthcoming year, alongside early help. During the year I called upon partners to improve local arrangements for early help through the realignment of services, to ensure that the right services are provided promptly as soon as needed by children, young people and their families. The Board will continue to scrutinise the impact of early help services.

Along with a continued focus on core child protection the Board will also be focusing on placement stability, private fostering and referral and assessment.

Identifying and embedding learning is a key responsibility of the Safeguarding Board and I look forward in 2014/15 to strengthening our approach to the delivery, implementation and evaluation of learning. This applies not just to Serious Case Reviews and Management Reviews, but also to the multi-agency audits co-ordinated by the Board.

As ever, the good governance of the Board is critical to enabling its success, and governance arrangements are periodically reviewed. In particular, I note processes in place to improve the Board's oversight and management of performance across agencies, and efforts to pay much closer and more direct attention to the voices of children and young people in our work.

I commend this report to all partner members on the Board and look forward to a busy, successful year in 2014/15.



Michael O'Connor  
Independent Chair



## Vision

We believe all children living in or visiting the borough have the right to safety and being protected from harm.. We will strive to work together across all agencies to protect children and young people by providing the highest quality services and encourage children to grow and develop to their full potential achieving the best possible outcomes.

### Responsibilities

The SSCB will ensure that all agencies are aware of and undertake their key safeguarding responsibilities:

- All those who work with children and young people know what to do if they are concerns about possible harm
- When concerns about a child's welfare or concerns about harm are reported action is taken quickly and the right support is provided at the right time. This covers the spectrum from early help when issues first arise through to emergency action needed to keep children and young people safe.
- Agencies who provide services for children and young people ensure they are safe and monitor service quality and impact.

### Key Strategic Questions for LSCBs

*NB. This Annual Report responds to these key questions*

- **Is the help provided effective?** How do we know our interventions are making a positive difference? How do we know all agencies are doing everything they can to make sure and children and young people are safe? This includes early help.
- **Are all partner agencies meeting their statutory responsibilities** (as set out in Working Together chapter 2)?
- **Do all partner agencies quality assure practice** and is there evidence of learning and improving practice? This includes learning from joint multi-agency audits.
- **Is training on early help and safeguarding monitored and evaluated** and is there evidence of training impacting on practice? This includes multi-agency training.

### 2014-15 SSCB Priorities:

#### Thematic priorities

- Families Matter
- CSE
- Neglect

#### Operational priorities

- MASH, access & assessment
- Core CP Work
- LAC
- Private fostering

#### Quality assurance and Performance Management Priorities

#### Governance priorities

**SSCB Priorities 2014/15:** Please note a separate business plan is available which provides detail on plans for implementing the priorities noted below.

#### **Thematic priorities**

1. **Families Matter** – (Southwark’s response on early help)
  - Better co-ordination of all prevention and early intervention services including streamline pathways.
  - Further work will be taking place in 2014/5 on neglect including analysing the impact of the action taken in 2013/4 and a specific JSNA on neglect being led by Public Health
2. **Child Sexual Exploitation**
  - Development of multi-agency CSE strategy with action plan and clear success criteria
3. **Neglect**
  - Build on 2013/14 work on neglect, interrogate neglect data and develop approach to tackling neglect in families

#### **Operational priorities**

4. **MASH, initial access and assessment**
  - Improve timeliness including timeliness of assessments and initial child protection conferences
  - Implement and embed a multi-agency approach to single assessment including finalising the Single Assessment protocol
  - Review of the multi-agency thresholds document to further reduce inappropriate referrals to the MASH.
5. **Child Protection**
  - Effective child protection processes
  - Outcome focused child protection plans
6. **Looked After Children**
  - Further analysis on current high LAC rate
  - Improve LAC placements: stability and distance from home
  - More effective oversight of safeguarding of LAC
7. **Private Fostering**
  - Continue to increase awareness of Private Fostering and monitor impact of actions being taken on Private Fostering

#### **Quality Assurance and Performance Management priorities**

8. **Quality assurance**
  - Improvement in SSCB engagement with CYP
  - Continue to monitor roll-out of changes associated with Social Work Matters and develop plans for monitoring impact in 2014/15
  - Ensure there is a programme of multi-agency audits
  - Continue to monitor LADO activity
  - Maintain and develop Learning & Improvement Framework in relation to audits and QA with strengthened ‘learning loop’
9. **Performance Management**
  - Embed rigorous performance and QA reporting to the Board including further development of the performance dashboard, with greater data input from all agencies
  - Ensure shared multi-agency understanding of strengths and weakness of frontline safeguarding practice through more critical analysis of practice and data
  - Build network of designated safeguarding lead persons within agencies

#### **Governance Priorities**

- Plan dates and schedule for 2013/4 and 2014/5 Annual Reports
- Plan and deliver 2014/5 Section 11 Audit
- Agree financial contributions for 2015/6
- Monitor delivery of 2014/5 work plan and develop 2015/6 work plan
- Plan succession with and for lay members in 2015
- Organise and run Annual Safeguarding Conference
- Hold 3 Safeguarding Partnership Group meetings
- Hold 6 SSCB meetings
- Develop and monitor delivery of sub-group work plans.

## **2. Purpose of the Southwark Safeguarding Children Board**

Working Together 2013 sets out the statutory responsibility of Local Safeguarding Children Boards (LSCB) and of partner agencies.

As a minimum LSCBs are required to:

- Assess the effectiveness of the help being provided to children and families, including early help. This is covered in Section 4.
- Assess whether LSCB partners are fulfilling their statutory obligations as set out in Working Together chapter 2. The Annual Section 11 audit is used to provide an overall assessment on compliance with statutory responsibilities. Information on the 2013/4 Section 11 audit is provided in section 5.6
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons learned. Section 4.9 covers learning from reviews and case audits.
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children. Section 4.9 also covers training.

Working Together also sets out requirements regarding Annual Reports.

### 3. Local profile

Southwark is a London borough bordering the City of London and the London borough of Tower Hamlets to the north with the River Thames forming the boundary. To the west Southwark is bordered by the London Borough of Lambeth and to the south by the London Borough of Lewisham.

According to the 2001 census Southwark had a population of 288,283

29% of households are owner–occupiers, 44% are social rented (including a significant proportion of council rented properties). Significant redevelopment is taking place particularly in older estates, for example. Aylesbury and Heygate. Deprivation is concentrated in the northern and central parts of the borough and large health inequalities exist between different geographical wards, as evidenced in the Joint Strategic Needs Assessment (JSNA).

Some key facts about children and young people who live in Southwark are included below.

#### Children and Young People in Southwark – Some Key Facts

- The 0 to 18 years population comprise a fifth (21%) of all residents in Southwark. This is in line with the GLA 2013 inner London average.
- The latest figures for children living in low-income families, published by HMRC in 2014, show that Southwark has the 18<sup>th</sup> highest proportion of children in low income families in England
- 30% of resident school-aged children in Southwark are White British, 24% Black African, 19% Black Other, 13% Asian, 8% Mixed and 6% Black Caribbean (GLA custom age range creator).
- 54% of Southwark’s children and young people identify their faith as Christian, 13% as Muslim, 1% Buddhist, 1% Hindu and 21% identify themselves as agnostic (Census 2011)
- 45% of primary school pupils in Southwark are known or believed to have a first language that isn't English.
- Children from state schools in Southwark speak at least 53 different languages when at home. (2008 data, GLA).
- 64% of all 0-24 year olds resident in Southwark were born in the UK. This compares with 80% in London and 91% nationally. Southwark has high numbers of residents aged 0-24 born in Europe (11%), Africa (10%), Middle East and Asia (10%) and the Americas and the Caribbean (5%) (Census 2011).
- 29.9% of state secondary pupils in Southwark were eligible for and claiming free school meals in January 2014, the 12<sup>th</sup> highest proportion in England.
- Southwark also had a higher proportion of state primary school pupils eligible for and claiming free school meals than the English average. 21.9% compared to 17%.

## 4. Assessing the effectiveness of help being provided

### 4.1 Overall assessment of effectiveness

This section provides information on the effectiveness of help being provided. It includes the following sections:

- 4.2 Context
- 4.3 Early Help
- 4.4 The Multi-Agency Safeguarding Hub (MASH)
- 4.5 SSCB work on Neglect
- 4.6 Child Protection
- 4.7 Looked after children
- 4.8 Child Sexual Exploitation
- 4.9 Health agencies and safeguarding
- 4.10 Learning and development

A summary of 2013/4 overall positives and areas for development is included in the table below:

Positives	Priority areas for improvement
<ul style="list-style-type: none"> <li>• A reduction in the percentage of cases where there was a repeat referral to social care.</li> <li>• A reduction in the number of children who were found to be at risk of harm or had been harmed for a second or subsequent time.</li> <li>• A reduction in the percentage of child protection plans in place for 2 years or more.</li> <li>• Multi-agency deep-dive analysis of need, performance and local intelligence on neglect.</li> <li>• Multi-agency safeguarding hub (MASH) going live.</li> <li>• Positive feedback on work of the Early Help Locality Teams.</li> <li>• The development of Social Work Matters change programme.</li> <li>• Continued embedding of Signs of Safety as a framework for social work practice.</li> <li>• Revised Working Together leading to a refresh of many areas of partnership working e.g. single assessment, learning and improvement framework, threshold document</li> <li>• Work undertaken to develop a group of young people linked to the SSCB for engagement and consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the timeliness of assessments.</li> <li>• Improve the percentage of initial child protection conferences which take place within 15 days.</li> <li>• Further analysis on number of LAC as the LAC rate per 10,000 is high</li> <li>• Improve placement stability and reduce number of LAC living more than 20 miles away from Southwark.</li> <li>• Implement and embed a multi-agency approach to single assessment.</li> <li>• Build on the early help strengths to reconfigure local early help provision to enhance multi-agency working, streamline pathways and improve outcomes for all children.</li> <li>• Development of a multi-agency Child Sexual Exploitation Strategy with an action plan with clear success criteria.</li> <li>• To make sure there is a shared multi-agency understanding of the strengths and weaknesses of front-line safeguarding practice across all partner agencies.</li> <li>• Continue to raise awareness on Private Fostering and undertake further work to understand why notifications are reducing.</li> </ul>

The table below summarises some key social care activity for 2013/4. It is interesting to note that in Southwark there is a comparatively high rate of children with a child protection plan and children who are looked after. This contrasts with a lower comparative rate of referrals and assessments. There could be many reasons for this. For example, it might be the case that Southwark is quickly and effectively assessing children's needs and acting where there is significant risk. Or it could be that social care thresholds for a children in need assessment and plan are high and children and young people wait too long for a social care responses. During 2013/4 the SSCB will monitor activity levels closely and will triangulate this data using other methods for example audits, peer challenge and observations.

Indicator	2011/12	2012/13	2013/14	Statistical neighbour average 2012/13	London average 2012/13	English average 2012/13
Rate of referrals completed in the year per 10,000 under 18	616.5	580.2	518.0	577.8	458.5	520.7
Rate of children in need at end of period	509.8	557.5	476.8	497.8	368.4	332.2
Rate of core assessments per 10,000 under 18	218.0	221.2	150.7	286.1	226	204.2
Rate per CPP plan at end of period	46.2	46.1	53.5	42.5	34.8	37.9
Children looked after rate per 10,000	93.5	95.7	90.0	72	55	60

## 4.2 Context

### 4.2.1 SSCB and the Children's Plan priorities.

Southwark's Children and Young People's Plan 2013 to 2016 sets out the framework for work with children and young people in Southwark. The Plan has 3 priorities as described below.

- Best Start - Children and young people getting the right services at the right time.
- Safety and Stability – Children and young people receiving purposeful support which brings safe, lasting and positive change.
- Choice and Control for children and young people with a special educational need or disability and their families through access to a local offer of seamless personalised support.

The SSCB works closely with the Children's Trust. In 2013/14 the SSCB led work on neglect and early help which linked to the Children's Trust priorities noted above.

### 4.2.2 Social Work Matters

In September 2013, after extensive consultation with social care staff and with partners agencies Southwark Social Care published *Social Work Matters* which set out a vision for social work in Southwark. Social Work Matters is a whole system transformation programme. It builds on the good social work practice already taking in place in Southwark, developing a more reflective and systemic approach through creating Practice Groups. A robust project management approach has been used to manage the change process incrementally.

During 2013/4 the SSCB scrutinised Social Work Matters plans and will continue to monitor the roll-out of the changes and develop plans for monitoring impact in 2014/5. It is intended that the impact of the changes will be externally evaluated.

#### **4.2.3 Signs of Safety**

Signs of Safety provides a framework for social work practice and for partner agencies. It is a strengths-based approach to working with families, understanding cases and planning for children's safety and welfare. It involves child and parent focused approach to understanding issues and working out what works well and what needs to change. This helps all agencies to be child and family centred.

Signs of Safety is used in Southwark in Child Protection Conferences but also in day to day practice by social workers assessing risk and in reflective supervision. Audits undertaken in 2013/4 indicated that Signs of Safety is assisting with:

- Increased engagement and satisfaction from parents
- Better identification of risk
- More transparent and focused child protection planning.
- Increased confidence of social workers and other professionals

In 2014, Ofsted's Thematic Inspection found that the Signs of Safety approach had been widely embedded in practice. In 2014/5 Signs of Safety will be used to further develop outcome-focused care planning.

### 4.3 Early Help

Some key early help facts for 2013/4 are noted below:

#### Early Help Key Facts 2013/4

- The latest DfE figures of rates of pupil absence for Southwark schools (primary, secondary and special schools including academies and free schools) show that overall absence from schools in Southwark at 4.8% is now lower than the national average and on a par with the London average. Rates of persistent absence have also declined by 0.6%.
- Primary permanent exclusions remain at ZERO for the 7<sup>th</sup> consecutive year and fixed term exclusions are declining with over half of primary schools reporting ZERO fixed term exclusions.
- Secondary permanent exclusions are similarly low with an emphasis placed on managed moves as part of the In-Year Fair Access Strategy.
- There was an increase in the number of Common Assessments (CAFs) completed from 2,276 in 2012/3 to 2,830 in 2013/4
- There was an increase in referrals to Early Help – 2,144 during 2013/14 in comparison to 1,664 during 2012/13. There was, meanwhile, a decrease in referrals to Children’s Social Care from 3,450 in 2012/3 to 3,165 in 2013/14. Work is being undertaken to understand these figures and the relationship between increased Early Help referrals and lower referrals into Social Care.
- 136 cases were logged as ‘step downs’ from children’s social care to early help.
- Over 1,000 children have benefitted from a place in early years provision as part of the National 2 Year Old Offer.
- The take up of free early learning by 3 and 4 year olds has improved from 83% in 2012 to 88% in 2013 narrowing the gap with Inner London and national take up.
- The highest number of referrals for the Early Help Service were from schools (70%) with nearly half of referrals for children under 5 (45%), a further 43% in the primary school age range (5 to 11) and 12% in the secondary school age range(12 -19).
- A survey of parents using Children’s Centres was undertaken in June 2013, with 2,500 respondents. Findings included:
  - 97% of parents judged their overall experience of Children’s Centres as Good or Excellent.
  - 90% reported that contact with Children’s Centre had made them a more confident parent.
  - 94% that it improved their understanding of how their children learn and develop.

The SSCB scrutinised early help during 2013/4 and the Independent Chair challenged all agencies to consider whether services needed to be re-modelled in order to further improve performance and outcomes. This work – now called Families Matter – is being progressed in 2014/5. Families Matter will build on the strengths of the Council’s Early Help Service and of the work led by the Family Focus Team which is part of the local response to the national Troubled Families initiative. The aim is to develop a better co-ordinated response to the needs of vulnerable children and their families. Further information on Early Help and the Southwark response to Troubled Families can be found below.



### Southwark Early Help Service

Comments from parents on the early helped received:

- *'I had postnatal depression.... this centre made me feel safe and welcomed and was the only real reason I left the house'*
- *'My eldest came here and had Autism and was mute. Staff here helped him to talk and communicate'*
- *'By coming here our very shy son learns how to interact with other children and feel more confident. A great place to play at weekends with other dads'.*

During 2013/14 the Early Help Service continued to develop and embed multi-professional and multi-agency practice to support vulnerable children and their families. An external mock inspection of the service resulted in a judgment of 'at least good' recognising that the service is well led and well regarded by service users who value the support of knowledgeable teams of professionals.

The Early Help Teams focus strongly on the impact that their work is having on children and families and a monitoring cycle has been developed which enables progress to be analysed. The quality of casework is audited on a regular basis taking into account responsiveness, how well delivery plans are matched to need and how drift, delay and avoidance are tackled. The analysis of case work impact is rated (red, amber, green) and a consistent pattern is emerging where there is swift movement from red to amber and then a slowing down as support is consolidated ultimately resulting in positive outcomes for the majority of cases. This approach to casework is a powerful management tool as the pattern of the progress of individual cases is visually very clear and enables appropriate questions to be asked and timely decisions to be made.

Further evidence of impact is captured through qualitative reports from service users.

Positive response from schools have included:

- *'I feel the Early Help model is working for us.....; not least because of the very clear structure and names and contact details for the various roles. The opportunity to meet with our early help team leader and our educational welfare officer on a face to face basis in school is invaluable. The history of attendance at our school has not been good but, with the rigorous support of our educational welfare officer we are finally turning the tide.....Furthermore, whenever we have phoned for advice or signposting, we have received the necessary information'*
- *'....we have been really pleased with the service, have met a large number of the team who have responded to our invites to come and support our work in school, and we feel pleased that all CAFs are now resulting in something happening. Well done you all for pulling this together it does feel much more connected and that there is a support net for those families who don't quite meet (social care) thresholds.'*

Southwark's response to the national Troubled Families initiative is also part of the early help offer as many of the families who meeting the national criteria do not meet social care thresholds for receiving and assessment and services. Information on Troubled Families can be found below.

**Troubled Families**

In 2013/4 there was a coordinated offer of family focused support for families who met the national criteria. The Family Focus Plus team includes family therapy, adult mental health, education welfare and a nurse practitioner. The team also draws on a virtual professional network including youth offending, employment advisers and early help teams as well as bespoke provision commissioned from the local voluntary sector including Family Action and St Giles Trust.

Through the programme, agencies are building an infrastructure of effective support, which is actively reducing risk by providing an opportunity to work differently with families to ensure outcomes improve from the point at which they first engage with local services. An Ofsted thematic inspection of the Youth Offending Team's involvement found strong practice, a coordinated strategic approach, and highly positive service user feedback. Although recognising that further work is needed to ensure outcomes are always specific and focused, the inspector praised the flexible, comprehensive interventions and whole-family approach employed, as well as the high profile of health involvement and the strong working relationship between the youth offending and looked after children services.

#### 4.4 The Multi-Agency Safeguarding Hub (MASH)

Southwark's MASH became fully operational on 23rd September 2013. The MASH involves 14 agencies/services. This will increase in 2014/5.

Five core agencies are involved in the MASH:

**MASH core agencies**  
Social Care, Police, Education, Health and Housing.

In addition there is involvement from another 9 agencies/services:

**Other agencies/services involved with the MASH**  
Probation, Early Help, Specialist Family Focus, Mental Health, YOS, Adult Social Care, Pre-Birth Service, DV Victim Support, Hidden Harm and Substance Misuse.

Many agencies are co-located in the MASH while others are virtual participants. A bespoke referral and information management system enables real-time tracking of individual contacts as they progress through the MASH according to their RAG status. A Duty Social Work Manager oversees the MASH process and makes decisions regarding next steps.

An external review of initial access arrangements including the MASH took place in March 2014. The table below summarises the positive findings and areas for development.

<b>External review of initial access arrangements including the MASH</b>	
<b>Positives</b>	<b>Areas for Development</b>
<ul style="list-style-type: none"> <li>• Evidence of child centred practice</li> <li>• Morale good</li> <li>• Caseloads manageable</li> <li>• Supervision is regular</li> <li>• Pathways are clear</li> <li>• Good recording and decision making from managers on S47s.</li> <li>• MAISy is an effective tracking tool</li> </ul>	<ul style="list-style-type: none"> <li>• Improved performance management and analysis of data</li> <li>• More focus on outcomes</li> <li>• More analysis on reasons for re-referrals</li> <li>• Supervision policy to include frequency of supervision</li> <li>• More involvement of CAMHS in the MASH and improved participation of Housing</li> </ul>

## 4.5 SSCB work on neglect

In 2013/4 the SSCB prioritised work on neglect. This work included initial exploration of key neglect issues by the Board, and neglect was the focus of the SSCB annual conference in January 2014. Multi-agency audits focussing on neglect were undertaken, as were thematic workshops and action learning sets. Further work will be taking place in 2014/5 including analysing the impact of the action taken in 2013/4 and a specific JSNA on neglect being led by Public Health. The work on neglect led to Families Matter which is Southwark's response to ensuring that the right children and young people get the right service as soon as they need it. This will lead to the integration of a range of services to create a whole systems approach to tackle neglect, building on the strengths of the Early Help service referred to above in section 4.3.

Information on the January 2014 SSCB conference on neglect is noted below.

### January 2014 – SSCB Conference on Neglect

Southwark Safeguarding Children Board hosted their annual conference in January 2014. The focus was **Neglect Matters - *Working together to assess, prevent and remedy the impact of neglect.***

Key speakers included Prof. David Shemmings (Kent University), Ruth Gardner (NSPCC & University of East Anglia); and Dr Hilary Cass (President of Royal College of paediatrics and child health). There was also a theatre production which illustrated what neglect means to children and young people.

Workshops at the conference covered aspects of assessment of neglect in the child's developmental age, dentistry, obesity, learning lessons from local audit and working with parents with personality disorder.

Two hundred delegates attended and the feedback was positive. The good representation from different agencies and the contributions by the speakers were highlighted in the feedback. Choosing neglect as the main theme was timely and relevant

Observations from delegates included:

*...great that a 'much neglected' topic is getting a higher profile. Highlights the need for better interagency communication...'*

*' ....I was looking for answers and came away with questions.....'*

"Twitter" was used to collect live feedback from the audience and for a few weeks after this.

The conference acted as a catalyst for a number of changes which will improve the response to neglect issues in Southwark. These are summarised below.

<b>Delegates called for: ....</b>	<b>The response</b>
More training on working with parents who have a personality disorder	SSCB training commissioned for working with hard to reach families
More emphasis on how we support health needs of vulnerable young	Health have increased resources for looked after children's services.
Obesity task force to assess children in Southwark	Public health are leading a work stream and new initiatives have been planned.
Improved engagement with GPs	GPs held a protected learning event exploring neglect
Improvements in early intervention, including information regarding access, promotion as a supportive service including feedback	Families Matter programme initiated

## 4.6 Child Protection

### 4.6.1 Key facts child protection as at 31<sup>st</sup> March 2014

As at 31<sup>st</sup> March 2014 327 children and young people were the subject of a child protection plan. This represents a significant increase from 31<sup>st</sup> March 2013 when 272 children were the subject of a child protection plan. As was noted above in section 4.1 this equates to a comparatively high rate of children with a child protection plan.

However, during 2013/4 numbers involved in child protection processes for example Section 47 enquiries and initial child protection conferences were comparatively low. This is illustrated in the table below. There could be a number of reasons for this. For example it could indicate that children and young people are not necessarily involved in child protection processes. Or, when considered with the comparatively high child protection plan numbers it might mean child protection thresholds are too low and/or that multi-agency challenge is not as affective as it could be. There might be other reasons and this these issues will explored in 2014/5. Performance on the timeliness of ICPCs has improved and now exceeds averages for London and statistical neighbours.

<b>CPP Plans ending</b>	<b>2011/12</b>	<b>2012/3</b>	<b>2013/4</b>	<b>Statistical neighbour average 2012/13</b>	<b>London average 2012/13</b>	<b>English average 2012/3</b>
Rate per 10,000 S47s started	143.6	121.9	106.1	136.5	107	111.5
Rate per 10,000 ICPCs	53.7	56.2	56.1	57	46.7	52.7
% conferenced but no CPP	8%	13%	4%	15%	15%	12%
ICPCs within 15 days of start of S47 enq (working days)	35%	49%	73%	63%	65%	70%

The table below outlines the length of time children and young people are subject to a child protection plan as a percentage of all plans ending in that year. In 2011/2 and 2012/3 a significantly higher percentage of children and young people remained at risk of significant harm for over 2 years or more. In 2013/4 this figure reduced. This is positive. During the year, 282 children ceased to be subject to a Child Protection Plan – representing a rate of 46.2 per 10,000. This is a slight reduction compared to the previous year's figure (49.6) but remains broadly in line with the average for Southwark's statistical neighbours (48.3 per 10,000).

<b>CPP Plans ending</b>	<b>2011/12</b>	<b>2012/3</b>	<b>2013/4</b>	<b>Statistical neighbour average 2012/13</b>	<b>London average 2012/13</b>	<b>English average 2012/3</b>
% CP plans ending under 3 months	26%	17%	13%	16%	17%	19%
% CP plan ending 3 to 6 months	14%	6%	9%	11%	10%	10%
% CP plans ending 6 month to 1 year (cumulative year to date)	26%	34%	40%	37%	37%	39%
% CP plans ending 1 year to 2 years (cumulative year to date)	21%	27%	34%	27%	29%	26%
% CP plans ending over 2 years (cumulative year to date)	13%	16%	4%	9%	8%	5%
Number ceasing CPP (cumulative year to date)	309	293	282	n/a	n/a	n/a
Rate per 10,000 ceasing CPP during the year	52.3	49.6	46.2	48.3	39.8	46.2

In 2014/5 the SSCB will continue to monitor the length of time child protection plans are in place and in addition monitor the number and percentage of children who are the subject of a child protection plan for a second or subsequent time. In 2013/4 there were no (zero) children and young people were subject of a child protection plan within 2 years of a previous plan. 14 children and young people became subject of a plan for a second time. Further analysis will take place on the reasons for repeat child protection plans.

#### **4.6.2 Female Genital Mutilation (FGM)**

The incidence of FGM is higher in certain African, Middle Eastern and Asian populations, notably Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities. Southwark is known to be home to a relatively large number of children and young people from some of these communities, as indicated in the 2011 Census. As a consequence FGM is a high priority issue for the SSCB. In 2013/4 initial work took place jointly between Southwark Council, with Lambeth Council and local hospitals. The initial work focused on exploring why there had been so few health and social care referrals relating to FGM. Findings were inconclusive as the work revealed difficulties in accessing data and information. Tackling FGM in the UK, the intercollegiate recommendations for identifying, recording and reporting published by the Royal College of Midwives provides useful guidance which will be considered by the SSCB in 2014/5.

#### **4.6.3 Missing from home, care or school**

Under the leadership of the SSCB, the local protocol on children and young people missing from home care or school was been updated and revised guidance was distributed early in 2014. Key performance indicators on missing from home, care or school have been added to the SSCB data dashboard.

Audits have found good joint working including risk assessments and increased use of return home interviews, which are commissioned from the voluntary sector. During 2013/4 the local Children in Care Council, Speakerbox, began a research project to explore the reasons young people run away, including interviewing those living in residential homes who have run away.

#### 4.6.4 Private Fostering

During 2013/4 the SSCB received the Private Fostering Annual Report for 2012/3. This assisted the SSCB to assess whether all agencies were working well together to ensure that privately fostered children are being appropriately safeguarded. The Annual Report highlighted work which had taken place on raising awareness, assessing private foster carers and providing advice and support.

The SSCB noted that there had been an increase in private fostering notifications from 37 in 2010/11 to 45 in 2012/3. However, the 2012/3 figure of 45 notifications was still well below the 77 notifications received in 2010/11. In response the SSCB decided to scrutinise private fostering more closely including ensuring all agencies were raising awareness about the need to notify the local authority about private fostering arrangements. A Private Fostering Panel was established in 2013/14. The reviews notifications of private fostering, and acts as a critical friend to the process. It has also had a quality assurance role and was responsible for ensuring statutory responsibilities were correctly discharged. In some cases, the panel identified neglectful care within PF arrangements.

The SSCB now receives regular Private Fostering reports. 2013/14 data shows a marked reduction in the number of private fostering notifications, dipping below the comparator figure for statistical neighbours. In previous years, Southwark had received considerably more private fostering notifications than averages for England, London and statistical neighbours, as illustrated in the table below.

During 2014/5 a multi-agency Private Fostering Action Plan is being developed. This is being managed by the Private Fostering Steering Group. Further work will be taking place to increase awareness of Private Fostering arrangements. It is anticipated that notifications will increase.

<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>Stat neighbour average (2012/13)</b>	<b>London average (2012/13)</b>	<b>England average (2012/13)</b>
Number of PF notifications	36	43	17	N/a	N/a	N/a
Rate of PF notifications per 10,000 age 0-17	6.1	7.6	2.7	3.9	2.3	2.6

## 4.7 Looked after children

### 4.7.1 Key facts on Children in Care in Southwark at 31<sup>st</sup> March 2014

- At 31<sup>st</sup> March 2014 there were 550 children looked after by Southwark, a slight decrease from 2013 when there were 565 children looked after. This equates to a 92.5 children looked after per 10,000 of population at 31<sup>st</sup> March 2014, significantly higher than the statistical neighbour (72) and national rates (60) from 31<sup>st</sup> March 2013. The rate of children who started to be looked after declined from 52.3 per 10,000 to 41.7 per 10,000.
- 23.1% (122 children) were placed more than 20 miles from home. This is higher than statistical neighbour and London average figures and represents an increasing compared to the previous year
- 66.4% (365 children) were placed outside of Southwark's boundaries.
- 10% - 55 young people were placed in residential settings (DfE definition).
- 70% - 386 children were placed with foster families who are not family or friends. 66% of these children were placed out of borough.
- In 2013/14 273 children ceased to be looked after, of these: 33 children were adopted and 21 children ceased being looked after due to Special Guardianship Orders
- 13% of children looked after had three or more placements during the year (short-term stability). This is in line with previous' years performance and very slightly above average.
- Indicators for long term stability continue to lag behind averages for England, London and statistical neighbours.
- 93% of CLA reviews were held on time (compared to 95.5% the previous year). 96.8% of CLA participated in their reviews.

CLA indicators	2011/12	2012/3	2013/4	Statistical neighbour average 2012/13	London average 2012/13	English average 2012/3
Number of children looked after	552	565	550	n/a	n/a	n/a
Children looked after rate per 10,000	93.5	95.7	90.0	72	55	60
Number of children starting to be looked after	274	309	255	n/a	n/a	n/a
Rate per 10,000 children who started to be looked after (at end of period)	46.4	52.3	41.7	n/a	n/a	n/a
Number of children who ceased to be looked after (cumulative year to date)	244	303	273	n/a	n/a	n/a
Rate per 10,000 of children who ceased to be looked after	41.0	50.9	44.7	n/a	n/a	n/a
% of CLA at end of the period placed more than 20 miles from home	17%	17%	23%	18%	13%	18%

### 4.7.2 Outcomes for looked after children and care leavers

Outcomes for looked after children have been sustained, with children and young people experiencing good health and education when compared with other local authorities as a result of concerted partnership prioritisation and action. For example, 42% of looked after children in the relevant year group cohort achieved 5 A\*-C GCSE in 2013 which places Southwark in the top quartile nationally. Ambitions for looked after children locally are much higher than this, and efforts will continue for even better outcomes in forthcoming years.



There is also good performance on the proportion of young people in care and care leavers moving into education, employment and training (EET). Young people can access a wide range of support options, including apprenticeships, university support, coaching, drop-in services, Connexions, Southwark Works and training. Care leavers are also well supported to make a positive contribution and achieve independence, for example through a guaranteed secure tenancy, free leisure access locally and a wide range of arts and cultural activities.

The council's Corporate Parenting Committee provides active leadership and management. Priorities in 2013/4 included developing a life chances strategy and supporting the integration of council and partner services for looked after children and care leavers.

Audits found housing and care leaver support to be good. The rate of young people in suitable accommodation is on a par with statistical and London neighbours. Personal Advisers are seen as providing strong support, particularly around issues such as benefits. Keeping in touch rates are very high, at nearly double the England and London average.

#### **4.7.3 Adoption**

During 2013/14 the drive to improve permanency included significant improvement to the adoption service, processes and offer to families. In combination with enhanced marketing, outreach and support packages, performance locally has improved with more adopters, matches and adoptions and better timeliness as the impact of the additional service capacity and new processes has been realised. The number of placement orders granted, for example, is now above London and statistical neighbours and in line with the England average.

It is recognised, however, that more work is required to further improve timeliness in order to achieve DfE thresholds and to reduce the number of children awaiting adoption, which remains high. Priorities include addressing the barriers to adoption and investing in and implementing more robust case management. This includes the development of robust tracking to better monitor case progress, particularly harder-to-place cases, and the greater use of concurrent planning and fostering for adoption.

#### **4.7.4 Stability of LAC Placements**

Performance on LAC short and long term stability has declined over the last 2 years. In 2011/12 12.7% of children looked after experienced 3 or more moves in a year. This increased to 13.6% in 2012/13 and to 14.1% in 2013/4. Long term stability decreased from 66.1% in 2012/3, to 62.6% the next year and to 59.9% in 2013/4.

In 2013/4 the SSCB began some in-depth analysis which found that young people aged 11 to 13 years are more likely to have unstable placements. Short-term stability declines have also been driven by adolescents with multiple placement breakdown. Other white ethnic groups are also over-represented, with, conversely, white British, black African and black Caribbean children and young people more likely to be in a stable placement as are children with a disability.

Analysis of children and young people's circumstances where there is placement instability shows a high complexity of need, with significant levels of special educational needs and trauma particularly among the late teens. These children are more likely to need education or mental health interventions, and are more likely to be moved because of challenging, indeed often violent, sexualised and/or offending behaviour.

This work is continuing into 2014/5 and work is planned on exploring the impact of schooling on stability, including special educational needs, further audits and Speakerbox leading visits and interviews with young people placed out of borough to ensure their views and needs inform service planning and redesign proposals.

In 2013/4 work also took place on children placed out of borough. This included the Children's Rights officer visiting residential settings and producing a video of young people's views which was presented to the Corporate Parenting Committee.

<b>CLA stability indicators</b>	<b>2011/12</b>	<b>2012/3</b>	<b>2013/4</b>	<b>Statistical neighbour average 2012/13</b>	<b>London average 2012/13</b>	<b>English average 2012/3</b>
% CLA with 3+ placements during the year (short term stability)	12.7%	13.6%	13.0%	12%	11%	12%
% CLA at end of period who have been looked after continuously for 2.5+ years who were living in the same placement for 2+ years, or are placed for adoption at end of reporting period (long term stability)	66.1%	62.6%	59.9%	69%	69%	67%

#### **4.8 Child Sexual Exploitation (CSE)**

During 2013/4 there was considerable multi-agency action on understanding, raising awareness, preventing and dealing with Child Sexual Exploitation. This included the following:

- Strengthening activity on CSE perpetrators. A Southwark Detective Inspector will be joining the new pan-London CSE enforcement unit. The focus will include how local best practice 'anti-gangs' work can support improved intelligence gathering and sharing.
- A monthly multi-agency sexual exploitation (MASE) panel takes place. Future work includes ensuring the MASE process reflects changes in the local police protocol, which is based on the Metropolitan Police's pan-London protocol and which has multi-agency commitment.
- Step-B research highlighted the actions being taken by all partners and highlighted multi-agency buy-in and robust, timely early identification and response through the MASH
- The SSCB established a Child Sexual Exploitation sub-group which is leading on developing a multi-agency Child Sexual Exploitation strategy and operating model which encompass prevention through to rehabilitation with a tiered approach to intervention.

An intelligence gathering exercise took place, under the auspices of the CSE subgroup, to build a profile of children and young people who were identified as victims or at risk of sexual exploitation. This exercise, involving several agencies across the partnership, identified 98 children, who were then risk-assessed according to an agreed framework. Arrangements for the referral and recording of (suspected) CSE have also been tightened up, enabling the police and social care to maintain accurate data via the MASH.

#### **4.9 Health Agencies and Safeguarding**

*NB: The health economy in Southwark comprises Kings College Hospital NHS Foundation Trust, Guy's and St Thomas NHS Foundation Trust,, South London and Maudsley NHS Foundation Trust, Southwark Clinical Commissioning Group and Public Health.*

During 2013/4 the health economy in Southwark maintained safeguarding as a priority whilst successfully navigating the NHS structural changes which gave responsibility for elements of health commissioning to primary care clinicians. Southwark CCG has been authorised by NHS Commissioning Board and has been operating as a statutory body since April 2013.

**Positive developments and impact during 2013/4 included:**

- There was very strong engagement from health and GPs at the SSCB Neglect Conference in January 2014, including a keynote address by a clinician.
- Appointment of a Named GP for Safeguarding which led to a number of positive impacts including a very good (82%) response to GP safeguarding audits, consolidation of safeguarding information for GPs, improved data coding and gathering, and particularly successful Protected Learning led by the Named GP in partnership with social care.
- Safeguarding Children standards were updated and are now included in contracts with main providers
- The Lambeth and Southwark Child Death Overview Panel (CDOP) was reviewed and new processes to improve communication and learning are in place. The splitting of the CDOP – (which continues to operate on a bi-borough basis across the two hospital Trusts) into neonates and other children was embedded and the backlog of cases reduced. Meetings are now more focussed and strategies for disseminating learning have been sharpened, with notable successes, for example in the provision of defibrillators in schools. See 5.7.1 for further information.
- Progress has been made in ensuring the views of children and young people are heard and considered in the planning and development of health safeguarding services. This has included focus groups with Speakerbox and consulting care leavers' preferences about access to their health information. A process is now in place to include the views of young people and carers, through interviews and discussions, as part of multi-agency case audits
- Additional funding for a LAC nurse and administrative support.
- CCG commissioning advice has been provided to ensure the range of services commissioned by CCG takes account of the need to safeguard and promote the welfare of vulnerable children. There were specific instances of improved safeguarding practice within health services, such as the exemption of children from charging for anti-malarial medication.
- A Health and Safeguarding sub group of the SSCB was established.

**Areas for Development in the health economy for 2013/14**

- To develop safeguarding children links with accountability frameworks for safeguarding with NHS England in order to ensure that safeguarding remains joined up within the NHS and within our local area
- To ensure children, young people and families have their health needs met at the earliest possible stage and to engage closely on the multi-agency Families Matter agenda.
- To work with NHS England to promote best quality safeguarding practice within General Practice, including training, information sharing and promoting early help for families
- To ensure health service planning and developments consider the views of children and young people
- To continue to promote a multi-agency integration of safeguarding services utilising MASH and MARAC channels
- To strengthen the safeguarding of young people through transition into adult services by developing a safeguarding vulnerable people approach to working with families. This will involve a TAC approach in the Transition team.
- Continue to work collaboratively with health provider organisations to ensure a more joined up approach is achieved in caring for vulnerable groups within the community

- Continue to develop the work initiated with GP Practices in Southwark to support and advise on safeguarding children including safeguarding audit action plans and the key issues identified nationally on neglect, domestic abuse, serious youth violence, child sexual exploitation and the vulnerability of Looked After Children

## **4.10 Learning and development**

### **4.10.1 Learning and Improvement Framework**

During 2013/4 the SSCB agreed a Learning and Improvement Framework which outlines the approach to Serious Case reviews and other types of learning.

### **4.10.2 Serious Case Reviews**

In March a serious case review panel was held and a decision taken to commission a Serious Case Review using the SCR methodology developed by the Welsh Government and outlined in *“Protecting Children in Wales: Guidance for arrangements for multi agency child practice reviews.”* This was the first SCR undertaken since 2010.

Also in March the Department for Education asked Southwark to participate in an investigation into a historical allegation into one of the Council’s children’s homes. This work has been completed and the outcome will be published by the Department for Education.

### **4.10.3 Management Reviews**

Management reviews are undertaken in cases where an incident of concern affects a child but the case does not fit the SCR criteria outlined in Working Together.

In 2013/4 a management review was completed in order to learn lessons from a case where a young person was seriously sexually assaulted.

The Board commissioned a thematic review of 7 cases where management reviews had been completed over the previous four years. The themes emerging informed the focus on private fostering, children missing from home and care and emphasised the potential vulnerability of some adolescents

### **4.10.4 Multi-agency audits**

In 2013/4 multi-agency audits took place on:

- Agency responses to children exhibiting sexually harmful behaviour (SHB)
- Effectiveness of work undertaken by the Family Focus Team
- Understanding the experience of young people who go missing from care

Consolidating learning from these audits is a key task for 2014/15, to be overseen by the Audit & Learning subgroup.

#### 4.10.5 Sharing learning from single agency audits

In future the Audit and Learning Sub-group will take an overview of the single agency audits programme in partner agencies. This approach will be strengthened by the appointment of an independent chair to the audit and learning sub group.

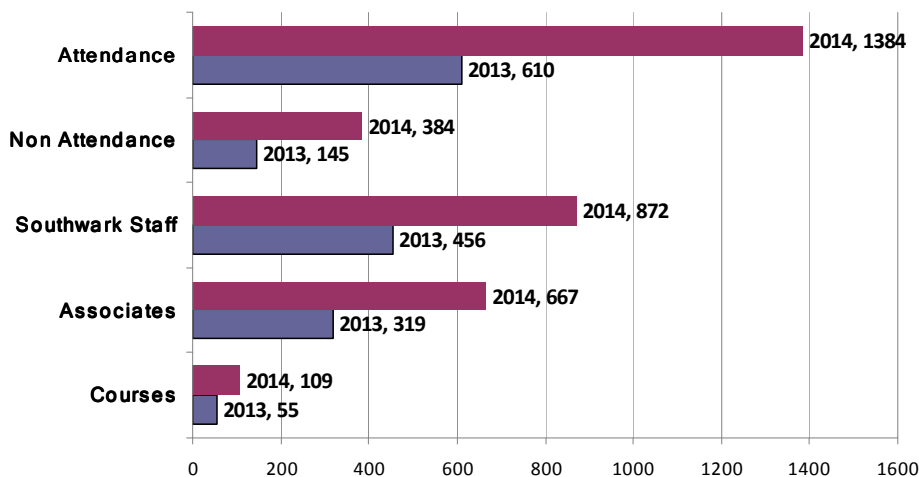
#### 4.10.6 Training Programme

The training programme included at Appendix 3 sets out the safeguarding children's courses accessed through the on-line portal, 'My Learning Source'.

An evaluation, comparing the previous year with April 2013 - March 2014, identified significant improvements. Training highlights for the year included:

- Attendance improved by 56% in 2013/2014.
- There was a 50% increase in the number of courses available.
- Booking figures has increased by 49% from last year.
- There are 2,716 Associates now registered on My Learning Source
- The SSCB has continued to provide a wide programme of safeguarding training which includes basic safeguarding and other courses such as training on learning from serious case reviews and specialist courses such as "The art of difficult conversation in child protection."
- Participants report an 81% positive impact evaluation.

#### Comparing April to March – 2012/13 to 2013/14



However, non-attendance was also higher. The increase was proportional to the rise in attendance figures (62%). The Organisational Development team plan to address this issue in 2014/5. This will involve engagement with managers and considering more direct action to recover the cost of non-attendance.

A review of all training materials started in 2013/4. This is continuing into 2014/15. Feedback will be provided through the Practice Development and Training sub group.

Providers met with the SSCB development manager and the chair of the Practice Development and Training sub group in December 2013 in order to look at best practice examples of training courses and how providers could be supported to ensure they reflect local learning from audits and management reviews. Providers and the sub-group chair will meet annually to review and plan training.

The SSCB has arrangements in place for 2014/15 for the quality assurance of training providers, who will all be awarded an Ofsted-style judgement.

#### **4.10.7 My Safeguarding Newsletter**

My Safeguarding Newsletter was launched in October 2013. The newsletter is produced 3 times a year and is sent to all agencies. The newsletter will update partners on emerging local and national issues in safeguarding, learning opportunities and new developments in practice

#### **4.10.8 Southwark Safeguarding Children Board: Lunch time learning**

In March, the lunch time learning sessions reflected on lessons from an audit on children at risk of peer to peer sexual exploitation. These sessions are planned bi- monthly covering contemporary topics such as Female Genital Mutilation, neglect and dentistry in children.

## **5. SSCB Governance arrangements and activity**

### **5.1 Summary of governance positives and areas for development**

This section focuses on SSCB governance arrangements and activity during 2013/4. It includes information on the following:

- 5.2 Participation of children and young people in the work of the SSCB
- 5.3 SSCB governance and membership
- 5.4 SSCB Performance Dashboard
- 5.5 Links with other key strategic groups
- 5.6 SSCB Budget
- 5.7 Links with other key strategic groups
- 5.8 Work of the SSCB sub-groups

### **5.2 Participation of children and young people in with work of the SSCB**

The best way to protect children and young people is to listen to them and engage positively with them so that they can help us improve our safeguarding work. The participation of children and young people has developed over this year and included the following initiatives:

- Key messages being shared with children and young people on keeping safe.
- Consulting with young people on their understanding of neglect and child sexual exploitation and what young people think will keep them safe. Children and young people's views were included in a DVD on CSE. This ensures that a wide range of leaders and practitioners can hear and understand children and young people's views on CSE.
- Involving young people in the SSCB annual conference.
- Speakerbox, the local children in care council, has long-established relationships with the SSCB. This includes meetings between Speakerbox members and the Independent Chair.
- In 2013/4 the SSCB heard concerns directly from children in care and care leavers about preparations for independence and the quality of their accommodation. As a result of SSCB scrutiny, a care leavers group within Speakerbox has been established
- As the reporting year ended the Board was planning a formal child engagement project to enable young people to meet with the SSCB.

### **5.3 SSCB governance and membership**

The governance arrangements for the SSCB were reviewed following publication of Working Together (2013). The Board was strengthened over the year with a newly appointed independent chair who reviewed the overall structure and organisation of the Board. During 2013/4 there were 3 meetings of the Main SSCB partnership Board and 6 meetings of the Executive Board. The board has engagement from the required agencies. A full membership list can be found at Appendix 2.

The Independent Chair met regularly with the Council Chief Executive and Strategic Director of Children's and Adults' services and met with the Cabinet Member for children. The Lead Member attends Board meetings and the Education and Children's Scrutiny Subcommittee scrutinises the Annual Report.

Following a community safeguarding survey and forum last summer an initial community engagement meeting took place, as forerunner to a creating a Community Engagement sub group.

#### 5.4 SSCB Performance Dashboard

In June 2013, the SSCB considered a report which noted improvements needed to SSCB performance reporting arrangements. This led to the development of an SSCB Performance Dashboard. This includes outcomes measures as well as key safeguarding and child protection performance indicators on activity, thresholds and quality. Further work is planned to ensure that the dashboard reflects key safeguarding performance indicators from all agencies.

#### 5.5 Links with other key strategic groups

During the year a protocol was developed between the Health and Wellbeing Board and the SSCB. The SSCB Independent Chair held meetings with the Independent Chair of the Adults Safeguarding Board. The Children's Trust includes a standing agenda item on the work of the SSCB. In 2013 there was an annual health executive meeting held jointly with Lambeth safeguarding children Board.

#### 5.6 SSCB Budget

The SSCB receives financial contributions from a number of agencies and other forms of in-kind support. As at 2013/14, financial contributions were as follows:

London Borough of Southwark	50,000
Southwark Clinical Commissioning Group	20,000
South London and Maudsley NHS Foundation Trust	5,000
Probation Service	2,000
Metropolitan Police	5,000
CAFCASS	550
London Borough of Lambeth (CDOP Administration)	5,000
<b>Total GBP</b>	<b>87,550</b>

SSCB income and expenditure in 2013/4 is outlined in the following table. This includes the recruitment costs for the Independent Chair. Expenditure on training, on Child Death Reviews and Serious Case Reviews is not reflected in these figures. The SSCB has agreed to maintain a reserve which is carried forward.



**Income and expenditure 2013/14**

<b>Income 2013/14</b>		<b>Expenditure 2013/14</b>	
	<b>£</b>		<b>£</b>
Brought forward	107,474.00	Board administrator	39,538.97
Cafcass	550.00	Catering Board meetings	175.00
Inner London Probation	2,000.00	Hotel accommodation/travel for chair	1,774.00
London Council	5,000.00	Independent chair (1)	3,710.73
London Borough Lambeth	5,000.00	Hotel accommodation (Chair 1)	1,774.45
London Borough Southwark	50,000.00	Independent chair (2)	23,020.00
Slam	5,000.00	Independent author for management review	5,398.30
Southwark NHS	20,000.00	Independent author for management review	3,412.50
Training recoupment	1,400.00	Policy officer	47,285.85
		Printing	494.00
<b>Total income</b>	<b>196,424.00</b>	Room hire	503.00
		Recruitment costs	11,400.00
		Training	1,075.00
		IT	300.00
		<b>Total expenditure</b>	<b>138,087.80</b>
		<b>Carried over 14/15</b>	<b>58,336.20</b>

**5.7 Work of the SSCB sub-groups**

At the start of 2013/4 there were 7 subgroups:

- Audit and Learning
- Human Resources and Safeguarding
- Practice Development and Training
- Serious Case Review
- Child Sexual Exploitation
- Child Death Overview Panel
- Designated, Named and Lead Professionals Group

During the year, new subgroups were established for Education, Health and Community Engagement.

The chairs of each subgroup meet three times a year with the SSCB chair in order to report back on their activity and to facilitate open communication between the subgroups. The work of the subgroups is planned in these joint meetings with the Independent Chair.

In addition the Council's Head of Quality Assurance reports regularly on child protection, the local authority designated officer (LADO) activity and on children missing from home and care.

### 5.7.1 The Child Death Overview Process

Following a review and streamlining of its processes, the Child Death Overview panel has successfully reduced its backlog and continues to work together with Lambeth in this area of work.

#### 1. *Overview of CDOP Operation in Lambeth and Southwark*

##### **Cases reviewed:**

- 70 cases were reviewed by the Child & Neonatal Death Overview panels in 2013/2014 financial year:
  - 32 cases were reviewed by the Neonatal Death Overview Panel (NDOP) and 38 cases were reviewed by the Child Death Overview Panel (CDOP)
  - 27 cases involved deaths in 2013/14, the remaining 43 cases were in 2009 - 2013.
- 47 (67%) cases were <1 year old; 37 (53%) were males; 19 (27%) cases were Black African, then other Black Ethnicity, other White, and white British.
- There were 33 outstanding cases as of the end of the year (Southwark 14, Lambeth 19)

##### **Deaths reported:**

- 63 in the 2013/2014 financial year (42 neonatal deaths and 21 child deaths).

#### 2. *Southwark cases reviewed*

- 30 Southwark cases were reviewed in this financial year with 20 (67%) deaths occurring within an acute hospital setting.
- The most common classification of death was neonatal death (18; 60%) followed by life limiting conditions and fire & burns.
- 17 (57%) cases had modifiable factors.
- Deaths reported: 37 comprising 25 neonates and 12 children.

#### 3. *Recommendations from this Annual Report*

**Youth Violence including Gang Activity** – this remains a yearly theme. A public health approach is needed to include addressing norms and attitudes to violence amongst young people, parents and others, strengthening the role of schools, and reducing risks in the night time economy.

**Road/Traffic Safety & Awareness** – Better awareness of road safety for children and young people in schools and related settings, traffic calming, road speed and driver training is required.

**Hospital Staffing** – Hospitals should review capacity and availability of midwifery staff to meet the needs of the increased birth rate and increased complexity of cases.

#### 4. *Progress on recommendations from 2012-2013 Annual Report*

- School health improvement: actions done include the school nurse review, the Southwark Schools' Healthy Lives programme, and the Evelina Child Health programme.
- Youth violence: Lambeth's public health approach to violence is informing its Serious Violence strategy and has been to the Health and Wellbeing Board.
- Housing (unintentional injuries prevention): work with both boroughs is underway and an awareness workshop for Housing staff commences this year.
- Sudden Infant Death Syndrome and co-sleeping: advice and awareness sessions to reduce the risk of SIDS and infant mortality are in place for a variety of CYP stakeholders.

## 5.8 2013/4 Section 11 Audit

The 2013/14 Section 11 process involved each agency completing an audit using an agreed template. A report analysing strengths and weaknesses was presented to the SSCB. A summary of strengths and areas for development can be found in the table below.

Going forwards the agreed methodology for 2014/5 is for a challenge panel to be developed. This panel of senior officers will scrutinise the single agency reports based and an overview report will be presented to the SSCB.

<b>Strengths</b>	<b>Areas for development</b>
<ul style="list-style-type: none"> <li>• Safer recruitment is well established in all agencies and the changes brought in the Disclosure and Barring Service were effectively adopted</li> <li>• Agencies are ensuring lessons from SCRs and CDOP are disseminated.</li> <li>• Engagement with safeguarding training is good across the system</li> <li>• Health reports detailed a commitment to audit and showed a strong cycle of listening to critiques on the service and analysing issues.</li> <li>• Agencies showed strong leadership in ensuring safeguarding children remained a priority during significant organisational changes.</li> <li>• Agencies have a clear reporting framework for safeguarding with health providers demonstrating strong practice in this area.</li> <li>• Each agency has clear and updated policy for responding to allegations against staff or volunteers which has been updated to meet new Working Together requirements.</li> <li>• Strong evidence suggesting good governance arrangements in place across all organisations with clear reporting and interface with the SSCB.</li> </ul>	<ul style="list-style-type: none"> <li>• All agencies to continue to prioritise listening to the wishes and feelings of children, and then incorporate this into policy and practice development.</li> <li>• Effective supervision of workers is a challenge for some agencies given the level of staff turnover and pockets of high vacancy rates.</li> <li>• The standard of induction varied across agencies.</li> <li>• UKBA/Home office did not complete a Section 11 audit report due to the internal changes to management arrangements. The SSCB Chair met with the Board Member to discuss this going forward</li> <li>• There is a challenge for regional and national organisations in producing a Section 11 report that is both accountable as an agency and reflects local circumstances</li> </ul>

## Appendix 1: SSCB Organisation Chart as at March 2014

**Chair:** Michael O'Connor, Independent

**Vice Chairs:** Romi Bowen, Strategic Director of Children's & Adults Services, Southwark Council  
Rory Patterson, Director of Children's Social Care, Southwark Children's Services

### Membership of the Executive Board:

- Children's & Adults Services
- Metropolitan Police
- Southwark Clinical Commissioning Group
- SLAM NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust, Community Action Southwark
- Lay Members

Meets 5 times per year or as required

### Staff:

#### SSCB Development Manager

Ann Flynn [ann.flynn@southwark.gov.uk](mailto:ann.flynn@southwark.gov.uk)  
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#### SSCB Senior Administrator

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#### SSCB Administrator

Nina Scott [nina.scott@southwark.gov.uk](mailto:nina.scott@southwark.gov.uk)  
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## Subgroups of SSCB

<b>SUBGROUP</b>	<b>CHAIR(S)</b>	<b>FREQUENCY OF MEETINGS</b>
<b>Serious Case Review Subgroup</b>	Michael O'Connor Independent Chair, SSCB	Meets 4 times a year
<b>Audit &amp; Learning Subgroup</b>	Jackie Cook Head Of Social Work Improvement And Quality Assurance Children's Services	Meets 5 times a year
<b>Child Death Overview Panel (CDOP) and Neo-Nate Panel (joint with Lambeth)</b>	Abdu Mohiddin Consultant in Public Health Lambeth CCG  Gillian Holdsworth Consultant in Public Health Lambeth CCG	Meets monthly
<b>Child Sexual Exploitation Subgroup</b>	Rory Patterson Director of Children's Social Care Children's Services	Meets 4 times a year
<b>Community Engagement Subgroup</b>	Gordon McCulloch Chief Executive Officer Community Action Southwark	First meeting February 2014
<b>Education Sub group</b>	Merril Haeusler Director of Education Children's Services	Meets 3 times a year
<b>Health Subgroup</b>	Gwen Kennedy Director of Quality and Safety NHS Southwark CCG	Meets 6 times a year
<b>Human Resources &amp; safeguarding Sub group</b>	Bernard Nawrat Head of Human Resources Southwark Council	Meets 4 times a year
<b>Practice Development &amp; Training Subgroup</b>	John Howard/Mary Mason (JH) Organisational Development Manager, Children's Services (MM) Designated Nurse, Southwark CCG	Meets 4 times a year
<b>Designated, Named and Lead Professionals Group</b>	Ann Flynn SSCB Development Manager	Meets twice a year

## Appendix 2: Southwark Safeguarding Children Executive Board Members as at March 2014

Note that during 2013/14, the work of the Executive Board was supplemented by further meetings of the Main Board, which had wider membership.

First Name	Last Name	Job Title	Agency
Elaine	Allegretti	Head of Strategy, Planning and Performance	Children's & Adults' Service
Justin	Armstrong	Detective Chief Inspector	Metropolitan Police
Andrew	Bland	Managing Director	Southwark BSU, NHS Southwark
Romi	Bowen	Strategic Director of Children's and Adults Services	Children's Services
Becky	Canning	Assistant Chief Officer, Southwark	London Probation Service
Dora	Dixon-Fyle	Councillor	Southwark Council
Eva	Edohen	Lay Member	
Ann	Flynn	SSCB Development Manager	Children's Services
Zander	Gibson	Borough Commander	Metropolitan Police
Merril	Haeusler	Deputy Director of Children's Services	Children's Services, Education
Dr Ros	Healy	Consultant Paediatrician/Designated Doctor	NHS Southwark
Ron	Kerr	Chief Executive	Guy's & St Thomas' NHS Foundation Trust
Alex	Laidler	Interim Director for Adults Social Care	Children's & Adults' Service
Mary	Mason	Designated Named Nurse	Southwark BSU, NHS Southwark
Chris	McCree	Acting AD of Nursing	SLaM NHS Trust
Gordon	McCullough	Chief Executive	Community Action Southwark
Michael	O'Connor	Independent Chair	SSCB
Deborah	Parker	Associate Chief Nurse	Guy's & St Thomas' NHS Foundation Trust
Rory	Patterson	Director, Children's Social Care	Children's & Adults' Service
Gerri	Scott	Strategic Director Housing & Community Services	Housing and Community Services
Tim	Smart	Chief Executive	King's College Hospital
Claudina	Tuitt	Lay Member	
Ruth	Wallis	Director of Public Health	Public Health
Geraldine	Walters	Executive Director of Nursing and Midwifery	King's College Hospital
Susi	Whittome	Head Teacher Representative	Keyworth Primary School

### Appendix 3: Approved Safeguarding Children's Courses delivered through My Learning Source – 2013 - 2014

Course Name	No. held
Child Protection: Keeping children safe from harm - (Foster carers)	1
Common Assessment Framework (CAF)	5
Contacting victims of adolescent harmful sexual behaviour	1
Critical thinking and supervision of complex risk: for safeguarding managers and supervisors	2
Crossing bridges: implementing a think family approach	2
Developing critical thinking in working with risk and the child protection process	3
Domestic Abuse Awareness	9
Domestic Abuse Champions Programme	7
Drug awareness training for children's social workers	1
Effective recording and data sharing for the multi agency safeguarding hub	2
Facebook, Mobiles and MSN: Safeguarding Children online (Foster carers)	2
Multi-agency safeguarding hub members development day	4
'Neglect Matters' Working together to assess, prevent and remedy the impact of neglect	1
Risk assessment for the multi-agency safeguarding hub	2
Sexual exploitation of children	2
Signs of Safety Bespoke Training ASAF, YOS & 0-12OS, SSFT & Adolescence & Aftercare (2 days)	2
Signs of Safety Refresher Training	1
Signs of Safety Training Bespoke Training for Children's Social Care Specialist Services	1
SSCB - Child protection update seminar	4
SSCB - Domestic violence risk assessment model - multi - agency awareness briefing	3
SSCB - Emotional Abuse: The impact for children and young people on attachments	5
SSCB - E-Safety - recognising the harms of new technologies	4
SSCB - FGM - Awareness course	1
SSCB - Honour Based Violence (HBV)	2
SSCB - Interagency working together in Assessment and Intervention with and C & F	3
SSCB - Neglect - An analytical approach	5
SSCB - Parental and perinatal mental health: impact on children and their families	2
SSCB - Race, culture and faith belief systems in safeguarding children	3
SSCB - Safeguarding children with disabilities	1
SSCB - Substance misuse by parents: impact on children and families	1
SSCB - The Art of Difficult Conversations in Child Protection	3
SSCB -Child Protection Level 2	3
SSCB - Child Protection Level 3	1
SSCB- Domestic violence risk assessment model - multi agency awareness briefing	3
SSCB-Attending child protection meetings, conferences, network, strategy and core groups	2
SSCB - Honour Based Violence (HBV) PM	2
SSCB - Working with children who have been sexually abused	4
The Mental Health Needs of Young People Involved in Street Gangs	3
Working with challenging and hard to help families: developing authoritative practice for safeguarding practitioners/managers	1

## **Education & Children's Services scrutiny sub-committee**

**11 December 2014**

### **Adoption focus group with adopters and potential adopters**

Present:

- Cllr Jasmine Ali, Chair
- Cllr Evelyn Akoto, committee member
- Julie Timbrell, Project manager (notes)

The adopters introduced themselves and explained their situations:

- K – Approved in April and waiting for a child
- T – Recently adopted a small child
- M – Adopted a little boy 2 and half years ago. Runs a voluntary adoption support network, with local meet ups and links with the South London adoption consortium.
- R – Adopted a young child a year and a half ago.
- J – Adopted a young child through Lewisham Council.
- D – Recently started the process with partner

#### Assessment process

Adopters reported that this is quite intrusive – but they all agreed that this is to be expected.

It was suggested that there was a FAQ resource – covering issues such what happens post panel assessment , guidance on how to discuss adoption with siblings, and a longer reading list (beyond the material already given).

Adopters said the quality of the assessment process was largely down to the quality of the social worker. The majority of the social workers were highly praised – other comments were that social workers who had transferred from other types of practice or other boroughs were less well informed. One person asked for a social work transfer because the relationship was not working. One inexperienced social worker wanted to meet a parent's natural child at school, which did not feel appropriate to the parents because they felt it over exposed them and another adoptive parent. A few people had a number of social workers, because of reasons such as maternity leave, and this was difficult as adopters explained it was a very personal relationship that takes time to build – continuity is important.



### Timing of assessment process

There were comments that the 6 month assessment process was fudged as the clock only starts from when the paperwork is in place and that the induction & registration process is used to gather information to facilitate this, then once an potential adopter is interested there is a wait until a social worker is free, which takes about 4 months. However everybody seemed to think that 6 months was too quick anyway and that most adopters needed more time, however there was a little frustration with pauses after certain stages, such post the panel decision. Many parents emphasised the value of waiting, despite many potential parents really wanting a child almost immediately, initially.

### Racial profiling

One adoptee reported that 4 years ago she had been turned down as an adopter in Southwark as she was white – she said that really hurt, although she accepted there might have been good reason as the council only had black children. She went on to successfully adopt in Lewisham. She thought a reason like this would be unlikely now, as the government’s position on inter-racial adoption has changed, nevertheless she was still recently told in Lewisham that as her existing children were white she would only be considered for a quarter mix child – and this did not seem to be a position that she particularly shared.

Other adoptees shared that social workers had asked them what there views were and explored this issue sensitively and considered potential adopters wider networks, and checked back with the adopters on their views, for example by ensuring their preferences were accurately presented at panel.

Some adopters wanted a child to closely match to their own ethnicity, for a variety of reasons including a lack of a wider network or a wish to move to the countryside, which would be less diverse. One mixed race adopter with a white partner had adopted a black child because she knew she had a wider family community network that would reflect the adopted child’s background.

A couple of adopters noted that they had had unusual racial backgrounds which were harder to match, and they did not think this was a priority anyway. One thought the ethnic match was over emphasised by social workers, and might have closed down options or caused a longer wait.

Southwark has a smallish minority of cross ethnic adoptions, but views on how widespread this practice was varied. Participants agreed this is an issue to be openly explored .Adopters emphasised the importance of the child’s needs coming first, but that it was also important to find a balance with the parents’ needs and desires.

It was noted that views on inter-racial adoptions shift as fashions change and also that it is a complex and complicated issue.

### Contact with birth family and birth stories

Quite a few people noted that the birth stories had taken a long time to complete. One person suggested this was given a dedicated resource, though it was also noted that the social workers involved in this exercise need to know the child and family well. One person felt uncomfortable with the language in the story for her child; commenting it was too black and white with too much emphasis on drugs, and the language was inappropriate. There was concern that identifying information had been put in by Lewisham (a birth certificate) and this could have enabled the child to use social media to search out a natural parent.

It was common to have letter box annual contact. Some had met the parents. Issues were raised about the complexity of wider birth families and the difficult issues this could present, now and possibly in the future. The support of the adoptees network was highlighted as really important in providing a peer support network which could understand the specific issues of adoptive parents – equivalent to the NCT network, which birth parents have.

## **Motivation**

### Preparation stage

The presentation day was described as pretty bleak. Several adopters commented that this reflected the reality, but something uplifting would be good to create a balance. One person affirmed the importance of being presented with the reality of the challenges, and commented that around half of all perspective adopters will leave the process and that as an adopter you do need to be determined. Another adoptive parent said that it gives the impression that all children have been raped and beaten. There were comments that social workers are not necessarily presenters and communicators. The professionalism of the package has improved. Most emphasised the need for a balanced presentation and all praised the stories of adoptive parents who spoke about the good and the bad, and also the story provided by a mother who had given up a child for adoption. The importance of reality over theory was emphasised and that adoptive parents be involved in training (one was).

The peer support network was praised – this meets alternate Wednesday afternoons for parents and children, hosts monthly Saturday trips and also holds a regular parent support evening. It is a space to talk freely without pity. This was set up by an adoptive mum. The network feeds back up to the London Adoptive Board.

### Post adoption support.

All the adopters praised the good support immediately after adoption, with alternate weekly visits from the child's and parents' social worker. However the 3 year mark can be when support drops off. Dealing with school is hard, and parents commented they found it hard to access support packages. More training of teachers on the needs of adoptive children and the type of support available was recommended.

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 29 <sup>th</sup> April 2014	<b>Meeting:</b> Southwark's Children and Families' Trust Executive
<b>Report title:</b>		Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark	
<b>From:</b>		Ruth Wallis – Director of Public Health, Lambeth and Southwark Bimpe Oki - Consultant in Public Health, Lambeth and Southwark Public Health	

### Purpose

To seek agreement of the recommendations proposed to the Southwark's Children and Families' Trust Executive on this cover sheet in support of an evidence based approach to tackling childhood obesity in Southwark. The recommendations for the Executive have been developed following the presentation of the accompanying report, "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*" to the Southwark Children's Commissioning Board in February 2014.

### Recommendations

1. Members are asked to:
  - a) Receive the report "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*"
  - b) Demonstrate leadership and commitment to this approach by nominating a champion to sit on the steering group that is taking this work forward
  - c) Approve in relation to the recommendations and evidence based interventions in the report, the following:
    - i. A focus on children 13 years and under
    - ii. A total investment of £830,000/year to take forward the specific evidence based interventions highlighted in the report
    - iii. A more sustained long term approach, with an initial 4 year implementation plan

### Background information

2. The report "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*" was prepared by the Lambeth and Southwark Public Health team and presented to the Southwark Children's Commissioning Board in February 2014. The recommendations were agreed in principle at this meeting.
3. In line with the agreements reached at the Children's Commissioning Board, the intention is that the implementation of the recommendations is taken forward by a steering group (chaired by the DPH) with endorsement from the Children and Families' Trust Executive.

### Key issues for consideration

4. **(a) Population Focus for the Approach:** The National Child Measurement Programme results each year show that childhood obesity prevalence in Southwark is one of the highest in the country. The almost doubling of obesity rates between reception year and year 6 indicate the importance of prevention and early intervention. In addition the extremely high prevalence at Year 6 provides a suggestion of the

upward childhood obesity trajectory our children are on. This most likely resulting in an increasing significant proportion of teenagers in the obese category who require treatment. There is a need to understand where the focus of the work to tackle childhood obesity should be. Two options are presented.

Option 1: Focus on Early Years and Primary School Aged Children Only

Pros

- Concentrating on these age groups will enable a good focus on prevention as part of a long term strategy
- There is evidence of effective weight management interventions for primary school aged children
- Able to plan and track progress and impact due to the existing annual National Child Measurement Programme (NCMP) data monitoring

Cons

- Although evidence based interventions for this population group adopts a family based focus, adolescents will be missing from the life course approach to tackling childhood obesity
- Based on the results over the past 5 years of the NCMP, there are already thousands of adolescents who are overweight and obese who will continue to not have the opportunity to be appropriately supported.

Option 2: Focus on Early Years, Primary and also Secondary School Aged Children

Pros

- Childhood obesity is being addressed along the whole life course
- Children who have gone through the NCMP and have been identified as being overweight or obese are able to access appropriate support
- Opportunity to intervene to avoid conveyor belt effect into adult obesity and associated health conditions

Cons

- Difficult to have the right balance between prevention and treatment as a large proportion of children and young people will be in need of treatment
- The evidence of effectiveness for weight management services for over 13 years old is fairly limited
- Will need to introduce a monitoring system to assess the impact of the Programme

Recommendation: Based on the fact that most of the interventions recommended will be new, these could be deemed as developmental in their implementation. In addition the strength of the evidence for weight management is more for primary school aged children. It is advisable therefore to see this work as the first phase of a longer term strategy, ensuring that the most effective interventions are in place first, laying a good foundation for the opportunity to build on this in the future. The initial focus of this approach to address childhood obesity in Southwark should be children aged 13 years old and under. The age extension to 13 years old takes into account the opportunity to support children after their participation in the Year 6 NCMP.

**(b) Level of Investment** (approx £180k of the total amount is currently allocated to relevant interventions)

Option 1: Significant benefits realisation in childhood obesity reduction (observed after 5 years) – Estimated total £830,000/year

Option 2: Significant benefits realisation in childhood obesity reduction (observed after 8 years) - Estimated total £600,000/year

Option 2 is the threshold below which limited significant benefits will be realised in childhood obesity reduction

Recommendation: Option 1 - £830,000/year (i.e. additional £650,000/year to current allocation)

**(c) Timescale**

NICE recommends a 5 year strategy for the implementation of evidence based obesity interventions

Recommendation: An initial 4 year implementation plan is proposed, possibly aligning with political cycle.

*Recommendation*

- 5. Executive members approve focusing on children 13 years and under, with a total investment of £830,000/year for 4 years, using the recommended evidence based approach to effectively tackle childhood obesity in Southwark.***

<b>Date:</b> 25 <sup>th</sup> February 2014	<b>Meeting:</b> <b>Children's Commissioning Board</b>
<b>Report title:</b>	<b>Adopting and Implementing a Comprehensive Evidence based Approach to Tackling Childhood Obesity in Southwark</b>
<b>Report Author</b>	Bimpe Oki, Consultant in Public Health, Lambeth and Southwark Public Health
<b>Lead Director</b>	Ruth Wallis, Director of Public Health

## 1. Purpose

This paper has been produced by the Lambeth and Southwark Public Health Team to set out recommendations for an evidence based whole systems approach to preventing, maintaining and achieving a healthy weight for children and young people in Southwark, and highlights key commissioning priorities. The paper provides:

- a brief overview of childhood obesity in Southwark
- a very brief summary of obesity related activity in Southwark so far
- a summary of the evidence of what works to address childhood obesity
- recommendations for focused priorities to help Southwark tackle childhood obesity in an effective comprehensive and evidence based way. Those requiring urgent action are highlighted

## 2. Recommendations

### ***Members are asked to:***

Agree to commit to adopting and helping to take forward an evidence based comprehensive whole systems approach underpinned by partnership working to effectively tackle childhood obesity. This involves

- Commitment and prioritisation at strategic and operational levels
- Alignment of commissioning priorities across LA and CCG (and PHE & NHSE where relevant), this will allow for the maximising of outcomes, and achieving value for money
- An agreed multi-agency local obesity care pathways from prevention to treatment with supporting evidence based services
- Dedicated resources and investment (estimated £830k/year), with commitment where possible to longer term investment for services to achieve a greater impact. ***A 4 year strategy in the first instance is proposed***

The specific recommendations highlighted below are based on national good practice and guidelines as well as local needs.

**Recommendation 1** – **Development of a locally agreed, evidence based, multi-agency healthy weight care pathways need to be developed (for ages 0-4, 4-12 and 13-19 years old).** These will provide guidance on identification, assessment, advice, signposting and highlight the relevant local support for underweight, healthy weight, overweight and obese children. This means that it is clear to Southwark practitioners what is required and available locally to prevent, achieve and maintain a healthy for all children 11 years and under. This enables children regardless of their weight status to be offered and / or have available to them the most appropriate support. Timescale: By May 2014

**Recommendation 2** – **Commissioning and implementation of evidence based interventions** as outlined below:

- (i) Promoting sustained exclusive breastfeeding through the implementation of the UNICEF Baby Friendly Initiative in the Community (i.e. children centres and other early year settings). **(Action: Service specification developed by July 2014, estimated cost £120,000/year)**
- (ii) Promoting good weaning practices and healthy eating practices in early years. Early years community nutrition support is required as a universal service. Currently in Southwark this is only available till March 2015 and the short term funding has been split equally between the CCG, Early Help team and Public Health. Early years community nutrition should be secured for 2015/6 and for the longer term. **(Action: Incorporating early years nutrition service as core early years offer and service specification developed by July 2014, estimated cost £140,000/year)**
- (iii) Capacity building of early years staff on healthy weight issues through training and the implementation of good practice health promoting policies and practices in early year settings – only the healthy eating element of policies and practices is addressed by the community nutrition team **(Action: Service specification developed by July 2014, estimated cost £25,000/year)**
- (iv) Ensuring healthy eating, physical activity and emotional wellbeing form key planks in the proposed new Southwark Healthy Schools Programme. This will support Southwark Schools to adopt a whole healthy school approach that incorporates strategies to promote healthy eating, physical activity and healthy weight **(Action: Service specification developed for Southwark Healthy School)**

***Programme by May 2014, estimated childhood obesity contribution £70,000/year)***

- (v) Capacity building of health and non-health practitioners who work with children, young people and families on local childhood obesity issues. This will support the practitioners in being able to raise the issue of weight in an appropriate manner and give them confidence to provide evidence based advice and signpost to relevant local supportive services ***(Action: Service specification developed by July 2014, estimated cost £50,000/year)***
- (vi) Weight management services for Southwark children. Services which are evidence based and are sensitive to local needs should be commissioned. There should be a menu of services which support overweight and obese children, as well as obese children with additional and/or medical needs. ***(Action: (a) Service specifications developed for level 2 and 3 services by July 2014, estimated total cost £400,000/year. (b) In the interim extend current MEND programme until new services are in place £45k/year )***
- (vii) Evaluation of the Southwark children and young people healthy weight programme. This new programme needs to be evaluated to assess the impact and to contribute to the local and national evidence base around addressing childhood obesity ***(Action: Public Health to scope evaluation by August 2014 estimated cost £100,000 over the 4 years)***

**Recommendation 3 – Maximising the impact of key local policies and strategies to improve health and reduce health inequalities.**

The Council and CCG should review and / or conduct health and wellbeing impact assessments on their key policies and strategies to align and maximise their potential positive contribution to improving health and reducing health inequalities.

**3. Next steps**

***Members are asked to progress these recommendations by:***

- a) Endorsing the establishment of a working group comprising of Public Health, LA and CCG commissioners to develop an action plan and report to the Children's Trust Board by April 2014, to endorse taking forward the recommendations. The action plan should detail the prioritised interventions, the tasks required and who is responsible for these tasks and the associated timescales.
- b) Progressing the development of the new Southwark Healthy Schools Programme



## **Adopting and Implementing a Comprehensive Evidence based Approach to Tackling Childhood Obesity in Southwark**

*Author: Bimpe Oki, Consultant in Public Health, February 2014*

### **1. Introduction**

This paper has been produced by the Lambeth and Southwark Public Health. It provides:

- a brief overview of childhood obesity in Southwark
- a very brief summary of obesity related activity in Southwark so far
- a summary of the evidence of what works to address childhood obesity
- recommendations for focused priorities to help Southwark tackle childhood obesity in an effective comprehensive and evidence based way. Those requiring urgent action are highlighted

This paper focuses primarily on the weight status of children aged 0 to 11 years and not on adolescents. Although specific interventions may differ depending on the population group, many of the preventive strategies and underpinning good practice principles outlined apply to all age groups.

### **2. Childhood obesity in Southwark**

Childhood obesity is a growing concern locally and nationally. Childhood obesity can cause social, psychological and health problems. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than healthy weight children.

Overweight and obese children are likely to experience bullying and stigma. This can affect their self-esteem and may, in turn, affect their performance at school. Overweight and obese children are also more likely to become obese adults and have a higher risk of ill health, disability and premature mortality in adulthood. In Southwark obesity levels are higher than the average levels in London and England. The main source of local data is from the National Childhood Measurement Programme (NCMP).

The NCMP is an annual measurement of the height and weight of reception class (4-5 year olds) and year 6 (10-11 year olds) children in England. The programme has been implemented in Southwark since 2006-7. The purpose of the NCMP is

- To inform local planning and delivery of services for children
- To gather population level surveillance data to allow analysis of trends in growth patterns and obesity
- To increase public and professional understanding of weight issues in children
- To act as a useful vehicle for engaging with children and families about healthy lifestyles and weight issues

The data from the Southwark NCMP has allowed us to observe local trends and assess how local obesity levels compare to other boroughs and England as a whole (see figures 1 and 2). The findings show that obesity levels in Southwark children have been consistently higher than the London average and significantly higher than the England average. Worryingly, Southwark's year 6 obesity prevalence has continued to be one of the highest in the country; the latest NCMP results. In the 2012-13 academic year, 26.7% of 4–5 year olds and 44.3% 10–11 year olds in Southwark were classified as being either overweight or obese (see figures 3 and 4). Of these a significant proportion are deemed obese, 14.2% at Reception Year, (2nd highest nationally); 26.7% at Year 6 ( 3<sup>rd</sup> highest nationally)

Nationally, the NCMP shows a strong, positive relationship between deprivation and obesity prevalence for children in each age group. However in a borough like Southwark where deprivation is fairly widespread, significant differences between the most and least deprived are not as stark. Inequalities are more evident between certain ethnic groups, with children in Black ethnic groups having a significantly higher risk of obesity than those in Mixed, Asian, Other and White ethnic groups.

Figure 1: Obesity Prevalence Trends – Reception Year (2007/8 – 2011/12)

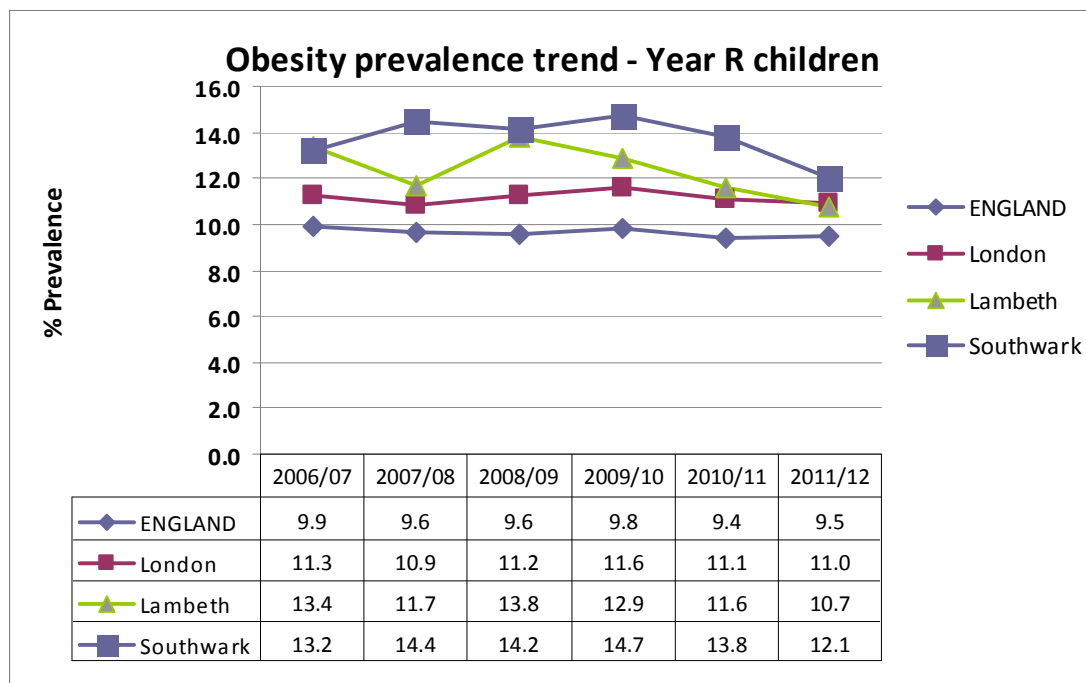


Figure 2: Obesity Prevalence Trends – Year 6 (2007/8 – 2011/12)

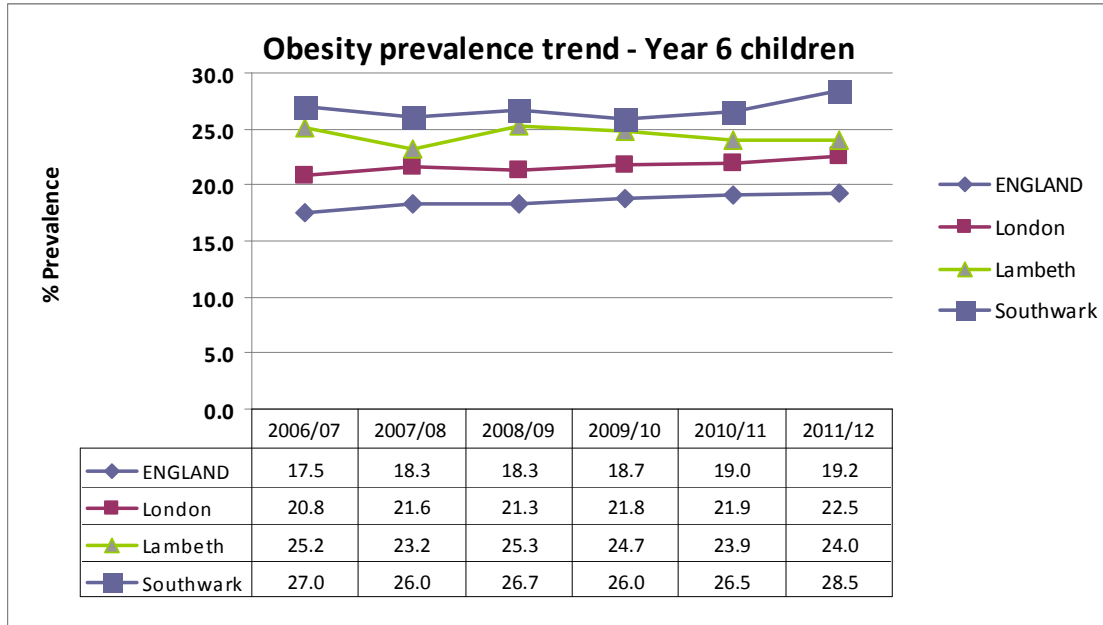
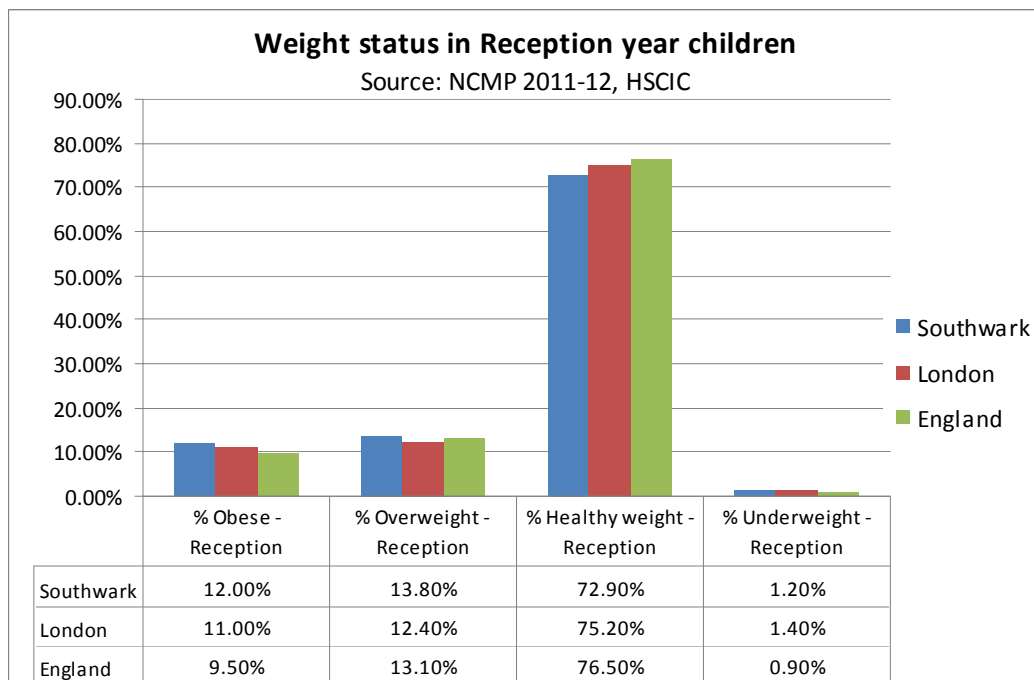
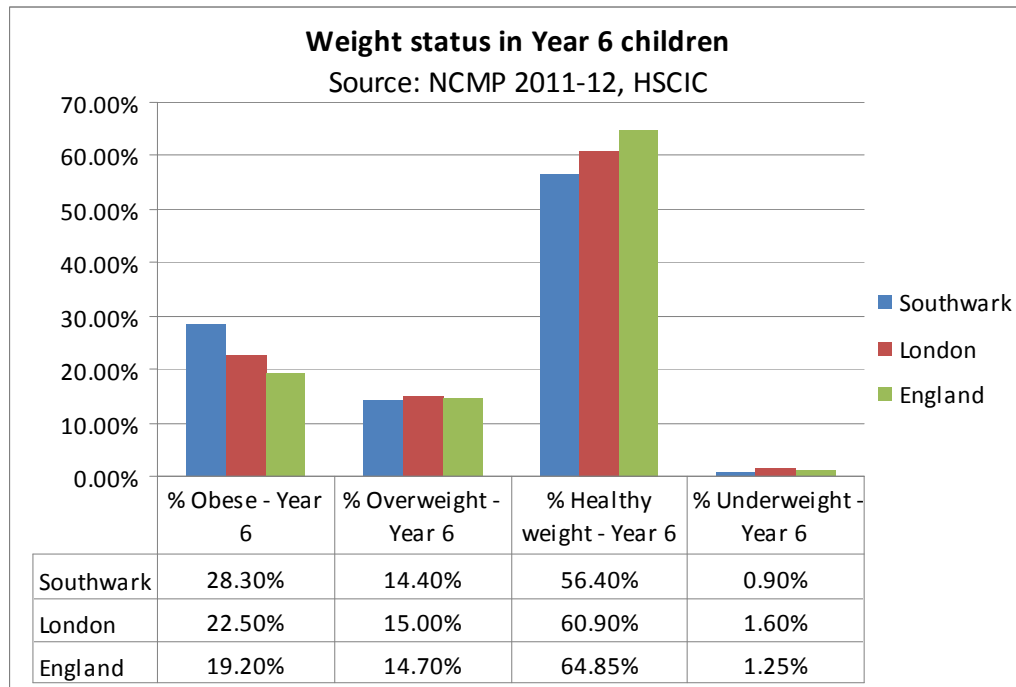


Figure 3: Weight Status for Southwark Reception Year Children (2011/12 Academic Year)



**Figure 4: Weight Status for Southwark Year 6 Children (2011/12 Academic Year)**



### 3. Addressing obesity – what should we be aiming to achieve?

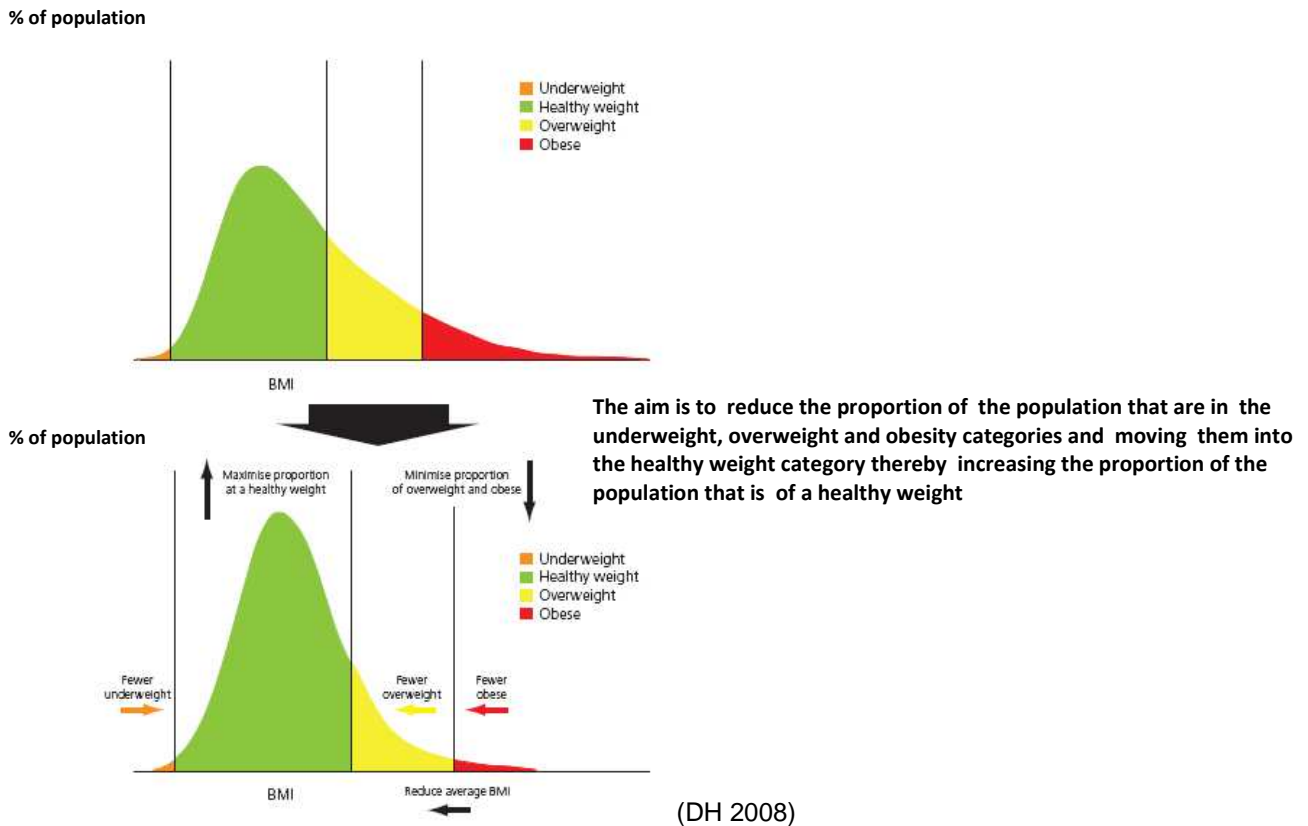
Addressing obesity requires a whole systems approach to enable a population shift towards more children being in the healthy weight category and fewer children moving towards being overweight and obese. Taking this population approach means working towards

- shifting more underweight children into the healthy weight category
- supporting healthy weight children to maintain their healthy weight status
- preventing overweight children from becoming obese and helping them achieve healthy weight status; and
- reducing the proportion of children that are obese by moving them towards the healthy weight category

The ultimate aim is to have a greater proportion of healthy weight children within the population (see figure 5 illustrating shifting weight distribution).

Achieving a reduction in childhood obesity levels require both preventive and treatment measures. Strategies for both measures rely on addressing or modifying risk behaviours of unhealthy eating and physical inactivity. The case for prevention is strong but over the years through the NCMP, we already have identified thousands of children in Southwark who are obese. Treatment interventions also need to be put in place.

**Figure 5: Illustrative Chart Showing the Aim to Shift Weight Distribution in the Population to a Healthy Weight in Southwark**



Shifting the weight distribution in the desired direction requires long term sustained co-ordinated action.

#### **4. Progress being made to address childhood obesity in Southwark**

Several initiatives have been undertaken in Southwark to help address obesity. These have included engaging with the community to obtain their views, awareness raising activities with the community, using planning powers to restrict the opening of fast food outlets, promoting cycling, provision of leisure opportunities, the promotion of healthy eating via children centres and schools and the provision of free healthy school meals. In addition GP practices have been encouraged to provide brief intervention and school nurses proactively follow up children identified as being obese through the NCMP. A children's weight management programme has been running in the borough for more than four years.

The range of initiatives demonstrates the willingness of local agencies to tackle obesity and specifically childhood obesity. Many of the initiatives could form components of a well co-ordinated programme to address obesity. However

several of these initiatives have been short term, have not had the sufficient scale or scope required or have not been sufficiently evaluated to understand the impact on obesity levels.

It is of great concern that every year via the NCMP well over 1500 children in Southwark are identified as being overweight or obese. Their parents/carers are informed of their child's weight status, however there is very limited, evidence based, specific weight management support programmes for families who are motivated to make lifestyle changes.

### **5. Summary of evidence of how to effectively address obesity (based on the Foresight Obesity Report<sup>1</sup> & relevant NICE Guidance<sup>2</sup>)**

- A cross-cutting, comprehensive, long-term strategy that brings together multiple stakeholders is essential. This should comprise of a portfolio of interventions targeting a broad set of variables and different levels within the obesity system
- Interventions need to cover the entire terrain; otherwise continued drivers acting on one part of the obesity system might undermine positive action elsewhere
- Single isolated initiatives do not work
- An all age approach is important with emphasis made on a good start for children and addressing health inequalities.
- Social, environmental and economic factors must be considered in addressing the obesogenic environment. .
- The distinction between prevention and treatment is important. Emphasis on prevention is vital. However, there are already significant numbers of obese people requiring treatment and the numbers will require short-term measures. Treatment interventions are therefore also needed
- The need for short-term action and impact must be balanced against the drive for longer-term sustainable change

### **6. Evidence based interventions to prevent of childhood obesity**

Obesity prevention does not simply mean preventing normal-weight individuals from becoming obese; it encompasses a range of strategies that aim to prevent:

- the development of overweight in normal-weight individuals
- the progression of overweight to obesity in those who are already overweight

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<sup>1</sup> Foresight (2007) Tackling obesities: future choices – project report. London: Government Office for Science

<sup>2</sup> NICE has produced over 12 obesity related guidance documents since the 2006 [NICE clinical guidance: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children](#) . The most recent obesity related guidance is the NICE: Managing overweight and obesity among children and young people (2013). [www.nice.org.uk](http://www.nice.org.uk)

- weight regain in those who have been overweight or obese in the past but who have since lost weight

These lead to the general reduction of the average weight of the whole population.

**Early Years:** Promoting breastfeeding, good weaning practices and developing positive healthy eating and activity behaviours

**Primary School Children:** Development of life-long healthy eating and physical activity practices through a whole, healthy school approach (pupils, staff, parents, curriculum, environment, school policies and practices)

The specific interventions highlighted above for early years and primary school should be supported by universal services that promote healthy eating and physical activity. Within these universal services there should be targeting more resources proportionately to those who are more disadvantaged or are at greater risk. Examples of universal service include:

- Health and social care practitioners routinely raising the issue of weight and providing brief evidence based advice and signposting to appropriate services
- Transport and built environments plans that promote physical activity (e.g. active travel and play)
- Environmental and planning strategies that increase access to, and opportunities for physical activity and healthy food (e.g. provision of and access to safe green open space and opportunities for play and food growing, working with food businesses)
- Leisure and culture strategies to improve access to and facilities for structured leisure programmes and unstructured opportunities for physical activity (e.g. access to parks, open spaces and safe play areas, ensuring access to all including those with disabilities).
- Community led initiatives using community action and assets to support individual and community action to promote healthy weight. (e.g. grow, cook and eat clubs)

## 7. Evidence based interventions to treat childhood obesity

Treatment strategies refer to weight management services. In the case of children, most of the time these services do not aim for weight loss but weight maintenance to allow children to “grow into their weight.”

Guidance from NICE indicates that evidence based children weight management services should be multi-component (comprising of behaviour change, physical activity and diet) and family focused, i.e. involve parents and carers. Single-strategy approaches to managing weight are not recommended for children. A range of weight management services must be available to effectively support children with different severity of overweight and obesity. These services should

be accessible for children who have been part of the National Child Measurement Programme.

## **8. Recommendations to effectively address childhood obesity in Southwark**

An evidence based comprehensive whole systems approach underpinned by partnership working needs to be developed to effectively tackle childhood obesity. This requires:

- Commitment and prioritisation at strategic and operational levels
- Alignment of commissioning priorities across LA and CCG (and PHE & NHSE where relevant), this will allow for the maximising of outcomes, and achieving value for money
- Agreed multi-agency local obesity care pathways from prevention to treatment
- Dedicated resources and investment (estimated £830k/year), with commitment where possible to longer term investment for services to achieve a greater impact. ***A 4 year strategy in the first instance is proposed***

There should be a focus on priority interventions that are evidence based, which would form part of the whole system approach. Based on the current situation in Southwark some of these priorities are urgent and require immediate action, the others are able to have a longer lead in time to allow for scoping and stakeholder engagement. The scale and design of the relevant initiatives will depend on the desired pace of change and the availability of the relevant resources to meet needs.

The specific recommendations highlighted below are based on national good practice and guidelines as well as local needs.

**Recommendation 1 – Development of a locally agreed, evidence based, multi-agency healthy weight care pathways need to be developed (for ages 0-4, 4-12 and 13-19 years old).** These will provide guidance on identification, assessment, advice, signposting and highlight the relevant local support for underweight, healthy weight, overweight and obese children. This means that it is clear to Southwark practitioners what is required and available locally to prevent, achieve and maintain a healthy for all children 11 years and under. This enables children regardless of their weight status to be offered and / or have available to them the most appropriate support. Timescale: By May 2014

**Recommendation 2 – Commissioning and implementation of evidence based interventions** as outlined below:

- (viii) Promoting sustained exclusive breastfeeding through the implementation of the UNICEF Baby Friendly Initiative in the Community (i.e. children centres and other early year settings).



**(Action: Service specification developed by July 2014, estimated cost £120,000/year)**

- (ix) Promoting good weaning practices and healthy eating practices in early years. Early years community nutrition support is required as a universal service. Currently in Southwark this is only available till March 2015 and the short term funding has been split equally between the CCG, Early Help team and Public Health. Early years community nutrition should be secured for 2015/6 and for the longer term.  
**(Action: Incorporating early years nutrition service as core early years offer and service specification developed by July 2014, estimated cost £140,000/year)**
- (x) Capacity building of early years staff on healthy weight issues through training and the implementation of good practice health promoting policies and practices in early year settings – only the healthy eating element of policies and practices is addressed by the community nutrition team **(Action: Service specification developed by July 2014, estimated cost £25,000/year)**
- (xi) Ensuring healthy eating, physical activity and emotional wellbeing form key planks in the proposed new Southwark Healthy Schools Programme. This will support Southwark Schools to adopt a whole healthy school approach that incorporates strategies to promote healthy eating, physical activity and healthy weight **(Action: Service specification developed for Southwark Healthy School Programme by May 2014, estimated childhood obesity contribution £70,000/year)**
- (xii) Capacity building of health and non-health practitioners who work with children, young people and families on local childhood obesity issues. This will support the practitioners in being able to raise the issue of weight in an appropriate manner and give them confidence to provide evidence based advice and signpost to relevant local supportive services **(Action: Service specification developed by July 2014, estimated cost £50,000/year)**
- (xiii) Weight management services for Southwark children. Services which are evidence based and are sensitive to local needs should be commissioned. There should be a menu of services which support overweight and obese children, as well as obese children with additional and/or medical needs. **(Action: (a) Service specifications developed for level 2 and 3 services by July 2014, estimated total cost £400,000/year. (b) In the interim extend current MEND programme until new services are in place £45k/year )**

- (xiv) Evaluation of the Southwark children and young people healthy weight programme. This new programme needs to be evaluated to assess the impact and to contribute to the local and national evidence base around addressing childhood obesity (**Action: Public Health to scope evaluation by August 2014 estimated cost £100,000 over the 4 years**)

**Recommendation 3 – Maximising the impact of key local policies and strategies to improve health and reduce health inequalities.**

The Council and CCG should review and / or conduct health and wellbeing impact assessments on their key policies and strategies to align and maximise their potential positive contribution to improving health and reducing health inequalities.

**9. Next steps**

***Members are asked to progress these recommendations by:***

- c) Endorsing the establishment of a working group comprising of Public Health, LA and CCG commissioners to develop an action plan and report to the Children's Trust Board by April 2014, to endorse taking forward the recommendations. The action plan should detail the prioritised interventions, the tasks required and who is responsible for these tasks and the associated timescales.
- d) Progressing the development of the new Southwark Healthy Schools Programme

**Bimpe Oki  
Consultant in Public Health  
Lambeth and Southwark Public Health Team  
January 2014**

**February / March** ( date TBC) FGM scrutiny in a day

**23 February 2015**

Adoption draft report

Free healthy School Meals draft report

SEND report

Cabinet member interview

**24 March 2015**

Autism – mini review : receive and comment on draft strategy and action plan.

Attainment gap draft report

FGM draft report

Cabinet member interview

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**EDUCATION & CHILDREN'S SERVICES  
MUNICIPAL YEAR 2014-15**

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Councillor Victoria Mills	1	<b>Total:</b>	39
		<b>Dated:</b> June 2014	