

## Scrutiny Children & Young People Sub-Committee

Meeting of held on Tuesday, 2 March 2021 at 6.30 pm. This meeting was held remotely via Microsoft Teams

### MINUTES

**Present:** Councillor Robert Ward (Chair);  
Councillor Sean Fitzsimons (Vice-Chair);  
Councillors Jamie Audsley, Sue Bennett, Jerry Fitzpatrick, Bernadette Khan, Helen Pollard and Louisa Woodley

#### **Co-optee Members**

Josephine Copeland (Non-voting Teacher representative), Mr Leo Morrell (Voting Diocesan Representative), Ms Elaine Jones (Voting Diocesan Representative (Catholic Diocese)) and Paul O'Donnell (Voting Parent Governor Representative)

**Also Present:** Councillor Alisa Flemming, Cabinet Member for Children Families and Education  
Councillor Shafi Khan, Deputy Cabinet Member for Children Families and Education  
Debbie Jones, Executive Director of Children Families and Education  
Kerry Crichlow, Interim Director Improvement and Quality  
Roisin Madden, Interim Director of Early Help and Children's Social Care  
Shelley Davies Interim Director of Education  
Rachel Flowers Director of Public Health  
Shaun Hanks, Head of Quality Assurance and Safeguarding  
Juliette Penney, Head of Public Health Nursing, Croydon NHS Trust  
David Garrett, Associate Director of Operations, Croydon NHS Trust

**Apologies:** None

### PART A

#### **14/21 Apologies for absence**

There were no apologies for absence.

#### **15/21 Minutes of the previous sub-committee meeting**

The Minutes of 19 January 2021 were agreed as an accurate record subject to the following amendment:

*Minute Number 6/21, para 2: Spending was increased in order to drive improvement and standards which resulted in a Good Ofsted rating in 2020*

#### **16/21 Disclosures of interest**

There were none.

**17/21 Urgent Business (if any)**

There were no urgent items of business.

**18/21 Children's Social Care, Early Help and Education dashboards**

The Interim Director of Early Help and Children's Social Care introduced the dashboard and the following was highlighted:

- Overall open cases remain low, this has been in part due to Covid Lockdown
- Caseload of Social Workers were at departmental expected level
- There had been an increase in re referrals was analysis taking place to understand the reasons behind this
- Speed on initial conferences was being monitored
- % of Early Help cases where families disengage was being reviewed and it was expected that Covid context was having an impact on engagement
- Children returned to CP plan was 23
- The number of care leavers not in NEET was below expected figures, this in part was due to current national restrictions

It was commented that caseloads were at an acceptable level but there had been increase in some of the indicators which needed to be addressed and it was asked if the situations were under control. Officers said that performance had dipped in some areas but there was confidence in the robustness of heads of services action plans to address issues. There had been appropriate challenge by the Executive in areas where it had been identified that action plans were not robust enough.

A Member observed that there was a stark difference in issues in LA control and those only partly and as such on presenting information in the dashboard, it would be useful to extricate one from the other for adequate comparisons to be made

It was asked what the LA's aspiration to reduce the number of children in care was as some of the data did not provide a good prognosticate indicator to reduce the number of children in care. For example there was an identifiable increase in cases in early help to be stepped in to children's social care coupled with high number of cases of family disengagement. Officers said that one of the reasons they look at engagement was to push and drive officers to understand influencing factors for families to engage. Indicators provide a basis to understanding the reasons why and allows for escalation of concerns where necessary. When families step up and step down officers need to understand if the early help referral was the right decision at the time in order to prevent not getting the right services to families in ample time. Many families have repeat issues which is not necessarily negative, but needed partner understanding on preventative measures and for conversations on

emerging concerns to take place to ensure that re referrals are minimised. It was vital to listen to children and families on their experience of the service.

It was asked when a child met the threshold for S47, whether keeping children out of care was a legitimate reasons for this action not to be taken. Officers said that if decisions about protecting children were made on the basis of not using financial resource this would be fundamentally wrong as decisions had to be made on a proportionate and reasonable basis. Legal meetings were conducted by senior officer who had significant experience and made decisions on what was best for the child. The role of advocacy in the court system was also significant to each case to ensure that actions were necessary and proportionate.

It was commented that in light of the budget and need to bring down spend to the London average, it was important that the dashboard be revised for financial monitoring and awareness. The sub-committee had a role to ensure that good services were being provided but also budgetary issues were addressed to bring the spending down to a balanced level. Reassurance was sought through provision of data to Members to make it easier for them to judge financial performance and discipline of the department. Officers said that financial information has not previously been produced alongside performance indicators for the sub-committee and further discussions would need to take place with officers on how this could be modelled in the dashboard.

The Interim Director of Education introduced the dashboard and the following was highlighted:

- Many of the indicators were reported on annually and only change on this basis so the dashboards were similar each time presented
- Fixed term and permanent exclusions were lower than the previous autumn, we are in the middle of a pandemic and children have not been in schools so figures were impacted by this.
- Elective Home Education (EHE) remains an area of focus due to many families making the decision to home school as a result of the pandemic, this was reflected across London. There had also been increases in home education of children on Education Health and Care Plan (EHCP)
- There were no national exams last year and non this year. Grades would be based on centre assessments
- KS4 and KS5 remain an area of focus of work
- The department would be working closely with schools on the impact of the pandemic
- The department would continue to work closely with schools on attendance once children return to school.

The sub-committee had the opportunity to ask questions

A Member commented that EHE was a trend preceding the pandemic and asked what knowledge was held of why these additional children were being home educated and also there was particular concerns due to vulnerability for

children on EHCP that were being electively home educated and what could be done.

Officers said that the reason why EHE was a preference for parents was known with data held detailing reasons for the choice made. Children with EHCP who were home schooled were monitored through annual reviews where conversations took place to discuss appropriateness of the education being received. The LA do not have many statutory powers in this area but where able to, worked with schools to establish routes to getting children back into school. If reasons are due to pandemic, then officers worked with families to build confidence to get children back into school where possible.

It was asked if schools were completing pupil migration forms properly and what difficulties may be prevalent in respect of children with EHCP being home educated. Officers said no analysis on this to date but can collate and report back to the sub-committee. It was vital that each child is to be looked at individually, and be careful that not making assumption with data presented with. Schools do complete migration data as required.

A Member said that the reduction in numbers of permanent exclusion was welcomed and asked what the profile of permanently excluded children was and what happens to them after exclusion especially during the pandemic. Officers said that the detail on exclusions was in the annual standards report, with disproportionality one of the areas of focus. Understanding what was happening and why were all details that were scrutinised extensively at the inclusions and exclusions board. A detailed discussion will take place when the report of the task and finish is received on this topic. In terms of children excluded now, for safeguarding reasons any children on managed move must be put on role of the school. The process would be the same with allocation of a place at a pupil referral unit or special schools which were all open during lockdown. The key was prevention of exclusions and working with schools on this through the fair access panel.

The Chair thanked officers for answers to questions

The Sub-Committee came to the following conclusions

1. It was important that the basis of decision making on cost reductions must be driven by children's need and not a financial requirement to make savings.
2. Better understanding of budget reductions as a percentage of spend was required
3. Better understanding of how Elective Home Education is linked or impacts place planning was needed.
4. Monitoring of arrangements for children being electively home educated will be important and as numbers rise there would be capacity issues for officers in that department.

The Sub-Committee recommended that

1. Decisions continue to be made on the basis of fulfilment of statutory obligations and not compromising on use of financial resource.

2. Financial and benchmarking metrics to be included on future dashboards
3. Feedback to be included in the next education dashboard of monitoring arrangements for electively home educated children with particular attention to those children that were on EHCP plans

## **19/21 Action list update**

The updated action plane was discussed and the following was noted:

- The items currently on the list were not urgent, with several to be completed by the Interim Director of Education.
- The Interim Director of Education confirmed that the link to teaching schools would be circulated in the next week once in the public domain.
- All briefing papers requested will be discussed to establish when would be the most appropriate time to bring them before the sub- committee.
- Contact had been made to arrange a date for the meeting to take place with the Regional Schools Commissioner.

## **20/21 Update on Antenatal and Development Check Visits**

The Chair expressed thanks to officers for the briefing papers circulated to Members on Neglect as requested at the last meeting of the sub-committee. The detailed content of the paper was commended as it addressed concerns.

A Member questioned why there had been a delay in setting out actions as per the Neglect Practice guide and milestones. The strategy commenced in 2019 and it was asked what the monitoring framework would be and who the Greater Care Profile practitioners were. Officers acknowledged that timeframe had not been outlined in the briefing supplied. There had been delay to proceedings due Covid but there was an upcoming meeting to discuss the next steps. It was envisaged that the action plan would be drawn up in April ready to have everything in place by June with the commencement of training and ongoing monitoring using the Greater Care Profile tool. Monitoring would be through the quality monitoring group. The neglect community champions were current practitioners such as social workers, school health nurses.

The Director of Public Health introduced the item on Antenatal and Developmental Check visits. and shared a [Presentation](#). This was followed up by a [Presentation](#) from the Associate Director of Operations, Croydon NHS Trust and Head of Public Health Nursing, Croydon NHS Trust.

Following the presentations, Members had the opportunity to ask questions.

A Member challenged that the presentation stated that there had been 100% new birth visits completed in January 2021, the instruction from NHS was that visits were not to take place face to face and if this was the case how was the target achieved. It also stated that antenatal visits for risk assessments had

been completed and it was difficult to understand how risk assessments could adequately be assessed over the telephone. Officers said that in Croydon, face to face visits were being provided. Face to face contact was being done with the use of correct PPE and the figures supplied were correct with all new birth visits that were due completed within the 10-14 day time frame. As part of processes, health visiting service attended the monthly vulnerable women group and women that were identified as being at risk were discussed and targeted for visits. Midwifery and health visiting team leaders meet monthly to identify most vulnerable women who were then targeted for visits. There is duty line and 'chat help' for practitioners to refer any concerns and mothers that are discharged from maternity unit received daily telephone call and any identified risks were shared with the health visiting service.

The commitment for improvement of the service was commended but it was highlighted that performance had been an issue for a number of year. This was reflected in public health data and a further question was raised on what was being done to contact the cohort of families that did not have the home visits as they should have. Additionally if there was a recovery plan in place to address issues. Officers said that they had been making contact with all families, there was a bookable service in locality hubs across the borough for families to book visits. There was a recovery plan in place but it was stressed that some families also made the choice not to have a health professional in their homes during the pandemic.

The Member went on to say that if a home visits was not carried out then it would be difficult to assess or identify risks. The Director of Public health said they had all been working together extensively to reassure families that all was being done to mitigate risks though use of correct PPE in order to encourage parents to allow visits to take place. There was still ongoing work that was being co-produced with service users to ensure that visits could take place as required.

It was pointed out that If people were being invited in to locality hubs, assessments of the whole home and environment were not taking place and would not measure to the purpose of home visits. Officers agreed that visits did need to take place as mandated but there had been challenges and would ask that the sub-committee give them the opportunity to come back to a future meeting to provide further reassurance.

The Cabinet for Children Young People and Learning agreed with the challenged but stated that there was two pieces of work, in that when families had been offered and not taken up the visits, we needed to identify why not and to work closely with midwives. Additionally families that had not been offered opportunities that we are making changes to ensure that families do not fall though the gap and that we were reviving these cases.

The Chair thanked all officers for their engagement with the sub-committee and stated that there was recognition that the service was not where it needed to be and that this was being addressed. Additionally data would be beneficial in six months' time to show the trajectory of the service.

## Neglect

### The Sub-Committee came to the following conclusions

1. The Sub-Committee welcomed the paper and the evidence that improved outcomes would be monitored once the constraints due to the pandemic were relaxed.

## Antenatal and development Visits Update

### The Sub-Committee came to the following conclusions

1. The presentation given and commitment by the director of public health on this matter was encouraging
2. Issues with visits had been a problem for many years with efforts of improvement stymied by the events of Covid
3. There had been clear interruptions to the service that needed to be recovered quickly and efficiently
4. The Sub-Committee was not reassured by the measures, recovery plan or risk assessment of the cohort of families that had missed or not been provided with a antenatal visits in the first weeks of the child's birth
5. Croydon is a culturally diverse community and it was important that the composition of staff reflects that in order to appropriately serve the needs of the community.

### The Sub-Committee recommended that

1. Officers to attend a meeting in six months to provide an update on their timeline on delivery of antenatal visits
2. Officers to provide a briefing paper in six months of the measures in place to support the cohort of parents that had not received an antenatal visits in the first few weeks of child's birth in order to provide assurance that these families had not fallen through the gap or had been forgotten about.
3. Data on the composition of diversity of health visiting staff to be included in the briefing

## **21/21 Staff Changes, Service Impact and Response to Budget Reduction in Early Help and Children's Social Care**

This Item was taken as part of the Cabinet Member Q&A item as many of the items were covered by that report and presentation.

## **22/21 Cabinet Member Q&A: Cabinet Member for Children Young People and Learning**

The Cabinet Member for Children Families and Education introduced the item and outlined the details in a [Presentation](#)

Following the presentation, Members had the opportunity to ask questions.

A Member raised concerns about the loss leadership staff in the Inclusions department and highlighted the importance and value of the work started to remain an area of focus. Officers said that inclusions was a key element of the work with children and families and the team work was based on inclusions lead model which was about meeting the needs of children and young people through collaboration with schools. Fundamentally governance around SEND which was previously not in place had now been developed.

A Member commented that the presentation showed innovation despite issues in some areas of service. The department operated a social work academy and it was challenged that this was a system that had previously been in place with little results. The Cabinet Member responded that the social work academy linked into work around recruitment and retention of staff. The difference with the model now was the imbedding of support for ASYE and frontline staff, additionally there had been improvements made to consistency of line of sight.

It was asked what specific actions and resources would be put in place for children and young people to be supported with mental health wellbeing and address any safeguarding issues as a result of the past 12 months given the imminent return to school. The Cabinet Member said that trailblazing work was already embedded in schools. There was work taking place at national level to explore additional funding that would be needed to support the further work. Some of the work would be completed under the good partnership and part of that would take place once pupils were back at school and emerging issues came to light. It was difficult to forecast what the support young people would be until specific problems presented themselves but children's social care would work alongside education to provide a responsive service. It was acknowledged that national input was needed due to the financial element that would be needed to support children and their families.

Officers added that the impact of the last 12 months would emerge upon return to school and in the coming months. Services would need to move away from Covid cases, to how families were coping with the aftermath. The education directorate had an acute awareness of what was happening in schools and they also sat within SPOC to provide first hand support as needed. There was funding in place through the Young Londoner initiative which had provided a wellbeing grant for 10 schools in the borough and the department was exploring how to widen the support beyond the 10 schools. Discussions were underway on whether to utilise the grants by having mental health first aiders in all schools and a mapping exercise would take place to determine best use.

The Chair added that children would present in different ways and that open questions as well as rapid recognition of what children were manifesting

would be needed. There was concerns that signs would be missed due to complexity of issues that may be presented. Officers agreed that locally and nationally, there were concerns regarding hidden harm and it was a worry for all partners and multiagencies. The main route to identification of issues would be through expertise and skills of staff and there would be a need to appropriately plan for increase in demand for both voluntary and statutory services.

It was asked how staff would be retained and what succession planning would look like going forward. The Cabinet Member responded that the costs for locum staff was a strain on the budget and it was in the best interest of the service to maintain a level of permanent staff due to the detrimental impact a high turnover of staff can have on delivery of service for families. Succession planning for Croydon included work on growing our own scheme, continuity of the overseas initiative all of which has helped to recruit and retain staff. The offer of a systemic model of practice had been beneficial in attracting social workers to the borough. Officer added that the challenge would be to maintain current practice and ensure that staff were in place to deliver in house training.

In response to a further question on what actions were being taken to further reduce the use of agency staff on light of the Council's financial difficulties, officers said that they were working hard to create a safe and supportive practice environment. The current level of 24% of agency staff was in line with neighbouring Local Authorities and was a significant achievement from 80% two years ago. Maintaining good levels of caseload, improving culture, support and routes to progression were all actions that were being taken to produce an attractive recruitment and retention package.

It was asked what areas of the service would be targeted for long term extra savings to be made in relation to the £25million right sized money that was mentioned in the report. Officers that it was important that the service operated within its budget. There had been a history of quarter 3 and 4 overspend in areas such as CWD, UASC and placement costs. Work was being done to right size the budget and ways in which systems needed to be linked together to enable accurate forecasting. The service was working to ensure they were in a position of knowing all of forecast spend and the DFE was assisting on a specific project on this. The focus was on providing best quality core service within the allocated budget.

The Chair thanked the Cabinet Member for attending and engaging with the sub-committee.

The Sub-Committee came to the following conclusions

1. The Sub-Committee welcomed the detailed and comprehensive report and presentation
2. The information regarding the progress that had been made on St Nicholas and Addington Heights school was impressive
3. The processes in place to mitigate the loss of senior staff in inclusions and the inclusions of growth in the budget was reassuring

4. It was important that strategic commissioning explore the means of cost reduction without damaging children
5. An audit of unmet needs due to the limitations of the budget to be considered to identify specialist funding that can be tapped into.
6. Effective financial monitoring and controls need to be a priority if the Council is to deliver the targeted cost savings successfully

The Sub-Committee recommended that

1. A detailed report on the Social care academy on outcomes and measures of success be provided in six months
2. A report be brought to the April meeting around the actual impact and specific intervention/mitigation for all schools in the borough to manage mental health issues identified following return to school on 8 March 2021 that arose as a result of the pandemic
3. Head teachers be invited to the meeting in April 2021 to bring their perspective.
4. The Sub-Committee give consideration to how to capture the voice of the child around experiences of return to school

**23/21 What difference has this meeting made to Croydon's children**

Following discussions, the sub-committee agreed that:

- The impact of the pandemic and lockdowns on children and young people was of great concern due to the range of issues that would be presented in the coming weeks and months.
- The message on savings and the budget was poignant as the need to make saving was essential but equally important was to ensure that quality of provision of service for children remain at high standard.

The meeting ended at 10.48 pm

**Signed:**

**Date:**

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