



FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 10 September 2015 at 1.30 pm at the Bridges Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	Apologies for absence
2.	Minutes (Pages 1 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting held on 18 June 2015
3.	Children Looked After and Safeguarding - Role of Health Services in Gateshead (Pages 9 - 14) Report of Gateshead Clinical Commissioning Group
4.	Annual Report on Complaints and Representations - Children (Pages 15 - 26) Report of Strategic Director, Care Wellbeing and Learning
5.	Gateshead Child Health Profile (Pages 27 - 34) Report of Director of Public Health
6.	Ofsted Inspection / School Data - Progress Update (Pages 35 - 38) Report of Strategic Director, Care Wellbeing and Learning
7.	OSC Review - Child Protection in Gateshead - Evidence Gathering (Pages 39 - 48) Report of Strategic Director, Care Wellbeing and Learning

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FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

18 June 2015

PRESENT: Councillor Bernadette Oliphant

Councillors: Adams, Caffrey, Clelland, S Craig, J
Graham, Hawkins, McNally and Ronchetti

CO-OPTED MEMBERS: Malcolm Brown, Ray Tolley, John Wilkinson and Jill Steer

F1 Apologies for Absence

Apologies for absence were received from Councillors McCartney, Simcox, and Carolyn Duffy.

F2 Minutes

RESOLVED - The minutes of the meeting held on 2 April 2015 be approved as a correct record.

F3 Constitution

The Committee agreed the constitution of the Committee and the appointment of the Chair and Vice Chair for the current municipal year.

It was noted that the vacancy for Primary Governor Representative from the Primary Sector was filled by Jill Steer, subject to approval by Council in July.

RESOLVED - That the information be noted.

F4 Role and Remit

A report was received outlining the remit and terms of reference of the Committee.

RESOLVED - That the remit and terms of reference be noted.

F5 Safeguarding Children – LSCB Annual Report and Plans

The Committee received the annual report of the Local Safeguarding Children Board (LSCB) and a presentation was given by the independent Chair of the Board. It was noted that the LSCB is a statutory multi-agency partnership, it is the key statutory mechanism for agreeing how relevant organisations will cooperate to safeguard and promote the welfare of children and to ensure the effectiveness of what they do.

Gateshead LSCB meets six times per year and is independently chaired by Gary Hetherington. The LSCB is also supported by a Business Planning Group and eight sub-groups. Production of the annual report is a statutory requirement and, as well as Families OSC, is shared with Cabinet, Children's Trust Board and the Health and Wellbeing Board. The findings of the annual report are used as a benchmark to inform the needs for the following year.

In terms of performance it was reported that there was one Serious Case Review published, an Action Plan was put in place and all actions have been completed. It was also noted that the LSCB made progress against its priority of Leadership, Challenge and Learning, through an inquiry into the increased numbers of children subject to Child Protection Plans for neglect. The LSCB also carried out a section 11 audit of partner performance. It was reported that Child Sexual Exploitation (CSE) training was commissioned by the LSCB and training was delivered to over 2,500 young people and 500 professionals. It was pointed out that CSE does happen in Gateshead despite there not being the same high profile as in some other areas, so the LSCB invested in training in this area to ensure practitioners are vigilant and up to date and that young people are also aware of the risks and types of CSE which exist. Safeguarding e-learning was launched and all partners have been encouraged to partake, Councillors can also access this (through the LSCB website: www.gateshead.gov.uk/lscb). It was reported that strengthened links have been made between those young people vulnerable to CSE and missing from home episodes. Over the last year it was noted that the Child Death Review Sub Group was notified about the deaths of 12 children, each of these deaths have been scrutinised individually.

In terms of partner agency activity over the last year, it was confirmed that 100% of GPs have completed safeguarding training and the CQC described Gateshead CCG as 'solid' in relation to safeguarding. It was reported that there have been a number of high profile child abuse, rape and domestic violence investigations across the area and this has resulted in sentences equalling over 347 years imprisonment. In addition, the Gateshead Health NHS was involved in a historic investigation as part of the 'Savile Inquiry', however there was found to be no evidence of abuse in Gateshead.

The Committee was advised that 100% of schools have now signed up to Operation Encompass, this offers support to children who witness domestic abuse at home. It was also reported that Gateshead College has delivered online internet safety training to over 1300 students aged 16-18.

The Committee was provided with the data collected over the last year. It was reported that there were 6% fewer children made subject to Child Protection Plans, however this follows a large spike in the previous year. 67% of the Child Protection Plans were due to neglect. There were 864 episodes of young people missing from home, 66% of these were by looked after children. There were 8631 'contacts' made to Children's Social Care, which was an increase on the previous year. It was confirmed that levels of re-referrals to Social Care remain low, this suggests that families are receiving the services

they need at the first point of contact. It was acknowledged that more early intervention is having a knock on effect and therefore it is less likely that a child or young person will return to care.

Louise Gill presented the LSCB Business Plan to the Committee, it was noted that a three year approach is taken in business planning and focussed inquiries are also carried out throughout this time. The three strategic principles of the LSCB are; leadership, challenge and learning and the three strategic objectives are;

- Protecting vulnerable children
- Preventing harm
- Improving outcomes

In terms of 'Leadership' it was reported that the LSCB will arrange an event to share learning on CSE across the region and develop a Communications Strategy, as well as reviewing local arrangements. It was noted that event will be held in October and there will be 500 professionals attending, to look at national issues around CSE and also local issues and learning from Operation Sanctuary. In relation to 'Challenge' a CSE inquiry will be held, work will be undertaken to build on the section 11 audit and contribute to this OSC's review of Child Protection. The LSCB will also focus on a range of other key issues such as GP's, CAMHS and 'legal highs'. In terms of 'Learning' the findings of the inquiry will be used to inform practice and develop the Learning and Improvement Framework. Work will also be undertaken to bring the voice of frontline staff into the LSCB.

It was noted that the LSCB will build on lessons from the Neglect Inquiry and also take a partnership approach to the implementation of the National Child Protection Information Sharing Project. Work will also continue in relation to building links with schools and reviewing approaches to areas such as self harm and various forms of exploitation.

It was suggested that the LSCB should look at the damage done by alcohol as related hospital admissions are up by 300% and some of these relate to young people and issues around licensed premises. It was noted that there is no mention of this in the forward plan as it is often left to Public Health or previously the youth service. It was confirmed that this issue has been the subject of conversations recently and alcohol is ever present in risk areas, for example; it is a contributory factor in domestic violence and a risk factor in CSE. It was pointed out that Gateshead LSCB is one of the few Boards that sits on the Licensing Sub-Group so actively engages in licensing discussions. It was also noted that leadership is important in this respect as there is the potential for different approaches and therefore a joint approach is needed to ensure common language is used. It was also confirmed that a presentation is planned for the LSCB in September around Foetal Alcohol Syndrome. It was pointed out that although there has been an increase in alcohol related hospital admissions, consumption has dropped by 13% and there are less young people drinking. It was suggested therefore that the increase in admissions is more likely to be due to women 50+ and men aged 60+ and

therefore not necessarily a licensing issue. It was acknowledged that there is validity in both arguments, however it was recognised that this remains an area of risk and the LSCB will still look at alcohol as a risk to children and young people, especially when linked to domestic violence and legal highs.

It was questioned whether safeguarding work is challenging in areas with a diverse mix of residents. It was acknowledged that there are challenges in these areas, especially in the North East where diversity is increasing faster than elsewhere. It was noted that the LADO (Local Authority Designated Officer) has carried out work with faith groups and worked with Newcastle around getting into education to break down barriers.

The increase of 233% in sexual offences committed by children was queried. It was confirmed that this increase is from a low baseline and it is thought that this is partly due to the increase in reporting, which is a national picture. In addition, it was acknowledged that sexual offences does not only relate to rape but includes things like 'sexting' which may be part of the reason why there has been such an increase. Work is ongoing with schools to raise awareness that this is illegal. The Committee was advised that the YOT has a Sexual Offences Dedicated Worker to work with young people in a preventative capacity. Following last year's Police inspection measures were put in place to prevent young people being at risk of perpetrating such offences.

Concerns were raised around the future employment of 16-18 year olds. It was confirmed that information around this cohort would be provided under the performance report and was not reported through the LSCB.

- RESOLVED -
- (i) That the OSC was satisfied that the LSCB is effective and the comments of the Committee be considered.
 - (ii) That the OSC noted the LSCB and partner agency performance for 2014-2015 and endorsed the proposed priorities.

F6 Vision 2030 and Council Plan – Delivery and Performance – Annual Report

The Committee received the year end assessment of performance and delivery of the Council Plan 2012-17. It was reported that there are no huge changes in terms of the overall picture across the 16 strategic outcome indicators.

It was reported that the percentage of mothers smoking at the time of delivery has increased slightly but has remained roughly stable and is better than the North East average. It was confirmed that the target of 17.5% will be changed to ensure this is more challenging, this is because change is not being effected on the 15% who are the most committed smokers. It was noted that

this indicator is linked to infant mortality, infant deaths under 1 year of age has increased from 4.2% to 4.4% in the period 2010-2012. This rate is above the North East and England average and it is hoped that additional focus will impact on these figures. It was also noted that infant mortality is associated with, amongst other things, teenage conceptions, the end of year figure for 2013/14 has shown a significant rise and this will be monitored going forward.

Breastfeeding initiation rates have increase by 2.4% from the previous year which takes Gateshead above the regional average. Therefore this is an improving picture, although it remains below the England rate.

The reduction of excess weight in primary school children in year 6 remains a challenge, there is an increase of 4%, which is higher than the North East average and significantly higher than the national average. It was acknowledged that this is a similar picture in terms of reception aged children. It is hoped that that the healthy school framework will impact on these figures in the near future.

It was reported that there is no new data in relation to positive emotional mental health amongst school age children, measured through under 18 hospital admissions for self-harm. Data from the QE Hospital shows that there were 77 'cause for concern' forms completed in relation to self-harm.

In relation to education and achievement and in particular readiness for school, it was reported that 57% of children achieved a good level of development at age 5. This is above the North East average and shows that the gap between disadvantaged children and others is narrowing and is actually narrower than the national gap. Key Stage 2 attainment has remained consistent and Gateshead is performing above the national and local average. GCSE attainment, the percentage of pupils achieving five or more GCSEs A*-C including Maths and English, remains above the regional and national averages. However, GCSE attainment of Looked After Children has significantly reduced from last year and is below target. In light of this, access to a part time teacher will be available for looked after children to help them prepare for GCSE's, it is hoped that this will impact on next year's cohort. It was noted that the gap in attainment of young people in receipt of Free School Meals and those with Special Educational Needs has reduced over the last three years.

The Committee was advised that since 2011/12 there has been an increase in referrals to social care, however, this stabilised last year and has reduced this year. Just under 94% of referrals resulted in child in need assessments, 97.7% were carried out within timescales, 45 days. It was noted that referral rates decreased by 29% over the past year. At the end of March 2015 there were 258 children subject to Child Protection Plans and there have been a high percentage of unborns being subject to plans. Gateshead is the highest rate of unborns subject to plans but it was noted that this has been recognised as best practice and ensures proactive multi agency support through pregnancy.

It was reported that the number of looked after children has decreased since 2013, with 341 at the end of March 2015. This figure is higher than the national and regional average, although the North East average has risen. Stability of placements has improved, with 104 out of 132 in the same placement for two and a half years or more. It was noted that adoption timescales remains a challenge and the target set by Government has not been met. However, work has continued to place those harder to place children.

The Youth Offending Team (YOT) has performed well in terms of first time entrants to the youth justice system. However re-offending rates remain challenging at 37.9%. In order to address this, the YOT has developed a live tracker tool, which tracks the re-offences of 160 young people over a 12 month period. It is hoped this will enable interventions and more focussed resources to be applied to reduce re-offending going forward.

It was noted that NEET (not in education, training or employment) figures for 16-18 years olds was up as at the end of January 2015. The rate of 7.6% is above the national average 4.7% and the North East average of 7%. It was acknowledged that this increase may have been impacted on following the work carried out by Connexions to identify those 'not known' young people.

It was questioned what interventions are in place to support the attainment of Looked After Children. It was confirmed that the approach for this year has changed, therefore this acknowledges that last year's approach may not have been fully meeting the needs for that particular cohort. It was also noted that work is ongoing to ensure Personal Education Plans are more robust and plans are in place to support these. The Committee was advised that, as part of its review last year, attainment for this group of young people was looked at, therefore further analysis of these figures can be looked at in the monitoring report which will be brought to Committee in October. The point was made that this is within the control of the Council and therefore an impact should be made on attainment for the Council's looked after children. It was acknowledged that this performance is not good enough, however it was pointed out that a lot depends on the cohort of young people and this year participation was poor. It was suggested that the Committee should look at the resource deployed, as previously there was a full time Virtual Headteacher, this is now a part time position in addition to a reduced REALAC team. Concerns were raised that there is now significantly less resources to help Looked After Children and it was agreed that further information on this issue would be brought back to Committee in the monitoring report and would also be remitted to the Corporate Parenting OSC.

It was queried why the target for percentage of mothers smoking at the time of delivery was not met. It was confirmed that this target has been met (this was an error) but there is further work to be done to ensure a more challenging target is in place going forward.

The point was raised that Children's Centre reach figures has reduced again even though there has been spend on increasing the reach through a one off project. It was acknowledged that some work is expected to continue and officers will be maintaining a focus on this.

It was questioned whether there are problems with home educated children and young people in terms of their contact with the Council. It was confirmed that there is additional work ongoing around making in-roads with these children, however there is no right to see them. There is only limited action that can be taken, support is offered however not all choose to take that up. Ofsted are aware of the children who are home schooled and expect to know the Council's offer in relation to those children.

- RESOLVED -
- (i) That the Families OSC considered with the exception of performance around LAC educational attainment, the activities undertaken at year end are achieving the desired outcomes in the Council Plan 2012-17.
 - (ii) That further information be brought back to this OSC in relation to progress in this area and the resources currently being deployed.as part of monitoring the implementation of its Review of Educational Attainment recommendations. This information to also be reported to the Corporate Parenting Sub-OSC.
 - (iii) That the Families OSC agreed that the report be referred to Cabinet on 14 July 2015, with the Committee's recommendations, for their consideration.

F7 Five Year Targets

The Committee received a report outlining the proposed service targets for 2015/16 to 2019/20. The proposed targets were outlined and it was suggested that the GCSE target should be more aspirational, however it was noted that the goalposts have moved due to the possible changes to the curriculum.

- RESOLVED -
- (i) That the Committee agreed the proposed 5-year targets set for the SOI and agreed they be referred to Cabinet for approval.
 - (ii) That Committee agreed that the report be submitted to Cabinet for approval.

F8 OSC Review – Child Protection in Gateshead – Scoping Report

The scoping report for this year's review was presented to Committee. It was felt it was timely to look at safeguarding and child protection this year. It was noted that the review will look at the child protection system from start to finish, including assessment, referral, child protection meetings, CP Plans and removal of children.

It was noted that the evidence sessions will aim to help the Committee understand the framework, how risks are managed and will include anonymous cases. It will aim to explain how the system work, the involvement of children and young people.

The recommendations of the review will inform the work of the LSCB in terms of how it oversees the whole system.

It was questioned whether there would be any scope for a site visit as part of the evidence gathering during the review. It was acknowledged that this may be a challenge in relation to this review, however officers would consider this and perhaps the possibility of looking at projects on edge of care.

RESOLVED - That Committee agreed the scope, process and timescale as set out in the report.

TITLE OF REPORT: Unannounced CQC Safeguarding and Looked After Children Inspection Gateshead CCG – Progress Report

REPORT OF: Gateshead Clinical Commissioning Group

Summary

The purpose of this report is to update the Overview and Scrutiny Committee on progress so far in relation to key findings and recommendations from the unannounced CQC Inspection for Safeguarding and Looked After Children in Gateshead, that took place between 4th- 8th August 2014.

Background

1. NHS Gateshead Clinical Commissioning Group (NHS Newcastle Gateshead CCG from April 1 2015) was informed by the care Quality Commission (CQC) on 31 July 2014 that it would be conducting a review of safeguarding children, and services for Looked After Children, commencing on 4 August 2014.
2. The focus of the review was on the quality of **health services** for looked after children, and the effectiveness of safeguarding arrangements for all children in the area and focused on evaluating the experiences and outcomes for children, young people and their families who receive health services within the boundaries of Gateshead.
3. CQC does not have the power to review children's health services which are commissioned by local government (eg school nursing, substance misuse and sexual health) but CQC under Section 48 of the Health and Social care Act 2008 is clear that it does include these services in its review of the children's healthcare in a local healthcare economy. The review did not therefore review social care services, or the functions of the LSCB. It can and will make recommendations on any services depending on its findings.
4. **The key lines of enquiry:**
The experiences and views of children and their families.
The quality and effectiveness of safeguarding arrangements in health including:
 - Assessing need and providing early help.

- Identifying and supporting children in need.
- The quality and impact of child protection arrangements.

The quality of health services and outcomes for children who are looked after and care leavers.

Health leadership and assurance of local safeguarding and looked after children arrangements including:

- Leadership and management.
- Governance.
- Training and supervision.

5. Key messages and findings – summary

- Overall the review was very positive positive. It notes the **significant progress** made since the last inspection in 2011 (over 3.5 years ago), and concluded that there was strong evidence of improvement with no major areas for concern.
- There were a number of areas of good practice, including:
- Strong **partnership** working, **governance and leadership** was a theme running through this inspection process. Increasing access to early help services such as ‘pregnancy, birth and beyond’
- Good reporting of CP issues at A&E and at the GHNHSFT knew who to contact if they were worried a child had been abused.
- Good examples of specialist support being available in maternity services, individualised birth plans were described as excellent.
- Examples of good information sharing between GPs, midwives and health visitors
- Good services and support around sexual health. Sexual health worker demonstrates good outcomes.
- Good quality health assessments for Looked After Children in general.
- Good evidence of achievement relating to professional staff training at all levels including GP’s (98%) This will increase (100%) by October 2014.
- **Exemplary** practice was evident in some high level child protection cases, particularly in adult substance misuse and the acute inpatient mental health department at the Tranwell Unit.

- Robust Supervision and Training arrangements were considered very strong.
- A well embedded “ Think Family” approach by the NTWNHSFT
- Family Nurse Partnership (FNP) well established.

6. Areas for Development and completed achievements - some examples are:

These actions have been compiled into a comprehensive action plan. 27 recommendations were identified in the final report. 7 recommendations are still outstanding but are due to be finalised in the next 3 months. Evidence of completion regarding all the actions are requested and collated. The CQC Action Plan is reviewed and tabled at the regular NHS Newcastle and Gateshead CCG safeguarding forums/committees including Gateshead NHSFT.

- a. Information sharing data regarding children admitted at NUTH is now shared routinely with health professionals.
- b. Waiting times for some services eg CYPS (the CAMHS service) has been reviewed, and process in place
- c. A perinatal mental health pathway and protocol in midwifery services has been developed and strengthened
- d. Routine Inquiry re Domestic violence is asked at each midwifery contact during the ante-natal period and documented.
- e. Teenage pregnancy specialist midwives are in post to provide early help, intervention and support to teenage mothers in conjunction with the Family Nurse Partnership.
- f. Strengthened the Midwives attendance at the GP Information sharing meetings (monthly) held in GP Practices this provides the opportunity to share ‘softer intelligence’ on families of concern. A record of these meetings takes place and midwives document new births and families of concern onto a new template which is shared with the Practice team.
- g. A GP Report Writer administrator has been appointed in July 2015 to assist GP’s in Strengthening their GP written contribution for CP Conferences for both ICPC and review child protection conferences. This is now 54% from 27% and will improve once the post – holder is embedded in her role.
- h. Information sharing to NTWNHSFT re lists of children on CP plans has been achieved.

- i. Child Protection Referrals have been strengthened by outlining the risks of significant harm to a child/children in a succinct manner so that LA Partners can assess the risks with clarity.
- j. Training and development re 'Alcohol and Substance Misuse and impact on children' with Health and Children Services to ensure risk is fully understood has been achieved. The whole team have accessed level 3 training as per the intercollegiate document 2015.
- k. LAC Assessments did vary in quality and it is recommended these are all quality assured. An audit has been undertaken and will be repeated on an annual basis. Additional resources have been provided to the Designated Dr for LAC and therefore the process for quality assurance, monitoring, audit and training has improved.
- l. Health information considered in the LAC review meetings chaired by LA are now shared in a timely manner with key health professionals for this child. This has been achieved.
- m. The National Strengths and Difficulties Questionnaire (SQD) National tool is now being used and findings analysed effectively by the Local authority.

7. Outstanding actions

- a) Strengthen and audit the monthly GP multi-agency meetings which will to include Midwives
- b) Review and embed formal arrangements for Safeguarding lead GP's to access specialist safeguarding training and supervision.
- c) Support the new designated Dr Safeguarding children in her new role from October 2015.
- d) To audit the quality of GP contribution to Child Protection reports to Child Protection Conferences.

8. Next steps

- a. The Designated Nurse in conjunction with multi-agency partners will continue to ensure all 27 actions are completed and ensure appropriate audits and undertaken and practice embedded.
- b. A progress report will be submitted to Gateshead LSCB in November 2015.
- c. Achievements locally will be shared regionally with CCG colleagues and Safeguarding teams.

CAPACITY – NHS Newcastle Gateshead CCG will have the capacity to implement the Recommendations from the CQC Inspection. The Action Plan is led by the Designated Nurse Safeguarding Children in Gateshead and a partnership approach with LA colleagues will take place.

CAPABILITY – N/A

CONSISTENCY N/A

CONNECTIVITY – Joint partnership work will be required to implement all the CQC findings in the final report

RECOMMENDATIONS

The members of the Overview and Scrutiny committee to comment on the progress made against the action plan.

Contact: Maggie Lilburn (Designated Nurse Safeguarding Children)

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TITLE OF REPORT: Annual Report on Children's Services Complaints and Representations, April 2014 – March 2015

REPORT OF: Strategic Director, Care, Wellbeing & Learning

Summary

This report fulfils the requirement to produce an annual report in line with the Statutory Children's Services Complaints procedure.

Cabinet considered the attached report on 14 July 2015.

Background

1. The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an Annual Report of their Statutory Children's Services Complaints Procedure. This annual report sets out details of the complaints and representations made during the period April 2014 – March 2015, (Appendix 2).
2. Information contained in the report provides a summary of the statistical information together with a review of the effectiveness of the procedure. Some examples of service improvement are also included together with details of future objectives.

Annual Report Complaints and Representations

3. This Annual Report is specifically about Children Act 1989 Statutory Complaints and Representations and covers the period from 1 April 2014 – 31 March 2015.
4. The complaints procedure derives from Children (Leaving Care) Act 2000, The Adoption and Children Act 2002, The Health and Social Care (Community Health & Standards Act) 2003 and The Children Act 1989 Representations Procedure (England) Regulations 2006, which came into force from 1 September 2006. These acts set down the procedures that Councils and Social Services have a responsibility to follow when a complaint is made.
5. The report focuses primarily on statutory complaints for Children's Social Care Services, with information on complaint related queries and compliments that are received about staff or services.

Operation of the Procedure

6. The procedure has three stages:
 - **Stage 1 Local Resolution** – response within 10 working days. 20 if the complainant agrees to an extension.
 - **Stage 2 Investigation** – formal response within 25 calendar days. Extensions to this must be negotiated with the complainant. Maximum is 65 working days.
 - **Stage 3 Independent Review** – Panel consisting of Independent Chair and Independent Panel members who consider the complaint. Full response by Director of Social Services within 20 working days.

Statistical Analysis

7. There was a 1% decrease in all formal recorded representations received, (196 from 197).
8. Over the period the number of complaints dealt with was as follows:
 - 45 statutory complaints were dealt with at Stage 1
 - 3 progressed to Stage 2
 - There was 1 Stage 3 Independent Review Panels held during 2014/15.
9. Complaint related queries (CRQ) require either advice or problem solving by either a Complaints Officer or by a Team Manager. All CRQs are required to be dealt with within 24 hours after the day of receipt. Between 1 April 2014 and 31 March 2015, CRQ's decreased by 11% (64 from 72).
10. 38% (74) of all representations to Social Care Customer Services were compliments about individual workers or teams.

General Issues

11. There has been a 32% increase in complaints received since 2013/14. (45 from 34). However, complaint related queries decreased by 11% which substantiates the increase of more formal issues being received.

The number of complaints, (45), is a very small proportion of social care activity, (2.62%), bearing in mind that in 2014/15, there were 1720 referrals for Children Services. During 2014/15, 3 Stage 1 complaints progressed to Stage 2.
12. The following key points may be of interest:

In 2014/15:

 - 62% (28) of complaints were regarding the Safeguarding & Care Planning Teams. This was an increase of 1%, from 2013/14.
 - 11% (5) of complaints were regarding the services provided by the Referral and Assessment Team.
 - The number of complaints about the Referral and Assessment Service remained at the same level as 2013/14.

- 8% of complaints were about the Looked after Children's Teams. 50% (2 from 4) of these complaints were from looked after children / young people.
- There were no complaints about staff conduct during 2014/15.
- In 2014/15, 42% (19), of complaints were not upheld after investigation. This is a 3% decrease from 2013/14.
- 3 complaints progressed to the formal investigation stage of the complaints procedure during 2014/15.
- All 3 complaints were regarding different areas of Children's Services.
- All 3 complaints investigations included the services of an Independent Person to oversee the complaint.
- 2 complaints have been responded to. The Independent Person fee for both complaints resulted in a total cost of £1413.41 to the Council.
- 1 of these complaints is to be considered by an Independent Review Panel.
- 51% (23) of complaints were resolved within 20 working days.

Learning from Complaints: Examples of Service Improvements

13. At the end of every investigation the Investigating Officer identifies whether a change to service, practice or procedure is necessary. This recommendation is shared with Social Care Customer Services. It outlines the necessary changes to prevent recurrence of the cause(s) of the original complaint.

Examples of changes that resulted are:

- The importance of timely and regular communication with families will continue to be highlighted during individual staff supervision sessions. This will ensure that any important information is shared and that family members feel included in any decisions taken that affect their children.
- Should there be any difficulties encountered when contacting either family members or others who are significant in the child's life / welfare, other means of contact should always be considered.
- That during meetings with family members, any agreement for particular tasks or actions should be clearly recorded to ensure that all parties understand what is expected of them. That children and young people are given an appropriate and reasonable time by which investigations into actions or behaviour by Foster Carers will be concluded. It is also important that appropriate communication is kept open between the child's fostering and care planning Social Workers during this time.
- When workers move to a different team or service, it is standard practice for them to retain responsibility for any cases which are going through the adoption process. However, when it was identified that workers were finding it difficult to maintain two roles, Managers were then instructed to always consider how the new workers existing workload can be appropriately managed to ensure that work in either area is not overlooked.
- When an adoption file is about to be closed, it is now necessary to ensure that all relevant information is sent to the adopter and that it is

also placed on the children's electronic case file. These actions can now be confirmed by an inclusion of a tick box on the services verification document. The case cannot be closed until all actions on this document have been completed.

Future Objectives

14. Objectives for 2014/15 are to:
 - a. Continue to meet regularly with Senior Managers from Children's Services to consider what further action needs to be taken to;
 - i. Resolve complaints at the earliest opportunity.
 - ii. Improve the number of complaints being investigated and resolved within statutory timescales.
 - iii. Ensure that the number of complaints progressing to Stage 2 and 3 remain low.
 - b. To assist the Children's Rights Officer in contacting all children who are currently being looked after by Gateshead Council, to gain their views and comments on the services they receive. All responses will be evaluated and appropriate action will be taken to resolve any concerns or queries. These views will also contribute to future service planning and delivery within Learning and Children.
 - c. Ensure that services receiving compliments continue to pass the details on to the Social Care Customer Services Team to ensure their teams get the recognition they deserve.

Recommendation

15. Committee is requested to:
 1. Consider and comment on the annual report;
 2. Indicate whether it is satisfied with the performance of Care Wellbeing And Learning in responding to complaints and ensuring that this results in continuous service improvement.

**ANNUAL REPORT ON
CHILDREN & FAMILIES SERVICES COMPLAINTS-COMPLIMENTS-
REPRESENTATIONS**

APRIL 2014 – MARCH 2015

Introduction

The Children Act 1989 Representations Procedure (England) Regulations 2006 sets out the procedure that Local Authorities have a responsibility to follow when a complaint is made about Children's Social Services.

Regulation 13 (3) of this Act states that all local authorities must each financial year publish an Annual Report to identify the number, detail and outcomes to all complaints received.

The information within this Annual Report fulfils Gateshead Council's obligations under this regulation and covers the period from 1 April 2014 – 31 March 2015

The Procedure

This procedure is for all representations received from children and young people, their parents, foster carers or other qualifying adults about Gateshead Council's Children's Services.

There are three stages to the procedure.

Stage 1 - Local Resolution

This stage is investigated by operational managers. Complaints at this level are expected to be concluded within 10 working days, with an extension of further 10 working days, (with the agreement of the complainant) if necessary. The maximum time for a Stage 1 investigation is 20 working days.

Stage 2 – Investigation

Investigations at Stage 2 are conducted at arms length to the operational service complained about, with full and formal reporting to the complainant by an Adjudicating Officer, (usually at Service Director level), within 25 working days with extension up to 65 working days if necessary.

Stage 3 – Review Panel

If there is any residual dissatisfaction with the outcome at Stage 2, the complainant can request that the issues are taken to a Review Panel (Stage 3). Such consideration forms the end of the statutory requirement.

Publicity and Information

Information about the Complaints Process can be made available in key languages and formats. Requests for information in these formats or from customers with sight or hearing impairment are provided via the Council's Communication Team.

There is also a leaflet for children and young people receiving a service. This leaflet was designed with help from the children and young people from One Voice, the Children and Young People's Forum. The leaflet includes a pre-paid slip that can be completed and posted back free of charge.

When young people are admitted into Local Authority care, part of the 20-day review requirements state that they are to be visited by the Council's Children's Rights Officer. The young person also receives a 'Welcome' pack', which includes information, leaflets and other guidance on how to make a complaint.

The Children's Rights Officer, Independent Visitors and Independent Reviewing Officers are important links between the child and the Complaints Manager and ensure that any issues of dissatisfaction are resolved at the earliest opportunity.

Advocacy and Special Needs

The purpose of advocacy in complaints procedures is to ensure that children and young people are given assistance when making or intending to make a complaint. Advocacy is about empowering children and young people to make sure that their rights are respected and that their views and wishes are fully considered and reflected in decision-making about their own lives. Any child or young person wishing to make a complaint must always be offered the services of an advocate.

The Independent Element

Under the complaints procedure, there is a requirement to provide Independent Persons for all Stage 2 complaints. There is a consortium arrangement with South Tyneside Metropolitan Borough Council and Sunderland City Council, which provides Independent People for Children Act 1989 complaints. There is also a requirement to ensure that Stage 3 Review Panels consist of three members who are fully independent of the Council.

Complaints Investigation Training

Training for Investigating Officers is undertaken on an annual basis. All investigating skills training courses are commissioned from the Local Government Ombudsman, (LGO). This ensures that investigating officers are trained to a specific standard with the focus being on swift resolution, proportionate investigations and appropriate redress. During 2014/15, 12 officers within Children's Services undertook the LGO Investigating Skills Training.

Complaint Recording & Resolution in Children's Residential Facilities

All children's residential homes have their own "in-house" complaints process to resolve low level complaints. Residential staff work with the young person and allow them to identify themselves how their issues can be resolved to their satisfaction.

Complaints and Representations Received

Themes of Complaints Received During 2014/15

During 2014/15, 45 complaints were received regarding Children's Services. This is a 32% increase on complaints received during 2013/14. However, 74 compliments were also received during this period.

After consideration of the complaints received during 2014/15, 2 key themes were identified.

1. Quality of Service

As in previous years, the quality of services delivered continues to generate the most complaints in relation to Children's Services. Complaints about quality can range from low level issues, to significant concerns about the actions or decisions of the services involved.

The main issue raised during 2014/15 was about the quality of the support offered by social workers or services involved in individual cases.

During 2014/15, 36 complaints were raised about this issue. However, after investigation, only 11% (4) complaints were upheld. 48% (17) were not upheld and 40% (14) were partially upheld. 1 complaint was closed after the complainant refused to communicate with the investigating officer.

It is accepted that relationships between social workers and the families they are involved with can often be difficult. Decisions have to be taken that will benefit the wellbeing of the child or young person concerned, decisions that often conflict with what families want themselves. In a number of cases, families will often refuse to engage with any plans or assessments that are necessary and may seek ways to delay or even prevent the Council from carrying out their legal duties.

During 2014/15, a number of complaints were received about the decisions taken by the family courts. When complaints of this nature are raised, the complainant is always advised that the complaints procedure is not an appeals body and that only the Court can overturn any decisions that have been taken. However, the complaints raised also related to the conduct or actions of individual workers who are involved in the care proceedings, the complaint can be considered through the statutory procedure.

2. Disputes around Social Work Reports

Disputes regarding information contained within Social Work reports have continued to increase. During 2014/15, 5 complaints were received about the way in which assessments had been carried out or about the quality of the information which had been included within the final report.

If, after investigation, it had been shown that there was information that was factually incorrect, the report will then be amended. However, if the disputes were around the professional opinion of social workers, the complainant will then be invited to provide their own statement, which can be used alongside the original report.

Complaints about reports submitted to court during family proceedings can only be challenged through the court process. In all cases, the complainant is advised to discuss the content of the report with their own legal representative.

All Complaints and Representations Received

Representations	2012 2013	2013 2014	2014 2015
Compliments	92	83	74
Corporate Complaints	1	0	3
Complaint related queries	57	72	64
Data Breach	3	4	5
LGO Investigation	n/a	n/a	1
Stage 1 Complaints	36	34	45
Stage 2 Complaints	1	4	3
Review Panels	0	0	1
Total	190	197	196
Trend %	-2%	3%	-1%

Stage 1 Complaint trend	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 2013	2013 2014	2014 2015
	22	32	18	10	19	29	36	34	45
%		45	-44	-44	90	53	24	-6	32

- There has been a 32% increase in the number of Children Act Stage I complaints received since 2013/14.
- However, the number of low level issues have decreased by 11%. Complaint related queries are low level issues which must be resolved within 1 day of receipt.

The decrease in low level issues and the increase in formal complaints demonstrates that concerns are now becoming more complex and as such, they are unable to be resolved by the teams concerned. However, 26% (64) of all formal issues received were complaint related queries which does show that individual workers and teams are still able to resolve a number of issues to the satisfaction of the customer.

- Stage 2 investigations have also decreased since 2013/14 with 3 complaints moving to the investigation stage of the procedure.
- This means that only 4% of Stage 1 complaints progressed to Stage 2 investigations.

- During 2014/15, a number of complainants did request to move to Stage 2, but due to the further involvement of the managers responsible for the service complained about, the complaints were able to be resolved to the customers' satisfaction.
- There was 1 independent Review Panel held during 2014/15. The complaint was regarding the involvement by the Council's Safeguarding & Care Planning Service.
- The number of formal contacts received regarding Children's Services increased by 25% during 2014/15.
- The number of complaints, (45), is a very small proportion of the formal contacts received during 2014/15, (247).
- During 2014/15, 37.56% of all issues received were compliments.
- All of the compliments received were about the support or advice provided by Children's Social Work Teams.

Data Protection Issues

- During 2014/15, 2% (5) of formal issues received were regarding breaches of confidentiality. Complaints of this nature are not responded to through the statutory procedure. However, the service always ensure that the complainant is provided with a full response. The complainant is also informed of their right to progress their complaint to the Information Commissioner should they remain dissatisfied.
- After investigation, 3 complaints were not upheld, 1 was partially upheld and 1 fully upheld.
- No Information Commissioner referrals have been received in relation to these issues.

Specific Areas of Complaint

Service Area	2012 2013		2013 2014		2014 2015	
Safeguarding, Care Planning & Adoption	47%	17	61.7%	21	62.2%	28
Looked after Children Teams	27%	10	11.7%	4	8.8%	4
Referral & Assessment	19.1%	7	14.7%	5	11.11%	5
Out of Hours Duty Team	2.8%	1	NA	NA	2.2%	1
Children with Disabilities	2.8%	1	5.8%	2	8.8%	4
Fostering Team	Na	Na	5.8%	2	6.6%	3
Reviewing Unit	0%	0	0%	0	0%	0
Total		36		34		45

- 62% (28) of complaints were regarding the Safeguarding & Care Planning Teams. This was an increase of 1%, from 2013/14.
- 11% (5) of complaints were regarding the services provided by the Referral and Assessment Team.
- The number of complaints about the Referral and Assessment Service remained at the same level as 2013/14.
- 8% of complaints were about the Looked after Children's Teams. 50% (2 from 4) of these complaints were from looked after children / young people.
- After investigation, 1 complaint was partially upheld and the other not upheld.

Complaint Issues	2012 2013		2013 2014		2014 2015	
Quality	61%	22	91%	30	100%	45
Staff Conduct	28%	10	0%	1	0%	0
Delay	0%	0%	0%	0	0%	0
Refusal of Service	0%	0%	0%	0	0%	0
Lack of Service	11%	4	8.8%	3	0%	0
Total		36		34		45

Details of Complaint	2012 2013		2013 2014		2014 2015	
Attitude of staff	22.2%	8	2.9%	1	0.0%	0
Adoption Services	5.6%	2	0%	0	0.0%	0
Foster Care Issues	11.1%	4	5.8%	2	0.0%	0
Breach of Confidence	5.6%	2	5.8%	2	0.0%	0
Poor Communication	11.1%	4	14.7%	5	6.7%	3
Contact Service Issues	8.3%	3	8.8%	3	2.2%	1
Finance Issues	2.8%	1	0%	0	0.0%	0
Move On Service	0.0%	0	2.9%	1	0.0%	0
Quality of Support	25.0%	9	52.9%	18	80.0%	36
Dispute Assessments	8.3%	3	5.8%	2	11.1%	5
		36		34		45

- During 2014/15, quality of service remained the greatest cause for complaint. All complaints received were regarding the quality of the services provided to families and children.
- This is an increase of 9% in 2013/14.
- Quality of service includes:
 - Missed or late contact visits;
 - Contact visits that are cancelled at very short notice;
 - Conflicting or incorrect information by workers;
 - Quality of support from the services involved in individual cases;
 - Poor communication between the workers and family members.
- During 2014/15, the main theme of complaint was the quality of support from either individual workers or services, (36).
- Relatives of children receiving a service sometimes misinterpret their own relationship with the worker and often feel that the worker is for their own benefit. It is important in these situations to make it clear that it the worker is acting on behalf of the child or young person themselves.
- After investigation, 48% (17) of these complaints were not upheld.
- 11% (4) were fully upheld.
- 11% (5) of complaints were disputes to assessments or decisions taken as a result of an assessment. Complainant's often felt that their family circumstances had been unfairly recorded or had disagreed with information included within the reports.
- 3 of these complaints were not upheld after investigation.
- 2 complaints were partially upheld.
- There were no complaints about staff conduct during 2014/15.
- However, 9% (6) complaint related queries were regarding staff issues. All issues were responded to by either the Team Manager concerned or by Complaints Staff. None of these issues progressed to a formal complaint.

Equalities Monitoring

Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. This information can then be used to highlight possible inequalities, investigate their underlying causes and address any unfairness or disadvantage.

Currently in Gateshead 13.5%, (203) of 1474 children receiving a service are children from the BME communities. As the statutory process is only for service users, or their representatives, complaints numbers tend to be low.

- During 2014/15, 4% of complaints (2) were from members of the BME community. The issues complained about were similar to those that had been raised by other complainants and there was no evidence of discrimination in either case.
- 1 issue was regarding a request for major adaptations and support for a disabled young person.

- 1 issue was regarding the support provided to a family by the Safeguarding and Care Planning Teams.

Method of Complaint	2012 2013		2013 2014		2014 2015	
Complaint Form	22%	8	8%	3	6.6%	3
E - mail	11%	4	8%	3	29%	13
Children's LAC Leaflet	Na	Na	5%	2	0%	0
Letter	31%	11	32%	11	24.4%	11
Personal Visit	22%	8	14%	5	15.5%	7
Telephone	14%	5	29%	10	24.4%	11
Other	0%	0	0%	0	0	0
Total		36		34		45

- Email is now the main method of complaint referral accounting for 29% (13) of all complaint referrals.
- During 2014/15, 24.4% (11) of complainants had contacted the Council by telephone. Complaints of this nature are from those who want an immediate resolution to their problem. The majority of these complaints are regarding visits by social workers and how an assessment had been conducted.
- Complaints brought by relatives of children receiving a service accounted for 88% (40) of referrals.
- 4% (2) complaints were raised by children and young people receiving a service.
- 1 complaint was raised by an advocate acting on behalf of a complainant.

Complaints Resolved within 20 Working Days	2014 2015
Not Resolved	22
Resolved	23

- The statutory timescales for resolution are 10/20 working days.
- 51% (23) of all complaints received were completed within 20 working days.
- 49%, (22) complaints were not completed within 20 working days.
- As it is a statutory duty to respond to complaints within the prescribed timescales, the service must consider how they can improve on this.

Outcomes of complaints	2011 2012		2012 2013		2013 2014	
Outstanding	2		1		0	
Closed or withdrawn	0%	0	3%	1	4.4%	2
Not upheld	47%	16	45%	15	42.2%	19
Partially upheld	38%	13	36%	12	44.4%	20
Upheld	15%	5	15%	5	8.9%	4
Total		34		33		45

- In 2014/15, 42% (19), of complaints were not upheld after investigation. This is a 3% decrease from 2013/14.
- This figure is still significant and demonstrates that after investigation, there was no evidence of any service failure or that the service had acted inappropriately.
- 44% (20) of complaints were partially upheld. Complaints that are partially upheld are often regarding a number of issues. After investigation, some issues of complaint may show some evidence that services may not have been of a sufficient standard expected by the Council, such as areas around communication. However there may be other elements not upheld that evidence that the service had acted appropriately.
- In all cases, where there has been evidence of service failure, however minimal, the complainants will receive a written apology within their response.

Stage 2 and 3 Complaints

Stage 2 Complaints	2012 2013	2012 2013	2014 2015
	1	4	3
Stage 3 Complaints	0	0	1

- 3 complaints progressed to the formal investigation stage of the complaints procedure during 2014 /15.
- All 3 complaints were regarding different areas of Children's Services.
- 1 complaint was about the actions of the Fostering Team. 1 complaint was about the Council's Referral and Assessment Team and 1 complaint was about the Safeguarding and Care Planning Team.
- After investigation, 1 complaint was not upheld, 1 complaint was partially upheld. 1 complaint is still under investigation.
- A number of complainants had requested a move to Stage 2 of the procedure. However, due to the intervention of the Service Managers responsible for the areas complained about, the complaints were then resolved to the complainant's satisfaction.
- All 3 complaints investigations included the services of an Independent Person to oversee the complaint.
- 2 complaints have been responded to. The Independent Person fee for both complaints resulted in a total cost of £1413.41 to the Council.
- 1 complaint was considered by an Independent Review Panel. After their consideration of the complaint and how it had been investigated, the Panel Members concurred with the outcomes which had been identified by the Investigating Officer.
- As the complainant remained dissatisfied, the complaint was referred to the Local Government Ombudsman. The Local Government Ombudsman declined to investigate as the issues raised were outside of their jurisdiction.

Learning from Complaints

At the end of every investigation the Investigating Officer is responsible for identifying any improvements or recommendations resulting from the complaint. Changes can include policy, procedure or staff development.

Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through Service / Team meetings or individual supervision sessions. In all cases, any issue regarding attitude or conduct of staff are dealt with in line with internal employment procedures.

Significant improvements after a complaint include:

- The importance of timely and regular communication with families will continue to be highlighted during individual staff supervision sessions. This will ensure that any important information is shared and that family members feel included in any decisions taken that affect their children.
- Should there be any difficulties encountered when contacting either family members or others who are significant in the child's life / welfare, other means of contact should always be considered.
- That during meetings with family members, any agreement for particular tasks or actions should be clearly recorded to ensure that all parties understand what is expected of them.
- That children and young people are given an appropriate and reasonable time by which investigations into actions or behaviour by Foster Carers will be concluded. It is also important that appropriate communication is kept open between the child's fostering and care planning Social Workers during this time.

- When workers move to a different team or service, it is standard practice for them to retain responsibility for any cases which are going through the adoption process. However, when it was identified that workers were finding it difficult to maintain two roles, Managers were then instructed to always consider how the new workers existing workload can be appropriately managed to ensure that work in either area is not overlooked.
- When an adoption file is about to be closed, it is now necessary to ensure that all relevant information is sent to the adopter and that it is also placed on the children's electronic case file. These actions can now be confirmed by an inclusion of a tick box on the services verification document. The case cannot be closed until all actions on this document have been completed.

Compliments

There was a 12% decrease in all compliments received during 2014/15, (74 from 83). However, 37.24 of all representations about Children Services were compliments.

- 17% (18) of all compliments were regarding the Children with Disabilities Service.
- 66% (12) of these compliments were regarding Grove House. Grove House is a respite facility for children with physical and/or learning disabilities.
- 26% (26) were regarding the Safeguarding and Care Planning Teams.
- 8% (6) were about the Referral and Assessment Team.
- 17% (13) of compliments about Children's Social Work were regarding services for looked after children.
- 2% (2) were about support offered by Children's Commissioning Officers.

Conclusions

Complaints about Children's Services increased to their highest level since the introduction of the 2006 Complaints Procedure. During 2014/15, Gateshead Council received 45 Stage 1 complaints about children's services. This is an increase of 32% on 2013/14.

During 2014/15, Gateshead Council received 1720 referrals into Children's Services with 577 children either starting or ending a child protection plan during this period. At 31 March 2014, there were 258 open child protection plans. Therefore, dissatisfaction in comparison with the number of referrals received is low at only 2.62%. In addition to this, only 3 complaints progressed to Stage 2, with 93% being resolved at Stage 1.

In relation to the timescales for resolution, during 2014/15, only 51% (23) complaints were resolved within the 20 working day timescale. Therefore, it is important that Children's Services Managers consider ways of improving complaint response times to enable the Council to meet their statutory obligations. They should also consider whether additional support for investigating officers is required to assist them in meeting the timescale for resolution.

It should be noted that Children's Services positively encourage feedback about their services and always ensure that publicity about complaints and compliments is available in public areas and to all families receiving a service. It is also evident that the services are generally well received as during 2014/15, 37% of formal contacts were compliments about Children's Services.

TITLE OF REPORT: Child Health Profile 2015

REPORT OF: Carole Wood, Director of Public Health

SUMMARY

The purpose of this report is to provide an overview of the current Child Health Profile published in June 2015, to outline the areas of good and poor performance relating to child health and wellbeing outcomes for Gateshead.

1. Background

The Child Health Profile produced annually by Public Health England (previously the Department of Health) presents a picture of child health and wellbeing for each Local Authority. The 2015 profile was published in June of this year. The profile reports on 32 indicators, across 5 health domains as outlined in **appendix 1**. The profile can be used by the Local Authority and partners to improve health and wellbeing of children through targeting resources to tackle health inequalities.

The data within the profile provides a wide range of information of issues affecting child health, including childhood poverty, early life and infant mortality, breastfeeding rates, obesity, teenage conceptions, educational performance and youth crime. The data presented outlines our local Gateshead position against the regional average, England Average, worst and best. The traffic light system identifies if Gateshead is significantly worse (red), better (green) or not significantly different (yellow) to the England average.

Local Government, health services and partners can use this valuable tool to help understand the needs of their community, and assist in improving the health and wellbeing of children and young people living in Gateshead.

Public Health England's Child and Maternal (ChiMat) Health Intelligence Network website provide an interactive map, online profile and additional health information to create further maps, charts and detailed reports to support child health. A link to the website can be found here: www.chimat.org.uk

2. Current Picture

The current profile provides an overview of the local child population in comparison to the region and England. Gateshead is reported to have 22% of the total population between the ages of 0-19yrs, and of those 7.7% are from an ethnic minority group. Overall the health and wellbeing of children and young people in Gateshead is generally worse than the England average; however 16 out of the 32 indicators are better or not significantly different to the England average.

2.1 Key Findings

- The level of child poverty in Gateshead is worse than the England average with 22.1% of all children aged 16 years or under living in poverty.
- The level of obesity for Gateshead children aged 4-5 years has gone up to 10.5% and for 10-11 years this has come down to 20.7%. The England average level of obesity in children aged 4-5 years is 9.5% and 10-11 years olds is 19.1%
- Immunisations uptake in Gateshead is above the England average. The health and wellbeing of children in Gateshead is generally worse than the England average. Infant and child mortality rates are similar to the England average.
- There is an increase in the number of hospital admissions as a result of self harm for young people 10-24. Gateshead is significantly worse than the England average.

2.2 Changes in Performance

The profile enables us to monitor improvements or changes in health and wellbeing outcomes through comparison to previous profiles looking for any trends. To provide a brief snapshot of the current improvements or changes within the 2015 profile, comparison has been made between the indicators presented in 2014 profile and the 2015 profile. A summary of the improvements and any changes are presented below. A note of caution is required when comparing the 2014 position with the 2015 position, as the data does not give us a true indication of trend unless 3 year rolling averages are considered. Further analysis of trend data using at least 3 years data will be presented at committee to support this report.

Indicators showing improvement in 2015

- Increase in Children in Care immunisations
- Increase in Children achieving a good level of development at the end of Reception
- Reduction in First time entrants to the Youth Justice system
- Reduction in Children in Poverty (under 16)
- Reduction in Family homelessness
- Reduction in Children in Care
- Reduction in Children killed or seriously injured in road traffic accidents
- Reduction in Obese children (10-11yrs)
- Reduction in Hospital admissions due to alcohol specific conditions
- Reduction in Smoking status at time of delivery
- Increase in Breastfeeding initiation
- Increase in Breastfeeding prevalence at 6-8 weeks

Indicators not showing improvement in 2015

- Increase in Infant mortality
- Increase in A&E attendances (0-4yrs)
- Increase in Hospital admissions due to substance misuse (15-24yrs)
- Increase in hospital admissions due to asthma
- Increase in low birthweight of all babies
- Increase in Obese children (4-5yrs)
- Increase in hospital admissions as a result of self harm (10-24yrs)

2.3 Change in Measures

The profile released in March 2015 included two new changes and a further change for 2016;

- Indicator 6 – in 2014 this was referred to as *Acute* sexually transmitted infections (inc. Chlamydia). In 2015 this has changed to *New* sexually transmitted infections (inc. Chlamydia)

In addition to this, indicator 6 and Indicator 26 (breastfeeding prevalence at 6-8 weeks) did not have their significance tested. The government have indicated that the Children in poverty (under 16 years) measure is to be changed for future Child Health Profiles.

3. Summary

The Child Health Profile for 2015 provides an overview of child health and wellbeing for Gateshead showing that many areas of children and young people's health have shown some improvement compared to the 2014 profile, particularly the improvement of children achieving a good level of development at the end or Reception (Indicator 7) as well as an improvement in the levels of obesity in children aged 10-11 (Indicator 18). It is also worthwhile noting that despite significant changes to the welfare system there has been a reduction in the number of Children under 16 in Poverty and Family Homelessness. However it does also highlight areas for concern such as the increase in A&E attendances in children aged 0-4yrs, an increase in levels of child obesity in Children aged 4-5yrs and an increase in the number of hospital admissions as a result of self harm.

4. Recommendations

The Overview and Scrutiny committee is asked to consider and comment on whether it is satisfied with performance to date.

Contact: Emma Gibson

Ext : 2845



Gateshead

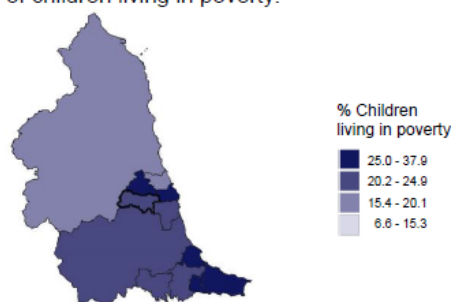
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	North East	England
Live births in 2013			
	2,297	28,961	664,517
Children (age 0 to 4 years), 2013			
	11,800 (5.9%)	151,800 (5.8%)	3,414,100 (6.3%)
Children (age 0 to 19 years), 2013			
	44,900 (22.4%)	594,200 (22.8%)	12,833,200 (23.8%)
Children (age 0 to 19 years) in 2020 (projected)			
	44,900 (22.0%)	595,100 (22.3%)	13,325,100 (23.6%)
School children from minority ethnic groups, 2014			
	1,827 (7.7%)	27,895 (8.9%)	1,832,995 (27.8%)
Children living in poverty (age under 16 years), 2012			
	22.1%	23.6%	19.2%
Life expectancy at birth, 2011-2013			
Boys	77.4	78.0	79.4
Girls	81.2	81.7	83.1

Children living in poverty

Map of the North East, with Gateshead outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

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Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 22.4% of the population of Gateshead. 7.7% of school children are from a minority ethnic group.

The health and wellbeing of children in Gateshead is generally worse than the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 22.1% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in Gateshead have average levels of obesity: 10.5% of children aged 4-5 years and 20.7% of children aged 10-11 years are classified as obese.

The MMR immunisation rate is better than the England average. The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is better than the England average.

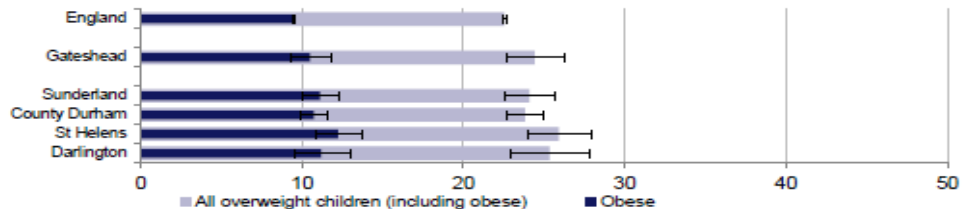
There were 360 children in care at 31 March 2014, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

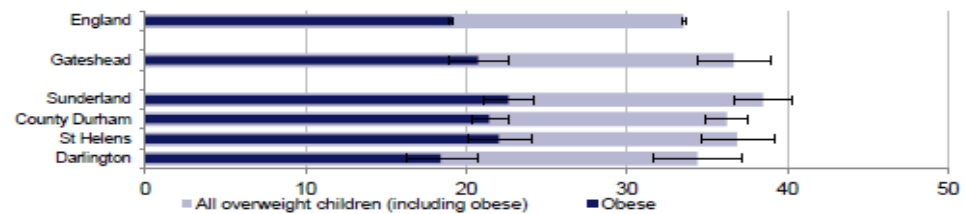
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a worse percentage in Reception and a worse percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2013/14 (percentage)



Children aged 10-11 years classified as obese or overweight, 2013/14 (percentage)

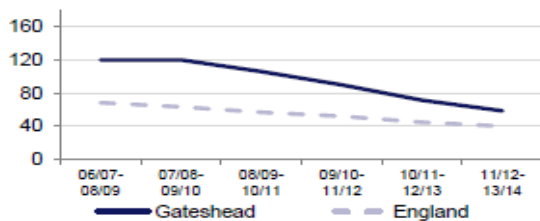


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval. Data source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

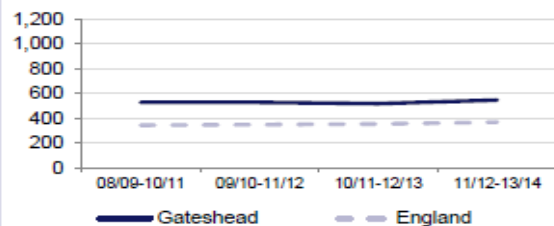


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average*. Nationally, levels of self-harm are higher among young women than young men.

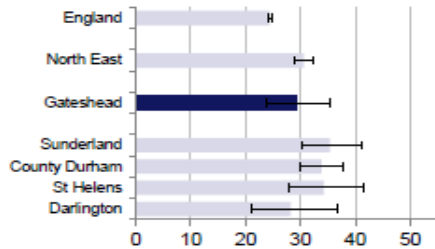
Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



*Information about admissions in the single year 2013/14 can be found on page 4
Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare Gateshead with its statistical neighbours, the England and regional average and, where available, the European average.

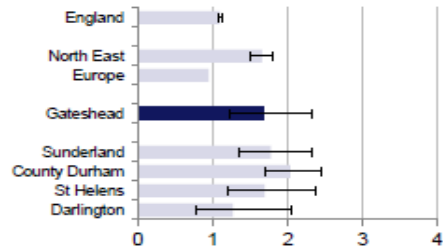
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 29 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a similar teenage conception rate compared with the England average.

Data source: ONS

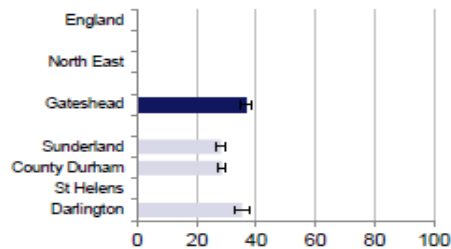
Teenage mothers aged under 18 years, 2013/14 (percentage of all deliveries)



In 2013/14, 1.7% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a higher percentage of births to teenage girls compared with the England average and a higher percentage compared with the European average of 0.9%*.

Data source: Hospital Episode Statistics, Health and Social Care Information Centre
* European Union 27 average, 2013. Source: Eurostat

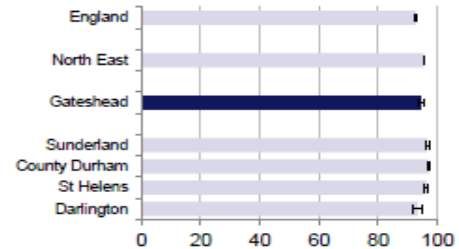
Breastfeeding at 6 to 8 weeks, 2013/14 (percentage of infants due 6 to 8 week checks)



In this area, 36.4% of mothers are still breastfeeding at 6 to 8 weeks. 68.2% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division
Data source: PHE

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2013/14 (percentage of children age 2 years)



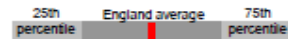
Compared with the England average, a higher percentage of children (94.6%) have received their first dose of immunisation by the age of two in this area. By the age of five, 91.5% of children have received their second dose of MMR immunisation. This is higher than the England average. In the North East, there were 311 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data sources: Health and Social Care Information Centre, PHE

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	11	4.9	4.1	7.5		1.7
	2 Child mortality rate (1-17 years)	6	16.3	11.9	22.8		3.0
Health protection	3 MMR vaccination for one dose (2 years)	2,186	94.6	92.7	78.3		98.3
	4 Dtap / IPV / Hib vaccination (2 years)	2,264	97.9	96.1	81.6		99.1
	5 Children in care immunisations	245	96.1	87.1	27.3		100.0
	6 New sexually transmitted infections (including chlamydia)	897	3,749.1	3,432.7	8,098.4		1,899.8
Major determinants of ill health	7 Children achieving a good level of development at the end of reception	1,283	56.6	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,227	58.5	56.8	35.4		73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	10 16-18 year olds not in education, employment or training	450	7.2	5.3	9.8		1.8
	11 First time entrants to the youth justice system	89	500.4	440.9	846.5		171.0
	12 Children in poverty (under 16 years)	7,555	22.1	19.2	37.9		6.6
	13 Family homelessness	109	1.2	1.7	10.8		0.1
	14 Children in care	360	90	60	153		20
	15 Children killed or seriously injured in road traffic accidents	8	22.6	19.1	48.3		8.2
	Health improvement	16 Low birthweight of all babies	174	7.5	7.4	10.4	
17 Obese children (4-5 years)		224	10.5	9.5	14.2		5.5
18 Obese children (10-11 years)		367	20.7	19.1	26.8		10.5
19 Children with one or more decayed, missing or filled teeth		-	25.8	27.9	53.2		12.5
20 Under 18 conceptions		103	29.3	24.3	43.9		9.2
21 Teenage mothers		36	1.7	1.1	2.5		0.2
22 Hospital admissions due to alcohol specific conditions		23	58.8	40.1	100.0		13.7
23 Hospital admissions due to substance misuse (15-24 years)		33	138.9	81.3	264.1		22.8
Prevention of ill health	24 Smoking status at time of delivery	332	15.0	12.0	27.5		1.9
	25 Breastfeeding initiation	1,498	68.2	73.9	36.6		93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	796	36.4	-	19.4		77.4
	27 A&E attendances (0-4 years)	13,423	1,137.0	525.6	1,684.5		252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	474	144.2	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	459	194.1	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	80	187.5	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	31	77.1	87.2	391.6		25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	214	626.5	412.1	1,246.6		119.1

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
- 5 % children in care with up-to-date immunisations, 2014
- 6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013

- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- 17 % school children in Reception year classified as obese, 2013/14
- 18 % school children in Year 6 classified as obese, 2013/14
- 19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
- 21 % of delivery episodes where the mother is aged less than 18 years, 2013/14

- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
- 24 % of mothers smoking at time of delivery, 2013/14
- 25 % of mothers initiating breastfeeding, 2013/14
- 26 % of mothers breastfeeding at 6-8 weeks, 2013/14
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
- 32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

TITLE OF REPORT: Analysis of School Inspection Outcomes, Spring and Summer Terms 2015

REPORT OF: Strategic Director, Care, Wellbeing and Learning

Summary

This report details the position of Gateshead schools in relation to Ofsted Inspection findings for the spring and summer terms 2015.

Background

In this version of the school inspection framework each school is given an overall **effectiveness grade** based upon four areas; **achievement of pupils, quality of teaching, behaviour and safety and quality of leadership in, and management, of school.**

Once again Ofsted has made some adjustments to the criteria that they inspect schools. These changes came into operation in September and while they do not constitute dramatic change, they do once again “raise the bar” for schools.

Ofsted use the following grading system

- 1 = Outstanding
- 2 = Good
- 3 = Requires Improvement
- 4 = Inadequate

Schools identified as “requires improvement” will usually be re-inspected within two years, and often before. Schools that are judged as requires improvement with a leadership management grade of requires improvement will receive regular monitoring visits from HMI.

Full copies of all inspection reports can be found at www.ofsted.gov.uk.

Outcomes

Over the terms 9 schools were inspected:

- 7 primary schools
- 1 secondary school
- 1 special school

1 school was judged to be outstanding

4 schools were judged to be good
 4 schools were judged to require improvement

2 schools improved their overall effectiveness grade from the previous inspection
 6 schools maintained its overall effectiveness grade from the previous inspection
 1 school received a lower overall effectiveness grade from the previous inspection.

Primary/Nursery Schools

School	Previous Inspection	Present Inspection
St Anne's Catholic Primary	Requires Improvement	Requires Improvement
St Joseph' Catholic Primary, Blaydon	good	good
Winlaton West Lane Primary	requires improvement (leadership good)	requires improvement
St Joseph's Catholic Infant, Birtley	good	good
Lobley Hill Primary	good	good
Kibblesworth Primary Academy	outstanding	requires improvement
Birtley East Primary	requires improvement	good

Special School

School	Previous Inspection	Present Inspection
Dryden	good	outstanding

Secondary Schools

School	Previous Inspection	Present Inspection
Kingsmeadow	requires improvement	Requires improvement (leadership good)

Update Ryton Junior School

Ryton Junior School has received a second monitoring visit from HMI during the summer term. HMI judged,

- The school is making reasonable progress towards the removal of special measures.
- The local authority's statement of action is fit for purpose.

It is the opinion of the Council's School Improvement Team that the children who attend Ryton Junior School are receiving a good education. Following HMI's visit to the school there is some optimism that the school may be taken out of special measures during the autumn term.

Recommendations

OSC is asked to consider the position of schools in relation to ofsted inspections.

Contact: Steve Horne	Extension: 8612
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TITLE OF REPORT: Review of Child Protection in Gateshead – Evidence Gathering

REPORT OF: Strategic Director Care Wellbeing and Learning

SUMMARY

Council has agreed that this committee should review how the child protection system operates in Gateshead. The review will examine each stage of the process and will explore the way decisions are taken, risks are managed, and the involvement of partners. The review will explore how Gateshead undertakes its safeguarding responsibilities in conjunction with partners within the policy context and legal frameworks for Child Protection.

The review will provide the committee with an overview of how the child protection process works in Gateshead and provide examples of how Gateshead children's social work service operates in conjunction with partners to ensure children's safety. It will focus in particular on the ways in which services operate collectively, review the evidence and contribute to the future development and delivery of child protection within Children's Social Care Services.

Background

1. The Committee agreed the scope of the review at its meeting on 18th June and proposed that the focus of this review will be on the specific aspects of the system which are concerned with child protection. The review will follow the potential steps for a child who becomes subject to a child protection plan.
2. It is suggested that the key issues which this review will need to address are:
 - a. An understanding of the child protection system, the policy context and clarity on roles and responsibilities.
 - b. The opportunity for improvement of systems, processes and improving efficiency.
 - c. The effectiveness of multi-agency working, especially around communication and information sharing.
 - d. The ways in which the views of children, young people and their families are used.

First evidence gathering

3. This first evidence gathering is intended to set the scene. It:

- a. Outlines the legal framework and policy context
- b. Defines the child protection system;
- c. Presents some key data on what we know nationally and in Gateshead;
- d. Provides examples of existing practice
- e. Identifies some key lines of inquiry for the review.

Background

Policy context

4. The Department for Education is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work.

Legislation

5. The **Children Act 1989** currently provides the legislative framework for child protection in England. Key principles established by the act include:
 - the paramount nature of the child's welfare
 - the expectations and requirements around duties of care to children

The **Children Act 2004** strengthens the 1989 Act. Encourages partnerships between agencies and creates more accountability, Under section 11 local agencies including health and police have a duty to ensure that they consider the need to safeguard and promote the welfare of children. It specifically updates the legislation on physical punishment ([section 58](#)) by limiting the use of the defense of reasonable punishment so that it can no longer be used when people are charged with the offences against a child of wounding, actual or grievous bodily harm or cruelty. Therefore any injury sustained by a child which is serious enough to warrant a charge of assault occasioning actual bodily harm cannot be considered to be as the result of reasonable punishment.

Education Act 2002 Included a provision requiring school governing bodies, local education authorities and further education institutions to make arrangements to safeguard and promote the welfare of children.

Statutory Guidance

6. Working Together to Safeguard Children Guidance provides statutory guidance for interagency working to safeguard and promote the welfare of children; it sets out what professionals and organisations need to do to safeguard children. The guidance defines this core purpose as;
 - Protecting children from maltreatment
 - Preventing impairment of children's health or development
 - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

- Taking action to enable all children to have the best life chances
7. Working Together Guidance was radically reviewed in 2013 bringing together the core legal obligations and combining the guidance into a single document for all agencies to use while retaining within it specific guidance for specific agencies. The new guidance took on the recommendations from the Munro review of child protection to focus on the individual needs of the child; it clarified the procedures for a single continuous assessment replacing the two stage initial and core assessment with a 45 day deadline for timely assessment reports and decisions about future actions. The guidance emphasised that assessment is a dynamic process that must be child centred and informed by the views of the child.
 8. In 2015 the guidance was updated to take account of legislation and statutory guidance produced in the intervening two years. While this was not a major review the new guidance includes changes around
 - referral of allegations against those who work with children
 - clarification of requirements on local authorities to notify serious incidents
 - a definition of serious harm for the purposes of serious case reviews.
 9. The Guidance makes it clear that effective safeguarding puts children at the centre of the system and is dependent on every individual and agency playing their full part. It emphasises the multiagency nature of safeguarding and asserts that effective safeguarding systems are those where:
 - the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
 - all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
 - all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
 - high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
 - all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
 - LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
 - when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and

Reasserts the fundamental principles that

safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

10. At the local level Local Safeguarding Children Boards (LSCBs) co-ordinate, and ensure the effectiveness of, work to protect and promote the welfare of children. Each local board includes: local authorities, health bodies, the police and others, including the voluntary and independent sectors. The LSCBs are responsible for local child protection policy, procedure and guidance.

Definitions

11. A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Children in need may be assessed under section 17 of the children Act 1989.

12. Where the Local Authority children's social care receives a referral in relation to maltreatment or when concerns about maltreatment arise during the course of providing services to a child and family, they must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, have a duty to **make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm**, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

The Child Protection Process

13. Child Protection processes are clearly defined and enshrined in the statutory guidance and legal framework. They are scrutinised locally by the LSCB and through performance reporting to the OSC. Ofsted provides additional external scrutiny to ensure processes are adhered to and practice is robust in protecting children and safeguarding their wellbeing. The process is outlined below:
14. Within **one working day** of a referral being received, a local authority social worker should **make a decision** about the type of response that is required. This will include determining whether:
- the child requires immediate protection and urgent action is required;
 - the child is in need, and should be assessed under section 17 of the Children Act 1989;
 - **there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;**

- any services are required by the child and family and what type of services; and
 - further specialist assessments are required in order to help the local authority to decide what further action to take.
15. Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child**. Where it is necessary to remove a child from their home the Local Authority must wherever possible apply for an Emergency Protection Order (EPO). In exceptional circumstances when the issue is critical and viewed as an emergency police may use their powers to remove a child.
16. **Strategy discussion:** Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.
17. The strategy discussion is convened to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm. The discussion;
- a. ensures available information is shared
 - b. agrees the conduct and timing of any criminal investigation; and
 - c. decides whether enquiries under section 47 of the Children Act 1989 should be undertaken
18. Where there are grounds to initiate **an enquiry under section 47 of the Children Act 1989**, decisions should be made as to:
- what further information is needed if an assessment is already underway and how it will be obtained and recorded;
 - what immediate and short term action is required to support the child, and who will do what by when; and
 - whether legal action is required.
19. Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals help the local authority in undertaking its enquiries. The enquiry is initiated in order to determine whether and what type of action is required to safeguard and promote the welfare of a **child who may be, or likely to be, suffering significant harm**.
20. The outcome of the section 47 determines the next steps. Should the concerns be substantiated and the child is likely to suffer significant harm an **Initial Child**

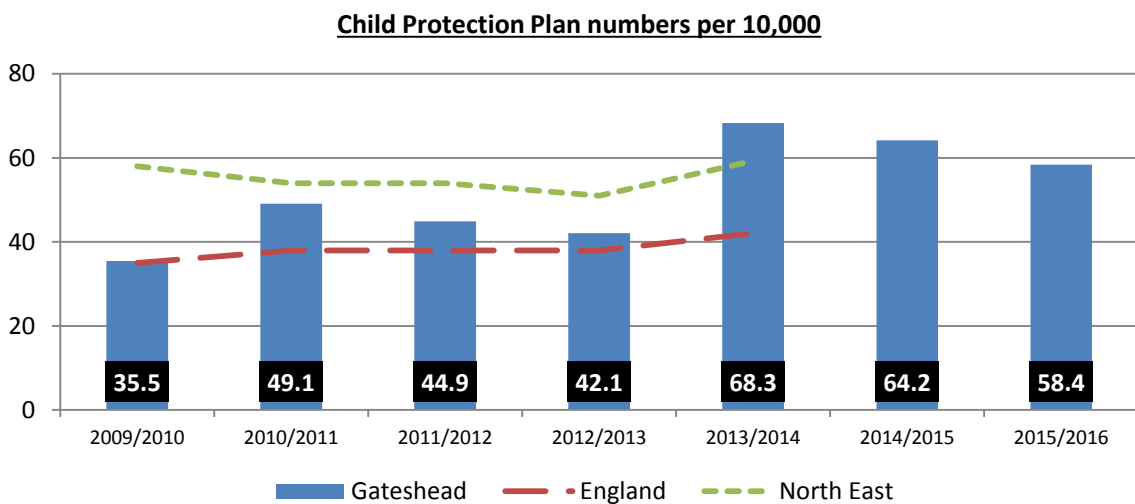
Protection Conference (ICPC) is convened within 15 working days of the strategy meeting.

21. The ICPC is Chaired by a Conference Chair, in Gateshead this is a function of the Independent Reviewing Officer's role (IRO), and brings together professionals and the family including the child where appropriate to make decisions about the child's future safety health and development. The conference is a multi-agency forum which analyses the information that has been obtained during the section 47 enquiries and any other relevant information to plan how best to safeguard and promote the welfare of the child. The conference will determine whether the threshold is met for the child to become subject to a child protection plan and under which category; physical abuse, sexual abuse, emotional abuse or neglect. Where the threshold for a child protection plan has been met the conference will agree an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly.
22. The aim of the child protection plan is to
 - ensure the child is safe from harm and prevent him or her from suffering further harm;
 - promote the child's health and development; and
 - support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the childA social worker will be designated to be the lead professional for the case as they carry the statutory responsibility for the child's welfare.
23. The child protection plan is developed, monitored and the activity co-ordinated through monthly core groups and Review Child protection Conferences (RCPC) which is held 3 monthly following the ICPC and 6 monthly thereafter. The RCPC reviews progress against the child protection plan outcomes and considers whether the plan should continue or should be amended.
24. The child should no longer be the subject of a protection plan if it is judged by the RCPC that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan.

Local and national data within the child protection system,

25. The latest national data covers the period 2013/14. National and regional figures for 2014/15 will be available in November 2015 and will be brought to the attention of this committee.
26. From April 2013 Gateshead has experienced a marked increase in the number of children becoming subject of a child protection plan. This has resulted in significant scrutiny both from this committee and the LSCB in order to understand the possible explanations for the rise and to ensure that practice with regards to child protection remains at a high standard.

	National position 2013/14	Regional position 2013/14	Gateshead 2013/14	Gateshead 2014/15
Children in need number and rate per 10,000	346.4	456.7	397.6	
Rate of children who became the subject of a child protection plan during 2013-14 per 10,000 children	52.1	73.0	80.2	
Rate of children who were the subject of a child protection plan at 31 March per 10,000 children	42.1	59.3	68.5	64.2
Percentage who became the subject of a plan for a second or subsequent time	15.8%	12.6%	10.8%	11.3%



27. The rise in plans since 2013 corresponds with changes in practice as Children’s Social Care changed to the single assessment framework in line with *Working Together to Safeguard Children (2013)* – A Guide to inter-agency working to safeguard and promote the welfare of children. Gateshead was the first Local Authority in the region to move to a single assessment, however other local authority areas in the region have witnessed a similar spike in c numbers during 2014/15 to that witnessed in Gateshead during 2013/14. It is, therefore, anticipated that the regional average for 2014-2015 for children subject to a child protection plan will be higher when the figures are published later this year.

28. Gateshead also has higher numbers of un-borns subject to cp plans. During 2014/15 70 unborn babies were made subject to child protection plans in Gateshead 23.3% of the total 300 CP plans that were started. This is a result of pro-active practice across agencies, where detailed multi-agency work starts as soon as concerns are identified during the pregnancy and clear and robust plans are in place by the time the baby is born. While it is recognised that this increases the rates of children subject to cp plans overall it is considered to be a good practice for the families’ ensuring time to work with the family prior to the birth, preparing the parents with the result that more children are supported to live safely at home.

	21012/13	2013/14	2014/15
% Section 47 enquiries that led to an ICPC	55.8%	56.6%	61%
Children subject to an ICPC who were made subject to a plan	78.7%	88.9%	89.2%
Numbers of children made subject to a plan	170	276	258
% of children becoming subject to CP plan for a second or subsequent time	9.3%	10.2%	11.3%

29. The table above illustrates the flow of activity from section 47 through to children becoming subject to a plan. The figures suggest that the right investigations are being undertaken and the right cases are going on to conference where there is multiagency agreement that a child protection plan is the most appropriate way to progress these cases.

30. Auditing and monitoring of children's social care is an ongoing activity with specific dip sample audits undertaken as an additional safeguard to ensure best practice. Cases that did not progress to an ICPC during the last 6 months are currently being audited, the findings of which will feed in to this review.

External Scrutiny

31. Ofsted provide external scrutiny of child protection activity within their Single Inspection framework. The framework has been in operation since November 2013 and will cover all Local Authorities by March 2017.

32. Gateshead's latest inspection was under the previous Ofsted framework which focused on the Local Authority Arrangements for the Protection of Children. The inspection took place between February and March 2013. The inspection considered key aspects of the child's journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered from early help through to statutory social work intervention. The inspection judgement was that **the overall effectiveness of Gateshead's arrangements for the protection of children was good.**

Evidence gathering

33. It is proposed that future evidence sessions will review the following aspects of the child protection system:
- 22 October 2015 – second evidence gathering report – A look at referral and CIN assessment
 - 3 December 2016 – third evidence gathering report – Strategy discussions, meetings and S47 investigations

- 21 January 2016 – fourth evidence gathering report – Child protection conferences, plans and reviews

Recommendations

34. Committee members are invited to:

- i. Comment on this first evidence gathering;
- ii. Outline any additional information / evidence they wish to have included in the review at this first evidence gathering stage.

Contact: Debra Patterson/Ann Day

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