

GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 3 March 2016

PRESENT: Councillor M Brain (Chair)
Councillors: L Caffrey, B Clelland, S Craig, S Hawkins,
K McCartney, D Robson and J Turnbull

CO-OPTED: John Wilkinson, Jill Steer, Sasha Ban

APOLOGIES: Councillors B Oliphant and P McNally

F35 MINUTES OF LAST MEETING

RESOLVED - The minutes of the last meeting held on 21 January 2016 were agreed as a correct record.

F36 REVIEW OF CHILD PROTECTION IN GATESHEAD - EVIDENCE GATHERING

The Committee took part in the fourth evidence gathering session which provided an overview report and DVD presentations of how multi agency decisions are made regarding whether a child needs to become subject to a child protection plan and under what category. The session considered decision making during Initial Child Protection Conferences (ICPC) and how these decisions are reviewed at subsequent Review Child Protection Conferences (RCPC).

The Committee were also advised on the purpose of an Initial Child Protection Conference and the conference responsibilities and decision making process.

The Committee received the definitions of categories of significant harm taken from 'Working Together to Safeguard Children, 2015' as being:-

Physical Abuse – a form of abuse which may involve hitting, shaking, throwing, poisoning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse – the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse – involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect – the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The Committee were advised about the Core Group and also about the purpose of the Child Protection Review Conferences (RCPCs) as well as a breakdown of performance data from April 2014-January 2016.

Gateshead continues to have high numbers of children with child protection plans. The majority of those children continue to be registered under the category of neglect.

100% of child protection plans are distributed within 1 day of the ICPC and during the last 12 months significant work has been undertaken to ensure that Chair's reports following conference have been distributed within the required timescale of 20 days. Since February 2015 we have been able to demonstrate 100% compliance with timescales.

Ensuring the right people are represented at the conference has also been subject

to performance improvement during the last 12 months. Specifically, ensuring that GP information and police information is available to the conference to ensure decisions can be made with a complete picture of the circumstances surrounding the child.

Concerns were expressed about the availability of GP reports at both ICPC's and RCPC's. Despite an improvement in reports being shared when practices were reminded these improvements were not able to be sustained. In order to support Health to meet statutory performance targets and improve practice work was undertaken with the named GP visiting a range of GP Practices, and holding sessions with both GP and Practice Managers to review administrative processes and organisational issues and the key lessons learnt for both Health and the Safeguarding Children's Unit from the Baby T SCR. As a result there has been a significant improvement in communication and an improvement from 22% of conferences having GP reports to 71% of conferences having GP reports.

- RESOLVED -
- (i) That the Committee welcomed the report findings.
 - (ii) That the Committee agreed to receive further updates in due course.
 - (iii) That a letter of thanks be sent to all those who took part in the preparation of the DVD presented to Committee

F37 ANNUAL CONVERSATION WITH HEADTEACHERS OF SPECIAL SCHOOLS

The Committee received an update relating to the changes and developments to special school provision. This is following on from last year's review that an annual conversation be held with special schools.

There are 6 special schools in Gateshead, Dryden and Hill Top as a hard federation and the Executive Headteacher is Jane Bryant. Furrowfield and Eslington are a soft federation and the Executive Headteacher is Michelle Richards and is an academy.

All of the schools have been rated by Ofsted as at least good with Dryden, Eslington and Gibside schools outstanding schools. This supports the view that Gateshead has high quality special school provision in place.

The SEN Strategy group are currently working on a new vision to give a context to future developments for schools including special schools and the future SEN provision for the local authority. The vision ensures that health and social care providers with other service users are in partnership to deliver high quality provision for children and young people with special educational needs and disabilities.

Comparing the 2015 and 2016 data in relation to special schools shows that:

- The numbers of pupils with autistic spectrum disorder (ASD) has significantly increased in 2016. This has particularly impacted on Gibside school and is about 60% of the school population. The Cedars also has greater numbers of ASD than previous years.

- Pupils with Social, Emotional, Mental Health needs (SEMH) is also increasing which is adding pressure to the numbers for both Eslington and Furrowfield schools.
- Speech, Language and Communications Needs (SLCN) is also increasing on the previous year. While Profound, Multiple, Learning Difficulty (PMLD) has stayed about the same.

The Committee were advised that Gibside school, from early years information, is predicting the need to expand further. It currently has a base of two classrooms in Blaydon Children's centre to accommodate previously required additional numbers. However, new information will require more classroom space for September 2016. The local authority is checking recent data and the governing body of the school are in discussions with the local authority on how it could increase numbers and find more classroom space to be prepared for September 2016.

Committee were reminded that a report to Cabinet on 24 February 2015 outlined proposed new developments for Eslington Primary school for an extra 30 places to make 68 places in total (including 8 additionally resourced places) and to extend the intake age range from 5-11 to 2 -11 year olds with effect from 1 September 2015. The report also requested that the council convert the Redheugh block at Tyne View Children's Centre to create a split site school.

This proposal was because it had been identified that the number of children with Social, Emotional, Mental Health (SEMH) needs requiring specialist educational support was rising and it is anticipated this will continue to increase in the future. A number of pupils were placed in mainstream schools due to a lack of place in specialist provision like Eslington which was deemed the best place to meet their needs.

The new facility at Tyne View opened in September 2015 and 4 classrooms (accommodating 7 pupils in each, allowing for 30 pupils in total) are in place. The cost of Tyne block conversion fit out was met from the Council's capital programme on the basis that the project will generate revenue savings for the Council.

Eslington Primary School currently admits children from 5 to 11 years of age. The early education and intervention for two year olds and reception aged children, in response to views received during the informal consultation exercise carried out. This will increase the number of specialist placements available for 2 year olds which will assist in meeting the objectives of the government's initiative to provide 2 year olds with free education if they meet certain criteria, including if they have a current statement of special educational needs (SEN) or an Education, Health and Care (EHC) plan. However, places at the moment have been taken over by 5 year old pupils.

The Committee were also advised that a nurse was appointed for the Gateshead Special Schools, in September 2015. Her post is described as a Registered Child's Nurse for special schools. She is working with the Children's Disability Nursing Team and is line managed by them. The post is based at Low Fell Clinic though the schools had preferred it would be in one of the schools. The reason given for this that it had not been possible as the nurse needed a computer linked to the NHS

system. However, though the nurse was given a computer by Gibside school the nurse does not yet have access to the NHS system unless she is at the clinic. This, therefore, means that much needed time in schools is lost because twice daily the nurse goes to the clinic to check emails and collect information.

Hopefully this is a temporary situation but the schools are concerned that the amount of time they had expected to have is not in place. However, the support given, for example, such as feeding clinics, has been helpful. The nurse is also wiring or updating the health care plans in line with the single plan reviews, though this happens away from the schools as they are written at the clinic and opportunities are missed for the staff to share information. The nurse then has to print out information and can only amend on return to the clinic.

The special schools have recognised that they need to track and clarify the work of the nurse with the Children's Disability team whether it is training, for example, around gastro feeds and toileting of Education Health Care Plans so that all managers' expectations are met particularly for this specific role of the nurse. They hope, therefore, to achieve more consistency and liaison to move this opportunity further to meet school needs.

RESOLVED -

- (i) That the information be noted.
- (ii) That the OSC continue to receive an annual report on Special schools and provision.
- (iii) That the nurse appointed for the Gateshead Special Schools be given every assistance in gaining access to the NHS IT system as a matter of urgency