

TITLE OF REPORT:	Review of Child Protection in Gateshead– Final Report
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SUMMARY

The scope and aims of the review were agreed by the Committee at its meeting on 18th June 2015. It was proposed that the focus of the review would be on the specific aspects of the system that are concerned with child protection. The review has followed the potential steps for a child who becomes subject to a child protection plan. The key issues that the review has addressed are:

1. An understanding of the child protection system, the policy context and clarity on roles and responsibilities
2. The opportunity for improvement of systems, the policy context and clarity on roles and responsibilities.
3. The effectiveness of multi-agency working, especially around communication and information sharing.
4. The ways in which views of children, young people and their families are used.

This report outlines the evidence considered by the Committee to date. It highlights some areas that could form the basis for recommendations to improve child protection and help to improve children's outcomes.

1. This report sets out the findings of the Families Overview and Scrutiny Committee in relation to the review of Child Protection in Gateshead. It sets out the findings of the review and identifies recommendations for implementation.

Scope and Aims of this review

2. The review will provide Committee with an overview of
 - how the child protection process works in Gateshead
 - provide examples of how the children's social work service in Gateshead operates in conjunction with partners to ensure children's safety.

3. The focus, in particular, has been on the ways in which services operate collectively. The Committee was provided with the opportunity to review the evidence and contribute to the future development and delivery of child protection within Children's Social Care Services.
4. The recommendations of the review will inform the work of the LSCB in terms of how it oversees the whole system.

How the review was carried out – Methodology

5. The review consisted of four evidence gathering sessions. During these sessions the Committee examined each stage of the process and explored the way decisions are taken, risks are managed, and the involvement of partners. The sessions also explored how Gateshead undertakes its safeguarding responsibilities in conjunction with partners, within the policy context and legal frameworks for Child Protection.

Evidence Gathering Session 1

Policy Context

6. The first evidence gathering session on 10th September 2015 provided the committee with an overview of the policy and legal framework of the child protection system and the statutory guidance which informs practice. It also set the scene for how the child protection system is organised and delivered in Gateshead.

Legislative Framework and Statutory Guidance

7. The Department for Education is responsible for child protection in England and sets out the policy, legislation and statutory guidance on how the child protection system works. The Children Act 1989 currently provides the legislative framework for child protection in England; the key principles established by the Act include
 - The paramount nature of the child'[s] welfare
 - The expectations and requirements around duties of care to childrenThe Children's Act 2004 strengthens the 1989 Act by encouraging partnerships between agencies and creating more accountability.
8. Working Together to Safeguard Children Guidance (2013) provides statutory guidance for interagency working to safeguard and to promote the welfare of children. The guidance took on the recommendations of the Munro Review to focus more on the individual needs of the child and clarified the procedure for a single assessment to replace the two stage initial assessment, with a 45 day deadline for timely assessment reports and decisions about future actions. The guidance was updated in 2015 and includes referral of allegations to the LADO and emphasises the multi-agency nature of safeguarding, reasserting the principles of a child centred approach.

9. **Definitions** – under the Children Act 1989 a child in need is defined 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.
10. Where the local authority's social care services receives a referral in relation to maltreatment, or where there are concerns during the course of providing services to a family, the service must initiate enquiries to find out what is happening to the child and whether protective action is required. This enquiry is made under section 47 of the Children Act 1989, to determine whether action should be taken to safeguard the child and promote the child's welfare.

The child protection process

11. The Referral and Assessment Team decides within one day how any referral to the service will be handled, whether immediate protection is needed, whether the child is in need and should be assessed under section 17; or whether there is cause to suspect the child is suffering or likely to suffer significant harm and should be assessed under section 47 of the children act 1989. The team would also assess the need for any services and further specialist assessments.
12. Where there is risk to the life of a child or a likelihood of serious immediate harm, social workers, the police or NSPCC would use their statutory powers to act immediately to secure the safety of the child, including the use of emergency powers to remove a child, in exceptional circumstances when the issue is critical.
13. Where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm there should be a **Strategy Discussion** involving children's social care, the police, health and other relevant bodies. This might take the form of a meeting or phone calls, and will determine the child's welfare and plan rapid future action. It ensures that information is shared; agrees the conduct and timing of any criminal investigation and decides whether enquiries under section 47 should be undertaken.
14. Local authority social workers have a statutory duty to lead enquiries under section 47 of the Children Act 1989, with other agencies helping them; namely the police, health professionals and teachers. The views of the family will be taken into consideration. The outcome of the enquiry determines the next steps. Should the concerns be substantiated, an **Initial Child Protection Conference (ICPC)** is convened within 15 working days of the strategy meeting. This is chaired by a Conference Chair (in Gateshead an Independent Reviewing Officer – IRO), and brings together professionals and the family, to make decisions about the child's future safety and development. The conference decides whether the threshold has been

met for the child to become subject to a child protection plan and under which category; physical abuse, sexual abuse, emotional abuse or neglect.

15. If this is the case, immediately following the ICPC, an outline child protection plan is put in place, with clear actions and timescales. A social worker is designated to be lead professional for the case in meeting his/her statutory responsibility for the child's welfare. A review child protection conference is held 3 months later and then six monthly thereafter.

Local and national data within the child protection system

16. The national and local data was provided to the Committee, covering the period 2013/14 which were the most recently published figures. It was noted that from April 2013 Gateshead had experienced a marked increase in the number of children becoming the subject of a child protection plan. The rise corresponds with changes in practice, such as the single assessment framework, in line with Working Together to Safeguard Children (2013) and (2015) Guidance.
17. The higher number of unborn babies being subject to a child protection plan was noted, and highlighted as an area of good practice, as it gives more time for social workers to support families prior to birth, and prepare parents, resulting in more children being able to live safely at home. The low numbers of children becoming subject to plans for a second time indicates that the right investigations are being undertaken and the right cases are going on to conference, where there is multi-agency agreement that a child protection plan is the most appropriate way to progress these cases.

Scrutiny

18. 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. Ofsted provides external scrutiny of child protection activity within their Single Inspection Framework, which has been in operation since November 2013 and will cover all local authorities by March 2017.
19. In 2013, Gateshead's was inspected under the previous Ofsted framework which focused on the Local Authority arrangements for the Protection of Childre. 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 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 in Gateshead's arrangements for the protection of children was good.**

Evidence Gathering Session 2

20. The second evidence gathering session on 22nd October 2015 provided the committee with an overview of how children and young people are referred into children's social care, the thresholds that govern at what level the child and family should be assessed, and how the level of support is determined to meet their needs. The session enabled the committee to follow the journey of a child and his/her family, to illustrate the steps and considerations social workers make when delivering their service from the point of referral through to the end of the **Child in Need (CIN)** assessment.

Referral and Assessment

21. Working Together Guidance (2013) provides the framework for interagency working and sets out specific arrangements for how children should be referred and assessed within the arena of safeguarding and promoting the welfare of children.
22. Where the criteria for a Child in Need (as defined by the Children Act 1989) are thought to be met, a referral should be made to the local Children's Social Care Team, (the Referral and Assessment Team), which will consider the need to undertake a statutory assessment. Where this is deemed appropriate, a social worker will complete this assessment within 45 working days.
23. Local authority children's social care has the responsibility for clarifying the process for referrals. Referrals may come from: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Contact details should be signposted clearly so that potential referrers are aware of who they can contact if they need advice and/or support.
24. Feedback should be given by local authority children's social care to the referrer on any decisions made and where appropriate, the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other support.
25. The core business of the Referral and Assessment Team (R&A) is to ensure the statutory duties and responsibilities of the Council are discharged in respect of safeguarding children. The R&A team provides advice and support to signpost families to appropriate services. The team begins the initial planning process by providing timely assessments such as; Child in Need Assessments, Domestic Violence Assessments, Private Fostering Assessments, Prison Visit Assessments and Children in Hospital Assessments.
26. In Gateshead both contacts and referrals are recorded on CareFirst. During the last four years, Gateshead experienced an unprecedented

number of child referrals peaking at 2434 by the end of March 2014. In the following year, referrals decreased to a level more in line with figures pre 2012. By the end of year 2014/15, there were 1720 referrals of which 93.7% went on to a Child in Need assessment. In the first 2 quarters of 2015/16, there has been a slight increase to 900 referrals, 886 which went on to a CIN assessment (98.4%). This represents a 10% increase so far this year.

27. In terms of the national and regional picture for referrals in 2013/14, there were 573 per 10K nationally, 659.8 per 10K in the North East and 604.1 per 10K in Gateshead. Referral figures fell across the region by 12% during 2014/15, compared to the previous 12 months, with a more significant fall of 29% in Gateshead, although the current picture as outlined above is showing a moderate increase.
28. Over the last five years, the proportion of referrals from various sources has remained fairly consistent with the majority coming from police/probation/courts.

Assessment Framework

29. In 2013 a regional assessment framework was developed to ensure that assessments across the region were compatible in terms of quality standards, style, content and timescale, in order to facilitate the transfer of cases across boundaries. The work was commissioned by the regional Vulnerable Children's Safeguarding Network.
30. While **Working Together** Guidance restated the traditional 3 domains of assessment, child development, family environment and parenting capacity, the regional framework added the additional domain of "risk".

The regional guidance describes assessment as the:
"methodical collation of information which allows the practitioner to identify, through analysis and evaluation, the risks to, and the needs of, the child(ren) and family. Crucially the assessment should provide the practitioner with a level of understanding about the child and the family context to enable an appropriate plan to be formulated which builds on child and family strengths and addresses the areas requiring change in order to improve the child's outcomes and keep them safe. Through this process the practitioner will develop an understanding of those factors and indicators which denote the likelihood of success within a timescale appropriate for the child. The assessment process and consideration of such factors and indicators will also provide the practitioner with an indication of which services are the most appropriate to be involved with the child and family to meet the identified needs".

31. In order to ensure that assessment is completed in a timely fashion and that there are clear opportunities for management oversight clear check points have been established, at the 10 day point, 28 day point and 40 day point.

32. In Gateshead the majority of assessments are undertaken by the Referral and Assessment Team (82%), unless the support is ongoing and there is a need to re-assess. Between April 2014 and March 2015, 2010 CIN assessments were completed. Of these 1961 (97.7%) were within timescale. The national figure for completion within timescale stands at 82.2% (CIN Census 2013/14).
33. Between April and September 2015, a total of 1007 CIN assessments were completed. Of these, 964 (95.7%) were completed within timescale. At October 2015 there were 322 open CIN assessments.

Thresholds

34. Our multi-agency thresholds document (Indicators of Need) provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address and individual need, to carry out a Common Assessment Framework (CAF) or to refer to Children's Social Services. The Indicators of Need document describes the criteria for access to Children's Social Services/Care in Gateshead and how that fits within the wider context of multi-agency services and a range of needs. It is intended as a guide to assist practitioners in deciding, either at the initial screening stage or following an assessment, whether a child has additional needs and at what level or by what agency those needs could best be met.
- Level 1 – Baseline = Universal services
 - Level 2 – moderate = Targeted services
 - Level 3 – High = Specialist Social Services

External Scrutiny

35. In 2013 Ofsted undertook inspection of the local **authority's arrangements for child protection**. Ofsted considered key aspects of a child's journey through the child protection system, focusing on the experiences of the child and the effectiveness of the help and protection offered. Gateshead's overall effectiveness was judged to be good. In relation to referrals, they judged that:

"Partners agencies in Gateshead understand thresholds well and apply them consistently when making appropriate referrals to children's social care" and also that

"Historical information is effectively analysed and documented well within the contact and referral record and this informs sound decision making.

In relation to assessment they reported that:

"Assessments are timely; child focused and routinely consider historical information, clearly identifying risk and protective factors. The quality of analysis is good and leads to recommendations which coherently address identified needs. Assessment of unborn babies is undertaken

at an early stage and appropriately identify potential risks and strengths. The assessment process supports effective case planning and results in targeted interventions to reduce risk and the provision of additional support.”

36. In July 2014, Gateshead was part of a themed inspection of assessment carried out by Ofsted and the subsequent report was published in August 2015. The inspectors reported that assessments in Gateshead were of good quality and were rich in information and that they had seen evidence of the positive change to social workers’ approach to analysis.
37. The session confirmed that Gateshead has done well in ensuring people and professionals understand thresholds and they are encouraged to call for advice before making a referral. It was also recognised that Operation Encompass, where domestic violence cases are reported to schools, is working very well

Evidence Gathering Session 3

38. The third evidence gathering session on 21st January 2016 provided the committee with an overview of the process of holding a Strategy Discussion/ Meeting and undertaking child protection enquiries under Section 47 of the Children Act 1989.
39. The session enabled the committee to follow the journey of the child and his/her family, to illustrate the steps and considerations social workers and partners take from the point of referral through to a strategy discussion and section 47 enquiry.

Strategy Discussions

40. Working Together Guidance (updated 2015), states that 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 professionals and other bodies such as the referring agency. This might be a meeting or telephone calls and more than one discussion may be necessary. It can take place following a referral or at any other time, including during the assessment process. Local authority children’s social care should convene a strategy discussion 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.
41. The strategy discussion is convened by the social worker and his/her manager. Health and police colleagues should be involved, as a minimum with other relevant professionals involved depending on the nature of the case. The discussion is used to ensure available information is shared, agree the conduct and timing of any criminal

investigation; and decide whether enquiries under section 47 of the Children Act 1989 should be undertaken needed 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.

42. In Gateshead, there were 693 strategy discussions held in 2014/15. This is an increase of 6.3% since 2011/12. There were 576 strategies from 1st April to 31st Dec 2015.

Enquiries under Section 47 of the Children Act 1989

43. A section 47 enquiry is initiated to decide whether, and what type of, action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. It is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in Working Together to Safeguard Children (2015).
44. 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 should help the local authority in undertaking its enquiries. Following section 47 enquiries, the social worker and his/her manager are responsible for deciding what action to take and how to proceed.
45. Where concerns of significant harm are not substantiated, the social worker and manager will determine whether support from any service may be helpful. Other professionals may contribute to the development of any plan and provide services as specified in the plan for the child.
46. Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, the social worker with his/her manager should convene an initial child protection conference which should take place within 15 working days of a strategy discussion.
47. In Gateshead, there were 482 section 47 enquiries undertaken in 2014/15. This was a decrease on the previous year's total of 581. The rate of enquiries per 10,000 of the child population was 120.1 in 2014/15, which is lower than the England average (138.2) and statistical neighbours (157.9). There have been 456 enquiries undertaken from 1st April to 31st Dec 2015 a 26% increase this year to date.

Case Study

48. To help to clarify these processes, a case study was presented which focused on one particular family, following the child's journey through the system from initial contact and referral to a Strategy Discussion and eventual Section 47 Child Protection Enquiry.

49. A representative from Northumbria Police gave a police perspective on the process and explained how the role of the police officer at a Strategy Discussion is to provide information on the family, including convictions and to look at information shared by other agencies involved.
50. A solicitor from Gateshead's Litigation Team provided a legal overview of the process. At the strategy discussion/ meeting, the solicitor's role is to help assess risk and advise on the criteria for Section 47 and how the case may fair if it goes to court.
51. The committee received information on a family where one child had suffered unexplained injuries and a decision was made to remove the child. There are three possible routes to remove a child: through agreement with the parent (section 20). In Gateshead parents receive a mini booklet which outlines the issues around section 20. Alternatively a child can be removed through police protection under (Section 46) or an application can be made to court for an Emergency Protection Order (Section 44).
52. During the Strategy Discussion a medic must confirm that the injuries are non-accidental and if a decision is made that a child requires police protection, there must be reasonable cause to believe that he/she would otherwise suffer harm.
53. If the decision is made to proceed with a Section 47 Enquiry, this will assess whether the risk of harm is still there. In Gateshead, during a section 47 enquiry, a social worker will, on average, speak with 21 agencies in relation to the family.

Evidence Gathering Session 4

54. The fourth evidence gathering session provided the committee with an overview report and DVD presentation of how multi agency decisions are made regarding whether a child needs to become subject to a child protection plan and under which 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 session enabled Members of the committee to have an overview of the process, quality assurance, the role of the Chair and the role of the agencies involved.

Purpose of an Initial Child Protection Conference (ICPC)

55. Following a Section 47 investigation, an ICPC brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

56. The ICPC should take place within 15 working days of the last strategy discussion. Government guidance for convening child protection case conferences is contained in '*Working Together to Safeguard Children 2015*' and outlined in Gateshead LSCB Child Protection Procedures <http://proceduresonline.com/gateshead/lscb>

57. Conference responsibilities include:

- To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is a shared multi-agency responsibility of conference participants to make recommendations on how agencies work together to safeguard the child in future.
- To consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in the future and decide whether the child is continuing to, or is likely to, suffer significant harm; and
- To decide what future action is needed to safeguard the child and promote his/her welfare, how that action will be taken forward, and with what intended outcomes.
- The Safeguarding Children's Unit based in the Civic Centre has a key responsibility in chairing child protection conferences ensuring that accurate minutes are recorded and all agencies involved including family members are provided with a record of the decisions made and where a child protection plan had been agreed a copy of that plan.
- In Gateshead Child Protection Conferences are chaired suitably trained social workers experienced in child protection. In Gateshead the role is carried out by the same staff who undertake the role of Independent Reviewing Officers (IROs). However in their capacity as Child Protection Chairs they are directly accountable to the Director of Children's Services, whereas in the role of IRO they are personally responsible for monitoring the performance by the local authority of their functions in relation to a child's review and their case and as such have direct recourse to Cafcass, if deemed necessary.

56. Child Protection Chairs should;

- a). where possible be a consistent Chair for the case; the same person should chair subsequent child protection reviews (RCPCs);
- b). Independent of operational and/or line management responsibilities for the case; and
- c). meet the child and parents in advance to ensure they understand the purpose and the process.

57. The Decision Making Process. All involved professionals should:

- Contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family;

- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and
- Attend the conference and take part in decision making when invited.

58. The conference should examine the following questions when determining whether the child should be subject to a Child Protection Plan.

- Ensure the child is safe from harm and prevent him/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 child.

59. The Conference Chair must ensure that the decision about the need for a Child Protection Plan takes account of the views of all agencies represented at the conference and also takes into account any written contributions that have been made. This discussion will normally take place with the parents/carers present.

60. The decision will be taken by professionals attending the conference, i.e. those eligible to be counted for the purposes of establishing a quorum. This will not include the child, parents, carers or supporters although they may be asked to comment on the strengths, concerns, risks, future plans and protection. Where there is no consensus, the decision will normally be made by a simple majority. Where a majority decision cannot be reached, the Conference Chair will make the decision.

61. The Conference Chair must ensure that all members of the conference are clear about the conclusions reached, the decision taken and recommendations made, and that the record of the conference accurately reflect the discussions, the decision and, where relevant, the reasons for the Conference Chair exercising their decision-making powers. Any dissent by professionals at the conference must be recorded in the conference record. If parents/carers disagree with the decision, this also must be recorded in the record of the conference and the Conference Chair must discuss the issue with them and explain their right to and the process for challenge.

62. The attendees at the conference will pull together an outline of the Child Protection Plan to safeguard and promote the welfare of the child and decide who will form the Core Group Meetings. A date must also be decided upon for a review conference.

Categories of Significant Harm

63. If the decision is that the child is at continuing risk of Significant Harm and is, therefore, in need of a Child Protection Plan, the Conference Chair should determine the category of significant harm which the child has suffered or is at risk of suffering.

The following definitions are taken from Appendix A of *Working Together to Safeguard Children, 2015*:

- **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.

Core Groups

64. The committee were advised that the **Core Group**, is a group of individuals responsible for implementing and progressing the Child Protection Plan. The Core Group is the forum for inter-agency collaboration and should facilitate good communication to achieve the objectives detailed in the Child Protection Plan. Members of the Core Group are jointly responsible for sharing information, undertaking tasks, reviewing and refining the plan with a focus on achieving improved outcomes for the child.
65. Membership of the Core Group is identified at the ICPC and is reviewed at subsequent review conferences. A lead social worker will be identified to lead the Core Group and parents will be key members along with professionals who have direct contact with the family. Although the lead social worker has the lead role, all members of the Core Group are jointly responsible for the formulation, implementation, and review and monitoring of the Child Protection Plan. Core groups are an important forum for working with parents, wider family members and children of sufficient age and understanding
66. The first Core Group should be held within 10 working days of the Initial Child Protection Conference. Thereafter Core Groups should be held on a six weekly basis or more frequently if necessary. Dates for subsequent Core Groups should be agreed at the first meeting. Core Group meetings will focus on sharing information and progress, measuring any changes in the family's behaviours or the family's capacity to change and what resources are required to help the family achieve or sustain any changes. The core group will measure progress against the planned outcomes.
67. An effective Core Group promotes good inter-agency co-operation and provides the framework in which professionals and family members can work in partnership towards achieving the aim, objectives and desired outcomes contained within the Child Protection Plan.

Purpose of the Child Protection Review Conferences (RCPCs)

68. The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes.
- To consider whether the child protection plan should continue or should be changed.
- The SCU ensures best practice through the engagement of children and their families in the conference and reviewing service making sure their views are fully represented in planning, service delivery and decision making.

Performance Data April 2014- January 2016

69. The committee was given the following breakdown of performance data:

Between April 2014 and January 2015, 618 CP conferences took place (157 ICPCs/446 RCPCs /15 Transfers).

Between April 2015 and January 2016, 508 CP conferences took place (178 ICPCs/328 RCPCs/2 Transfers). This represents an 18% decrease overall in the number of CP conferences taking place, despite a 13% increase in ICPCs.

While there has been a decrease in the number of conferences held in the period April 2015 to January 2016 April compared with the same period last year, during the last 4 months the numbers of conferences per month is more in line with the picture from 2014 -2015

70. **Between April 2014 and January 2015**, 263 children became subject to CP plans, and 268 children became de-registered (an overall change of -5).

63.1% (166) of those children became subject to a plan under a category of neglect, 22.1% (58) became subject to a plan under a category of emotional abuse, 9.9% (26) became subject to a plan under a category of physical abuse and 4.9% (13) became subject to a plan under a category of sexual abuse.

Between April 2015 and January 2016, 266 children became subject to CP plans, and 255 children became de-registered (an overall change of +11). 71.1% (189) of those children became subject to a plan under a category of neglect, 21.4% (57) became subject to a plan under a category of emotional abuse, 4.9% (13) became subject to a plan under a category of physical abuse and 2.6% (7) became subject to a plan under a category of sexual abuse.

71. 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.

72. 100% of 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.

73. 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.
74. 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 SCU 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.

Recommendations

- i) Additional work is undertaken to further improve the availability of GP reports at ICPCs and RCPCs**
- ii.) To improve the detail of data provided in relation to school referrals to children's social care: Providing a breakdown by school to facilitate the committee's scrutiny of safeguarding within education.**
- iii.) To review the evidence in light of the latest Ofsted inspection findings published on 11th March 2016.**

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