



London Borough of Hackney  
Children and Young People Scrutiny Commission  
Municipal Year 2022/23  
Date of Meeting Monday 17 April 2023

Minutes of the proceedings of the  
Children and Young People  
Scrutiny Commission held at  
Hackney Town Hall, Mare Street,  
London E8 1EA

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<b>Chair</b>	<b>Councillor Sophie Conway</b>
<b>Councillors in Attendance</b>	<b>Cllr Margaret Gordon (Vice-Chair), Cllr Alastair Binnie-Lubbock, Cllr Sheila Suso-Runge, Cllr Lynne Troughton and Cllr Claudia Turbet-Delof</b>
<b>Apologies:</b>	<b>Cllr Lee Laudat-Scott, Cllr Caroline Selman and Salmah Kansara</b>
<b>Co-optees</b>	<b>Richard Brown, Andy English, Jo Macleod and Steven Olalere.</b>
<b>In Attendance</b>	<ul style="list-style-type: none"><li>• Cllr Anntionette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care</li><li>• Cllr Caroline Woodley, Cabinet Member for Families, Early Years, Parks &amp; Play</li><li>• Nadia Sica, Integrated Commissioning Transformation Programme Manager Children, Young People, Maternity and Families, City and Hackney Integrated Care Partnership</li><li>• Sophie Mcelroy, Senior Programme Manager, City &amp; Hackney Children &amp; Young People's Emotional Health and Wellbeing Partnership/CAMHS Alliance/Hackney Education</li><li>• Greg Condon, Programme Manager, Mental Health, Health &amp; Care Board</li><li>• Roger Davies, Psychological Therapies Lead, Specialist CAMHS (ELFT)</li><li>• Lindsay Hobson, Associate Director, Specialist CAMHS (ELFT)</li><li>• Ade Dosunmu, General Manager, Specialist CAMHS (EIFT)</li><li>• Victoria Mattison, Joint Head Community CAMHS (First Steps), Homerton Healthcare NHS Foundation Trust)</li><li>• Beth Hill, Clinical Psychologist (First Steps), Homerton Healthcare NHS Foundation Trust)</li></ul>
<b>Members of the Public</b>	<b>2</b>
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## Councillor Sophie Conway in the Chair

### **1 Apologies for Absence**

1.1 Apologies for absence were received from the following members of the Commission:

- Cllr Lee Laudat Scott;
- Cllr Caroline Selman;
- Salmah Kansara;
- Jacquie Burke, Group Director for Children & Education.

1.2 The following members connected virtually:

- Cllr Anya Sizer.

### **2 Urgent Items / Order of Business**

2.1 There were no urgent items and the agenda was as had been published.

### **3 Declarations of Interest**

3.1 The following declarations were received by members of the Commission:

- Jo Macleod, local school governor and mother of child with SEND in the borough;
- Cllr Anya Sizer, mother of a child with SEND in the borough;
- Steven Olalere was a local school governor.

### **4 Accessibility of CAMHS Services (19.05)**

4.1 In March 2022, the Commission assessed the accessibility of local CAMHS through the Cabinet Q and A process. At this meeting the Commission noted the acute pressures which services were under and which had resulted in lengthy waiting times for children to be assessed and to receive therapeutic support. The Commission agreed to follow up this work in greater detail within the 2022/23 work programme.

4.2 The Commission therefore requested an update from local CAMHS on the accessibility of local services to include

- Overview of service demand, waiting times and compliance with accessibility standards;
- Update on the development of a single point of access (no wrong front door) across the CAMHS alliance;
- Access to therapeutic services and who are waiting for therapeutic support; - Demographic analysis of disproportionalities in those children and young people seeking help from CAMHS;
- Governance and oversight of CAMHS alliance - structures that oversee service demands, waiting times and the broader implementation of local priorities.

4.3 To support the scrutiny of this item it was noted that members of the Commission had:

1. Undertaken a number of site visits to a range of providers within the CAMHS Alliance - including First Steps, Specialist CAMHS and Off-Centre.
2. Held a focus group where 8 members of the Commission were able to discuss service accessibility with a range of mental health practitioners from First Steps, Specialist CAMHS and Off-Centre and wider CAMHS Alliance.

4.4 The Chair thanked all those CAMHS services and CAMHS practitioners who gave up their time to speak to the Commission and for responding to all its questions. The Chair emphasised how important it was for the Commission to be able to engage with front-line practitioners in the scrutiny process, as this provides additional insight and helps members to connect with and better understand the issues under scrutiny. Importantly, it also helps members to understand what adaptations or changes that might be necessary to improve services.

#### Introduction by CAMHS Alliance

4.5 Officers introduced the report highlighting the following key issues:

- The emotional health and wellbeing of children and young people was a top priority locally to which all local agencies were signed up to and which is reflected in local strategies and plans (i.e. Emotional Health and Wellbeing Strategy).
- All authorities are required to have developed a CAMHS Transformation Plan, which in Hackney is delivered by the Emotional Health and Wellbeing Partnership (EHEBP) which is overseen by the Emotional Health and Wellbeing Board (Chaired by the Group Director for Children and Education).
- Post Covid demand for CAMHS services has increased significantly which has created demand pressures within the local CAMHS system. A number of work streams have been developed to respond to these challenges including the reconfiguration of neuro-divergent pathways of support and the 'surge response' of services.
- In July 2023, seven Clinical Commissioning Groups merged which also provided an opportunity to take stock of local CAMHS provision and to refocus local priorities and galvanise efforts to improve integration and address inequalities.
- The EHEBP have a number of local priorities:
- Development of a single point of access (SPA) where work has already commenced and was delivering results in terms of more efficient referral of children across the system;
- Eating Disorder service - there has been good progress in reducing waiting times to manageable and acceptable levels, but this remains a priority;
- Crisis Service - a crisis response service had now been developed which was fit for purpose
- Neuro-Divergent Pathway has been reviewed to reduce system blockages, increase capacity and reduce waiting times.
- It was important to underline the shift required away from CAMHS services to broader early help and support of young people's mental health and emotional wellbeing. Ensuring more children receive help earlier will prevent needs from escalating and avoid the need for more complex and costly interventions at a later time. WAMHS was a good example of this which focused on up skilling staff and schools to develop early intervention and support to children.
- The local partnership was working toward the i-THRIVE model of CAMHS provision which would map out existing services and ensure that there were no gaps. This model also moves away from the medical model of provision to ensure that there a wider range of emotional health and wellbeing needs are met. This will lead to a diversion of resources to early help which will reduce pressures on acute services, but also make sure families get the help they need for children earlier.
- It was noted that City & Hackney CAMHS service had been highlighted by a report of the Children's Commissioner as the 6th best performing service in England.

#### Questions from the Commission.

4.6 Officers were asked for an update on the refreshed Emotional Health and Wellbeing Action Plan?

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- Progress had been limited as a clinical lead for this work had yet to be appointed. It was hoped that a new lead would be recruited by the autumn of 2023 and further work could then commence.

4.7 Can officers indicate the number of children presenting to A & E with emotional health and wellbeing concerns, the nature of their needs and whether these needs required a medical intervention? What is being done to reduce A & E presentation for mental health concerns by young people? Is there data as to whether children have previously presented at A & E or another setting in the CAMHS system?

- The Associate Director for Specialist CAMHS confirmed that there had been an increased number of children presenting in crisis, and there had been interventions to increase nursing support in A & E as well as other diversionary programmes. The numbers of children presenting at A & E reflect broader system problems and the ability to safely discharge within the community. Delays are also arising from the volume of young people presenting, the complexity of their needs and the limits on placement availability. It is an ambition of local services that a young person is not in A & E any longer than they need to be.
- Data was not to hand as to children's previous contact with A & E or contact with other mental health services, but ensuring children get the help that they need earlier, closer to home and where they feel more comfortable was a priority for the CAMHS partnership. The crisis team (and broader alliance) was evaluating pathways to ensure that help can be provided earlier and away from A & E. The ICCS (Crisis Service) was working to develop interventions which can help keep young people at home, but receive the same level of intensive support as they might receive in more clinical settings.

4.8 Some children will require emergency admission for more clinical support. Are services confident that there is sufficient capacity to meet local needs? Are children presenting at A & E with a neuro-divergent diagnosis perhaps because their needs have not been identified or met through existing ND pathways?

- Whilst there were undoubtedly challenges during Covid, there is now a collaborative response across NHS services across NE London to ensure that children presenting in crisis and need in-patient support are kept within the NE London region. Crisis services are of the view that children's stay in in-patient settings should be as minimally required as this is not the best setting for meeting their needs, and to help maintain access to acute clinical services where needed.
- There are many intersections and there is a huge overlap in some of the conditions that children may present with (neuro-diversity, self-harm, eating disorder, gender dysphoria) and it was a challenge for clinicians to disentangle trauma from neurodiversity as they may present with similar identifying issues. In reality, clinicians noted that very few children presented with a single need and most turn up with multiple and often quite complex needs which need to be unpacked with clinical support.

4.9 What are officers' perspectives of children not in school and who or who may be experiencing emotional avoidance?

- In terms of emotional based school avoidance, the Psychological Therapies Lead responded that a recent audit of specialist CAMHS service revealed that these cases made up  $\frac{1}{3}$  of the whole caseload and thus represent a significant local issue for mental health and emotional wellbeing services. Practitioners noted that it was very difficult to get children back into school once they were emotionally avoiding school, and therefore it was important for early intervention to help parents and teachers to recognise these issues at an early stage and to signpost children for support as early as possible.
- It was also emphasised that the solution was also not going to come from one service, but a wider systems based response. Clinical services partnerships with

schools and teachers and other community support was integral to this approach, and was associated with more successful outcomes in getting children back into school. Practitioners present were of the view however, that the provision of clinical services within school was not the answer, as the focus should remain on non-clinical interventions provided at a much earlier stage. Practitioners present noted that good therapy does not 'fix' all children and does not help a majority of children to get back to school, so the emphasis must still be on prevention. In some ways, therapy can be viewed as a failure as it is an admission that there has been some earlier omission of help and support for the child.

4.10 A member of the Commission connected to local schools highlighted a number of issues in relation to emotionally based avoidance and children not in education.

- Firstly, there was limited oversight of those children who were avoiding school and whose parents may have opted to electively home educate them. There was one member of staff who was tasked with the oversight of children not in education even though there has been a huge increase in the number of children who are educated at home. This is something that the local authority does have control over and should act accordingly.
- Secondly, where schools had identified children who may need help at a relatively early stage to children's social care, in many instances this did not reach the threshold for support. Children were then referred back to the school for support but found difficult to provide alongside other priorities.
- Whilst WAMHS was positive in that it sought to up-skill staff, it added to the daily responsibilities and growing tasks of teachers and schools.

4.11 The report submitted to the Commission highlighted that Off-Centre community therapy service had to close its waiting list for one whole year due to recruitment challenges.

- Off-Centre is unique in that it covers children across the age range from 16-25 years. The problem is that adult services threshold for care and support is generally much higher and younger adults find it difficult to access the care that they might need after the age of 18. Off Centre is a voluntary sector organisation and although commissioned by the NHS is vulnerable to staff recruitment and retention issues as it is not able to offer levels of pay and benefits comparable to similar services in the statutory sector. Off Centre is designed to support children and young people with mild to moderate conditions, but during and after the pandemic it was seeing children with moderate to severe conditions and it could no longer hold all these children safely whilst taking on new cases. Without psychiatry or prescribing input and with increased staffing pressures, the service could not maintain the level of risk presented by the existing caseload and it was therefore agreed to close the waiting list to continue to offer support to existing clients and work through the backlog of cases. The service has since reformulated and reopened the waiting list, and have agreed a risk sharing arrangement with the neighbourhood MAT team who work with children aged over 18.

4.12 Can officers expand on staffing issues further and perhaps explain the broader recruitment and retention issues across the mental health sector and how these are being addressed?

- There were many thousands of vacancies across the NHS including in mental health services. CAMHS services have faced recruitment and retention issues across the country and many local services are running a constant cycle of recruitment activity, many of which result in unsuccessful outcomes. One service noted however, that many of the contracts on offer that were 12 month fixed-term contracts, which in the middle of a cost of living crisis were not appealing to many potential applicants. Further work was needed to develop these into substantive posts.

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- Delivering CAMHS services through the pandemic has been difficult and challenging for staff involved, so the wellbeing offer to staff was also felt to be an important part of that retention strategy. Local services were also under pressure from agencies which were recruiting staff as they were paying higher rates that might be available in established posts.
- Retaining staff was key though as many staff were not staying on for a number of reasons, perhaps for better paid private work, to work more flexibility or to move away from front-line positions where work was more challenging.

4.13 In terms of drivers for increased demand for services, to what extent is 'the context' of children's conditions playing a role in creating additional emotional health and wellbeing needs, such as for example schools?

- Practitioners acknowledged the enormity of the teaching role in keeping children safe, teaching them and supporting them to develop and achieve both personally and academically. The Single Point of Access (SPA) was trying to match up support offered through WAMHS to the school concerned. Secondly, there were plans to develop the consultation arm of the CAMHS service to further understand what resources teachers had and what they might need to support children's emotional wellbeing further i.e. are there collective issues which the school might need help to address i.e. bullying effects, attachment issues. It was not possible to have clinicians in every school, and schools cannot be expected to pick up all emotional and wellbeing support themselves.
- Many teachers were already doing very good emotional health and wellbeing work with children through their existing approaches, that is supporting them to build sound relationships.

4.14 To what extent do school behaviour policies, some of which are known to be punitive and can lead to exclusion, impact on children's mental health and wellbeing? What is WAMHS encountering in this respect and how is it working with schools on this issue if it is problematic?

- Although WAMHS has no authority to dictate the contents or application of school behaviour policies, it can of course work with schools when invited to do so. All schools are different with varying ethos, student expectations, leaderships and staff and whilst some local schools have wellbeing as a priority in their action plan, others do not. WAMHS offers a roadmap to a wellbeing model of operation through a self-assessment process which will help to reveal the schools own priorities which they can then prioritise and respond to.
- CAMHS practitioners are aware that there may be punitive behaviour policies in local schools which is leading to distress and anxiety amongst local young people but are not in a position to directly influence these. Trusting relationships have to be built with schools to support change, and to ensure that behaviour policies are more positive behaviour affirming.
- A case was cited where local CAMHS practitioners were able to influence the outcome for the child who was about to be excluded for persistent lateness. The involvement of CAMHS workers had helped the school to understand the context of the pupils home environment and how this may be affecting her behaviour and helped to inform schools' response to not exclude. This had to be a collective arrangement between schools and other wellbeing practitioners.

4.15 Understanding that many services across numerous local statutory and voluntary agencies make up the CAMHS alliance, where does strategic oversight and key decision making sit for the work of CAMHS in Hackney? To what extent is the work of CAMHS data informed and led given that the focus group highlighted some of the challenges around data and the need for more interconnectivity across services?

- The CAMHS Alliance takes decisions for the wider partnership and reports into the Emotional Health and Wellbeing Partnership which itself reports to the Integrated Care Partnership.

- The NHS has long promised a fully integrated data system across health partners but has consistently failed to deliver. Instead, the local CAMHS Alliance has developed its own key data set and set out the important data that it needs to manage the local emotional health and wellbeing system. The Single Point of Access has really helped to start the process of creating system wide data which can inform current service delivery and future service planning.
- Historically however, many services were commissioned by different organisations which required different information and supported different systems to deliver this information. The strength of the CAMHS Alliance however, is that it allows services to work together on such issues as data and create locally based solutions.
- An example of the challenges of data collection was in relation to broader equalities work and 'white other' ethnic data collection category, which fails to identify the needs of the large Orthodox Jewish Community. Similarly, more data is needed around the needs of neuro-divergent young people to help the services respond better and help address the long waiting lists which are experienced locally.

4.16 What are the key factors which you think the Commission should focus on in assessing the success of local mental health and wellbeing services?

- The key issue is integration and there needs to be more cooperative working across local health and social care systems. Whilst there has been good progress in developing a SPA for CAMHS, it would be more useful if there was a single point of access for a much wider range of needs in which children and their families could be directed for help or support. There were moves to co-locate HCVS, social care and CAMHS to improve coordination and support for local families. It was also important to help maintain diverse routes of entry into services.

4.17 The Chair thanked all officers for attending and answering members' questions. The Commission would reflect on the focus groups as well as discussion held this evening and submit a brief summary with outline recommendations to relevant cabinet members.

## **5 Cabinet Q & A (20.15)**

5.1 Cabinet members who have responsibility for children and young people's services are invited to the Commission annually so that members can scrutinise services within their respective service portfolios. The Commission may identify up to three services or policy areas on which to focus questioning. For this session, the Commission requested that Cllr Anntionette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care respond to questions on 3 policy areas:

- The Hackney Offer to social schools - and the quality and outcomes of this work;
- Children placed in temporary accommodation - impact on welfare and support available;
- Children who go missing from care.

5.2.1 In relation to Young Hackney the Commission set out the following questions for the Cabinet member;

- How does Young Hackney assess the quality and outcomes of this work with local schools?
- How does the Young Hackney offer interrelate with other school support services such as CAMHS, WAMHS and the Re-Engagement Unit? Are these services effectively coordinating provision to support children and local schools?
- Not all schools equally engage with the universal offer by Young Hackney, how does Young Hackney work with those schools which may be reluctant to engage and refer children for support?

5.2.2 The Cabinet Member response to the above is summarised below:

- 14 secondary schools in the maintained sector have an attached Young Hackney link worker and other schools can also refer children into the programme.
- At primary level, the main area of support is to help children transition from primary to secondary school settings as this can be challenging for a number of students.
- There is a programme of PSHE support for schools where officers provide advice, support and training to staff as well as session delivery to year groups or the whole school. This covers a wide range of subjects including relationship education, substance misuse, bullying and addressing racism and homophobia.
- Young Hackney also offers an extensive programme of activities for young people during the holiday period which can help maintain support to vulnerable children and families;
- There are also drop-in sessions held at a number of maintained schools where children can get advice and support on a range of issues including help with exams, dealing with stress or help in preparing a CV. There are also drop in sessions at 3 schools for young carers (Cardinal Pole, Mossbourne Academy, Clapton Girls).

5.2.3 Members raised the following supplementary questions:

a) Are the 14 schools provided with a link worker across primary and secondary school settings?

- Most secondary schools have a dedicated Young Hackney link worker as the nature of support required is different to that of primary school children. There were 3-4 schools which did not have a dedicated link worker which was due to resource limitations, but they could still refer children to the Young Hackney programme of support. All support to primary schools from Young Hackney is provided through a hub model with a worker covering a number of schools.

b) Do all schools engage with the Young Hackney offer?

- Most schools do engage with the Young Hackney offer, but where they don't this is picked up in termly visits by Hackney Education School Improvement Team. Here schools are reminded of the offer available from Young Hackney.

c) How does YH review the quality and effectiveness of its work?

- A protocol is in place between YH and a designated school lead (or singular point of contact) who will meet termly to review interventions with pupils and assess outcomes. These meetings will identify any actions which may need to be picked up by the Multi Agency Team (MAT) where they will look at how the level of risk and vulnerability has been reduced. For group work, as delivered through PSHE, this is evaluated after each session by staff and students where prior and post knowledge is assessed.

d) How does YH interface with other school support programmes such as the Re-integration Unit, WAMHS and CAMHS?

- A dedicated lead in the school provides a link to all these agencies be it CAMHS, WAMHS or REU and will liaise with them in determining which is the best service to support identified students and where cooperation is required across agencies to meet their needs. This helps to build a team around the child.

e) What role does Young Hackney play in supporting children's interaction with local policing?

- Hackney Education has been developing further guidance in relation to policing in schools in relation to the outcomes of Child Q Safeguarding Practice Review and was working with DfE to get national guidance updated. The Community



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Safety Team, Youth Offending Team and Account have also undertaken initiatives to bring young people together with policing representatives to help build trust and confidence. Hackney Education would review the impact of the new guidance for schools during the summer term. A booklet has also been developed with the police to ensure that children know their rights if they are stopped and searched.

f) The single point of contact for Young Hackney alongside termly meetings is a fairly new process, and as a number of secondary schools have had reservations about the consistency and quality of services provided by Young Hackney, will this be reviewed?

- It was a new system and this will be reviewed to make sure that everything is working ok with the new system. Whilst individual relationships between Young Hackney and the schools is important, the focus should be on the quality of the offer.

g) Can the Cabinet member look into the numbers of cases where work by Young Hackney cannot progress because the parent / carer does not give their consent? This leaves schools in a difficult position as to what course of action to take and an ongoing challenge in being able to support the child. Could more creative processes for engaging young people and their families be developed to engage and involve parents to get their traits and approval?

- Consent is a real challenge to the service and Young Hackney works with families to understand what barriers they may be facing which inhibit their engagement with Young Hackney and to allow officers to work with and support their child. This is being monitored. Early help work was dependent on consent and at this stage of an intervention was not about blame but to help address concerns before interventions escalate and may become statutory.

5.3.1 In relation to children placed in temporary accommodation the Commission set out the following questions:

- How many children placed in temporary accommodation are being supported by Children and Families Service (children in need, on a child protection plan or supported by early help)?
- What are the social care, health and education accountability arrangements for those children that are placed in temporary accommodation outside the borough?
- Is there a clear and consistent welfare offer which is systematically presented to children and families living in temporary accommodation - so that they know what help is available and how they can access it (e.g. early help)?
- What standards and protocols are in place to ensure that families with children are not placed in inappropriate temporary accommodation (e.g. safeguards for shared facilities, childcare access, accommodation with stairs for families with buggies, Wi-Fi access, easy access to laundry facilities etc.)?

5.3.2 The Cabinet Member responses to the above is summarised below:

- Children's Social Care and Housing Service work closely together in helping to minimise the number of children who are placed in temporary accommodation. An alert system has been developed between housing services and children's social care in which families with children who are at risk of becoming homeless are notified to social services.
- As of April 2023 there were 3,621 children in temporary accommodation in Hackney of which 123 were in receipt of some form of social care intervention;
- Of the 517 Children in Need 41 were in temporary accommodation
- Of the 193 children on a child protection plan 15 were in temporary accommodation;
- Of the 735 children being supported through Early Help services 30 were in temporary accommodation;

- Of the 380 looked after children in Hackney, 4 were in temporary accommodation.

5.3.3 Members raised the following supplementary questions:

a) In terms of the alert system in place where potential homeless families are referred to children's social care, what is the likely outcome? Does the CSC service have any influence on housing outcomes?

- Primarily the outcome of the alert system is to develop awareness across the system as the social care team cannot intervene in housing offers to families. If the children and families are known to social care services this can be made known to housing services who can then factor this into their assessments under their statutory duties. The big challenge is that there is simply not enough housing stock for families in need.

b) Also, could these figures be masking higher rates of social care interventions as if families are placed in housing out of the borough then social service teams in the location of temporary housing may be picking up referrals and cases?

- When a family is placed outside of the borough, the local authority in which they are resident is notified if there is social care intervention, and will be responsible for continuation of care. If there are existing interventions the social workers in Hackney will link and liaise with new social services teams for continuity of support (depending on the nature of the intervention). In general however, if a family is placed outside of the borough, the new local authority in which they are resident will become responsible for any new social care support / intervention required.
- When a child is placed out of the borough the new local authority will undertake a child protection assessment, and if there are any existing plans or interventions by Hackney these will be transferred over to the new authority. It can be frustrating as not all services provided by Hackney will be provided by the new authority.

c) Can you explain why 4 looked after children for whom the council has a corporate parenting role, are currently living in temporary accommodation?

- This is mainly in relation to Interim Care Orders issued by the courts and the court has agreed that the child may continue to live at home and these families may be in temporary accommodation whilst the court proceedings continue.

d) Do children in year 11 who are about to sit exams receive any protections from being placed in temporary accommodation outside of the borough?

- Temporary accommodation sites such as hostels will have Wi-Fi provided so young people moved there can continue to maintain connections with schools and education. There is however no guarantee that the Cabinet member or the housing service would be able to ensure that a child will not be placed in temporary accommodation in their exam year. As much as possible officers will work to reduce the disruption in families lives when temporary accommodation is needed. The Housing Allowance has been capped however, which means that many properties in Hackney are unaffordable for families dependent on benefits. Numbers are low however and officers do work hard to mitigate the impact of temporary accommodation.

5.4.1 In relation to children who go missing from care the Commission set out the following questions:

- Does the Children and Families Service analyse (both individually and collectively) why children go missing from care - and how support is adapted in response (i.e. is CFS alert and responding to the circumstantial risks when children go missing)?
- What does the Children and Families Service know about disproportionalities within the cohort of children who are going missing from care?

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- What support is provided to foster carers when children in their care go missing from care - both the in-house team and those working for independent foster carers?
- How many Unaccompanied Asylum Seeking Children (UASC) go missing, are there any additional safeguards for this cohort?

5.4.2 The Cabinet Member responses to the above is summarised below:

- There was generally more awareness now of children who go missing from care and the reasons and context in which this may happen and there were sound protocols in place to manage this.
- From 1/4/22 to 10/3/23, 98 looked after children were reported missing a total of 816 times.
- 76% of those children who were reported missing were aged between 16-17 years of age.
- 71% of the instances of going missing were for a period of 1 day or less. The longest period for which a child has gone missing was 96 days (this child is still missing and likely to be remanded upon being located).
- Even if a social worker has located a missing child, if the address or location of where they are at cannot be verified (visit) then the child is still reported as missing. Children who go missing sometimes do not want the social worker or police to visit the place where they may be staying because they may be in a location at which they may be prohibited or visiting an adult with whom they have been told they cannot associate.

5.4.3 Members raised the following supplementary questions:

a) Are officers able to determine the level of risk in the cases of children who do go missing? Is there any data or records as to whether children may be engaged in county lines, likely to be subject to sexual exploitation or perhaps visiting their family?

- A recently established process now ensures that the Director of Children's Social Care, Group Director for Children and Education, the Cabinet Member, Mayor and Chief Executive are automatically informed of children who go missing from care, their age, gender and why they are believed to have gone missing. This data is collated and distributed to named officers regularly. A child of 5 was reported missing recently, though this was with their mother.
- The recording requirements of children that go missing from care are necessarily stringent, but there is some element of over recording. For example, children that return home late by more than an hour are required to be reported as missing by foster carers and other care homes. An Extra Familial Risk Panel has been set up to look into the context in which children go missing and to provide additional support and or disrupt the activities where these are not beneficial or harmful to the child. There are also multi-agency panels to forensically assess the cases of children who do go missing. Any child that goes missing is of course a concern, but recent trends suggest that the number of children who go missing (weekly) was less than 10 (including those where the location of the child is known but cannot be verified).

b) How are foster carers supported when the child they are looking after goes missing?

- There is dedicated support for foster carers in this context. There are social workers available for out of hours support until 10pm. After this time, they can then talk to the Emergency Duty Team for help and advice. The foster carers can also notify the Children's Rights Officer for additional support for their child. Police are automatically notified if a looked after child goes missing. The Children's Rights Officer or the Social Worker will then follow up with the child the next day after they have returned. Police and the Children's Rights Officer offer training to foster carers as to what they can do when their child goes missing and providing advice on policies and procedures. This service has good feedback from foster carers. Each foster carer has an allocated social worker to support them.

c) What happens when a looked after child is reported missing but is believed to be with another relative and how can this be accurately verified?

- Government sets out the regulations of data recording children missing from care and local authorities are required to comply with these regulations. Whilst some of the processes may seem to inflate incidences, it is important that all cases of where children who do go missing are recorded. Locally, there is no assumption that if a child goes missing it will be with a family or friend unless this can be verified and officers are always alert to potential safeguarding risks.

d) How many Unaccompanied Asylum Seeking Children go missing from care?

- From 1/4/22 to 10/3/23 of the 98 children who went missing 2 were young unaccompanied asylum seekers. One of these children went missing 4 times and the other 1 time. One of the children who went missing was an Albanian child who had received a negative outcome from the asylum process.

5.5 The Chair thanked the Cabinet member for attending and responding to questions from members of the Commission.

## **6 Support to Young Parents (21.15)**

6.1 The Commission is in the process of drafting a summary of its work on Support for Young Parents. This is still being prepared and will be sent to members for their comments before this is sent to the Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care. This letter and the response will be published in a future agenda.

## **7 Unregistered Educational Settings (21.15)**

7.1 The Commission has drafted a response from its work on unregistered educational settings to be sent to the Secretary of State for Education and the Chair of the Education Select Committee. This has been circulated to members informally and would be published in the next agenda of the Commission 27th June 2023.

## **8 Recruitment & Retention of Foster Carers (21.20)**

8.1 The Commission is in the process of drafting a summary of its work Recruitment and Retention of Foster carers. This is still being prepared and the report will be sent to members for their comments before this is sent to the Cabinet for a detailed response. This report and the cabinet response will be published in a future agenda.

## **9 Work Programme - Year End Review (21.25)**

9.1 This being the last meeting of the municipal year 2022/23, members of the Commission were invited to review the work programme over the past year and to note those issues which have been identified for possible scrutiny in 2023/24. Members were also asked to identify:

- Areas of work where further scrutiny was needed.
- Areas of scrutiny which had been successful and areas where there had been challenges.
- New areas of scrutiny for 2023/24.

9.2 Areas for further scrutiny suggested:

- Jo Macleod suggested that additional scrutiny was needed around those children not in school and what support was being provided to them. Emotionally based school avoidance was of particular importance as this was a growing problem which needed a strategic approach across services to resolve.

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- Cllr Turbet Delof suggested that further work should be undertaken to assess the trauma which school exclusion can have on children.
- Andy English made two suggestions:
  - In relation to falling school rolls, it was noted that there has been a high degree of in-year pupil mobility and it would be helpful to understand the impact that this was having on schools and the outcomes for children.
  - To follow on from previous work with SEND, it was noted that there were no ARP provision being planned for local secondary schools as yet and it would be helpful to know what progress had been made. Where do children transition in a primary ARP transition to if there is limited secondary ARP provision?
- Cllr Binnie-Lubbock suggested the following:
  - The FSM and childhood food poverty in schools had been positive and suggested that this be followed up in 23/24 when the Mayor of London FSM provision is extended alongside the planned developments.
  - The testimonies of foster carers was very powerful and the Commission should continue to review recommendations:
  - Reports on the attainment gap were also very interesting and should be followed up in 2023/23 to ensure that gaps are narrowing.
  - Impact of school closures would be important to investigate in 2023/24.
  - It would also be important to scrutinise proposals for Family Hubs before these are finalised.
  - It would be helpful to follow up on the outcome of the Youth Justice Inspection and the Youth Justice Plan.
  - Not listed thus far, but would be helpful to investigate further would be on the experiences of LGBTQIA+ children and young people of local services and supported by Hackney.
- Cllr Anya Sizer suggested that the Commission should look at Foetal Alcohol Syndrome as CAMHS also flagged this as an issue where further information and data is needed.
- Cllr Margaret Gordon highlighted the need to investigate behaviour management policies in schools arising from the outcomes of the Child Q Safeguarding Practice Review. It would be useful to assess the evidence base for local priorities and the current impact of local policies.

## **10 Minutes of the Previous Meeting (21.35)**

10.1 Minutes of the previous meeting held on the 20<sup>th</sup> March 2023 were noted and agreed by members.

## **11 Any Other Business**

11.1 The next meeting of the Commission will be held on 27th June 2023.

11.2 There was no other business and the meeting concluded at 9.55pm.

Duration of the meeting: 2 hrs 55 min

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