1. Minutes of the meeting held on 17 October 2018

1.1 The following matters arose from the minutes:
   - Provisional secondary exam results would be circulated by email to the committee on 7 December 2018
   - The CAMHS report that Cllr Holland had been working on was almost complete. It was hoped the report would be ready in time for the January meeting of the CYP Select Committee, subject to it having been considered by Mayor and Cabinet beforehand.
   - Officers were working to prepare a breakdown of children’s residential placements by ethnicity.

1.2 It was RESOLVED that the minutes be agreed as a true and accurate record of the meeting.

2. Declarations of interest

2.1 Councillor John Paschoud declared an interest in respect of Item 5 – Public Health – Health Visiting Cuts. He is an ordinary member of the Lewisham and Greenwich Hospital Trust.

2.2 As regards Item 6 – SEND strategy update - Councillor Jacq Paschoud declared the following interests:
   - Council-appointed Trustee of Brent Knoll Watergate Trust
   - Trust Governor to Watergate School
   - Trustee of the Ravensbourne Project, which provides short breaks
2.3 Both Councillors John and Jacq Paschoud declared each other’s interests as they are required to declare the interests of their spouse under the constitution.

2.4 Parent-governor representative, Kevin Mantle, also declared the following interests, relevant to Item 6:
   2.4.1 He is a Trustee of Signal, a Lewisham parent support group for autistic children and their families
   2.4.2 He also has an autistic child at Brent Knoll School with an EHCP
   2.4.3 In his paid employment, he is working with the Department of Health and Social Care to deliver aspects of a learning disability programme.

2.5 Councillor Kalu declared an interest as a Governor of Good Shepherd School.

3. **Responses to Referrals to Mayor and Cabinet**

   None due.

4. **Exclusions in-depth review: second evidence session**

4.1 The Chair reminded the committee that at the last meeting on 17 October, owing to prolonged consideration of proposed budget cuts, there had been insufficient time for committee members to ask questions about the evidence provided by the Head of Public Protection and Safety. Members were now invited to put forward their questions and comments.

4.2 The committee noted that:
   4.2.1 Food had been a significant unifier in Glasgow’s implementation of the public health model
   4.2.2 Lewisham is far more diverse than Glasgow so food may not be the same common ‘language’
   4.2.3 Food is still relevant. Families in Glasgow had reported that it was a powerful tool and had not felt like a handout, but a more dignified approach. Sharing food provided the opportunity for families to talk openly and eat healthily
   4.2.4 Lewisham has a lot of community strengths through schools, the Youth Service, community groups. There could be dialogue about how to build on these strengths and assets to move towards a public health approach
   4.2.5 A community project in Telegraph Hill Ward is providing hot meals to young people, which is bringing the community together and increasing the welfare of residents.

4.3 The Chair invited those members that had attended school visits, Fair Access Panel (FAP) and the Independent Review Panel (IRP) to report their observations. In addition, Cedric Whilby and Dom Herlihy, independent review panellists, were invited to address the committee. The Committee made the following observations:
**Fair Access Panel**

1. Lack of BAME representation on the primary FAP
2. Both the primary and secondary FAPs were well run and presented lots of good examples of schools working together
3. It appeared that some heads were “protective of their territory”
4. The FAPs handled very difficult cases with great sensitivity
5. Abbey Manor College, Lewisham’s Pupil Referral Unit (PRU), had been represented at the secondary FAP. The representative clearly demonstrated that he knew the children well, and was working hard and cooperatively with schools
6. One Member noted with surprise that FAP had been asked to consider a situation where a pupil was struggling with learning rather than behaviour
7. When a parent is offered a Managed Move for their child as an alternative to exclusion, all of the paperwork is in place and the school is ready to exclude. The parent’s choice at that point is MM or exclusion.
8. Year 11 cases always go to FAP as it is an important year when students sit their GCSEs
9. New arrivals go to FAP for need to be assessed to ensure they are placed in the right education setting, and with links to post-16 opportunities. The family has an input and FAPs recommendation can only be implemented with parental consent.
10. FAP is a forum for heads to discuss complex cases. Only the decisions are minuted, to allow free and frank discussion.
11. Managed Moves (MM) can be at the point of exclusion, but school are encouraged to consider it at an earlier point. A MM could be appropriate where there are ongoing behavioural problems that a clean start elsewhere may help to resolve, or where there has been a communication breakdown between the family and the school.
12. Many parents request a managed move rather than an in-year transfer as that way the school knows the child’s history.
13. MMs should be limited to one during the child’s schooling to avoid school hopping.

**Exclusions Independent Review Panel**

14. The IRP was a more formal process, comprising 3 panel members. Cllr John Paschoud had observed the panel, but had not been allowed to observe the deliberations.
15. There appeared to be little scope for the IRP to change the decision. The IRP was bound by DfE guidelines. These provide that the IRP can refer a decision back to the governing body in the event that the school has made a procedural error. Even then, the school can be fined but the decision would stand.
16. The panel plays a semi-judicial role and does not allow the deliberations to be observed in case the appellant argues undue influence.
17. The panel’s opportunity to reject the school’s conclusions is extremely limited. The panel extensively tests where there are grounds for judicial review.
18. The most common reason for the panel to uphold an appeal is procedural error.
19. One review panellist had concerns about the quality of decision making at governor body level. He observed that recently the quality of information had not been as robust as it should be, and was concerned that rubber stamping was happening. Governing body are supposed to challenge the decision of the head.

20. The process was designed to maintain the status quo and the panel had very limited scope to support the parent.

21. The weight of evidence was usually poor from the parent, and was often founded on an emotional argument. In contrast, schools were able to present a portfolio, with paperwork evidencing every relevant event throughout the pupil’s career.

22. Some groups of parents were better able to articulate their argument and navigate the process. Others are less able to and can become frustrated and confrontational, even though their argument is rational.

23. These parents would benefit from independent support to facilitate their engagement with the process.

Visits to schools
24. The quality of record keeping and pupil information was improving with technology. Schools were able to pull up pupil files with well documented strong evidence and visible patterns.

25. The information pack that goes to parents when a pupil is excluded does signpost to voluntary organisations that can support families through the process.

26. Pupil Premium was often being used to employ additional behaviour support such as counsellors, learning support mentors etc

27. There was a divergence of practice and opinion within schools over the use of internal exclusion rooms. Some schools had them and valued them, others saw them as divisive and counter-productive.

28. All of the schools reported increasing levels child poverty and overly high thresholds within CAMHS and Children’s Social Care.

29. Schools are just one part of the network of early help but feel they are required to take on the lion’s share of dealing with societal problems without sufficient resource to do so.

30. Thresholds for Children’s Social Care intervention are not aligned with schools’ expectations or requirements.

31. Between 4-6pm is a time of increased risk for young people. After school provision and youth activities should be considered as part of the review when looking at early help and intervention.

32. Children feel Lewisham schools are positive, safe places to be.

33. Schools have a delicate balance to strike between the needs of the individual and those of the school community when it comes to behaviour such as carrying a weapon in school.

University of Birmingham CRRE report

34. Disproportionality is an issue in Lewisham as it is nationally, particularly as regards BME residents being over-represented in the criminal justice system, mental health, and underachievement in school.
35. Lewisham has the largest Black Caribbean child population outside of Birmingham. Lewisham receives no targeted funding for tackling school exclusions.

36. Unconscious bias training has been introduced for head teachers, and Lewisham schools employ a high percentage of Black Caribbean secondary school teachers.

37. Schools do not have access to any funding stream for involving voluntary organisations in supporting pupils to stay in school. Schools are able to commission mentoring from their budget but school budgets are increasingly being squeezed.

4.4 The Chair suggested that the role of outside bodies might be a possible area for recommendation.

4.5 The Chair postponed the consideration of the evidence of the Service Manager – Inclusion, Participation and Access until the meeting on 13 March.

4.6 It was RESOLVED that the report be noted.

5. Public Health - Health Visiting cuts proposals

5.1 Helen Buttivant, Consultant in Public Health, and Catherine Bunten, Service Manager, CYP Joint Commissioning, Resources, introduced the item.

5.2 The Chair invited Tony O’Sullivan from the Save Lewisham Hospital Campaign to address the committee. The committee heard that:

1. The current average health visitor vacancy rate nationally is 25%. Whereas the figure provided by the trust is around 10% vacancy rate at Band 6, the perception among staff is much higher.

2. 2 years ago a 16.8% budget cut was made from the health visiting budget, which targeted the higher band 5 – 6 health visitors, affecting skill levels.

3. The number of social workers has also been reduced.

4. 2 years ago 40% of the school nurse system funding was cut.

5. Mr O’Sullivan made a plea to the committee “to protect what is left of the safety net for children and mothers by resisting further cuts”.

6. The national guideline ratio of health visitors is 1:400. Lewisham is moving away from national guidelines by looking at ratios for children aged 0-3 and including unqualified health visitors. Mr O’Sullivan argued that Lewisham was trying to deviate from the national benchmark.

5.3 The following points were made in discussion:

1. Health Visitors can be the only professionals with a statutory right to see a child during early childhood, a time where the child is not on any other radar.

2. Caseloads are already high at 1:400.

3. Members were concerned about the cumulative effect of cuts to early help services.

4. Members could not support ‘moving the goalposts’ to meet a cut

5. Health Visitors are important from a safeguarding perspective and play a preventative role for Children’s Social Care.
6. Band 4 should not be included in the ratios since they are not qualified. There is a place for the role but they are not an alternative to qualified health visitors.

7. Some local authorities are supplementing their health visiting budgets from the early years budget.

8. Lewisham’s early help had been criticised by Ofsted and was subject to review.

9. The Institute of Health Visitors and the Royal College of Nursing have said that the key reason for staff leaving is overly high caseloads and unwillingness to accept the increased risk that this presents.

10. Members of the committee were unwilling to accept the cuts, and felt that to do so would be to undermine the direction of Children’s Social Care which was looking to strengthen early help.

11. There was a statutory requirement to consult the CCG and Trade Union on the proposed cuts. Officers would take this forward.

12. The proposals contradicted the SEND Strategy which set the intention for more health visitor contact with SEND children.

5.4 It was RESOLVED that:

1. the committee would make a referral to the Mayor and Cabinet opposing the proposed cuts, which would have an impact on the life experience of Lewisham’s children and young people.

2. The report be noted.

6. SEND Strategy Update

6.1 Ann Wallace, Service Manager – Children with Complex Needs, and Chris Hilliard, Consultant – Special Projects presented the report.

6.2 In response to questions from the Committee, the following was noted:

1. Members asked that the next update include numbers and the percentage of appeals settled prior to tribunal.

2. The council employs a tribunal officer. Counsel is supplied at an additional cost.

3. The council’s decision is upheld in approximately 60% of appeals that go to tribunal.

4. The council is looking to build the supported internship offer with local further education colleges.

5. Members felt the community offer for 22-25 year olds with EHCPs may need strengthening.

6. The improvement in take up of annual health checks was measured by GP responses.

7. There was concern that the parent guidance that was being prepared to be published by the end of December was not widely known about.

8. Members requested that the action plan on reviewing transition/preparing for adulthood be shared with the committee.

9. Some members felt that delivery of the ‘Education’ element of the EHCP was stronger than the ‘Health’ and ‘Care’ elements.

10. There were 2 typos in paragraph 13.2. References to January 2017 and 2018 should have read “in January 2019”.
11. Members requested that any future SEND strategy updates map CQC identified weaknesses against actions.

12. The committee heard that, anecdotally, some families were home schooling because the support set out in the EHCP was not being delivered.

13. The council’s position on elective home education is that generally EHE is not a positive option for children and young people with an EHCP and therefore would be subject to rigorous checks.

14. There were concerns about the high rate of ASD diagnosis. The diagnostic pathway had been reviewed and now included CAMHS input. Results would be monitored to see if the rate of diagnosis changes as a result.

15. Large numbers of children with EHCPs going out of borough to school is down to parental choice, with many parents choosing private schools out of borough. The council is working with 13 Lewisham schools to develop them to manage need.

16. In practice, while the public purse is a relevant consideration, tribunals usually side with the parent regarding their choice of provision for their child.

6.3 The time being 21:23, it was MOVED, SECONDED and RESOLVED that Standing Orders be suspended to allow for the completion of committee business.

17. Cllr John Paschoud had a large number of questions to put to officers, which he offered to do by email to speed up committee business. It was agreed that responses to these questions would return to committee.

18. The committee heard anecdotal evidence that parents were finding it difficult to get schools to do an EHCP assessment, and that where an EHCP was in place schools were not implementing due to lack of resources. As a result, some parents perceived EHCP assessments as not worth doing.

19. Officers clarified that Parents can make their own EHCP assessment request, independently of the school, as part of the local offer.

20. The Parliamentary Education Select Committee was conducting a special educational needs and disabilities inquiry, and Lewisham parents were providing input.

6.4 It was RESOLVED that:

1. The next update include numbers and the percentage of appeals settled prior to tribunal. Members requested that the action plan on reviewing transition/ preparing for adulthood be shared with the committee.

2. Cllr John Paschoud would email officers his questions on the report. Written responses would be presented to the committee.

3. Any future SEND strategy updates map CQC identified weaknesses against actions.

7. Children's Social Care Improvement Update

7.1 Lucie Heyes, Assistant Director – Children’s Social Care, summarised the report.

7.2 The following was noted in discussion:
1. An Ofsted inspection of safeguarding services was expected between January and March 2019.
2. Members were given assurances that the redesign of the Multi-Agency Safeguarding Hub (MASH) front door and ICT would be sustainable and effective. Practitioners were involved in the design and robust mechanisms were in place to ensure fitness for purpose. It was understood that the adequacy of the infrastructure was key to success. The same system would be used by Adult’s Social Care.
3. The Assistant Director – Children’s Social Care had designed both the Islington and Bexley MASHs, which had both been rated ‘Outstanding’ by Ofsted. Officers were confident that the Lewisham MASH, which largely followed this model, would be effective, although it would take some time to transition to the new design.
4. Members asked to be provided with Children’s Social Care overspend figures from other comparable local authorities. The committee heard that some authorities had applied reserves ahead of reporting. All figures could be found in the Local Government Chronicle, and would be circulated to members outside of the meeting.
5. Between 30-50% of children’s social care workforce are agency staff. In some frontline services, such as Child Protection, this is at the higher end of the scale.
6. Members asked that the next update provide information on social worker recruitment and retention challenges.

7.3 It was RESOLVED that:
   1. The next update would provide information on social worker recruitment and retention challenges.
   2. The report be noted.

8. Select Committee work programme

8.1 The Chair summarised the items for the next meeting and proposed extending the timetable for the in-depth review to allow for a third evidence session in March. This would mean that the final report would be considered at the first meeting of the next municipal year. He also advised the Children’s Social Care Sufficiency Strategy would be considered by the committee in March.

8.2 It was RESOLVED that:
   8.2.1 A third evidence session for the in-depth review be held on 13 March, and the final report be considered at the first meeting of the new municipal year
   8.2.2 The Children’s Social Care Sufficiency Strategy be added to the work programme for March
   8.2.3 The work programme be noted.

9. Referrals to Mayor and Cabinet

9.1 It was RESOLVED that a referral be made to the Mayor and Cabinet to oppose the proposed cuts to the Health Visiting Service.
The meeting ended at 10.09 pm

Chair:   

Date:   