

Children and Young People Select Committee Agenda

Thursday, 6 December 2018
7.00 pm, Committee Room 3
Civic Suite
Catford Road
London SE6 4RU

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This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

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Children and Young People Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 6 December 2018.

Janet Senior, Acting Chief Executive
Tuesday, 27 November 2018

Councillor Luke Sorba (Chair)	
Councillor Liz Johnston-Franklin (Vice-Chair)	
Councillor Andre Bourne	
Councillor Octavia Holland	
Councillor Coral Howard	
Councillor Caroline Kalu	
Councillor Hilary Moore	
Councillor Jacq Paschoud	
Councillor John Paschoud	
Lilian Brooks	Parent Governor Representative
Kevin Mantle (Parent Governor Representative)	Parent Governor representative for special schools
Kate Ward	
Gail Exon	Church Representative
Monsignor N Rothern	Church Representative
Councillor Bill Brown (ex-Officio)	
Councillor Juliet Campbell (ex-Officio)	

MINUTES OF THE CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE

Wednesday, 17 October 2018 at 7.00 pm

PRESENT: Councillors Luke Sorba (Chair), Liz Johnston-Franklin (Vice-Chair), Andre Bourne, Octavia Holland, Coral Howard, Caroline Kalu, Hilary Moore, Jacq Paschoud, John Paschoud, Ward, Gail Exon (Church Representative) and Monsignor N Rotheron (Church Representative)

ALSO PRESENT: Sara Williams (Executive Director, Children and Young People), Emma Aye-Kumi (Scrutiny Manager), Jackie Jones (Service Manager for School Improvement and Intervention), David Austin (Head of Corporate Resources), Councillor Chris Barnham (Cabinet Member for School Performance), Liz Brooker (Road Safety & Sustainable Transport Manager), Catherine Bunten (Commissioning Manager), Ruth Griffiths (Service Manager for Access Inclusion and Participation), Matthew Henaughan (Service Manager, School Place Planning), Simon Moss (Service Group Manager, Highways and Transport) and Charlotte Dale (Interim Overview and Scrutiny Manager)

1. Minutes of the meeting held on 5 September 2019

- 1.1 The minutes were approved subject to the following amendments:
- 1.2 Cllr Chris Barnham, Cabinet Member for School Improvement, was in attendance.
- 1.3 At paragraph 7.2.1 after “outcomes” add “and impact”.
- 1.4 The committee heard the following matters arising from the minutes:
 - The timescale for the CAMHS report that was being drafted by Cllr Holland had slipped (through no fault of Cllr Holland) but was expected to be available in time for the 6 December meeting.
 - The secondary exam results, which had yet to be validated, would be circulated to the committee offline on a confidential basis.
 - Officers had investigated the previously reported high rate of fixed term exclusions from the borough’s special schools and discovered a grave administrative error in the reporting system of New Woodlands school which had erroneously inflated the figures. In 2017/18 a total of 59 sessions had been missed through fixed term exclusions from Lewisham’s special schools, and not 164 as recorded on www.gov.uk. The committee would be provided with a full set of accurate figures in due course. Officers gave assurances that the school was working to rectify the recording error and prevent similar inaccuracies going forward.

RESOLVED that the minutes be signed as a true and accurate record of the proceedings subject to the following amendments:

Add Cllr Chris Barnham, Cabinet Member for School Improvement, to the list of attendees.

“7.2 The following was noted in discussion:

1. Members felt the overview was helpful but wanted more information to help the committee understand the balance between different provision, for example, enabling parents back into work and child development. To do this the committee would need precise information on outcomes and impact, including levels of support available, the number of families using children’s centres, etc. More detail would be needed to feed into the next contract.”

2. Declarations of interest

2.1 Members declared the following interests:

Councillor John Paschoud declared the following interests relevant to the consideration of Item 4 – Budget Cuts:

- member of the Voluntary Action Lewisham (VAL) children and young people steering group in a personal capacity, and not as a representative of Lewisham council
- Lewisham’s representative on the London Road Safety Council.

Councillor Jacq Paschoud declared an interest relevant to Item 4 – Budget Cuts. She is a Trustee of the Ravensbourne Project and of the Brent Knoll and Watergate Trust.

Councillor John Paschoud also declared his spouse’s interests, as described above.

Councillor Liz Johnston-Franklin declared an interest in respect of Item 8, as the Council’s representative on the board of Youth First.

Kate Ward, parent-governor representative for secondary schools, declared an interest in respect of Item 4 – Budget Cuts, RES19 School Crossing Patrol. Kate is the Vice Chair of Governors of the Leathersellers Federation, which includes the Prendergast schools.

3. Responses to Referrals to Mayor and Cabinet

None due.

4. Budget cuts

4.1 David Austin, Head of Corporate Resources, introduced the report and highlighted which proposals had been allocated to the committee for scrutiny, namely CYP 1-5. CYP 7 and RES 19. The Chair asked that the committee also consider proposal COM 12 – Cut to Main Grants budget as some of the organisations in receipt of Main Grants funding were providing support for families, children and young people. The committee was advised that whereas COM 12 had been allocated to

Overview and Scrutiny to scrutinise on account of its crossing cutting nature, there was nothing to prevent this committee from considering the proposals.

- 4.2 The Chair invited Mark Drinkwater, Policy and Communications Officer for Voluntary Action Lewisham (VAL) – an organisation currently in receipt of main grant funding – to address the committee.
- 4.3 Mr Drinkwater explained that around 10 years ago a fully funded children and young people-specific post was set up within. This post was currently vacant and the work split between a number of staff. He advised that the reduction of Main Grants funding would result in the loss of this work, impacting on several hundred groups. At the current level of funding, VAL was able to provide governance advice, run a quarterly CYP forum, offer safeguarding and generic training etc. Mr Drinkwater anticipated that the loss of this funding would mean a reduction in staff.
- 4.4 The committee was of the view that more data was needed for the committee to fully consider the impact on VAL if this proposal were to be approved.
- 4.5 The Chair thanked Mr Drinkwater for his input.
- 4.6 The Committee scrutinised the remaining proposals and the following was noted:
 1. The risks associated with CYP 1-5 were to do with failure to deliver the savings rather than providing a lesser service. Increased demand and inflated unit costs had driven the need for greater efficiency.
 2. Officers were reminded to have in mind the cumulative loss of early help services through previous budget cuts, citing school nursing as an example.
 3. Members felt that CYP 1, 2, 3 and 5 were aspirational and had concerns about their deliverability.

CYP 1 – More efficient use of residential placements

4. This was an efficiency saving rather than a cut. Outcomes for children and quality of provision would remain unchanged, rather block purchasing and smarter working with providers would result in reduced costs.
5. A breakdown of placements by ethnicity would be supplied in the Children's Social Care Sufficiency Strategy, which was scheduled for consideration by the committee at a later date.

CYP 2 – Improved placement process and more efficient systems with rigorous control through operating model and IT

6. Members were not convinced that the current IT arrangements had capacity to offer the support needed to deliver this proposal.

CYP 3 – Systematic and proactive management of the market for independent fostering

7. The needs of the child would be at the forefront of any decision making. If a child was thriving or was highly vulnerable, it would not be appropriate to move

them. Independent Reviewing Officers provided an additional protection for children/ young people's rights.

8. The council has a contract with CORAM to advocate for young people.
9. This proposal would impact in 2020/21 whereupon the committee would be able to scrutinise the impact.
10. Currently all residential accommodation and independent fostering was outsourced to external providers. Moving to in-house fostering would be a cheaper option, without resulting in lesser quality placements.

CYP 4 – Commission semi-independent accommodation for care leavers

11. This was already happening therefore Members had some confidence in the deliverability of this proposal.

CYP 5 – Residential framework for young people – Joint South East London Commissioning Programme

CYP 7 – Early Help Redesign

12. This would result in reconfiguring existing provision for £800,000 less.
13. Members expressed concern that without detail of what the redesigned service would look like, they could not properly considering the cut.
14. The proposals to cut Early Help were made reluctantly but reflected the reality of local government budget cuts. Compared to other boroughs, Lewisham had done well to protect its services as much as it had.
15. The committee was not being asked to take a view on the impact of this proposal not, but needed to be aware that there would be a service reduction.
16. The overall early help budget currently stood at around £5m.
17. There was concern that cuts to early help services would lead to greater cost pressures than the value of the cuts further down the line, for example in acute services.
18. Members felt that this proposal was at odds with the projected increase in demand for services.

RES 19 – School crossing patrol

- 4.7 Simon Moss - Service Group Manager, Highways & Transport summarised the proposal.
- 4.8 In response to questions from the committee it was noted that:
 1. it was not possible to deliver school crossing patrols as a volunteer-led service. This had been tried elsewhere and successfully challenged by the union.
 2. 28 staff would be affected by this cut of which most would be women rather than men. Many staff would have protected characteristics as they spanned a range of ages and ethnicities, the oldest being 81 years old. 21 patrol staff were white, and 7 were BAME.
 3. Members felt strongly that cutting the patrol would conflict with the council's objectives around reducing obesity, improving road safety, improving air quality.

4. Members also felt that the loss of the patrol could have more impact on disadvantaged families whose children were more likely to take themselves to school at a younger age in primary school. Even within more affluent areas, it was suggested that the more disadvantaged children would be more likely to be affected in this way.
5. The committee heard that provision of a school crossing patrol was a condition of planning permission for at least one school, and therefore to remove the patrol would breach the permission.
6. Although green man crossings could be successful on main roads, crossing staff were 'eyes and ears' in the community having been trained in counter terrorism and child protection.
7. The committee rejected all options on the basis that:
 - a. The dangers of a reduced service outweighed any benefit
 - b. To do so would be to breach council objectives
 - c. No increased risk of harm to a child was acceptable
 - d. Planning permission would be breached as a result.

4.9 It was RESOLVED that a referral be made to Mayor & Cabinet via PAC to inform them that:

CYP 1: More efficient use of residential placements

CYP 3: Systematic and proactive management of the market for independent fostering

CYP 5: Residential framework for young people – Joint South East London Commissioning Programme

The Committee noted the proposals, and supported them in principle, but was concerned that that the savings were aspirational rather than deliverable.

CYP 2: improved placement process and more efficient systems with rigorous control through operating model and IT

The Committee was not satisfied that the shared IT service had the capacity to support the intended process improvements, and therefore considered that the saving would be unachievable.

CYP 4: Commission semi-independent accommodation for care leavers

The Committee felt more positively about this proposal as there had to date been some success in achieving better value for money in commissioning semi-independent accommodation for care leavers.

CYP 7: Early Help Redesign

The Committee noted the proposal but feared that cuts to early help services would result in greater cost pressures elsewhere that would exceed the value of the saving.

The Committee was unable to properly assess the impact of the cut without information on what the redesigned service would look like. No such information had been supplied.

RES 19: School Crossing Patrol

The committee rejected all options outlined in the proposal in the strongest terms, citing the following reasons:

- *Any increased road safety risk to children was unacceptable*
- *The service enables older primary children and families to walk to school. Removal of this support could result in more car journeys to school, which would negatively impact on delivery of the council's road safety, air quality and public health objectives*
- *Removal of the school crossing patrol would result in a breach of planning conditions in at least one instance that the committee knows of.*
- *Loss of the school crossing patrol would likely impact disproportionately on various groups with characteristics protected under the Equalities Act.*

4.10 The meeting was adjourned at 9:00pm for 5 minutes to allow a brief comfort break.

5. In-depth review: exclusions from school - first evidence session

5.1 The committee heard evidence from Ruth Griffiths, Service Manager – Access, Inclusion and Participation relating to the legal framework and the role of schools, head teachers, governing bodies and the local authority in relation to exclusions, and verbal evidence from Geeta Subramaniam-Mooney, Head of Public Protection and Safety, of a recent visit to Glasgow. A summary of this evidence is attached to these minutes.

5.2 Committee was also shown a short video excerpt providing an insight into the work of a nurture room in a Glasgow school.

5.3 The committee discussed the evidence put forward by the Service Manager – Access, Inclusion and Participation and noted the following:

1. There was no easy way of establishing whether off-rolling was happening in a school but some things could be used as an indicator, such as high levels of elective home education (EHE).
2. Ofsted was focusing on off-rolling when inspecting schools. Robust systems were in place in Lewisham to minimise the risk of off-rolling, such as preventing young people being removed from school to be electively home educated in Year 11, tracking Y11 pupils.
3. In most cases EHE was not about coercion from the school but families wanting to try something different for their child. Therefore Ofsted was concerned with looking at whether EHE was in the child's interests or the school's ie to improve exam results.
4. Around 80% of the 380 Child Missing from Education (CME) cases were closed very quickly.
5. Managed moves could be arranged between schools, through the Fair Access Panel (FAP), and could be arranged with schools out of the borough. Sometimes schools forget to report the move and therefore the information the council holds is not always accurate. Lewisham takes

steps to track and support managed moves and would challenge a school if make students were leaving a particular school on a managed move but that same school was not receiving pupils on a managed move.

6. As part of the exclusion process, parents are invited to the meeting of the governing body to make representations. They are allowed to bring a representative. The council is usually represented too. Both the school and the child/parents have the opportunity to make representations.
7. The placing of children on managed moves at primary school level is done forensically looking at numbers. For secondary pupils, the decision lies with the school. Schools are generally willing to take managed moves and therefore it has not been necessary to direct a Lewisham school to take a managed move.
8. Schools are expected to have started EHCP assessments for children at risk of exclusion to ensure that no underlying issues have been missed for children that find school difficult.

5.4 It was RESOLVED that the report and evidence be noted, and that further discussion be deferred until the next meeting.

5.5 It was MOVED, SECONDED and RESOLVED that standing orders be suspended to allow for the completion of committee business.

6. School place planning

6.1 Owing to the late running of the meeting, there was no introduction to this item. In the course of a brief discussion, the committee noted:

1. There are two pre-approved Free School bids for the borough; the Southwark Diocesan Board of Education sponsored 8 form of entry Secondary School (with autism unit), and the Harris Academy sponsored 3 form of entry Primary School. However sites have not been identified for either.
2. There was a surplus of secondary school places in Lewisham and more widely across London.
3. Members felt that a review of the whole school system was needed to ensure sufficient provision for the needs of children with social emotional and mental health (SEMH) needs, profound and multiple learning difficulties (PMLD) and Specific Learning Difficulties (SLD) as well as those with additional needs relating to Autistic Spectrum Disorder (ASD), who were comparatively well provided for in Lewisham.
4. Mayor and Cabinet had approved decisions to extend provision for children with SLD at Watergate and Greenvale schools. There is also an expectation that Brent Knoll School will widen its scope to accommodate children with Moderate Learning Difficulties (MLD) as well as ASD to ensure a peer group for each child.
5. The council had recently reduced the number of Primary Place Planning Localities (PPPL) from 6 to 4 (as part of the 2017-22 Place Planning Strategy) to enable greater flexibility and equity in place planning across the borough, as well as providing Localities for schools to work together on a local level regarding admissions and place planning.

6.2 It was RESOLVED that the report be noted.

7. Primary to Secondary Transition

7.1 The Service Manager – School Improvement and Intervention briefly introduced the report. The following was noted:

1. Recommendation 11 – primary schools were sharing all statutory information with secondary schools. However the additional booklet with pupil information about their likes/dislikes/hopes/fears etc had been stopped. This decision would be reviewed in 2019.
2. Recommendation 10 – anecdotally the Service Manager was aware of secondary school learning mentors or SENCOs attend TAF meetings. No concrete figures were available on uptake of this recommendation.
3. There was a typo in paragraph 5.12.1 of the report which should have read “Experience is showing that it is primary schools who are best places to help parents...” and not “nursery schools” as published.
4. Uptake of open days and open evenings had been huge this year.
5. ParentEngage had helped to arrange coffee mornings for secondary heads to talk to parents. This enabled parents to go into schools and see them at work.

7.2 It was RESOLVED that the report be noted.

8. Update on Youth First

8.1 Catherine Bunten, Service Manager - CYP Joint Commissioning, was in attendance.

8.2 The following was noted in discussion:

1. One of the stated aims of the service was good geographical spread of youth provision. Some members felt there were areas, particularly in the east of the borough, that were lacking in provision as well as other areas that were dependent on use of independent sites.
2. Officers were encouraged to think about the kind of provision that 16-18 year olds would use, such as space to do homework. It was felt that youth provision for this age group played an important role in diverting young people from care and therefore falling user numbers indicated that the provision was not meeting young people’s needs, rather than not provision not being necessary.
3. Officers were also urged to provide more information on impact and outcomes, for example, employment, signposting, young people’s views. Members of the committee felt that more information on impact was needed to justify the proposed funding levels for this non-statutory service in the current economic climate.
4. The committee requested more data on usage by young people with disabilities.
5. The committee praised the work and commitment of Mervyn Kaye and Youth First staff.
6. The committee supported the proposed extension of the Youth First to 2020.
7. The committee requested more data on disability.

8. More information would be provided in the Youth First/ Futures report.

8.3 It was RESOLVED that the report be noted.

9. Select Committee work programme

9.1 This item was not discussed, given the late running of the meeting. The Committee noted that addition of an item for the next meeting on cuts to the Health Visiting Service.

9.2 It was RESOLVED that the report be noted and that an item on cuts to the Health Visiting Service be added to the agenda for the next meeting.

10. Referrals to Mayor and Cabinet

No referral were made to Mayor & Cabinet.

The meeting ended at 10.55 pm

Chair:

Date:

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Agenda Item 2

Committee	Children and Young People Select Committee	Item No.	2
Title	Declarations of Interest		
Wards			
Contributors	Chief Executive		
Class	Part 1	Date	Xx 2016

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct :-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
 - (a) that body to the member's knowledge has a place of business or land in the borough; and

- (b) either
- (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
 - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on member's participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the

meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

(7) Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

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Children and Young People Select Committee			
Title	In-depth review of exclusions from school – Evidence Session 2	Item No	4
Contributors	Scrutiny Manager		
Class	Part 1	Date	6 December 2018

1. Purpose of paper

- 1.1 As part of its work programme the Committee has agreed to undertake an in-depth review of exclusions from school, the scope of which was agreed at the meeting on 5 September.
- 1.2 This paper presents evidence to the Committee in response to some of the Key Lines of Enquiry (KLOE). The first evidence session was held at the last meeting on 17 October. Further evidence will be presented at a final evidence session on 13 March 2019.

2. Recommendations

- 2.1 The Select Committee is asked to consider and comment on the evidence presented.

3. Policy context

- 3.1 The Council's overarching vision is "Together we will make Lewisham the best place in London to live, work and learn". In addition to this, ten corporate priorities and the overarching Sustainable Community Strategy drive decision making in the Council. Lewisham's corporate priorities were agreed by full Council and they remain the principal mechanism through which the Council's performance is reported.
- 3.2 The Council's corporate policy of "Young people's achievement and involvement" promotes raising educational attainment and improving facilities for young people through working in partnership. The Council's Sustainable Community Strategy's priority of "Ambitious and Achieving" aims to create a borough where people are inspired and supported to achieve their potential.
- 3.3 The Children and Young People's Plan 2015 – 2018 also sets strategic vision and a key aspect is "Raising the attainment of all Lewisham children and young people" and this has a number of specific outcome areas:
 - AA1: Ensuring there are sufficient good quality school places for every Lewisham child.

- AA2: Ensuring all our children are ready to participate fully in school.
- AA3: Improving and maintaining attendance and engagement in school at all key stages, including at transition points.
- AA4: Raising participation in education and training, reducing the number of young people who are not in education, employment or training (NEET) at 16-19.
- AA5: Raising achievement and progress for all our children at Key Stages 1 – 4 and closing the gaps between underachieving groups at primary and secondary school.
- AA7: Raising achievement and attainment for our Looked After Children at all Key Stages and Post 16.

4. Revised Key Lines of Enquiry

4.1 At the meeting on 5 September, the Committee agreed the scope and terms of reference of the review. The revised Key Lines of Enquiry are attached at Appendix A.

5. Evidence relating to disproportionality

5.1 The Centre for Research in Race and Education at the University of Birmingham has recently published the findings of a national review of the “Exclusion of Black Caribbean and Mixed: White/Black Caribbean students”. A copy of the review is at Appendix B.

5.2 The review focused on above average exclusion rates (both permanent and fixed term) for Black Caribbean and Mixed White/ Black Caribbean students (collectively referred to as Black for the purposes of the review). It found that Black students are more likely to be overrepresented in exclusions throughout school, from the Early Years to the end of Key Stage 4.

5.3 Shockingly, the review reports that “In the last three years of secondary school (Year 9 to Year 11 inclusive) more than *one in three* Black Caribbean students experienced at least one temporary exclusion”.

5.4 The review found that:

- Institutional racism, unconscious bias, negative stereotyping and low teacher expectations account for this overrepresentation of Black students in exclusions.
- Black students experience negative teacher expectation regardless of class or gender but Black boys experience it most acutely
- Teachers see Black students as more likely to cause trouble than to excel academically
- The cumulative effect of disciplinary sanctions against Black students for minor disruption that might go unpunished for other ethnic groups.

- Rates of Black exclusion have reduced the most where schools have been encouraged to find alternative ways of dealing with less serious behaviour
- Ofsted no longer looks at race equality when inspecting schools and this has had “a profoundly damaging impact”.
- “Good teacher education is vital. Initial teacher education is especially important and should be required to address the decades of evidence-based understanding and good practice that has built up in this field”.

5.5 Teach First, one of the providers of Initial Teacher Training (ITT) in Lewisham, provided this response when asked whether ITT covers specific training to make new teachers aware of the disproportionate impact of exclusions on male, Black, SEND, Free School Meals pupils.

- “We do emphasise the impact of lack of privilege; intersectionality and the structural and systemic barriers to equality of opportunity.
- We don’t cover exclusion and the groups most at risk through any discrete teaching, as the policies and data may be different in each employing school.
- We expect our teachers to work within the policies of their schools, especially as early career teachers – the emphasis is not influencing or changing these policies.
- However, it is key to our vision and mission as a charity that education is inclusive and the disadvantaged have the best opportunities possible, so this ethos runs throughout the content and the structure of our programme.

For example:

- National Teaching Standards 1 and 7 would be assessed regarding any issues of exclusion – do our teachers show high expectations? Are they appropriately and safely managing any issues relating to this?
- Teaching Standard 5 would cover aspects of differentiation for groups of learners, especially those with SEND.
- We do have a module (in January – May of the first year of the programme) which focuses on reducing barriers to learning in class. Then in second year, the teachers do a further module that builds on this, with focus then being on extending their impact and influencing others. Theoretically, this could focus on the groups you have identified, and/or exclusion. However, as it is dependent on the teachers’ individual contexts, we do not specify the area of focus.”

5.6 Further work into disproportionality is ongoing.

6. Evidence from Glasgow

6.1 At the last meeting, the Committee was presented with evidence from Glasgow as an example of an authority that has significantly reduced exclusions. It was agreed that that evidence would be scrutinised at this meeting. The Head of Public Protection and Safety will attend to answer

questions on the evidence gathered on her recent visit to Glasgow. A summary report of the presentation that was made at the last meeting is attached at Appendix C.

7. Responding to the Key Lines of Enquiry (KLOE)

- 7.1 This evidence session will consider a range of evidence in response to the following KLOE:
- What does successful early intervention look like? How early is early enough?
 - What examples are there of innovative practice in behaviour management?
 - What alternatives are there to exclusion and what evidence exists as to their effectiveness?
 - What support is there for mental health, and what evidence is there that this support is working?
 - What is the practice in Lewisham schools in relation to behaviour management and early intervention? What evidence is there that these practices work?

8. Alternatives to Exclusion

- 8.1 The main alternatives to permanent exclusions are:
- Restorative Justice
 - Internal Exclusion
 - Managed Transfer to Alternative Provision
 - Managed Move to another Lewisham school or a school outside the borough

Restorative Justice

- 8.2 This approach prioritises conflict resolution over punishment. According to the Restorative Justice Council (RJC), best known for its work in the criminal justice system bringing offenders face to face with victims, restorative justice in the context of schools includes a range of strategies that can be used to foster good relationships and resolve conflicts in a way that enhances insight and understanding in pupils and shapes better future behaviour.

Internal Exclusion

- 8.3 Provision varies between schools. Some have a designated unit where pupils that have been excluded from the school population spend their day, others do not. Some schools support pupils to remain in the classroom with the support of a learning mentor. In July this year, the House of Commons Education Committee (HoC-EC) published a report entitled “Forgotten children: alternative provision and the scandal of ever increasing exclusions”.ⁱ It considered in-house alternative provision (AP) as an alternative to exclusion. In summary, the committee found that in house AP can be used successfully to prevent exclusion and support pupils where the provision is of a high quality and is used appropriately.

- 8.4 “Learning Support Units (LSUs) were introduced in schools from 1999 as part of the Excellence in Cities partnerships and Education Action Zone partnerships. Funding was provided to schools with the intention to improve behaviour and reduce exclusion. Ofsted found that the while a quarter of units didn’t help pupils learn effectively, it did find that most LSUs were successful in reducing exclusions and promoting inclusion”
- 8.5 The HoC-EC found that the best in-house AP was staffed by qualified and engaged teachers, provided high quality learning opportunities, maintained connectivity with the school, employed the use of mentors and played a support role. Where a ‘sin bin’ the approach was used, the results were less successful and could have a damaging effect on the pupil. Even good quality in-house AP was found to be unsuitable for some pupils, particularly those with medical or mental health needs.

Managed Transfer

- 8.6 “A Managed Transfer is an offer of early help and intervention for a family whose child is at risk of exclusion and where the school has exhausted the ‘graduated response’. This offer does not contravene the Government Statutory Guidance on permanent exclusions. This means that, where a family cooperate with the intervention, their child will be considered for a Managed Transfer. This is then presented to the Lewisham Fair Access Panel regarding the appropriateness of the Managed Transfer and the child will be offered an alternative provision placement to assess need, ensuring access to an appropriate curriculum to meet need. Pupils are not permanently excluded and will be monitored, in alternative provision, on a regular basis to consider and arrange reintegration into a mainstream school if and when appropriate.”ⁱⁱ
- 8.7 In the case of a Managed Transfer, the pupil comes off the school roll immediately. The benefit of this approach is that the child avoids exclusion and received regular reviews with a view to quick reintegration into mainstream.

Managed Move

- 8.8 A Managed Move (MM) is a voluntary agreement between schools, parents/carers and a pupil, for that pupil to change school. It is increasingly being used as an alternative to exclusion as it has the benefit to the pupil of not formally logging an exclusion on the pupil’s education record. A MM can only be implemented with the agreement of all involved.
- 8.9 A MM may be suitable where:
- a pupil refuses to attend their current school;
 - a pupil is at risk of permanent exclusion from their current school;
 - a pupil is posing a risk to the welfare of others at their current school;
 - a pupil has Special Educational Needs (SEN) and the school is unable to meet the pupil’s needs
 - the relationship between the school, the pupil and the family has broken down and the pupil would benefit from a fresh start.
- 8.10 There is no statutory provision for a MM. This is a voluntary agreement that the local authority supports. If the MM has complex factors, schools are

encouraged to ask for support from Fair Access Panel (FAP). The decisions of FAP are binding. Whether or not FAP is involved, schools are asked to notify the local authority when a MM is made. Where a MM occurs, the pupil remains on the roll of the school they have left until both schools agree the move has been successful, up to a maximum of 12 weeks. If the MM breaks down, the pupil will likely be permanently excluded.

- 8.11 To avoid vulnerable pupils being passed around schools, the local authority expects that no student should have more than one MM during secondary education and one during primary.
- 8.12 A MM can be deferred. This means that the move will only happen if the pupil fails to keep to their side of an agreement. In this case there needs to be a clear plan in place that sets out what the pupil is expected to do and what will happen if they fail to do so.

9. Evidence from FAP

- 9.1 At the last meeting, the committee considered evidence regarding Fair Access. To better understand how the Fair Access Protocol (attached at Appendix D) works in practice, members were given the opportunity to observe a Primary Fair Access Panel (FAP) and a Secondary FAP.
- 9.2 Councillors Jacq Paschoud and Caroline Kalu attended the Primary FAP.
- 9.3 Councillor Octavia Holland and Monsignor Nicholas Rotheron attended the Secondary FAP.
- 9.4 They are invited to share their observations with the committee, while being reminded of the need for confidentiality regarding the sensitive information that was discussed.

10. Evidence from Independent Review Panellists

- 10.1 At the last meeting, the committee considered evidence regarding the appeal process following a permanent exclusion, and the role of the Independent Review Panel.
- 10.2 Councillor John Paschoud observed an independent review panel hearing. He is invited to share his findings with the committee.
- 10.3 Additionally, written submissions have been received from panellists and are attached at Appendix E.

11. Evidence from school visits

- 11.1 Members of the committee have visited three Lewisham secondary schools. Evidence will be continued to be gathered by visiting further schools and will be shared at the 13 March meeting.

11.2 At the time of writing, two out of three of the secondary school visits had been conducted. A summary of these visits is attached at Appendix F. Any Member that attended the visit to Prendergast Ladywell School is invited to share their observations with the Committee.

12. Officer evidence

12.1 Ruth Griffiths, Service Manager Access, Inclusion and Participation will give a brief presentation reporting on:

- the work of the Reducing Exclusions Group;
- an action plan for the development and implementation of the Lewisham Inclusion Strategy;
- an initial deep dive into children referred to primary phase alternative provision during 2017/18; and
- an initial deep dive into Year 9, 10 and 11 permanent exclusions from Lewisham schools during 2017/18.

13. Further implications

13.1 At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review.

Appendices

Appendix A – Key Lines of Enquiry

Appendix B – CRRE University of Birmingham Exclusions Review

Appendix C - findings from visit to Glasgow

Appendix D – Fair Access Protocols (Primary and Secondary)

Appendix E – Submissions from Independent Review Panellists

Appendix F – summary of school visits

Background Papers

- Annual Report on Attendance and Exclusions, report to CYP Select Committee, 5 September 2018
- Exclusions from school – an in-depth review, report to CYP Select Committee, 5 September 2018
- In-depth review: Exclusions from school – first evidence session, report to CYP Select Committee 17 October 2018

ⁱ <https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/34202.htm>

ⁱⁱ

<http://councilmeetings.lewisham.gov.uk/documents/s59002/CYP%20Lewisham%20Attendance%20and%20Exclusions%20FINAL.pdf> para 9.3



What does good practice look like in preventing and managing exclusions and how can this be successfully embedded and emulated?**Evidence from outside Lewisham**

- What does successful early intervention look like? How early is early enough?
- What examples are there of innovative practice in behaviour management?
- What alternatives are there to exclusion and what evidence exists as to their effectiveness?
- What are the lowest excluding schools and local authorities doing to reduce their exclusion rate?
- Why are some groups more likely to be excluded than others and what can schools and the local authority do to address this?

Evidence from Lewisham

- What is the council's role in respect of school exclusions?
- What is the practice in Lewisham schools in relation to behaviour management and early intervention? What evidence is there that these practices work?
- What support is there for mental health, and what evidence is there of that this support is working?
- What happens when a pupil is excluded – what process is followed, what right of appeal does the pupil/ parents have, what support is available?
- What can we learn from pupil and parent experiences of exclusion in Lewisham?
- What does best practice look like in engaging parents and pupils effectively in the exclusions process?
- What evidence is there of unofficial exclusions, including off-rolling, in Lewisham schools?
- What are the drivers behind the variation in the exclusion rates between schools with a similar intake?
- Why is the fixed term exclusion rate from Lewisham special schools high, and what is being done to reduce it?
- What is the role of managed moves and what evidence is there of their success?
- How are excluded pupils supported through reintegration, whether to the school they were excluded from, or a when starting a new school?
- How are excluded pupils supported to reduce their risk of further exclusions?
- What are Lewisham schools doing to reduce inequalities in school exclusion, in particular looking at:
 - Ethnicity
 - Gender
 - Those eligible for Free School Meals
 - Children and young people with SEND.

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Glasgow model

There has been much discussion about the “public health approach to violence”.

The visit was undertaken by officers in Lewisham to better understand the Glasgow approach with a specific focus on education, exclusion, and community approach as well as the violence reduction unit and enforcement approaches.

Glasgow model

Headlines:

- ✓ Putting children at the heart of the approach always
- ✓ Focus on deficits leads to negative perceptions and self-fulfilling prophecies.
- ✓ The common language and principles of nurture is the thread that runs throughout
- ✓ Education is at the heart – getting it right for every child
- ✓ Looking at all as educators not just teachers
- ✓ Schools as community hubs for adults and children – draw adults into educational establishments for other reasons i.e. Food as a key / anchor to engagement
- ✓ Stressed parents leads to stressed children
- ✓ Dignified approach to food poverty
- ✓ Working at early stages restoratively
- ✓ Finding solutions always
- ✓ You need a banner / strap line which needs to be understood by all
- ✓ Consistent, meaningful common language can change public opinion and reputation
- ✓ Significant leaders who have driven to bring about this change
- ✓ Don't try to do the whole thing at once – find places where there is commitment to start.
- ✓ Don't talk it – do it!!

Summary:

- 1- Let's be universal
- 2- Nurturing city-whole system ethos and culture
- 3- Education is at the heart – NO exclusions
- 4- possibilities for each and every kid
- 5- thriving places
- 6- Intensive engagement with whole school community
- 7- Food is a key anchor
- 8- Consistency, agreed language and leadership
- 9- Investment in staff

Meeting with Executive Director Education and a secondary school

The Director has been in this role for 10 years and instrumental in the approach of improving educational outcomes through getting it right for every child in Glasgow.

The Glasgow model focuses on the Nurture principles including a trauma informed approach and embedding this throughout all educators informal and formal. “Raising attainment in literacy and numeracy, embedded within our nurturing city”.

There was no use of the language “public health approach” by anyone in Glasgow – this appears to have been something that has been translated elsewhere. The model for Glasgow is based on being universal and not using the poverty issues as an excuse. “Expectations of teachers/ pupils — self-fulfilling prophecy – “what do you expect this is Glasgow !!!” have the same expectations for all Glasgow children as you do for your own children”.

It was clear that those working across the City understood and described this philosophy and used the same language and approaches that have brought about this whole scale change.

Children make mistakes - need to keep them in education

The focus on exclusions was one of the key drivers for keeping children in education. Glasgow does not have Pupil Referral Units (PRU) and is clear that excluding children is not an approach schools take. “if out not in - if not in not learning “. The schools invested heavily in good quality HR and learning and development for staff; restorative, mental health first aid, wellbeing and nurture principles.

High achieving urban schools don’t get rid of most challenging children; getting rid of failure is a misunderstanding. Being more inclusive / creative / flexible leads to better school. Adding value every child. Schools headline having the highest possible expectations of our young people / achieve / every element of their lives and who they are as people. Starts with every engagement they have **and** “Stop saying do your best — challenge themselves to improve everyday (staff too)”. There is a clear restorative approach in schools as the key response to responding to harmful behaviour with the Executive Director being involved directly in sessions where needed.

Health and Wellbeing forms a cornerstone of the culture within a school; this is enhanced with champions / ambassadors both staff and students who are visible, support the culture and seek to find solutions together. The investment in staff training and value has seen that “staff feel empowered to have the difficult conversations Kids empowered to come for help “.

Specific programs relating to safety and violence are delivered through the MVP - Mentors in violence prevention scheme delivered alongside the Violence reduction Unit. This programme focusses on

- Violence through a gendered lens
- Bystander approach - Feel powerless to intervene – how young people intervene Safely
- Understanding Victim blaming

“We used to say bringing a knife into school was an immediate exclusion... but this has been revised to think restoratively”.

There is a specific focus on sectarian impacts including violence and football teams and associations. The programmes have been developed and are embedded within the curriculum to focus on the following behaviours:

- Prejudice
- Discrimination
- Bigotry
- Hate behaviour (predating hate crime)
- Sectarianism

This foundation of work is on par with the aspects of hate behaviour and extremism.

Glasgow has worked in wider partnership with housing associations to offer bursaries for children from their housing stock to be educated – adding to the whole community working together.

Glasgow has seen significant improvements in their attainment of children, have strong retention of staff, utilise all aspects of informal and formal learning to focus on nurture principles – with all this leading to an overall reduction in violence.

If a kid can't read we teach them to read. If a child misbehaving we punish them.

This is primarily what is described when talking about the Glasgow model and forms 1 element of the whole approach.

The Violence Reduction Unit of Police Scotland was established in January 2005 by Strathclyde Police to target all forms of violent behaviour. Its aims are to reduce violent crime and behaviour by working with agencies in fields such as health, education and social work; to achieve long-term societal and attitudinal change by focusing on enforcement; and to contain and manage individuals who carry weapons, or who are involved in violent behaviour. The unit also aims to explore best practices and develop sustainable, innovative solutions to the deep-rooted problem of violence.

In April 2006, the Scottish Government extended the VRU's remit nationwide, thus creating a national centre of expertise on violent crime to work alongside the Government's Violence Reduction Team.

Funded in part by the Scottish Government, the VRU targets violence in all its forms, including street/gang violence, domestic abuse, school bullying and workplace bullying. It was clear that the Unit of police officers were very separate to the Policing Service as a whole, and were left to do its own thing. In 2008 the VRU set up its gangs initiative, the Community Initiative to Reduce Violence (CIRV), in the East End of Glasgow. Using a partnership approach that includes Police Scotland, Social services in Scotland, Education Scotland and other entities, the initiative counters gang activity through operational activity, diversion projects, and help with careers, education, and anger management.

A key part of the VRU's work is developing **early childhood initiatives** that support parents and those involved in teaching young children. These initiatives aim to give children skills that will keep them from becoming involved in violence later in life.

As of 2017 the VRU currently runs a number of **programmes**: Navigator (VRU) aims to stop the revolving door of violent injury in hospitals.

We met police officers who lead on the development of a social enterprise mobile food outlet which employs ex-offenders to support resettlement and introduction into employment. This is showing positive pathways out of crime.

The value of the Unit appears to be its "separation" from the Main police Service; having autonomy to deliver projects and aspects of their interventions which would not be within the Main Services remit. The team is not multi agency per se, but made up of police officers and volunteers with close links to relevant services such as education, the council, health and others.

Intensive engagement with whole school community via co-production – a community in Motion (ACOM)

Possibilities for each and every kid PEEK

Thriving Places is an intensive neighbourhood approach adopted by Glasgow Community Planning Partnerships' which targets specific areas of the City which have been identified as needing further support to tackle complicated local issues. The Thriving Places approach centres on partners working collaboratively with one another and with local communities to make better use of existing resources and assets in order to form an approach which is specific to each individual community's issues. It is an asset-based approach which builds on the capacity, skills and strengths in a community, with organisations working in partnership with residents to plan and deliver services.

Parkhead, Dalmarnock and Camlachie is one of nine Thriving Places across Glasgow City that have been identified as having consistent levels of inequality relative to other parts of the city including child poverty, health indicators and levels of unemployment. According to the Scottish Index of Multiple Deprivation (SIMD) in 2016, almost 40% of the population living in the Dalmarnock and Parkhead area of Glasgow are living in income deprivation. The Children and Young People's Health and Wellbeing Profiles show that the area more referrals to the Scottish Children's Reporter Administration and more children in poverty than the Glasgow average. S4 pupil attainment is also almost half that of the Glasgow average and two-thirds of 16-19 year olds are not in employment, education or training.

Dalmarnock Primary School is a key partner in Thriving Places. In response to children coming into school hungry and tired and unable to concentrate, the School provided what was considered to be a perfect opportunity to engage with families in the local area. A range of initiatives under the Food, Families and Future project were introduced with local partner agencies to help support children and families experiencing food poverty, including a breakfast club and homework club which run during the academic year.

Based on a social capital model: Social capital is the resources people develop and draw on to increase their confidence and self-esteem, their sense of connectedness, belonging, and ability to bring about change in their lives and communities and tends to be based on three key interactions:

- Bonding: strong supportive ties which occur within a group
- Bridging: weaker ties that connect people across group boundaries, for example with acquaintances or individuals from different communities etc

- Linking: connections between those with different levels of power or status and are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

For Dalmarnock Primary School this has resulted in the following activities:

- A Breakfast Club delivered by Cordia and augmented with games and activities by PEEK
- A Family Meal and Homework Club a co-production between the school, Bridgeton Community Learning Centre, Thriving Places, PEEK and the HSCP.
- A Summer Club funded by PEF and delivered by the school, Thriving Places and PEEK
- Language support for children and families where English is a second language developed from need identified at the Summer Club
- Emotional support group delivered by the HSCP
- Health Issues in the Community delivered by HSCP via their contract with North Glasgow Healthy Living Community

Parent benefits- All the parents spoke about the activities involving them and their children. It would appear that all the activities have been designed to involve the families (parents and children). Whilst none of the parents specifically talked about improvements/changes in their parenting style, the development of the activities has allowed partners to improve parents/carers skills in looking after their children without making it obvious this is what they are doing.

For example, parent involvement in meal preparation in the Family Meal and Homework Club and the Summer Club has taught parents to cook nutritious meals, introduced families to a range of healthy produce they would never have eaten normally and helped increase the bond between parent and child.

The initiatives also gave parents the chance to get to know other parents. Although many of them had been born and grown up in the area very few knew each other before involvement in the activities.

Final Report: Evidencing impact of intensive engagement with whole school community via co-production

Smaller groups of parents were created to let them cook together (allowing parents to share recipes and ideas). To help sustain the support, community workers have trained as community chefs to allow cooking sessions to be delivered at a lower cost.

Family benefits - There is also evidence that the activities have helped encourage parents and children to do things as a family and have also helped the parents get structure into their family life and develop routines and rules

Children's benefits- There is evidence that the activities are helping encourage children to go to school – including those whose attendance previously was poor.

"They actually look forward to going to school now. It's 'Mum hurry up it's PEEK day today'. Before I couldn't get them up in the morning for school for anything...it was always a fight and I was always stressed.". The children also expressed their enjoyment

Community benefits- The feedback from the parents and children in the evaluation suggests that the activities have also helped develop relationships out with Dalmarnock Primary. The involvement of the other school in the area is helping the older primary children with their transition into secondary school as they know more children in the local area and friendships are made before they attend "the big school".

"We need to find ways of reaching out to local communities if we are to really improve their quality of life and wellbeing. This programme has helped us to do this in ways which are of practical importance to local families ... not just what we think should be important for them"

"We don't have all the answers but we can find someone locally who can help - and that is great. It's local people and local agencies working together for the local community".

The programme also is recognised as helping support agencies objectives for building capacity and resilience in local communities as part of a long term sustainable approach to addressing inequalities.

"All the agencies involved in this are local. They have all been working in the area for some time and they know the community but we maybe didn't all know how we could work together to help. This programme has taught us that the best way of helping local people is to give them the skills they need to help

Evidencing impact of intensive engagement with whole school community via co-production themselves. The fact that the programme involves teaching people to cook, how to use ingredients, how to play with their kids is something that will never leave them... and hopefully they will pass on to their kids"

Benefits - The programme is considered by the agencies has resulting in a wide range of benefits, not just for individuals but for whole families and communities. The partners identified a range of benefits which they attributed to the programme, including:

- Helping tackle food poverty
- Encouraging children to come to school and families to get involved with the school
- Supporting transition between primary and secondary schools
- Developing parents confidence and self esteem
- Helping make the community more cohesive

- Encouraged cross-agency networking and support.

"Parents are coming into a school. Many of them had bad experiences at their own school and don't see the school as a place for them And certainly don't see it as somewhere they can contribute to. This programme is changing all that"

The inclusion of play into the programme activities appears to have been vital in encouraging the children to get (and stay) involved. It was very apparent from the children's feedback that they loved the opportunity for active play and it was a key

Evidencing impact of intensive engagement with whole school community via co-production motivator in getting to school and doing their homework. Whilst play is a vital component, the structure and discipline of the programme ensures that it is seen as a reward for completing tasks as opposed to a diversion away from those tasks and parents are adopting this approach with their children at home.

There was evidence from parents (and children) that the learning and skills from the programme are being used at home – whether this is parents cooking hot meals or creating structure, rules and boundaries around play, homework and behaviour.

The inclusion of skills development into the programme has also enabled the families to take their learning not only into the home but also into their community. The campaign by the Chinese families to address road safety issues benefits not only those parents and their children but other members of the local community.

(there is an in-depth evaluation of this approach - Glasgow City Health and Social Care Partnership - Evidencing impact of intensive engagement with whole school community via co-production - 15th December 2017).

Youth and community work

“Your badly behaved kids and well behaved kids have exactly the same needs, it’s just your well behaved kids have their needs met before they get to school”

The community and youth centre was a hub in the area and offered a wide range of skills and play opportunities. The staff were all invested in the same programme of nurture, play, and learning. The centre is open to all adults and children alike with adults purchasing food grown on site.

The culture and ethos was to move away from the centre being a “first Aid center patching kids up from stab wounds “ to one of taking responsibility as an educator; celebrating people and looking for excuses to praise.

The centre like the primary school saw food as a critical anchor but further identifying that there needs to be a dignified approach to food poverty which is not a food bank but cooking and eating together.

Summary:

The Glasgow approach from our perspective following the visit is:

- A simple and clear narrative about the collective approach – thriving city/ nurture and attainment for every child – this enables everyone to hook their approach to this.
- Focus on the universal not always on the targeted. Focusing on poverty and deprivation, which are known as significant issues, misses the point - every child should progress each day
- Right across the City all professionals are using the same language and methods; both informal and formal educators
- Education is at the heart of the approach
- Having high standards within schools : no exclusions , investment in HR and teachers, supportive training in health and wellbeing principles
- Opening a school to the whole community linking children and adults has seen significant benefits for children’s attainment and enjoyment in school, smoother transition, family distressing and greater involvement with children’s health and wellbeing.
- Linking play with learning has seen improved learning.
- The violence Reduction Unit is a critical element of working with those at risk/ involved in criminality. This unit is “separate” to the Main Police Service and has developed a number of bespoke programmes for education and diversion from criminality.

An inspiring visit

Appendices – notes from the individual visits

1 - Meeting with Executive Director Education

Improving educational outcomes through getting it right for every child in Glasgow

Glasgow's improvement challenge 2015 -2020

- ✓ Raising attainment in literacy and numeracy, embedded within our nurturing city;
- ✓ Improving children's health and wellbeing through nurturing approaches and increased participation in physical activity and sport
- ✓ Supporting families to be better able to support their child's learning and development;
- ✓ Enhancing the leadership of staff at all levels; and
- ✓ Raising attainment in secondary schools through providing additional supported study and mentoring with a continued focus on improving learning and teaching.
- ✓ Schools issues and working with difficult issues

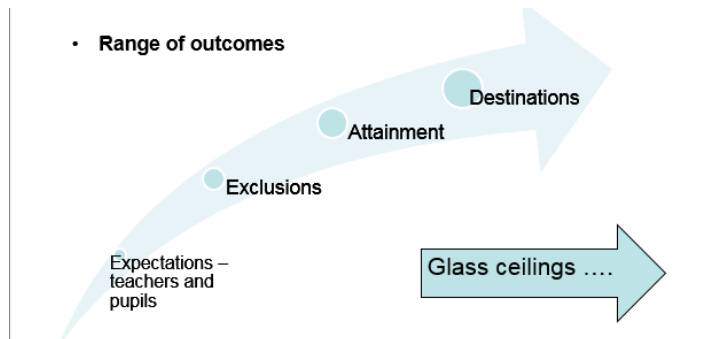
You need to

- ✓ have pride
- ✓ keep an unrelenting focus on improvement - putting learning and teaching at the heart of your work
- ✓ Keep nurturing principles at the core for children and staff
- ✓ empower heads, staff and young people to lead from within

Education at the heart:

- there is a Philosophy that is clearly aligned across the city / across all
- Improving educational outcomes through getting it right for every child in Glasgow
- Ditch the poverty excuse; get schools and education right
- Expectations of teachers/ pupils — self-fulfilling prophecy – “what do you expect this is Glasgow !!!” have the same expectations for all Glasgow children as you do for your own children
- Focus on no Exclusions - NO PRU !!! Reduced purchased placement outside of the city

The journey of improvement: blasting through the glass ceilings



Being universal:

- The focus on most deprived often misses the point that in Glasgow that 41% live in the 10% most deprived – so let's be universal to all !!
- Focus most on exclusions – Glasgow has seen a 74% reduction through monthly focus on levels talk about it ; care
- Keeping children at the centre, Restorative approaches
- Make brave decisions

Children make mistakes - need to keep them in education

We can make decisions that affect their whole lives

There is So much more than attainment

- Young people leadership
- Building capacity of young people
- Adults in supporting capacity not leading
- Growing Glasgow's citizens
- Sport/ culture. Children at heart -
- Active play / raise attainment
- Link raising attainment to the getting active - NOT diversionary!!
- Games. Children went in before the gates opened - their buildings lending for 11 days
- Local competitions - use the same equipment as professionals and mix with the athletes
- pride in city / participation

A nurturing city has schools in which:

- ✓ All children and young people, and their families, feel that they belong and that their lives and experiences are valued and respected.
- ✓ all children and young people, and their families, feel that staff listen to their views and that, if disagreements arise, staff respond sensitively and thoughtfully and work to resolve them
- ✓ nurture network
- ✓ Nurseries. Primary / sec
- ✓ Social emotional need - attachment based way
- ✓ Enhances nurture spaces

Nurturing city - what does it feel like:

- belong and lives and experiences are valued and respected
- Children's experiences are so different from their own — easy to be judgmental
- Disagreements arise / how you respond to that sensitively and thoughtfully
- It's about what works for your school not dictated – there is no Glasgow curriculum
- Head teachers are senior leaders of the council
- HR requires high quality staff with a Strong accountability framework (if you have staffing issues you don't have a nurturing environment)
- Equipping staff with the right language and understanding

Relentless focus Learning and teaching - high quality

Children at heart of everything you do

Intolerant of difficult decisions- of anything that results in a weak outcome for children

Drop stone ripple in the pond and everybody gets high quality

Nurturing principles:

- Children's learning is understood developmentally
- The classroom offers a safe base
- The importance of nurture for the development of wellbeing
- Language is a vital means of communication
- All behavior is communication
- The importance of transition in children's lives

Getting it right for every child:

- **Culture and ethos. - relationships at the forefront**
- **Poverty is getting worse and education is the key**

2 - Meeting with social inclusion, Glasgow Council

Sectarian project

- ethnic groups aligning with football
- Muslim community growing (go to catholic schools)
- Tribalism -
- Community based pilot projects
- Mapping whose going to sort what / community led
- £2mill - 44 different projects
- Conflict and issue
- Lots of learning
- Football coordination unit
- Community based to formal education

Glasgow schools

- Integrated in the curriculum
- - early year transition - child friendly rainbow fish to the rescue
- - 3/4 weeks work with the kids - do workshops together across schools - communities united / divide city and workshops
- Scared for life - violent episode - how it happened
- Employment/ social media/ sectarianism
- Curriculum for excellence - Free resources - forward plan for the classes s- teachers are involved and delivering
- Communities united - 4 week programme (2 schools working together) - Building friendships

Targeting 5 behaviours :

- prejudice
- Discrimination
- Bigotry
- Hate behaviour (predating hate crime)
- Sectarianism

3 - x school– Executive Head teacher

- 1750- pupils
- Some of the most deprived areas in Scotland
- Poverty - effects - addiction / alcohol
- Circumstances are what they are - dont spend time talking about this
- Perception (what next?) / truth (positive/ high expectation / aspire)
- - improve life chances if you improve people
- Ethos and culture of the school needs to work — nurture won't work otherwise

Ethos

- Highest possible expectations of our young people / achieve / every element of their lives and who they are as people. Starts with every engagement they have
- Capable of giving us your best
- Stop saying do your best — challenge themselves to improve everyday (staff too)
- Uniform - looks positive - comes productive - look same level - proud - outward sign of inward excellence
- Expectations need to be their own expectations
- Behaviour/ conduct is all essential
- Health and wellbeing focus and not excluding are part of raising attainment not contradictory or separate
- caring / concerned welfare based approach - feel safe/ loved/ valued
- Nurture
- Adults about - make me feel safe - wander / talk / stand in places to engage /
- Lunch time teachers walk to the shops/ walk about outside
- find solutions for the child - solutions to issues/ to stay with us - can influence/ engage
- Preventing things happening - if happen.-Solutions
- “if out not in - if not in not learning “
- Improve lives now and improve life chances in the future
- training across all levels of staff -
- Not driven by reducing violence / exclusion
- Driven by improving young people's lives
- community regeneration
- Parents come in as learners

**Add value to every child that comes in the door -
do better than expected when they start**

High achieving urban schools -

- don't get rid of most challenging children - Getting rid of failure is a misunderstanding
- More inclusive / creative / flexible — leads to better school
- add value every child

Nurture principles:

- Nurture base - softer start to the day
- Social emotional and support needs
- Learning through play
- Missed experiences in childhood -
- Not making excuses - aim high and support to get there
- All staff involved getting the training —its happening in every class
- learning developmentally
- Classroom is a safe base
- Self-esteem / - development of wellbeing
- - Language vital means of communication. Consistency in every classroom - building their self-esteem -
- all behaviour is communication

Whole school nurturing implementation team

- Attunement / claiming
- Children coming to notice -
- If a kid can't read we teach them to read. If a child misbehaving we punish them
- Build trust - genuinely care / unconditional - they have to believe that
- 10-15 positive interactions a day - can change
- Claiming the child - if child not behaving send to the principle. Now saying no your mine, I want you in this class - staying with me – having real conversations
- Staff can make mistakes/ discuss / help — nurture tree - teachers who confident to play that role
- resilience DVD

MVP - Mentors in violence prevention scheme

- Violence through a gendered lens
- Bystander approach - Feel powerless to intervene – how young people intervene Safely
- Leadership
- Victim blaming

Health and wellbeing ambassadors

Visibility across the school - lanyards/ hoodies so there is clarity about everyone's purposes

Wellbeing in the school:

- policies written by staff/ students
- Wellbeing ambassador yr 6 pupils
- Drop in zone
- Resilience and growth mindset
- Mental health campaign



Ambassador:

- buddying
- CP training
- self talk training (suicide)
- Nurture training
- Primary transition
- ASN sports clubs
- Drop in zone



Staff development

- nurture/ first aid mental health / staff days/ faculty meetings
- staff feel empowered to have the difficult conversations
- Kids empowered to come for help
- volunteering to do the training - not mandatory
- People strategy - thanking staff for the work done - Excellence in Professional learning
- Oc health, practical health monitoring 3x a year for staff
- GROW something –

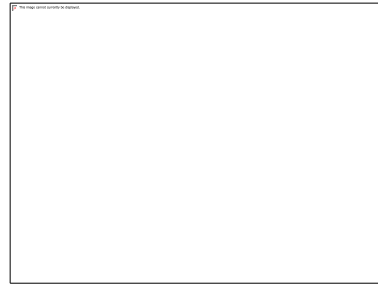
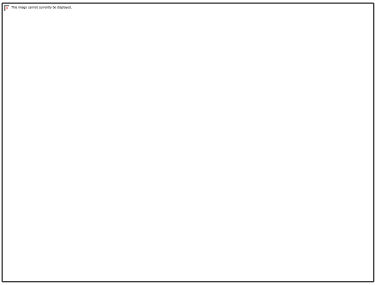
4 - Violence Reduction Unit (VRU)

Social enterprise 2016

- Dissidence to employment project
- Home boy industries - LA - 12 x social enterprise-

Asset based community dev - champions

Summer programmes running out of a school and school open for breakfast / lunch - holiday hunger



Navigators - The model has mentors all the time

Linked to the wider model of social enterprise

5- ACOM - a community in motion

4 head teachers in area working together on issues facing with kids

8 year led kids talking about violence at home/ primary children talking about running with gangs

2014 - 3 catholic schools and 1 non domination who don't normally come together saw Age 8/9 potentially starting to go down the violence path

Early intervention -

Young person has a system around them - families in the community involved

- Play organisation - possibilities for each and every kid PEEK - sport play activity matched with what the teachers have spoken about
- Medics against violence causes and effects - providing information for communities
- Violence reduction unit sessions
- Community evening/ events. Crèche/ sports/ adults to learn something - needs and wants of the community - centred around a meal 3x a year

(Online / learning together / common threads)

- Stop and search - assumptions of this community - predicated on this history
- Curriculum programme. 9 years / 10/11 receive sessions (taken from bystander)
- Working with the teachers - upskilling - sessions followed up in the classroom
- Health and wellbeing indicators
- Sports coaches at lunch time- marry with the themes taught in classes
- pupil equity fund committed amount equal for the coordinator post/ and run the other projects - and sports coaches
- each use the same banner but do it different ways - there are threads
- police training - playground carnival / invite the whole community to go up - Edinbrough military tattoo
- Residential - building strategies
- heads were driving this
- Teachers helping to develop the material
- Schools place in the community
- 4 schools core principle - **health happiness hope**
- Each school has to evidence the impact
- Thriving place - community planning tool (not deprived place)
- PEEK

- Homework club - community chefs - parents cook - 2 course meal and the kids eat with parents
 - Parents Mental Health / Loneliness.
 - Opened the school for the summer - breakfast and dinner
 - Parents - brought local college students in - hair etc.
 - Lifelink - counselling - coffee/ rooms counselling
 - YOGA/ PT
 - Group therapy - blither (chat))- tea / toast — suicide/ depression / money worries
 - English with additional language
 - Year 2 - Summer school
 - - reluctance to speak to the police - dirty / mean - community deals with things — dont grass (5 year olds say this)
 - Relationship with the police grows -
 - Chinese community - joint photography - joint book about dragon coming to Glasgow
 - Garden - allotment -
 - 24 put through qualification for cooking — employment — happy families and happy community - have happy children
 - fun food families
-
- Glasgow invested £1 mill for summer holiday hunger
 - Children neighborhoods – i.e. shank hill zone (USA)
 - This street is a thriving place/ this street isn't
 - Strategy simple/ clear - give the space to do it themselves
 - Ask the parents what they want

6 - x - Youth club

80% of the UK household's don't have dining table



Key elements:

- community cooking -
 - 5% teenagers eating the right amount of veg
 - 68% free school meals - and over the road is 5% — see difference so close by is an issue
 - Used to be a first aid station - patching kids up being stabbed
 - Trust and over time change behaviour
 - Put knives in a box on way in
 - Drugs / Functioning alcoholics - 1 day a week not really making an impact
 - employed local people to do stuff - experts in the community (needing training)
 - 1/2 staff team local residents
 - Community chef - training programmes
 - Diversionary team -
 - VRU youth exchange South Africa
 - 70% staff male - Breaking down stereo types - decent dad
 - Best engaged kids and Worst behaved kids – the best behaved kids had their needs met before they got to school
 - Xbox - paid and to be alongside when the children are at - chat room - build relationship and can come into the space
 - No baring policy -
 - All behaviour is communication - People don't have the words - how do we discuss this - emotional literacy / mental health first aiders. == if deal with that not have to deal with the safeguarding
-
- Iceland / North Lancashire - youth service in every sec school
 - Part of the learning community -
 - All of us are educators

- Adults scared to talk to others kids
- Eating - dignified approach to food poverty == all ages
- Celebrate people - year of the young person
- Going to where the community are meeting. In the social media space
- Looking for excuses to praise people
- NE Glasgow youth network
- Strategic youth alliance - health/ education / third sector/. Quarter — training / info sharing on email - purposefully come together and share the resources

Because of reduction in crime now kids move around - and feel they are to do this

END

Glasgow model

There has been much discussion about the “public health approach to violence”.

The visit was undertaken by officers in Lewisham to better understand the Glasgow approach with a specific focus on education, exclusion, and community approach as well as the violence reduction unit and enforcement approaches.

Glasgow model

Headlines:

- ✓ Putting children at the heart of the approach always
- ✓ Focus on deficits leads to negative perceptions and self-fulfilling prophecies.
- ✓ The common language and principles of nurture is the thread that runs throughout
- ✓ Education is at the heart – getting it right for every child
- ✓ Looking at all as educators not just teachers
- ✓ Schools as community hubs for adults and children – draw adults into educational establishments for other reasons i.e. Food as a key / anchor to engagement
- ✓ Stressed parents leads to stressed children
- ✓ Dignified approach to food poverty
- ✓ Working at early stages restoratively
- ✓ Finding solutions always
- ✓ You need a banner / strap line which needs to be understood by all
- ✓ Consistent, meaningful common language can change public opinion and reputation
- ✓ Significant leaders who have driven to bring about this change
- ✓ Don't try to do the whole thing at once – find places where there is commitment to start.
- ✓ Don't talk it – do it!!

Summary:

- 1- Let's be universal
- 2- Nurturing city-whole system ethos and culture
- 3- Education is at the heart – NO exclusions
- 4- possibilities for each and every kid
- 5- thriving places
- 6- Intensive engagement with whole school community
- 7- Food is a key anchor
- 8- Consistency, agreed language and leadership
- 9- Investment in staff

Meeting with Executive Director Education and a secondary school

The Director has been in this role for 10 years and instrumental in the approach of improving educational outcomes through getting it right for every child in Glasgow.

The Glasgow model focuses on the Nurture principles including a trauma informed approach and embedding this throughout all educators informal and formal. “Raising attainment in literacy and numeracy, embedded within our nurturing city”.

There was no use of the language “public health approach” by anyone in Glasgow – this appears to have been something that has been translated elsewhere. The model for Glasgow is based on being universal and not using the poverty issues as an excuse. “Expectations of teachers/ pupils — self-fulfilling prophecy – “what do you expect this is Glasgow !!!” have the same expectations for all Glasgow children as you do for your own children”.

It was clear that those working across the City understood and described this philosophy and used the same language and approaches that have brought about this whole scale change.

Children make mistakes - need to keep them in education

The focus on exclusions was one of the key drivers for keeping children in education. Glasgow does not have Pupil Referral Units (PRU) and is clear that excluding children is not an approach schools take. “if out not in - if not in not learning “. The schools invested heavily in good quality HR and learning and development for staff; restorative, mental health first aid, wellbeing and nurture principles.

High achieving urban schools don’t get rid of most challenging children; getting rid of failure is a misunderstanding. Being more inclusive / creative / flexible leads to better school. Adding value every child. Schools headline having the highest possible expectations of our young people / achieve / every element of their lives and who they are as people. Starts with every engagement they have **and** “Stop saying do your best — challenge themselves to improve everyday (staff too)”. There is a clear restorative approach in schools as the key response to responding to harmful behaviour with the Executive Director being involved directly in sessions where needed.

Health and Wellbeing forms a cornerstone of the culture within a school; this is enhanced with champions / ambassadors both staff and students who are visible, support the culture and seek to find solutions together. The investment in staff training and value has seen that “staff feel empowered to have the difficult conversations Kids empowered to come for help “.

Specific programs relating to safety and violence are delivered through the MVP - Mentors in violence prevention scheme delivered alongside the Violence reduction Unit. This programme focusses on

- Violence through a gendered lens
- Bystander approach - Feel powerless to intervene – how young people intervene Safely
- Understanding Victim blaming

“We used to say bringing a knife into school was an immediate exclusion... but this has been revised to think restoratively”.

There is a specific focus on sectarian impacts including violence and football teams and associations. The programmes have been developed and are embedded within the curriculum to focus on the following behaviours:

- Prejudice
- Discrimination
- Bigotry
- Hate behaviour (predating hate crime)
- Sectarianism

This foundation of work is on par with the aspects of hate behaviour and extremism.

Glasgow has worked in wider partnership with housing associations to offer bursaries for children from their housing stock to be educated – adding to the whole community working together.

Glasgow has seen significant improvements in their attainment of children, have strong retention of staff, utilise all aspects of informal and formal learning to focus on nurture principles – with all this leading to an overall reduction in violence.

If a kid can't read we teach them to read. If a child misbehaving we punish them.

This is primarily what is described when talking about the Glasgow model and forms 1 element of the whole approach.

The Violence Reduction Unit of Police Scotland was established in January 2005 by Strathclyde Police to target all forms of violent behaviour. Its aims are to reduce violent crime and behaviour by working with agencies in fields such as health, education and social work; to achieve long-term societal and attitudinal change by focusing on enforcement; and to contain and manage individuals who carry weapons, or who are involved in violent behaviour. The unit also aims to explore best practices and develop sustainable, innovative solutions to the deep-rooted problem of violence.

In April 2006, the Scottish Government extended the VRU's remit nationwide, thus creating a national centre of expertise on violent crime to work alongside the Government's Violence Reduction Team.

Funded in part by the Scottish Government, the VRU targets violence in all its forms, including street/gang violence, domestic abuse, school bullying and workplace bullying. It was clear that the Unit of police officers were very separate to the Policing Service as a whole, and were left to do its own thing. In 2008 the VRU set up its gangs initiative, the Community Initiative to Reduce Violence (CIRV), in the East End of Glasgow. Using a partnership approach that includes Police Scotland, Social services in Scotland, Education Scotland and other entities, the initiative counters gang activity through operational activity, diversion projects, and help with careers, education, and anger management.

A key part of the VRU's work is developing **early childhood initiatives** that support parents and those involved in teaching young children. These initiatives aim to give children skills that will keep them from becoming involved in violence later in life.

As of 2017 the VRU currently runs a number of **programmes**: Navigator (VRU) aims to stop the revolving door of violent injury in hospitals.

We met police officers who lead on the development of a social enterprise mobile food outlet which employs ex-offenders to support resettlement and introduction into employment. This is showing positive pathways out of crime.

The value of the Unit appears to be its "separation" from the Main police Service; having autonomy to deliver projects and aspects of their interventions which would not be within the Main Services remit. The team is not multi agency per se, but made up of police officers and volunteers with close links to relevant services such as education, the council, health and others.

Intensive engagement with whole school community via co-production – a community in Motion (ACOM)

Possibilities for each and every kid PEEK

Thriving Places is an intensive neighbourhood approach adopted by Glasgow Community Planning Partnerships' which targets specific areas of the City which have been identified as needing further support to tackle complicated local issues. The Thriving Places approach centres on partners working collaboratively with one another and with local communities to make better use of existing resources and assets in order to form an approach which is specific to each individual community's issues. It is an asset-based approach which builds on the capacity, skills and strengths in a community, with organisations working in partnership with residents to plan and deliver services.

Parkhead, Dalmarnock and Camlachie is one of nine Thriving Places across Glasgow City that have been identified as having consistent levels of inequality relative to other parts of the city including child poverty, health indicators and levels of unemployment. According to the Scottish Index of Multiple Deprivation (SIMD) in 2016, almost 40% of the population living in the Dalmarnock and Parkhead area of Glasgow are living in income deprivation. The Children and Young People's Health and Wellbeing Profiles show that the area more referrals to the Scottish Children's Reporter Administration and more children in poverty than the Glasgow average. S4 pupil attainment is also almost half that of the Glasgow average and two-thirds of 16-19 year olds are not in employment, education or training.

Dalmarnock Primary School is a key partner in Thriving Places. In response to children coming into school hungry and tired and unable to concentrate, the School provided what was considered to be a perfect opportunity to engage with families in the local area. A range of initiatives under the Food, Families and Future project were introduced with local partner agencies to help support children and families experiencing food poverty, including a breakfast club and homework club which run during the academic year.

Based on a social capital model: Social capital is the resources people develop and draw on to increase their confidence and self-esteem, their sense of connectedness, belonging, and ability to bring about change in their lives and communities and tends to be based on three key interactions:

- Bonding: strong supportive ties which occur within a group
- Bridging: weaker ties that connect people across group boundaries, for example with acquaintances or individuals from different communities etc

- Linking: connections between those with different levels of power or status and are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

For Dalmarnock Primary School this has resulted in the following activities:

- A Breakfast Club delivered by Cordia and augmented with games and activities by PEEK
- A Family Meal and Homework Club a co-production between the school, Bridgeton Community Learning Centre, Thriving Places, PEEK and the HSCP.
- A Summer Club funded by PEF and delivered by the school, Thriving Places and PEEK
- Language support for children and families where English is a second language developed from need identified at the Summer Club
- Emotional support group delivered by the HSCP
- Health Issues in the Community delivered by HSCP via their contract with North Glasgow Healthy Living Community

Parent benefits- All the parents spoke about the activities involving them and their children. It would appear that all the activities have been designed to involve the families (parents and children). Whilst none of the parents specifically talked about improvements/changes in their parenting style, the development of the activities has allowed partners to improve parents/carers skills in looking after their children without making it obvious this is what they are doing.

For example, parent involvement in meal preparation in the Family Meal and Homework Club and the Summer Club has taught parents to cook nutritious meals, introduced families to a range of healthy produce they would never have eaten normally and helped increase the bond between parent and child.

The initiatives also gave parents the chance to get to know other parents. Although many of them had been born and grown up in the area very few knew each other before involvement in the activities.

Final Report: Evidencing impact of intensive engagement with whole school community via co-production

Smaller groups of parents were created to let them cook together (allowing parents to share recipes and ideas). To help sustain the support, community workers have trained as community chefs to allow cooking sessions to be delivered at a lower cost.

Family benefits - There is also evidence that the activities have helped encourage parents and children to do things as a family and have also helped the parents get structure into their family life and develop routines and rules

Children's benefits- There is evidence that the activities are helping encourage children to go to school – including those whose attendance previously was poor.

"They actually look forward to going to school now. It's 'Mum hurry up it's PEEK day today'. Before I couldn't get them up in the morning for school for anything...it was always a fight and I was always stressed.". The children also expressed their enjoyment

Community benefits- The feedback from the parents and children in the evaluation suggests that the activities have also helped develop relationships out with Dalmarnock Primary. The involvement of the other school in the area is helping the older primary children with their transition into secondary school as they know more children in the local area and friendships are made before they attend "the big school".

"We need to find ways of reaching out to local communities if we are to really improve their quality of life and wellbeing. This programme has helped us to do this in ways which are of practical importance to local families ... not just what we think should be important for them"

"We don't have all the answers but we can find someone locally who can help - and that is great. It's local people and local agencies working together for the local community".

The programme also is recognised as helping support agencies objectives for building capacity and resilience in local communities as part of a long term sustainable approach to addressing inequalities.

"All the agencies involved in this are local. They have all been working in the area for some time and they know the community but we maybe didn't all know how we could work together to help. This programme has taught us that the best way of helping local people is to give them the skills they need to help

Evidencing impact of intensive engagement with whole school community via co-production themselves. The fact that the programme involves teaching people to cook, how to use ingredients, how to play with their kids is something that will never leave them... and hopefully they will pass on to their kids"

Benefits - The programme is considered by the agencies has resulting in a wide range of benefits, not just for individuals but for whole families and communities. The partners identified a range of benefits which they attributed to the programme, including:

- Helping tackle food poverty
- Encouraging children to come to school and families to get involved with the school
- Supporting transition between primary and secondary schools
- Developing parents confidence and self esteem
- Helping make the community more cohesive

- Encouraged cross-agency networking and support.

"Parents are coming into a school. Many of them had bad experiences at their own school and don't see the school as a place for them And certainly don't see it as somewhere they can contribute to. This programme is changing all that"

The inclusion of play into the programme activities appears to have been vital in encouraging the children to get (and stay) involved. It was very apparent from the children's feedback that they loved the opportunity for active play and it was a key

Evidencing impact of intensive engagement with whole school community via co-production motivator in getting to school and doing their homework. Whilst play is a vital component, the structure and discipline of the programme ensures that it is seen as a reward for completing tasks as opposed to a diversion away from those tasks and parents are adopting this approach with their children at home.

There was evidence from parents (and children) that the learning and skills from the programme are being used at home – whether this is parents cooking hot meals or creating structure, rules and boundaries around play, homework and behaviour.

The inclusion of skills development into the programme has also enabled the families to take their learning not only into the home but also into their community. The campaign by the Chinese families to address road safety issues benefits not only those parents and their children but other members of the local community.

(there is an in-depth evaluation of this approach - Glasgow City Health and Social Care Partnership - Evidencing impact of intensive engagement with whole school community via co-production - 15th December 2017).

Youth and community work

“Your badly behaved kids and well behaved kids have exactly the same needs, it’s just your well behaved kids have their needs met before they get to school”

The community and youth centre was a hub in the area and offered a wide range of skills and play opportunities. The staff were all invested in the same programme of nurture, play, and learning. The centre is open to all adults and children alike with adults purchasing food grown on site.

The culture and ethos was to move away from the centre being a “first Aid center patching kids up from stab wounds “ to one of taking responsibility as an educator; celebrating people and looking for excuses to praise.

The centre like the primary school saw food as a critical anchor but further identifying that there needs to be a dignified approach to food poverty which is not a food bank but cooking and eating together.

Summary:

The Glasgow approach from our perspective following the visit is:

- A simple and clear narrative about the collective approach – thriving city/ nurture and attainment for every child – this enables everyone to hook their approach to this.
- Focus on the universal not always on the targeted. Focusing on poverty and deprivation, which are known as significant issues, misses the point - every child should progress each day
- Right across the City all professionals are using the same language and methods; both informal and formal educators
- Education is at the heart of the approach
- Having high standards within schools : no exclusions , investment in HR and teachers, supportive training in health and wellbeing principles
- Opening a school to the whole community linking children and adults has seen significant benefits for children’s attainment and enjoyment in school, smoother transition, family distressing and greater involvement with children’s health and wellbeing.
- Linking play with learning has seen improved learning.
- The violence Reduction Unit is a critical element of working with those at risk/ involved in criminality. This unit is “separate” to the Main Police Service and has developed a number of bespoke programmes for education and diversion from criminality.

An inspiring visit

Appendices – notes from the individual visits

1 - Meeting with Executive Director Education

Improving educational outcomes through getting it right for every child in Glasgow

Glasgow's improvement challenge 2015 -2020

- ✓ Raising attainment in literacy and numeracy, embedded within our nurturing city;
- ✓ Improving children's health and wellbeing through nurturing approaches and increased participation in physical activity and sport
- ✓ Supporting families to be better able to support their child's learning and development;
- ✓ Enhancing the leadership of staff at all levels; and
- ✓ Raising attainment in secondary schools through providing additional supported study and mentoring with a continued focus on improving learning and teaching.
- ✓ Schools issues and working with difficult issues

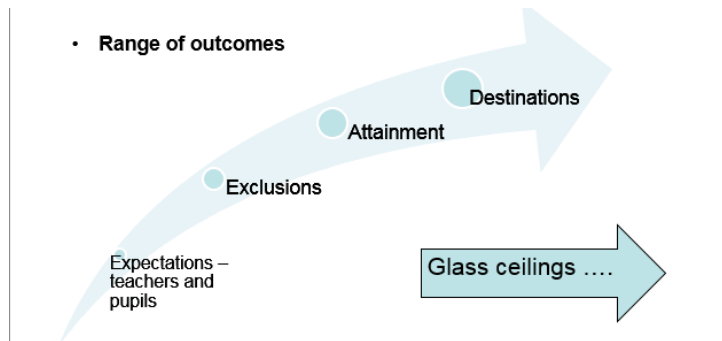
You need to

- ✓ have pride
- ✓ keep an unrelenting focus on improvement - putting learning and teaching at the heart of your work
- ✓ Keep nurturing principles at the core for children and staff
- ✓ empower heads, staff and young people to lead from within

Education at the heart:

- there is a Philosophy that is clearly aligned across the city / across all
- Improving educational outcomes through getting it right for every child in Glasgow
- Ditch the poverty excuse; get schools and education right
- Expectations of teachers/ pupils — self-fulfilling prophecy – “what do you expect this is Glasgow !!!” have the same expectations for all Glasgow children as you do for your own children
- Focus on no Exclusions - NO PRU !!! Reduced purchased placement outside of the city

The journey of improvement: blasting through the glass ceilings



Being universal:

- The focus on most deprived often misses the point that in Glasgow that 41% live in the 10% most deprived – so let's be universal to all !!
- Focus most on exclusions – Glasgow has seen a 74% reduction through monthly focus on levels talk about it ; care
- Keeping children at the centre, Restorative approaches
- Make brave decisions

Children make mistakes - need to keep them in education

We can make decisions that affect their whole lives

There is So much more than attainment

- Young people leadership
- Building capacity of young people
- Adults in supporting capacity not leading
- Growing Glasgow's citizens
- Sport/ culture. Children at heart -
- Active play / raise attainment
- Link raising attainment to the getting active - NOT diversionary!!
- Games. Children went in before the gates opened - their buildings lending for 11 days
- Local competitions - use the same equipment as professionals and mix with the athletes
- pride in city / participation

A nurturing city has schools in which:

- ✓ All children and young people, and their families, feel that they belong and that their lives and experiences are valued and respected.
- ✓ all children and young people, and their families, feel that staff listen to their views and that, if disagreements arise, staff respond sensitively and thoughtfully and work to resolve them
- ✓ nurture network
- ✓ Nurseries. Primary / sec
- ✓ Social emotional need - attachment based way
- ✓ Enhances nurture spaces

Nurturing city - what does it feel like:

- belong and lives and experiences are valued and respected
- Children's experiences are so different from their own — easy to be judgmental
- Disagreements arise / how you respond to that sensitively and thoughtfully
- It's about what works for your school not dictated – there is no Glasgow curriculum
- Head teachers are senior leaders of the council
- HR requires high quality staff with a Strong accountability framework (if you have staffing issues you don't have a nurturing environment)
- Equipping staff with the right language and understanding

Relentless focus Learning and teaching - high quality

Children at heart of everything you do

Intolerant of difficult decisions- of anything that results in a weak outcome for children

Drop stone ripple in the pond and everybody gets high quality

Nurturing principles:

- Children's learning is understood developmentally
- The classroom offers a safe base
- The importance of nurture for the development of wellbeing
- Language is a vital means of communication
- All behavior is communication
- The importance of transition in children's lives

Getting it right for every child:

- **Culture and ethos. - relationships at the forefront**
- **Poverty is getting worse and education is the key**

2 - Meeting with social inclusion, Glasgow Council

Sectarian project

- ethnic groups aligning with football
- Muslim community growing (go to catholic schools)
- Tribalism -
- Community based pilot projects
- Mapping whose going to sort what / community led
- £2mill - 44 different projects
- Conflict and issue
- Lots of learning
- Football coordination unit
- Community based to formal education

Glasgow schools

- Integrated in the curriculum
- - early year transition - child friendly rainbow fish to the rescue
- - 3/4 weeks work with the kids - do workshops together across schools - communities united / divide city and workshops
- Scared for life - violent episode - how it happened
- Employment/ social media/ sectarianism
- Curriculum for excellence - Free resources - forward plan for the classes s- teachers are involved and delivering
- Communities united - 4 week programme (2 schools working together) - Building friendships

Targeting 5 behaviours :

- prejudice
- Discrimination
- Bigotry
- Hate behaviour (predating hate crime)
- Sectarianism

3 - x school– Executive Head teacher

- 1750- pupils
- Some of the most deprived areas in Scotland
- Poverty - effects - addiction / alcohol
- Circumstances are what they are - dont spend time talking about this
- Perception (what next?) / truth (positive/ high expectation / aspire)
- - improve life chances if you improve people
- Ethos and culture of the school needs to work — nurture won't work otherwise

Ethos

- Highest possible expectations of our young people / achieve / every element of their lives and who they are as people. Starts with every engagement they have
- Capable of giving us your best
- Stop saying do your best — challenge themselves to improve everyday (staff too)
- Uniform - looks positive - comes productive - look same level - proud - outward sign of inward excellence
- Expectations need to be their own expectations
- Behaviour/ conduct is all essential
- Health and wellbeing focus and not excluding are part of raising attainment not contradictory or separate
- caring / concerned welfare based approach - feel safe/ loved/ valued
- Nurture
- Adults about - make me feel safe - wander / talk / stand in places to engage /
- Lunch time teachers walk to the shops/ walk about outside
- find solutions for the child - solutions to issues/ to stay with us - can influence/ engage
- Preventing things happening - if happen.-Solutions
- “if out not in - if not in not learning “
- Improve lives now and improve life chances in the future
- training across all levels of staff -
- Not driven by reducing violence / exclusion
- Driven by improving young people's lives
- community regeneration
- Parents come in as learners

**Add value to every child that comes in the door -
do better than expected when they start**

High achieving urban schools -

- don't get rid of most challenging children - Getting rid of failure is a misunderstanding
- More inclusive / creative / flexible — leads to better school
- add value every child

Nurture principles:

- Nurture base - softer start to the day
- Social emotional and support needs
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- Missed experiences in childhood -
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Whole school nurturing implementation team

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Health and wellbeing ambassadors

Visibility across the school - lanyards/ hoodies so there is clarity about everyone's purposes

Wellbeing in the school:

- policies written by staff/ students
- Wellbeing ambassador yr 6 pupils
- Drop in zone
- Resilience and growth mindset
- Mental health campaign



Ambassador:

- buddying
- CP training
- self talk training (suicide)
- Nurture training
- Primary transition
- ASN sports clubs
- Drop in zone



Staff development

- nurture/ first aid mental health / staff days/ faculty meetings
- staff feel empowered to have the difficult conversations
- Kids empowered to come for help
- volunteering to do the training - not mandatory
- People strategy - thanking staff for the work done - Excellence in Professional learning
- Oc health, practical health monitoring 3x a year for staff
- GROW something –

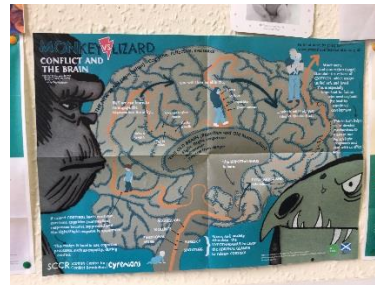
4 - Violence Reduction Unit (VRU)

Social enterprise 2016

- Dissidence to employment project
- Home boy industries - LA - 12 x social enterprise-

Asset based community dev - champions

Summer programmes running out of a school and school open for breakfast / lunch - holiday hunger



Navigators - The model has mentors all the time

Linked to the wider model of social enterprise

5- ACOM - a community in motion

4 head teachers in area working together on issues facing with kids

8 year led kids talking about violence at home/ primary children talking about running with gangs

2014 - 3 catholic schools and 1 non domination who don't normally come together saw Age 8/9 potentially starting to go down the violence path

Early intervention -

Young person has a system around them - families in the community involved

- Play organisation - possibilities for each and every kid PEEK - sport play activity matched with what the teachers have spoken about
- Medics against violence causes and effects - providing information for communities
- Violence reduction unit sessions
- Community evening/ events. Crèche/ sports/ adults to learn something - needs and wants of the community - centred around a meal 3x a year

(Online / learning together / common threads)

- Stop and search - assumptions of this community - predicated on this history
- Curriculum programme. 9 years / 10/11 receive sessions (taken from bystander)
- Working with the teachers - upskilling - sessions followed up in the classroom
- Health and wellbeing indicators
- Sports coaches at lunch time- marry with the themes taught in classes
- pupil equity fund committed amount equal for the coordinator post/ and run the other projects - and sports coaches
- each use the same banner but do it different ways - there are threads
- police training - playground carnival / invite the whole community to go up - Edinbrough military tattoo
- Residential - building strategies
- heads were driving this
- Teachers helping to develop the material
- Schools place in the community
- 4 schools core principle - **health happiness hope**
- Each school has to evidence the impact
- Thriving place - community planning tool (not deprived place)
- PEEK

- Homework club - community chefs - parents cook - 2 course meal and the kids eat with parents
 - Parents Mental Health / Loneliness.
 - Opened the school for the summer - breakfast and dinner
 - Parents - brought local college students in - hair etc.
 - Lifelink - counselling - coffee/ rooms counselling
 - YOGA/ PT
 - Group therapy - blither (chat))- tea / toast — suicide/ depression / money worries
 - English with additional language
 - Year 2 - Summer school
 - - reluctance to speak to the police - dirty / mean - community deals with things — dont grass (5 year olds say this)
 - Relationship with the police grows -
 - Chinese community - joint photography - joint book about dragon coming to Glasgow
 - Garden - allotment -
 - 24 put through qualification for cooking — employment — happy families and happy community - have happy children
 - fun food families
-
- Glasgow invested £1 mill for summer holiday hunger
 - Children neighborhoods – i.e. shank hill zone (USA)
 - This street is a thriving place/ this street isn't
 - Strategy simple/ clear - give the space to do it themselves
 - Ask the parents what they want

6 - x - Youth club

80% of the UK household's don't have dining table



Key elements:

- community cooking -
 - 5% teenagers eating the right amount of veg
 - 68% free school meals - and over the road is 5% — see difference so close by is an issue
 - Used to be a first aid station - patching kids up being stabbed
 - Trust and over time change behaviour
 - Put knives in a box on way in
 - Drugs / Functioning alcoholics - 1 day a week not really making an impact
 - employed local people to do stuff - experts in the community (needing training)
 - 1/2 staff team local residents
 - Community chef - training programmes
 - Diversionary team -
 - VRU youth exchange South Africa
 - 70% staff male - Breaking down stereo types - decent dad
 - Best engaged kids and Worst behaved kids – the best behaved kids had their needs met before they got to school
 - Xbox - paid and to be alongside when the children are at - chat room - build relationship and can come into the space
 - No baring policy -
 - All behaviour is communication - People don't have the words - how do we discuss this - emotional literacy / mental health first aiders. == if deal with that not have to deal with the safeguarding
-
- Iceland / North Lancashire - youth service in every sec school
 - Part of the learning community -
 - All of us are educators

- Adults scared to talk to others kids
- Eating - dignified approach to food poverty == all ages
- Celebrate people - year of the young person
- Going to where the community are meeting. In the social media space
- Looking for excuses to praise people
- NE Glasgow youth network
- Strategic youth alliance - health/ education / third sector/. Quarter — training / info sharing on email - purposefully come together and share the resources

Because of reduction in crime now kids move around - and feel they are to do this

END

LEWISHAM FAIR ACCESS PROTOCOL – SECONDARY

1. Definition
2. Purpose of the Fair Access Protocol
3. Admissions outside the scope of the Fair Access Protocol
4. The scope of Admissions under the Fair Access Protocol
5. Principles for admissions under the Fair Access Protocol
6. Fair Access placement criteria
7. Processes for admissions under the Fair Access Protocol
8. Fair Access Appeals
9. Operational of process under the Fair Access Panel
10. Fair Access Panel referrals

1. Definition

The Lewisham Fair Access Protocol is based on the requirements of the Admissions Code of Practice issued December 2014 and regulations relating to children missing from education. It takes account of the particular circumstances relating to secondary schools in Lewisham and builds on current good practice.

Local authorities have a duty to ensure that each student in its area can secure access to education. A Fair Access Protocol supports the local authority in this duty, and provides an equitable system for the allocation of school places. Students in Lewisham are placed under the Fair Access Protocol by the Fair Access Panel.

The operation of the Fair Access Protocol is outside normal admissions arrangements and is triggered when a parent of an eligible student has not secured a school place under:

- in-year admissions; or
- Reception or Secondary transfer procedures.

2. Purpose of the Fair Access Protocol

All Lewisham secondary schools, including those that have their own admission authority e.g. church schools, are required to adhere to the requirements of this protocol.

Lewisham's Fair Access Protocol is designed to:

- Respond to the needs of vulnerable students who are not on the roll of any school, placing them in education provision quickly and without delay, taking account of their specific needs.
- Aim to place them in education provision quickly so that and students are on roll within 10 days of the Fair Access Panel meeting.
- Provide a fair, equitable and open allocation of school places, particularly for students who may present difficult behaviours.
- Be fair and transparent, to have the confidence of all secondary schools and to include representatives of mainstream secondary schools in the decision making process.
- Ensure no secondary school or academy – including those with vacancies – is asked to take a disproportionate number of students who have been excluded from school, or have challenging behaviour. Information such as number of students on roll, exclusions and in year admissions is held by the local authority Access, Inclusion and Participation Service and will be monitored and taken into consideration.
- Reduce the time all students and particularly vulnerable students spend out of education.
- Strengthen and develop the existing admissions arrangements and procedures, taking into account the local authority's duty to coordinate all in year admissions to school.

3. Admissions outside the scope of the Fair Access Protocol

The majority of school admissions are outside of Lewisham's Fair Access Protocol arrangements and include:

3.1 In year admissions

The majority of in year admissions from reception to Year 11 which are not covered by the Reception or Secondary transfer schemes. In most cases the admissions process is straightforward. The parent arrives in the area, applies for a place in a school where there is a vacancy and the student is admitted to school (see flowchart A).

All applicants are required to complete an In Year Common Application Form (iCAF) and return it direct to the local authority; schools will not accept direct applications. The In Year Admissions Team will determine, based on the details supplied with the application, whether the student qualifies for admission as In Year or Fair Access and either refer the case direct to the school applied for or to the Fair Access Panel.

Further information about the in year admissions process can be found on the website at: <http://www.lewisham.gov.uk/myservices/education/schools/school-admission/Pages/Transferring-to-a-different-school-mid-year.aspx>

3.2 In year transfers between schools

Students who request a transfer from their current school in Lewisham and who have completed an In Year Common Application Form do not take priority over those who qualify under the Fair Access or in year admissions arrangements as detailed below.

Secondary schools – where both Headteachers are supportive of the transfer the receiving school will arrange admission for the start of the next half term or sooner if there are compelling reasons to do so earlier. Students who have not moved address and request more than two transfers of school should be notified to the local authority as a safeguarding case.

Lewisham's In Year Common Application Form requests for information about the student to be completed by the current Headteacher. This will include information about the student's attendance, behaviour and other interventions. This information will assist the local authority in determining whether the application is to be dealt with under the Fair Access Protocol.

3.3 Students with statements of SEN or an Education Health Care Plan

Admission of students with a statement of special educational needs (SEN) or an Education, Health and Care Plan (EHCP) are not covered by these arrangements, as there are different legislative requirements relating to their school placement.

4. The scope of admissions under the Fair Access Protocol

Fair Access will be used for students whose admission under in year admissions has failed either because there are no vacancies (within a reasonable distance to the home address) in any school in Lewisham in the student's year group or the admission is not straightforward (see flowchart B) that have created an exception.

The Admissions Code of Practice 2014 states that local authorities must consider the following groups of students under the Fair Access arrangements:

- Reintegration of students returning from the criminal justice system.
- Reintegration of students from Pupil Referral Units.
- Gypsies, Roma, Travellers, refugees, asylum seekers.
- Homeless children.
- Young carers.

- Students with SEN, CWD or medical needs (without statement / EHCP).
- Students from unsupportive backgrounds for whom a place has not yet been sought.
- Students who have been out of education for two months or more.

In addition, Lewisham local authority and secondary schools have locally agreed to include the following groups to be considered under the Fair Access arrangements:

- Children Looked After - by other authorities (see 4.1 below).
- Students attending a PRU on an intervention placement where a complex situation has arisen and it is not in their interest to return to the initial school.
- Managed moves in the event of a complex situation or where there is a breakdown in the relationship between the school and the parent – the Fair Access Panel can facilitate a managed move. The school should be able to provide appropriate evidence that every effort to facilitate a managed move has been exhausted.
- Students at risk of permanent exclusion (see 4.2 below).
- Students at risk of CSE, self-harming, substance misusing and are believed to be vulnerable by relevant agencies supporting the student.
- Students who have been out of education for longer than 20 school days.
- Students whose parents have been unable to find them a place after moving to the borough, because of a shortage of places.
- Students withdrawn from schools by their family and who are unable to find another place.
- Students without a school place and with a history of serious attendance problems.
- Students for whom the local authority is pursuing a School Attendance order with parents.
- Students known to the Police and Children's Social Care.
- Any student who has returned to the borough, including those who had left the country, and who were previously attending a Lewisham school.
- Students of UK service personnel and other crown servants.
- Students who have returned to the borough (expectation is that these students are referred to their previous school who either readmit or make a referral to the Fair Access Protocol for an alternative school place).
- Students with known behavioural problems who have transferred between two or more Lewisham schools but have NOT been permanently excluded. For example a student who may have accessed previous school placement through an in year admission.
- Students withdrawn by their parents to be 'educated otherwise' and are now seeking a school place (expectation is that these students are referred to their previous school who either readmit or if not appropriate the school need to make a referral to the Fair Access Panel for an alternative school place).
- Students who have been victims of severe bullying or harassment (as supported by current school) and require an urgent transfer.
- Students in Year 11 and where there is evidence that they would not be able to transition into main stream education.

There may be other circumstances as to why the student's admission should be treated as an exception and placed in school under the Fair Access Protocol. These circumstances can include:

- A newly arrived student who was not previously permanently excluded but who was attending a Pupil Referral Unit (PRU). For example, a student may have recently arrived in Lewisham and was previously attending a PRU in an outside borough therefore needs to be considered by the Fair Access Panel for an educational placement.
- A newly arrived student who had previously attended two or more Lewisham primary or secondary schools.

- A newly arrived student whose parent/carer states that the student has medical or educational needs but does not have a statement of special educational need or Education Health Care Plan.
- A newly arrived student who has not previously attended a mainstream school or who has not attended a mainstream school for more than one school term.
- A newly arrived student who has been placed in school under the in year admissions arrangements and where the receiving school has identified difficulties which had not previously been disclosed.

For more complex cases further investigation may need to be carried out by local authority officers within the Access, Inclusion & Participation Service.

4.1. Children Looked After (CLA)

- Children Looked After are given first priority in all Lewisham schools' admissions criteria and must be placed within 10 school days.
- CLA who require admission to a school outside the normal admissions round will be offered a place at their first preference school. A CLA may be placed as an acceptable exception in a Key Stage 1 class. Applications from CLA will be prioritised and normally processed within three working days. The expectation is that the student will be offered a place in mainstream provision within ten working days of the application, unless there are compelling reasons otherwise. Details about CLA should be transferred between schools as quickly as possible and ideally within a week of the student starting at their new school.
- If an admission is disputed, the case must be referred to the Fair Access Panel giving detailed reasons within five school days. The local authority reserves the right to direct admission if necessary.

4.2 Students at risk of permanent exclusion

Lewisham local authority in partnership with all secondary schools has agreed, as part of the overall strategy to reduce permanent exclusion, that cases of children at risk of exclusion could be referred to the Fair Access Panel for consideration prior to a making a decision to permanently exclude a student.

It is acknowledged that in some instances there are early warning signs that a student may be at risk of permanent exclusion, for example a student that has received more than two fixed term exclusions due to persistent disruptive behaviour. It is agreed that collaborative working within the following guiding principles in respect of making an offer of an alternative school place for those student who are at risk of exclusion:

- Student centred focus.
- Honesty and transparency.
- Ensuring safeguarding is paramount.
- Avoid negative outcomes of permanent exclusion.
- Shared responsibility for reducing exclusions.
- Greater understanding of the wider implications of permanent exclusions.

4.3 Managed Moves

Fair Access Panel will consider requests for complex managed moves between schools or Academies, after all reasonable attempts have been exhausted by the school or Academy.

A managed move to another school or Academy is an option to enable the student to have a fresh start.

A managed move is considered by the Headteacher where one or more of the following applies:

- The student has a history of challenging behaviour and other support strategies have not been successful.
- There has been a 'one off' incident which means the student would benefit from a fresh start.
- The relationship between the student / family and the school / school community has broken down to an irrevocable degree.

The referral to Fair Access Panel would require the Headteacher to provide information that there has been a serious breach of behaviour policy within the school or Academy and that all support mechanisms to improve behaviour had been exhausted.

Cases for managed moves can only be submitted to Fair Access Panel if the prior consent of the parents/carers and the student concerned has been obtained.

Further information about managed moves can be found in the Managed Moves Protocol.

4.4 AWPU claims for managed moves

Schools are able to claim funding for managed moves using an agreed formula. Managed moves are reported at every Fair Access Panel meeting and recorded by the local authority.

Additional funding from the sending school may be required to support a successful managed move e.g if a student was receiving part or full time 'adult support' or any other additional support, this should continue during the managed move and be funded by the sending school.

Further information about Managed Moves can be found in the Managed Moves Protocol.

4.5. Directing a student to Alternative Provision

Section 154 of the Education and Skills act 2008 amends section 29 of the Education Act introduces a power for governing bodies to require a registered students to attend off-site provision with a view to improving their behaviour.

The power is given to governing bodies and **not Fair Access Panel**. Headteachers can bring suitable cases to Fair Access Panel asking for a supportive allocation, but the panel and associated procedures would not have the authority to progress the allocation as the power resides with governing bodies.

The requirement residing with governing bodies is a 'power' and not a 'duty'. There is a clear difference in law whereby a 'power' is only discretionary and a 'duty' placed on a person/organisation must be discharged/fulfilled.

A parent refusing to send/comply with the requirement stating reasons for this refusal would need that reason considered by the governing body **not Fair Access Panel**.

An example of refusal might be because of perceived gang culture or postcode issues. Each case would need to be considered on its own merits by governing bodies.

As long as a governing body is able to rationalise and document the reasons for requiring the student to attend Alternative Provision using the power given a parent could be prosecuted for the student's non-attendance.

Headteachers are asked to consider using the power to refer students to Alternative Provision. This will allow for Fair Access Panel and the associated Protocols to deal with the overwhelming majority of cases that would be considered within the 'power'.

Headteachers and governing bodies **MUST**:

- provide written notice to the parent of the off-site direction at least two school days before the educational provision is due to start;
- hold a review meeting within 30 days of the student being directed off-site, and at least every 30 days thereafter whilst the direction remains in force;
- invite a representative from the local authority to a review meeting where the student has a statement of special educational needs; and
- ensure that any referral does not extend beyond the end of the academic year in which it is issued.

Further information on Direction to Alternative Provision and the process can be found at Appendix 1.

4.6 Permanently Excluded students

- Lewisham local authority does not expect any school in the area to permanently exclude a CLA, a student with a statement of SEN or EHCP or a student who is subject to a student protection plan.
- Lewisham residents who are permanently excluded from mainstream school are expected to attend a Lewisham Pupil Referral Unit (PRU) or an appropriate and suitable alternative education provision so their needs can be assessed and suitably addressed. Once they are ready to return to mainstream school the PRU will make a recommendation to the Fair Access Panel who in turn will identify a school place.
- All schools should admit a fair share of permanently excluded student. In determining admission the Fair Access Panel will consider relevant factors, such as the distance from the home address to school and other student focused matters. An annual report will be presented to the Lewisham Inclusion Board and Directorate Management Team to ensure that all schools operate in line with this policy.
- Permanently excluded students attending a Pupil Referral Unit or alternative education provision must be reintegrated via the Fair Access Panel to mainstream schools as soon as possible. All schools should reintegrate a fair share of excluded students. No school should have to admit an unreasonable number of reintegrations.
- Where PRU or alternative provision is struggling to meet a student's needs due to a serious safeguarding concern the student must be referred to Fair Access Panel with evidence of the concerns and for a panel decision.

4.7 Admissions in Year 11

4.7.1 Year 11 students – English as a second language

Year 11 students arriving in the borough who have difficulties with fluency in English may be referred to Lewisham Southwark College to be placed on the College's EAL programme.

4.7.2 Year 11 new arrivals or returning to the borough

Year 11 students arriving in the borough who are English native speakers will be offered an initial assessment to ascertain academic levels and a 'Pathways' meeting at Baseline Lewisham. After the initial assessment and meeting has taken place a referral will be made to Fair Access Panel for a decision. (See Appendix 2)

5. Principles for admission under the Fair Access Protocol

- All admission authorities must participate in the Fair Access Protocol in order to ensure that unplaced students are allocated a school place quickly.
- There is no duty for local authorities or admission authorities to comply with parental preference when allocating places through the Fair Access Protocol, although the panel may consider this when making a decision.

- Secondary schools will continue to admit students who apply for a vacancy under normal in year admission arrangements unless there are compelling reasons not to do so and the school refers the admission to the Fair Access Panel for placement.
- Secondary schools cannot cite going over Planned Admissions Number as a reason for not admitting a student once they are classified as qualifying for admission under the Fair Access Protocol.
- Fair Access students will be given priority for admission over others on a waiting list or awaiting an appeal.
- Secondary schools must not refuse to admit a student who has been denied a place at that school at appeal, if the Fair Access Panel identifies that school as the one to admit the student.
- Where an applicant expresses a strong aversion to or desire for the religious ethos of a school, this will be taken into consideration. Where possible, Lewisham will refer active church members to the appropriate denominational school but this cannot be guaranteed.
- Decisions to recommend placement at a particular school will take into account that school's organisational and structural factors. These will include the Published Admission Number (PAN), the number currently on roll in that year group, whether there would be an impact on the delivery of the National Curriculum and constraints involving the school site, such as building work; It is important to note that whilst these will be taken into consideration they will not be the factors that will make the over-riding decision.

Where required schools must exceed their Published Admission Number (PAN) to admit:

- Children Looked After
- Students with special educational needs but without a statement or EHCP.
- Students with disabilities or medical conditions.
- Students of UK service personnel and other Crown Servants.

6. Fair Access placement criteria

The Fair Access Panel will decide which school should be required to admit a student using the following criteria:

- The closest school to the student's permanent home address. Distance will be measured in a straight line from the student's home address to the nodal point.
- However, in identifying an appropriate school or education provision, the Panel's consideration will be focused on the educational needs of the student. At every meeting the panel members will be provided with data showing the placement of vulnerable student previously placed at each school.

The Panel should also consider any of the following factors when making placement decisions relating to school places:

- Specific issues in relation to the individual case.
- Parental preference.
- Religious or cultural affiliations.
- Any particular ethos or specialist status of the identified school.

Secondary schools already at or above their Planned Admission Number for the year group in question will also be required to admit a fair share of these students. Schools which already admit students under the in year arrangements should not admit a disproportionate number of students under the Fair Access protocol.

Minutes of the previous meeting, progress updates on students placed through Fair Access Panel and profiles for each student to be considered for placement will be circulated to all panel members at least three days before the meeting.

7. Processes for admissions under the Fair Access Protocol

The local authority will make the offer of a school place under the Fair Access Protocol under the established in year process.

The school should admit the applicant within 10 days of the of the Fair Access Panel outcome letter.

8. Fair Access appeals

A school or Academy placement made through Fair Access Panel shall not remove a parent's right to appeal for a school /or Academy place elsewhere. Parents will be guided to the process of appeals if necessary.

Appeal panels will be made aware of the conditions of the Protocol, and that the admission of an additional student under this Protocol is different from a school or Academy voluntarily exceeding its Published Admissions Number. Panels will also be made aware that any decision made to allow appeals will place further pressure on the school or Academy's resources.

If the school has genuine concerns about the student's admission, for example information is revealed which had not been disclosed at the point of application, the school must contact the local authority within five days in writing, clearly outlining the reasons why the student should not be admitted.

The local authority will consider the appeal, taking into account any genuine concerns about the admission (for example a previous serious breakdown in the relationship between the school and the family) and will determine whether to:

- pursue the original placement; or
- accept the school's rationale for not admitting the student and agree another school placement.

If the Panel decide to pursue the original placement the school must admit the student by a date specified by the Panel which should be no longer than five school days.

8.1 Where a school feels that they cannot meet the needs of a student who has been admitted by the local authority:

- Schools must communicate in writing to:
Chair of Fair Access Panel: Ruth Griffiths: ruth.griffiths@Lewisham.gov.uk or 0208 3413499 FAPLewisham@lewisham.gov.uk.
- This needs to provide compelling evidence as to why the school cannot meet the student's needs.
- This must be within five school days.
- The school should inform parents of referral to Fair Access Panel.
- The Chair of the Fair Access Panel will consider if the case is sufficient to be heard by the Panel or make a decision to direct the school to admit.

9. Operational Processes under the Fair Access Panel

9.1. Membership (reviewed annually)

The Fair Access Panel is chaired by the Service Manager for Access, Inclusion and Participation.

Members for secondary Fair Access Panel include representatives from:

- Heads/Deputies or Assistant Heads from all Lewisham secondary schools

- Head/Deputy or Assistant Head from Abbey Manor College
- Fair Access, Elective Home Education and Alternative Provision
- Admissions & Appeals
- Attendance
- Inclusion and Reintegration
- Children's Social Care
- Youth Offending Service
- Educational Psychologist / Special Education Needs
- Lewisham Virtual School

9.2 Terms of Reference

The Panel will convene every three weeks in term time for secondary schools.

Data confirming the admission of students under the Fair Access Protocol will be circulated to all secondary schools after each meeting.

9.3 Chairs Action

The Chair may be required to take decisions outside of Fair Access Panel throughout the course of the academic year. These cases will be considered on an emergency basis and will require ratification and minuting at the next appropriate panel meeting.

- The membership of the Fair Access Panel and the appointments of Panel members is regularly reviewed (at least annually) by the Service Manager of the Access, Inclusion & Participation.
- The Fair Access Panel is responsible for having regard to the scope, principles and processes of the Fair Access Policy and Protocols, accepting and tracking referrals, and identifying for each case referred an appropriate mainstream school or alternative education provider.
- Based on the information from schools, relevant professionals, parents and students, and in the light of provision available, the Fair Access Panel agrees either a referral to appropriate provision, or appropriate action.
- Meetings proceed in accordance with the Council's Code of Conduct, and decision is reached by a consensus (general or widespread agreement) sought among the whole membership. In some cases further meetings and/or further information may be required to achieve consensus.
- The Fair Access Panel members can acquire information that has not been made public. As such, Panel members should never disclose or use confidential information for personal advantage or for the advantage of anyone known to them, or to the disadvantage of the Panel or anyone else.
- For meetings to be valid and quorate there must be at least four Panel members present.
- The Fair Access Panel can:
 - Direct students to mainstream schools.
 - Refer students within the agreed criteria to Abbey Manor College or alternative education provision e.g permanently excluded students.
 - Arrange the reintegration of permanently excluded students into mainstream school
 - Refer students returning from custodial care to Abbey Manor College for assessment, and to a named school for admission.
 - Agree alternative education placements for a student not on roll of a school.
 - Agree action to be taken forward by a named officer.
 - Arrange a one-off home visit by an Attendance and Welfare Officer.
 - Ensure, where appropriate, that links are made to Children's Social Care Services.
 - Request Lewisham Southwark College to carry out an academic assessment.
 - Arrange intervention referrals to alternative provision for a student on roll of a school.

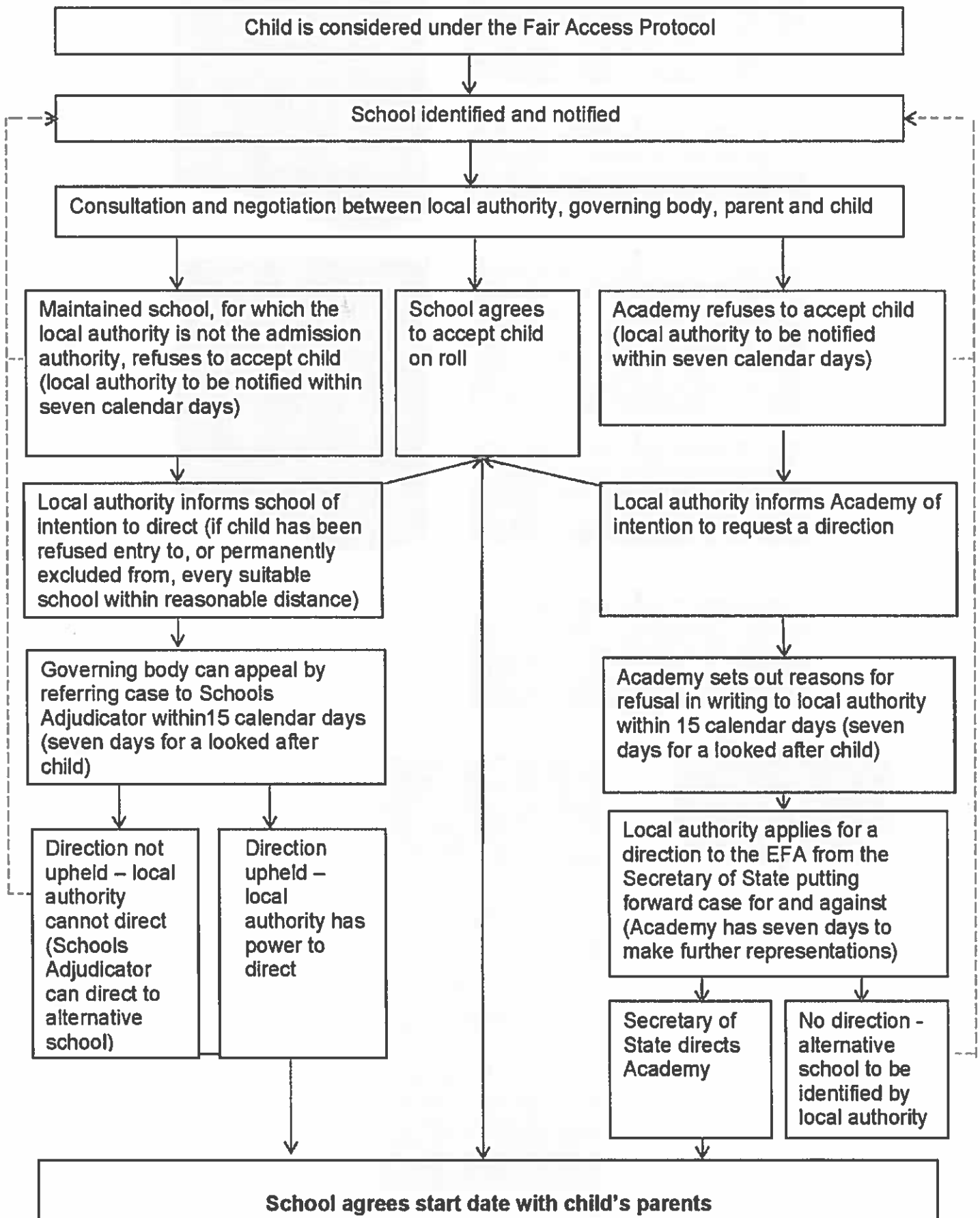
- Agree to the implementation of School Attendance Order Proceedings
 - Agree action to be undertaken by a named officer
 - Escalate any concerns to senior officers (eg conduct of a service, school, professional etc).

The Fair Access Panel cannot arrange education provision for students with Statements of Special Educational Needs or an EHCP.

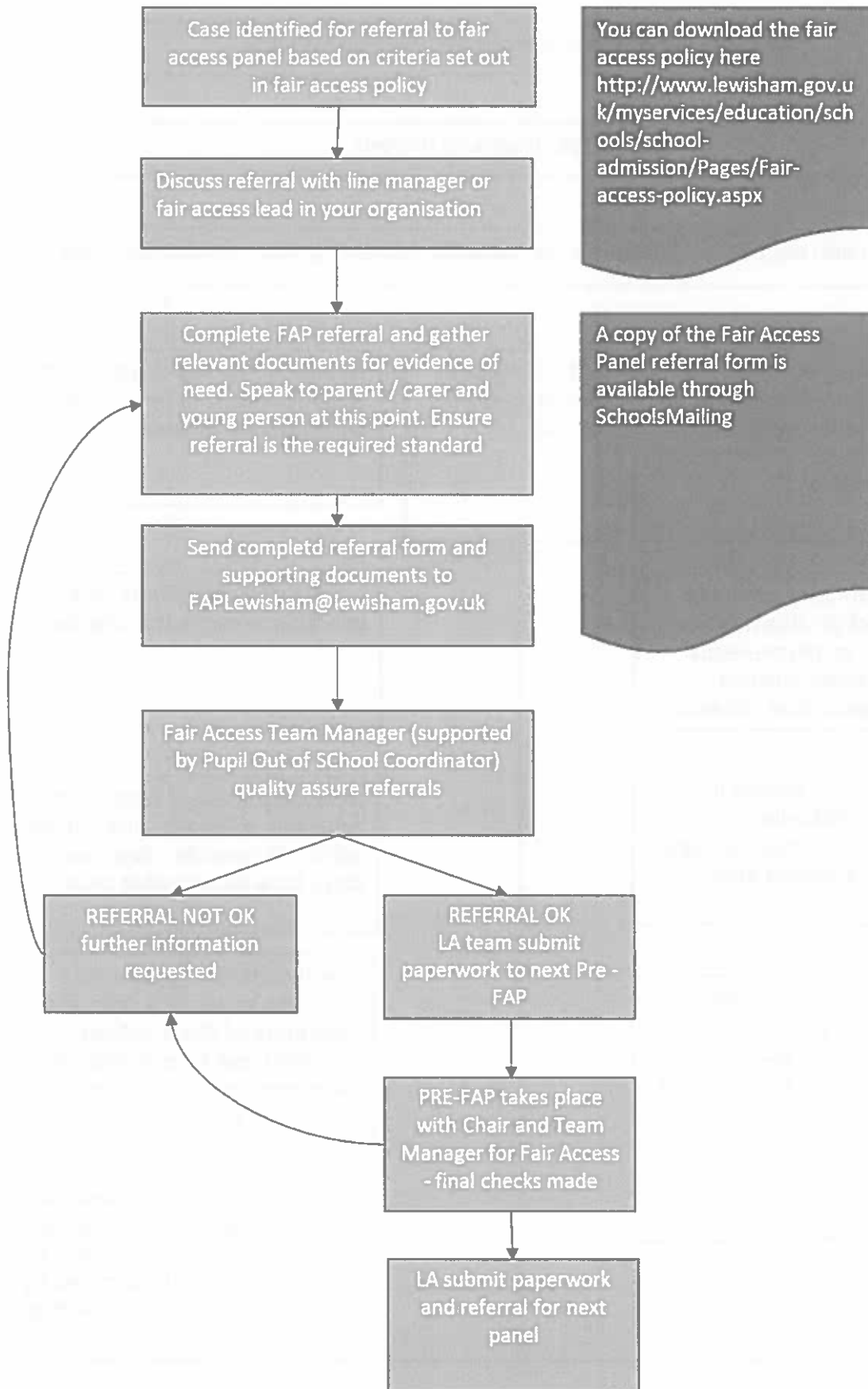
10. Fair Access Panel Referrals: FAPLewisham@lewisham.gov.uk

- The person responsible for referring a student to Fair Access Panel will need to include copies of all paperwork for example Fair Access Panel Referral form, and ensure that they are completed comprehensively.
- If local authority officers feel that there is insufficient evidence to make a fair and appropriate Fair Access Panel decision the paperwork and forms, the referrer will be advised and the student may not be included on the Fair Access Panel agenda.

Directions flow chart (overview of process)



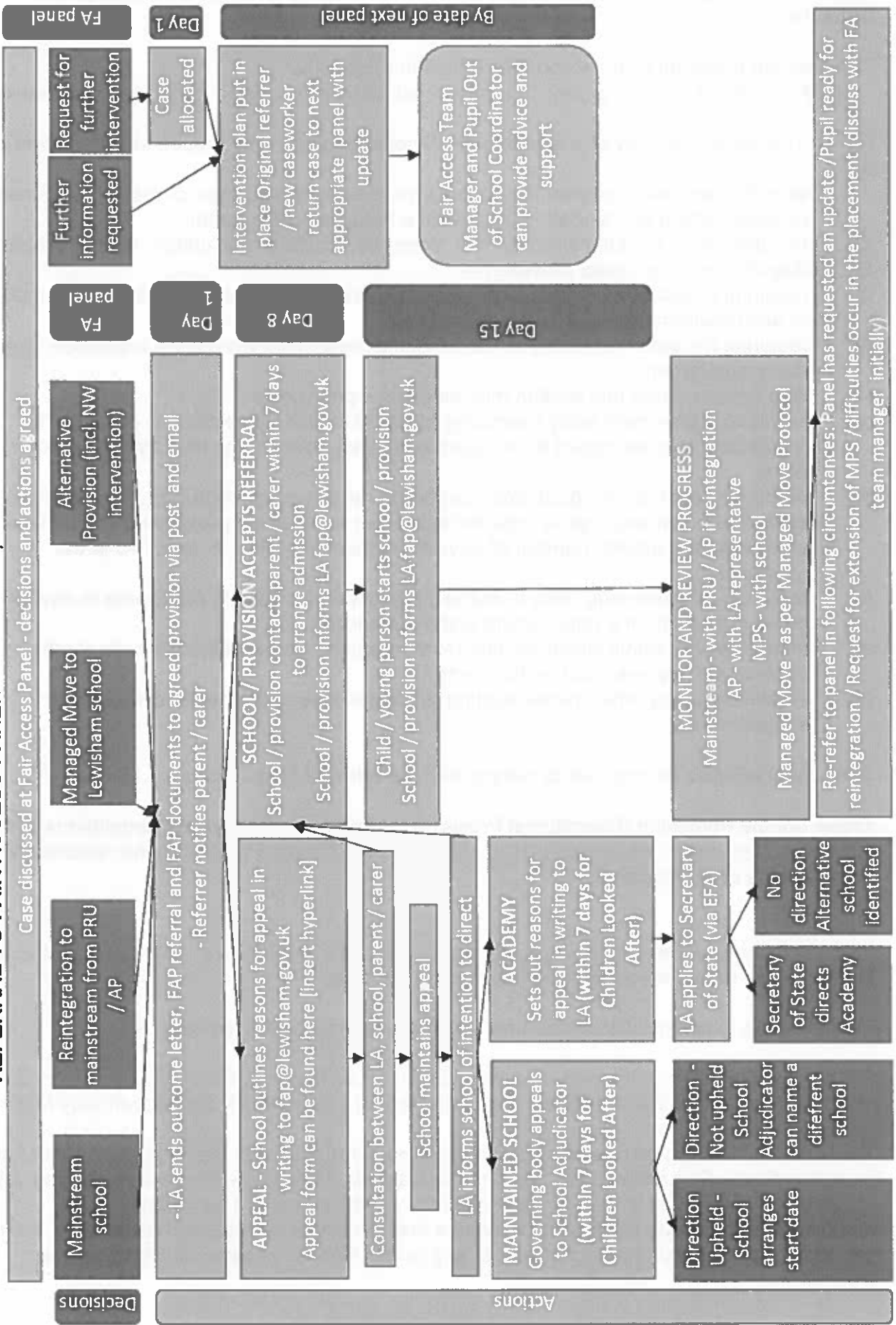
REFERRAL TO FAIR ACCESS PANEL - PREPARATION AND SUBMISSION FLOW CHART



You can download the fair access policy here <http://www.lewisham.gov.uk/myserives/education/schools/school-admission/Pages/Fair-access-policy.aspx>

A copy of the Fair Access Panel referral form is available through SchoolsMailing

REFERRAL TO FAIR ACCESS PANEL - DECISIONS, APPEALS AND FOLLOW UPS



Appendix1: Legal Background for schools directing students off-site to improve behaviour

The relevant provision is at section 29A Education Act 2002.

[29A Power of governing body in England: educational provision for improving behaviour]

- (1) The governing body of a maintained school in England may require any registered pupil to attend at any place outside the school premises for the purpose of receiving educational provision which is intended to improve the behaviour of the pupil.
- (2) In subsection (1) "maintained school" does not include a maintained nursery school.
- (3) Regulations must make provision—
 - (a) requiring prescribed persons to be given prescribed information relating to the imposition of any requirement under subsection (1), and
 - (b) requiring the governing body of the school to keep under review the imposition of any such requirement.
- (4) Regulations under this section may also make provision—
 - (a) requiring a governing body exercising functions under subsection (1) or under the regulations to have regard to any guidance given from time to time by the Secretary of State,
 - (b) prohibiting a governing body from exercising the power conferred by subsection (1) in such a way that any pupil is required to receive educational provision outside the school premises for a greater number of days in a school year than is specified in the regulations,
 - (c) requiring the governing body to request prescribed persons to participate in any review of the imposition of a requirement under subsection (1),
 - (d) about the time within which the first review must be held and the intervals at which subsequent reviews must be held, and
 - (e) in relation to any other matter relating to the exercise of the power conferred by subsection (1)

The school will also be required to comply with the relevant Regulations.

These are the Education (Educational Provision for Improving Behaviour) Regulations 2010. http://www.legislation.gov.uk/ukxi/2010/1156/pdfs/ukxi_20101156_en.pdf and specifically the requirements of Regulation 3.

Guidance

Properly it should be the governing body but arguably the Headteacher with delegated authority for day to day management of school matters will suffice.

The letter has to comply with all the prescribed requirements of Regulation 3.

At 4(b) it is referring to the provision at Regulation 3 which provides that any direction will have effect until the end of the last school day of the school year in which the relevant day falls.

The school will be required to carry out reviews in accordance with the Regulations and I draw your attention to Regulation 5 requiring that at least six days before the review meeting various persons are to be given written notification of the review meeting. The purpose of the regulations is to provide safeguards to ensure that the power is exercised reasonably, so that pupils are not required to be out of school any longer than is necessary to improve their behaviour

For completeness I attach an extract from the "Alternative Provision Statutory Guidance for local authorities January 2013" for your attention.

"Power of schools to direct a pupil off-site for education to improve behaviour"

Governing bodies of maintained schools have the power to direct a pupil off-site for education to improve his or her behaviour. The Secretary of State has made regulations, as is required by the related. Under revised off-site regulations the governing body must:

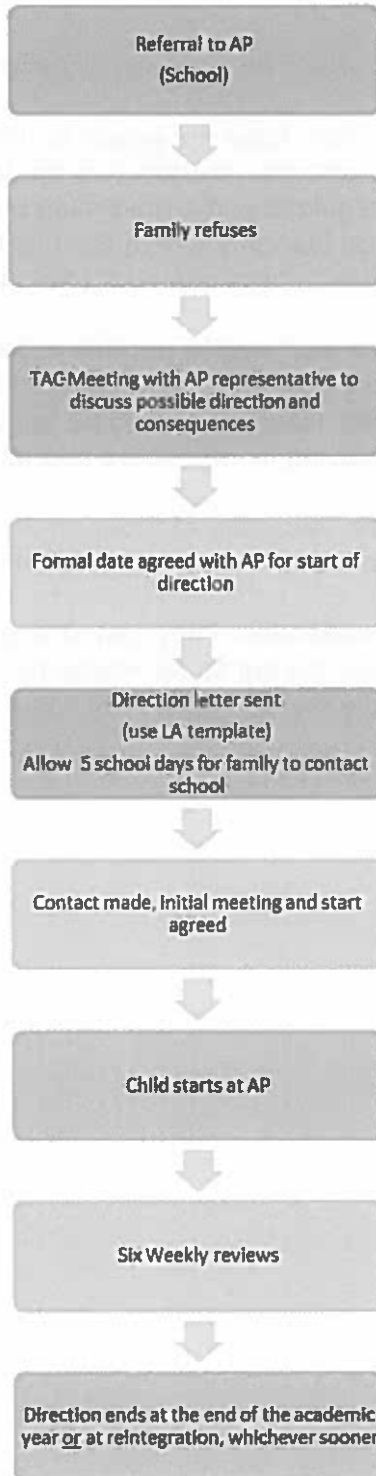
- ensure that parents (and the local authority where the pupil has a statement of special educational needs) are given clear information about the placement: why, when, where, and how it will be reviewed;
- keep the placement under review and involve parents in the review. The regulations specify regular reviews but do not specify how often reviews must take place (that should be decided on a case-by-case basis). Reviews should be frequent enough to provide assurance that the off-site education is achieving its objectives and that the pupil is benefitting from it; and
- have regard to guidance from the Secretary of State on the use of this power – new statutory guidance on this issue can be found below at paragraph 41.

This legislation does not apply to Academies. They can arrange off-site provision for similar purposes under their general powers, set out in the Academy Trust's Articles of Association. Though the regulations and guidance do not apply, they can provide Academies with an example of good practice. "

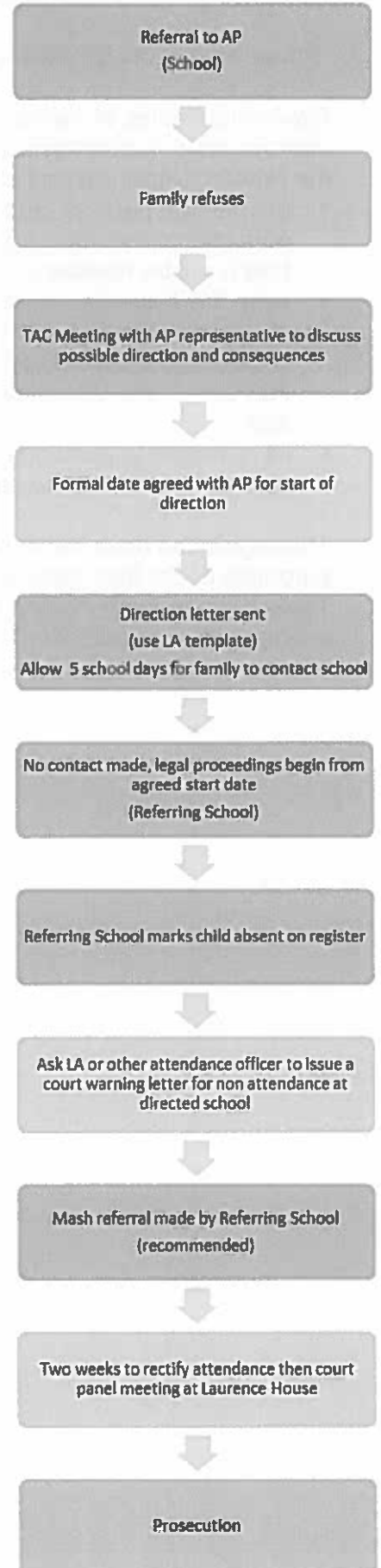
1. Referral to AP



2. Direction (successful)



3. Legal Proceedings



Process

1. Ideally, schools refer to AP and the family accepts.
2. If the family disagrees, then the direction process starts.
3. If the direction is unsuccessful, legal proceedings are followed.

School responsibilities are green

Joint responsibilities are yellow

Parent responsibilities are blue

Letter template

Dear,

Further to my letter/our recent discussion about XXXX, I need to formally put in writing the statutory basis for PUPIL's placement at DIRECTED PROVISION. This is to ensure CURRENT PROVISION is complying with the law.

The CURRENT PROVISION is exercising its powers under s29A of the Education Act 2002. This must be done in writing and include the following prescribed information:

From xx/xx/xxxx, PUPIL will be on roll at FULL ADDRESS AND POSTCODE OF DIRECTED PROVISION and will not attend CURRENT PROVISION.

On arrival at DIRECTED PROVISION, PUPIL will report to _____

This is a placement at specialist provision to meet PUPIL's needs; it is not an exclusion. PUPIL is being placed at DIRECTED PROVISION to improve HIS/HER behaviour. At DIRECTED PROVISION s/he will have the opportunity to learn the skills s/he needs to access a mainstream education. S/HE will be assessed for additional support and where necessary funding will be allocated so that a mainstream school is able to support HIM/HER.

S/HE will be required to attend DIRECTED PROVISION from _____ to _____ each day. Transport will be provided from home to DIRECTED PROVISION.

PUPIL's placement at DIRECTED PROVISION will be reviewed every 30 school days. The first review will be held in the week commencing XX/XX/XXXX and you will notified of the date at least six days beforehand.

This direction will last until DIRECTED PROVISION'S assessment of PUPIL is that s/he is able to access a mainstream education or xx/xx/xxxx (LAST DAY OF LAST TERM OF THE ACADEMIC YEAR WHEN THE DIRECTION IS MADE) when there will be an annual review of the placement.

From xx/xx/xxxx PUPIL will not be allowed to attend CURRENT PROVISION and must attend DIRECTED PROVISION. If S/HE does not attend DIRECTED PROVISION it will become an attendance matter.

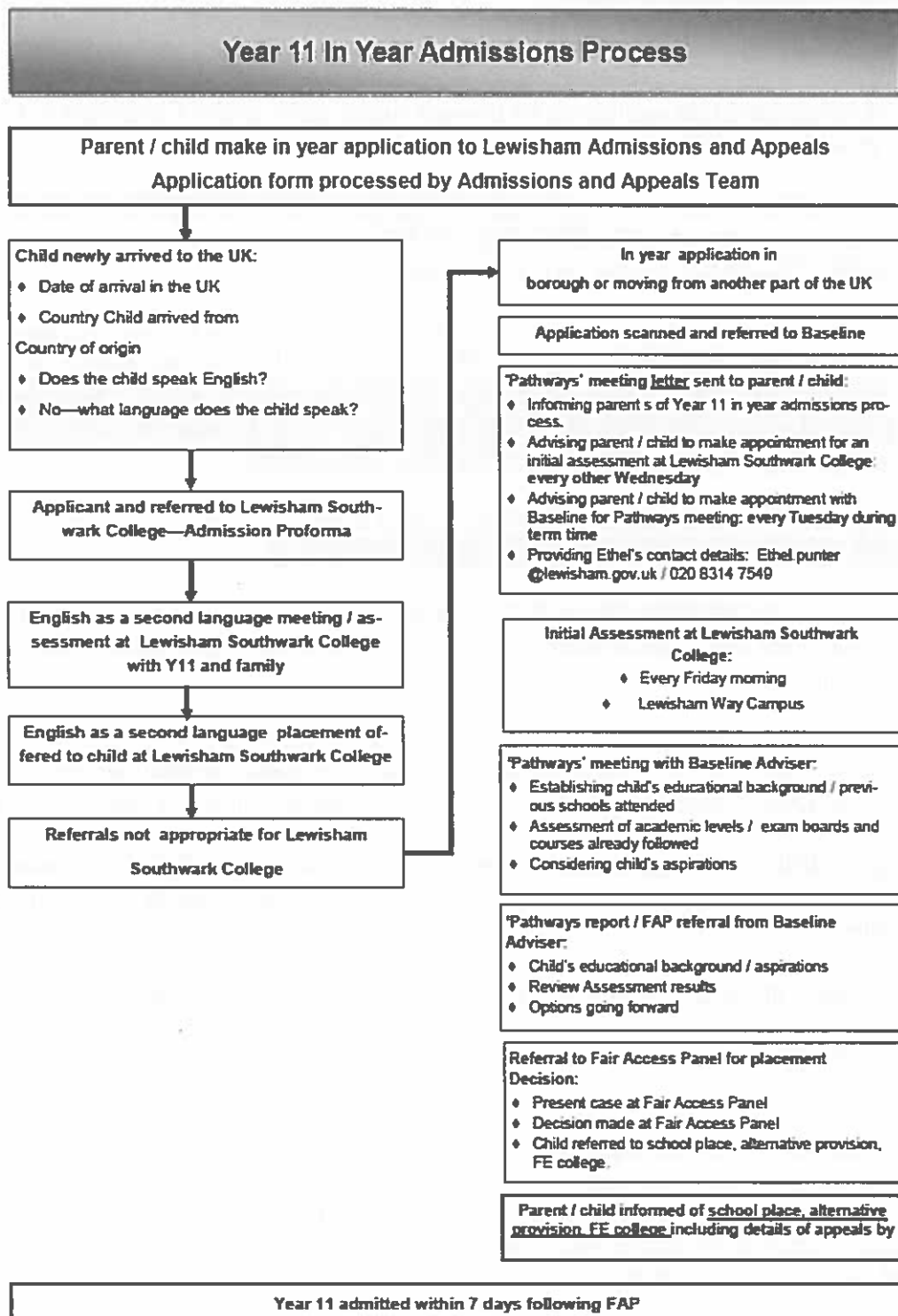
Please let me know if there is anything you do not understand or would like clarified.

Yours sincerely etc etc

Notes

- Phrases highlighted in yellow required named provision/pupil name/date to be inserted.
- Phrases highlighted in pink are optional and only if appropriate.
- Please note this should come from the governing body. You can use heads delegated powers if the direction needs to be immediate, but need to inform chair and then present the above decision at next governors meeting.

Appendix 2:



LEWISHAM FAIR ACCESS PROTOCOL – PRIMARY

1. Definition
2. Purpose of the Fair Access Protocol
3. Admissions outside the scope of the Fair Access Protocol
4. The scope of Admissions under the Fair Access Protocol
5. Principles for admissions under the Fair Access Protocol
6. Fair Access placement criteria
7. Processes for admissions under the Fair Access Protocol
8. The Fair Access Panel
9. Operational processes under the Fair Access Panel
10. Fair Access Panel referrals

1. Definition

The Lewisham Fair Access Protocol is based on the requirements of the Admissions Code of Practice issued December 2014 and regulations relating to children missing from education. It takes account of the particular circumstances relating to primary schools in Lewisham and builds on current good practice.

Local authorities have a duty to ensure that each student in its area can secure access to education. A Fair Access Protocol supports the local authority in this duty, while providing an equitable system for allocation of places. Students in Lewisham are placed under the Fair Access Protocol by the Fair Access Panel.

The operation of the Fair Access Protocol is outside normal admissions arrangements and is triggered when a parent of an eligible student has not secured a school place under:

- in-year admissions; or
- Reception or secondary transfer procedures.

2. Purpose of the Fair Access Protocol

All Lewisham primary schools, including those that have their own admission authority e.g. church schools, are required to adhere to the requirements of this protocol. Lewisham's Fair Access Protocol is designed to:

- Respond to the needs of vulnerable students who are not on the roll of any school, placing them in education provision quickly and without delay, taking account of their specific needs.
- Aim to place them in education provision quickly so that students are on roll within 10 days of the Fair Access Panel meeting, taking into account their specific needs.
- Provide a fair, equitable and open allocation of school places, particularly for students who may present difficult behaviours.
- Be fair and transparent, to have the confidence of all primary schools and to include representatives of mainstream primary schools in the decision making process.
- Ensure no primary school or academy – including those with vacancies – is asked to take a disproportionate number of students who have been excluded from school, or have challenging behaviour. Information such as number of students on roll, exclusions and in year admissions is held by the local authority Access, Inclusion and Participation Service and will be monitored and taken into consideration.
- Respond to the needs of vulnerable students who are not on the roll of any school, placing them in education provision quickly and without delay, taking account of their specific needs.

- Reduce the time all students and particularly vulnerable students spend out of education.
- Strengthen and develop the existing admissions arrangements and procedures, taking into account the local authority's duty to coordinate all in year admissions to school.

3. Admissions outside the scope of the Fair Access Protocol

The majority of school admissions are outside of Lewisham's Fair Access Protocol arrangements and include:

3.1 In year admissions

The majority of in year admissions relate to all admissions to school from reception to Year 11 which are not covered by the Reception or Secondary transfer schemes. In most cases the admissions process is straightforward. The parent arrives in the area, applies for a place in a school where there is a vacancy and the student is admitted to school (see flowchart A).

All applicants are required to complete an In Year Common Application Form (iCAF) and return it direct to the local authority; schools will not accept direct applications. The In Year Admissions Officer will determine, based on the details supplied with the application, whether the student qualifies for admission as In Year or Fair Access and either refer the case direct to the school applied for or to the Fair Access Panel.

Further information about the in year admissions process can be found on the website at: <http://www.lewisham.gov.uk/myservices/education/schools/school-admission/Pages/Transferring-to-a-different-school-mid-year.aspx>

3.2 In year transfers between schools

Students who request a transfer from their current school in Lewisham and who have completed an In Year Common Application Form do not take priority over those who qualify under the Fair Access or in year admissions arrangements as detailed below.

Primary schools – where both Headteachers are supportive of the transfer the receiving school will arrange admission for the start of the next half term or sooner if there are compelling reasons to do so earlier. Students who have not moved address and request more than two transfers of school should be notified to the local authority as a safeguarding case.

Lewisham's iCAF requests for information about the student to be completed by the current headteacher. This will include information about the student's attendance, behaviour and other interventions. This information will assist the local authority in determining whether the application is to be dealt with under the Fair Access policy.

3.3 Students with statements of SEN or an Education Health Care Plan

Admission of students with a statement of special educational needs (SEN) or an Education, Health and Care Plan (EHCP) are not covered by these arrangements, as there are different legislative requirements relating to their school placement.

4. The scope of admissions under the Fair Access Protocol

Fair Access will be used for students whose admission under in year admissions has failed either because there are no vacancies (within a reasonable distance to the home address) in any school in Lewisham in the student's year group or the admission is not straightforward (see flowchart B) that have created an exception.

The Admissions Code of Practice 2014 states that local authorities **must** consider the following groups of students under the Fair Access arrangements:

- Reintegration of students returning from the criminal justice system.
- Reintegration of students from Pupil Referral Units.
- Gypsies, Roma, Travellers, refugees, asylum seekers.
- Homeless children.
- Young carers.
- Students with SEN, CWD or medical needs (without statement / EHCP).
- Students from unsupportive backgrounds for whom a place has not yet been sought.
- Students who have been out of education for two months or more.

In addition, Lewisham local authority and primary schools have locally agreed to include the following groups to be considered under the Fair Access arrangements:

- Children Looked After - by other authorities (see 4.1 below).
- Students attending a PRU on an intervention placement where a complex situation has arisen and it is not in their interest to return to the initial school.
- Managed moves in the event of a complex situation or breakdown in the relationship between the school and the parent – the Fair Access Panel can facilitate a managed move. The school should be able to provide appropriate evidence that every effort to facilitate a managed move has been exhausted.
- Students at risk of permanent exclusion (see 4.2 below).
- Students at risk of CSE, self-harming, substance misusing and are believed to be vulnerable by relevant agencies supporting the student.
- Students who have been out of education for longer than 20 school days.
- Students whose parents have been unable to find them a place after moving to the borough, because of a shortage of places.
- Students withdrawn from schools by their family and who are unable to find another place.
- Students without a school place and with a history of serious attendance problems.
- Students for whom the Local Authority is pursuing a School Attendance Order with parents.
- Students known to the Police, CSC and other agencies.
- Any student who has returned to the borough, including those who had left the country, and who were previously attending a Lewisham school.
- Students of UK service personnel and other crown servants.
- Students who have returned to the borough (expectation is that these students are referred to their previous school who either readmit or make a referral to the Fair Access Panel for an alternative school place).
- Students with known behavioural problems who have transferred between two or more Lewisham schools but have NOT been permanently excluded. For example a student who may have accessed previous school placement through an in year admission.
- Students withdrawn by their parents to be 'educated otherwise' and are now seeking a school place (expectation is that these students are referred to their previous school who either readmit or if not appropriate the school need to make a referral to the Fair Access Panel for an alternative school place).
- Students who have been victims of severe bullying or harassment (as supported by current school) and require an urgent transfer.
- Students are being admitted into a known vulnerable year group*.

There may be other circumstances as to why the student's admission should be treated as an exception and placed in school under the Fair Access Protocol. These circumstances can include:

- A newly arrived student who was not previously permanently excluded but who was attending a Pupil Referral Unit (PRU). For example, a student may have recently arrived in Lewisham and was previously attending a PRU in an outside borough therefore needs to be considered by the Fair Access Panel for an educational placement.

- A newly arrived student who had previously attended two or more Lewisham primary or secondary schools.
- A newly arrived student whose parent/carer states that the student has medical or educational needs but does not have a statement of special educational need or Education Health Care Plan.
- A newly arrived student who has not previously attended a mainstream school or who has not attended a mainstream school for more than one school term.
- A newly arrived student who has been placed in school under the in year admissions arrangements and where the receiving school has identified difficulties which had not previously been disclosed.

*At the start of each academic year, primary schools can identify up to two vulnerable year groups which will be considered as part of a Fair Access decision. However this will not be the only factor taken into consideration and on some occasions schools may be required to admit to the vulnerable year groups.

For more complex cases further investigation may need to be carried out by local authority officers within the Access, Inclusion & Participation Service.

4.1. Children Looked After (CLA)

- Children Looked After are given first priority in all Lewisham schools' admissions criteria and must be placed within 10 school days.
- CLA who require admission to a school outside the normal admissions round will be offered a place at their first preference school. A CLA may be placed as an acceptable exception in a Key Stage 1 class. Applications from CLA will be prioritised and normally processed within three working days. The expectation is that the student will be offered a place in mainstream provision within ten working days of the application, unless there are compelling reasons otherwise. Details about CLA should be transferred between schools as quickly as possible and ideally within a week of the student starting at their new school.
- If an admission is disputed, the case must be referred to the Fair Access Panel giving detailed reasons **within five school days**. **The local authority reserves the right to direct admission if necessary.**

4.2 Students at risk of permanent exclusion

Lewisham local authority in partnership with all primary schools has agreed, as part of the overall strategy to reduce permanent exclusion, that cases of students at risk of exclusion could be referred to the Fair Access Panel for consideration prior to a making a decision to permanently exclude a student.

It is acknowledged that in some instances there are early warning signs or that a student may be at risk of permanent exclusion, for example a student that has received more than two fixed term exclusions due to persistent disruptive behaviour. It is agreed that collaborative working within the following guiding principles in respect of making an offer of an alternative school place for those student who are at risk of exclusion:

- Student centred focus.
- Honesty and transparency.
- Ensuring safeguarding is paramount.
- Avoid negative outcomes of permanent exclusion.
- Shared responsibility for reducing exclusions.
- Greater understanding of the wider implications of permanent exclusions.

4.3 Managed Moves

Fair Access Panel will consider requests for complex managed moves between schools or Academies, after all reasonable attempts have been exhausted by the school or Academy.

A managed move to another school or Academy is an option to enable the student to have a fresh start.

By consideration of a managed move, the Headteacher recognises:

- If the student has a history of challenging behaviour and other support strategies have not been successful
- If there has been a 'one off' incident which means the student would benefit from a fresh start.
- If the relationship between the student / family and the school / school community has broken down to an irrevocable degree.

The referral to Fair Access Panel would require the Headteacher to provide information that there has been a serious breach of behaviour policy within the school/academy and that all support mechanisms to improve behaviour have been exhausted.

Cases for managed moves can only be submitted to Fair Access Panel if the prior consent of the parents/carers and the student concerned has been obtained.

Further information about managed moves can be found in Lewisham's Managed Moves Protocol.

4.4 AWPU claims for managed moves

Schools are able to claim funding for managed moves using an agreed formula. Managed moves are reported at every Fair Access Panel meeting and recorded by the local authority.

Additional funding from the sending school may be required to support a successful managed move. For example, if a student was receiving part or full time adult support or any additional support, this should continue during the managed move and be funded by the sending school.

For further information on AWPU claims, please see the Managed Moves Protocol.

4.5 Directing a Student to Alternative Provision

Section 154 of the Education and Skills act 2008 amends section 29 of the Education Act and introduces a power for governing bodies to require a registered student to attend off-site provision with a view to improving their behaviour.

4.5.1 The power is given to governing bodies and not Fair Access Panel. Headteachers can bring suitable cases to Fair Access Panel asking for a supportive allocation, but the panel and associated procedures would not have the authority to progress the allocation as the power resides with governing bodies.

The requirement residing with governing bodies is a 'power' and not a 'duty'. There is a clear difference in law whereby a 'power' is only discretionary and a 'duty' placed on a person/organisation must be discharged/fulfilled.

A parent refusing to send/comply with the requirement stating reasons for this refusal would need that reason considered by the governing body not Fair Access Panel.

An example of refusal might be because of perceived gang culture or postcode issues. Each case would need to be considered on its own merits by governing bodies.

As long as a governing body is able to rationalise and document the reasons for requiring the student to attend off-site provision using the power given, a parent could be prosecuted for the student's non-attendance.

Headteachers are asked to consider using the power to refer students to off-site provision, including alternative provision, as a last resort option. This will allow for Fair Access Panel and the associated Protocols to deal with the overwhelming majority of cases that would be considered within the 'power'.

Headteachers and governing bodies **MUST**:

- provide written notice to the parent, of the off-site direction at least two school days before the educational provision is due to start;
- hold a review meeting within 30 days of the student being directed off-site, and at least every 30 days thereafter whilst the direction remains in force;
- invite a representative from the local authority to a review meeting where the student has a statement of special educational needs.
- ensure that any referral does not extend beyond the end of the academic year in which it is issued.

Further information on Direction to Alternative Provision and process can be found at Appendix 1.

4.6 Permanently excluded students

- Lewisham local does not expect any school in the area to permanently exclude a CLA, a student with a statement of SEN or EHCP or a student who is subject to a student protection plan.
- Lewisham students who are permanently excluded from mainstream school are expected to attend a Pupil Referral Units (PRU) or an appropriate and suitable alternative education provision so their needs can be assessed and suitably addressed. Once they are ready to return to mainstream school the PRU will make a recommendation to the Fair Access Panel who in turn will identify a school place.
- All schools should admit a fair share of permanently excluded students. In determining admission the Fair Access Panel will consider relevant factors, such as the distance from the home address to school and other student focused matters. An annual report will be presented to the Lewisham Inclusion Board and Directorate Management Team to ensure that all schools operate in line with this policy.

5. Principles for admissions under the Fair Access Protocol

- All admission authorities must participate in the Fair Access Protocol in order to ensure that unplaced students are allocated a school place quickly.
- There is no duty for local authorities or admission authorities to comply with parental preference when allocating places through the Fair Access Protocol, although the panel may consider this when making a decision.
- Primary schools will continue to admit students who apply for a vacancy under normal in year admission arrangements.
- Primary schools cannot cite going over PAN as a reason for not admitting a student once they are classified as qualifying for admission under the Fair Access Protocol.
- Fair Access students will be given priority for admission over others on a waiting list or awaiting an appeal.
- Where an applicant expresses a strong aversion to or desire for the religious ethos of a school, this will be taken into consideration. Where possible, Lewisham will refer active

church members to the appropriate denominational school but this cannot be guaranteed.

- Decisions to recommend placement at a particular school will take into account that school's organisational and structural factors. These will include the Published Admission Number (PAN), the number currently on roll in that year group, whether there would be an impact on the delivery of the National Curriculum and constraints involving the school site, such as building work. It is important to note that whilst these will be taken into consideration they will not be the factors that will make the over-riding decision.

Where required schools must exceed their Published Admission Number (PAN) to admit:

- Children Looked After
- Students with special educational needs but without a statement or EHCP.
- Students with disabilities or medical conditions.
- Students of UK service personnel and other Crown Servants.

6. Fair Access placement criteria

The Fair Access Panel will decide which school should be required to admit a student using the following criteria:

- The closest school to the student's permanent home address. Distance will be measured in a straight line from the student's home address to the nodal point.
- Data on in year admissions, Fair Access admissions and managed moves will then be considered. If data/allocation table shows that the identified school has already admitted more than two per cent of the total number of students on roll in the specific year group of Fair Access students, the next closest school will be identified.
- However, in identifying an appropriate school or education provision, the Panel's prime consideration should be the educational needs of the student. At every meeting the panel members will be provided with data showing the placement of vulnerable students previously placed at each school.

The Panel should also consider any of the following factors when making placement decisions relating to school places:

- Specific issues in relation to the individual case
- Numbers of placements made by Fair Access Panel to individual schools as reflected in the allocation table
- Parental preference
- Religious or cultural affiliations
- Any particular ethos or specialist status of the identified school

Primary schools already at or above their PAN for the year group in question will also be required to admit a fair share of these students. Schools which already admit students under the in year arrangements should not admit a disproportionate number of students under the Fair Access protocol.

Minutes of the previous meeting, progress updates on students placed through Fair Access Panel and profiles for each student to be considered for placement will be circulated to all panel members at least three days before the meeting.

7. Processes for admissions under the Fair Access Protocol

The local authority will make the offer of a school place under the Fair Access Protocol under the established in year process.

The school must admit the applicant within 10 days of the Fair Access Panel outcome letter.

If the school has genuine concerns about the student's admission, for example information is revealed which had not been disclosed at the point of application, the school must contact the local authority within five school days in writing, clearly outlining the reasons why the student should not be admitted.

The local authority will discuss the appeal with the chair of the Fair Access Panel, taking into account any genuine concerns about the admission, for example a previous serious breakdown in the relationship between the school and the family and will determine whether to

- pursue the original placement; or
- accept the school's rationale for not admitting the student and agree another school placement.

If the Panel decide to pursue the original placement the school must admit the student by a date specified by the Panel which will be no longer than five school days.

Permanently excluded students attending a Pupil Referral Unit or alternative education provision must be reintegrated to mainstream schools via the Fair Access Panel, as soon as practicable. All schools should re-integrate a fair share of excluded students. No school should have to admit an unreasonable number of reintegrations.

8. Fair Access appeals

A school or Academy placement made through Fair Access Panel shall not remove a parent/carer's right to appeal for a school or Academy place elsewhere. Parents will be guided to the process of appeals if necessary.

Appeal panels will be made aware of the conditions of the Protocol, and that the admission of an additional student under this Protocol is different from a school/academy voluntarily exceeding its Published Admission Number. Panels will also be made aware that any decision made to allow appeals will place further pressure on the school/academy's resources.

8.1 Where a school feels that they cannot meet the needs of a student who has been admitted by the local authority:

- Schools must communicate or provide an appeal form to:
Chair of Fair Access Panel: Ruth Griffiths: ruth.griffiths@Lewisham.gov.uk or 020 83413499
Fair Access PanelLewisham@lewisham.gov.uk
- This must provide compelling evidence as to why the school cannot meet the student's needs.
- This must be within 5 school days
- The school should inform parents of referral to Fair Access Panel.
- The Chair of the Fair Access Panel will consider if the case is sufficient to be heard by the Panel or make a decision to direct the school to admit.

9. Operational Processes under the Fair Access Panel

9.1 Membership (reviewed an annual cycle)

The Fair Access Panel is chaired by the Service Manager for Access, Inclusion and Participation. Members for Primary FAP include representatives from Heads/Deputies or Assistant Heads from a Lewisham primary schools, local authority officers from relevant services. Current membership is as follows:

Primary Schools:

- Eddie Dove, Marvels Lane School
- Rebecca Dove, Sandhurst School
- Mary Collins, Holy Cross RC School
- Dean Houson , St Saviour's RC School
- Julie Loffstadt, Horniman School
- Sharon Lynch, St William of York RC School
- Graham Voller, Beecroft School
- Sally Williams, Myatt Garden School
- Head/Deputy or Assistant Head from New Woodlands

Local Authority:

- Fair Access, Elective Home Education and Alternative Provision
- Admissions & Appeals
- Attendance
- Inclusion and Reintegration
- Children's Social Care
- Educational Psychologist / SEN
- Lewisham Virtual School

9.2 Terms of Reference

Meetings

- Held once every six weeks and dates circulated before the start of the academic year
- Local authority and primary school core panel members have reserved seats at the panel.
- Half hour timing slots are provided for colleagues to present FAP cases. Other colleagues should sit as observers and will be invited to the panel to present cases. Once the case is concluded colleagues can leave the meeting or return to the observation seating.
- Other colleagues can observe the meeting but are expected to sit in the observation seating.
- Comments and questions are welcome from local authority colleagues and from the primary school core panel members.

The Panel will convene every half term for primary schools.

Data confirming the admission of students under the Fair Access Protocol will be circulated to all primary schools after each meeting.

9.3 Chair's Action: The Chair may be required to take decisions outside of Fair Access Panel throughout the course of the academic year. These cases will be considered on an emergency basis and will require ratification at the next appropriate panel meeting.

- The membership of the Fair Access Panel and the appointments of Panel members is regularly reviewed (at least annually) by the Service Manager of the Access, Inclusion & Participation.
- The Fair Access Panel is responsible for having regard to the scope, principles and processes of the Fair Access Policy and Protocols, accepting and tracking referrals, and identifying for each case referred an appropriate mainstream school or alternative education provider.
- Based on the information from schools, relevant professionals, parents and students, and in the light of provision available, the Fair Access Panel agrees either a referral to appropriate provision, or appropriate action.
- Meetings proceed in accordance with the Council's Code of Conduct, and decision is reached by a consensus (general or widespread agreement) sought among the whole

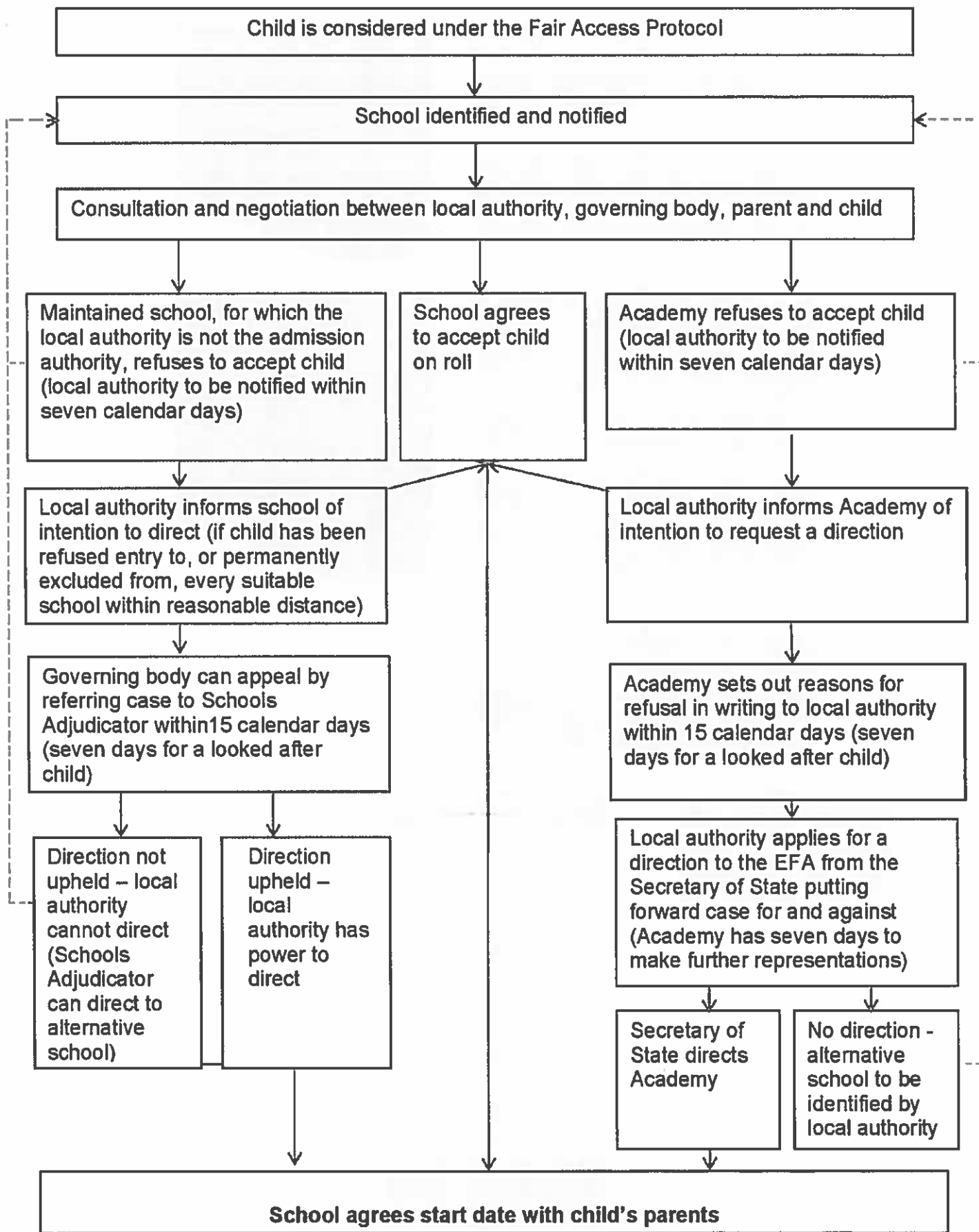
membership. In some cases further meetings and/or further information may be required to achieve consensus.

- The Fair Access Panel members can acquire information that has not been made public. As such, Panel members should never disclose or use confidential information for personal advantage or for the advantage of anyone known to them, or to the disadvantage of the Panel or anyone else.
- For meetings to be valid and quorate there must be at least four Panel members present.
- The Fair Access Panel can:
 - Direct students to mainstream schools.
 - Refer students within the agreed criteria to New Woodlands or alternative education provision eg permanently excluded students.
 - Arrange the reintegration of permanently excluded students into mainstream school.
 - Agree alternative education placements for a student not on roll of a school.
 - Agree action to be taken forward by a named officer.
 - Arrange a one-off home visit by an Attendance and Welfare Officer
 - Ensure, where appropriate, that links are made to early help services Children's Social Care processes.
 - Agree to the implementation of School Attendance Order Proceedings.
 - Agree action to be undertaken by a named officer
 - Escalate any concerns to senior officers (eg conduct of a service, school, professional etc)
 - Arrange intervention referrals to alternative provision for a student on roll of a school.

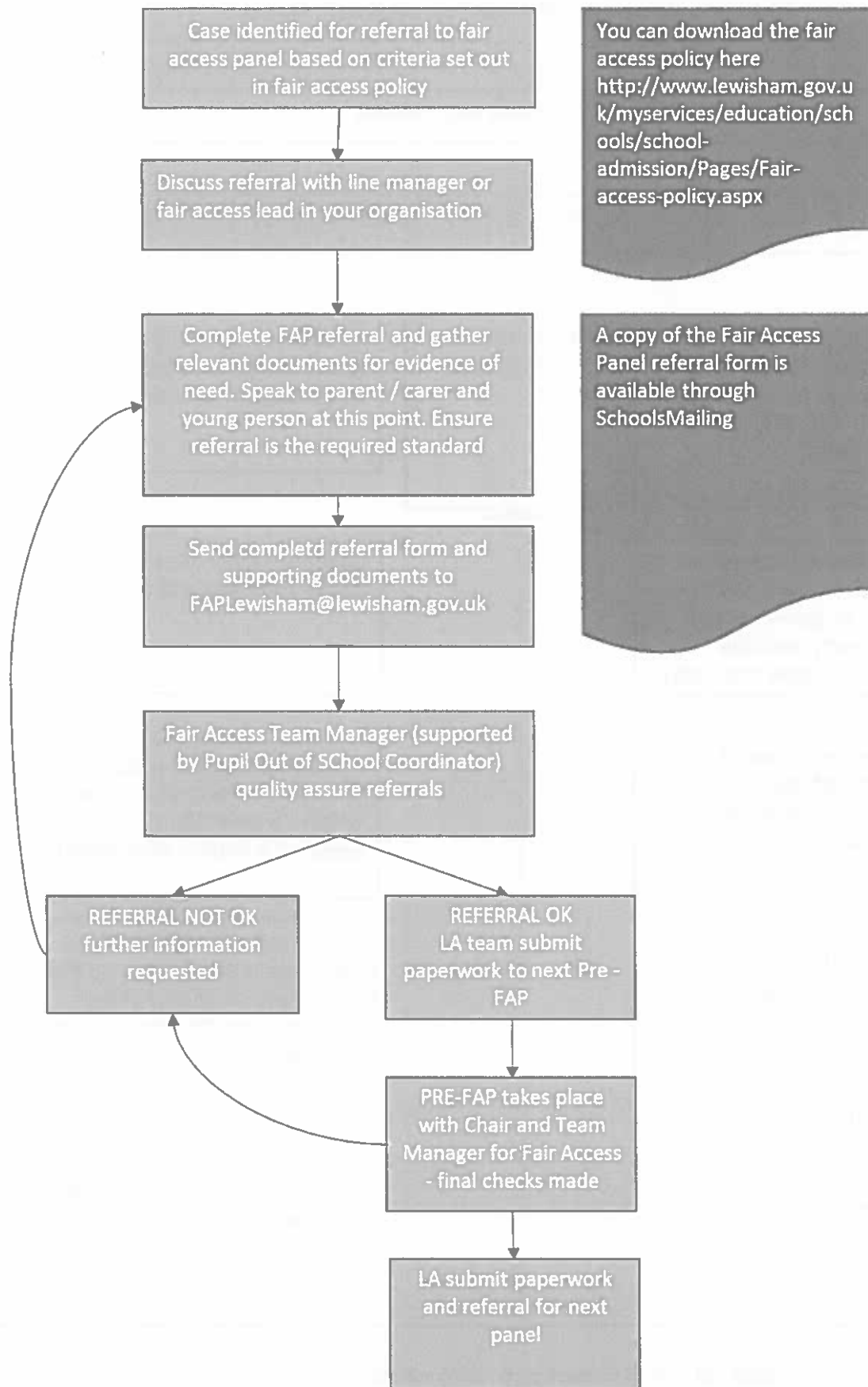
The Fair Access Panel cannot arrange education provision for students with Statements of Special Educational Needs or an EHCP.

- 10. Fair Access Panel Referrals:** [Fair Access PanelLewisham@lewisham.gov.uk](mailto:FairAccessPanelLewisham@lewisham.gov.uk)
- The person responsible for referring a student to Fair Access Panel will need to include copies of all paperwork for example Fair Access Panel admissions form and appeal form, and ensure that they are completed comprehensively.
 - If local authority officers feel that there is insufficient evidence to make a fair and appropriate Fair Access Panel decision the paperwork and forms will be returned to the referrer and may not be included on the Fair Access Panel agenda.
 - Colleagues will be invited to Fair Access Panel within half hour time slots to present the Fair Access Panel case and do not need to stay for the entire Fair Access Panel meeting.

Directions flow chart (overview of process)



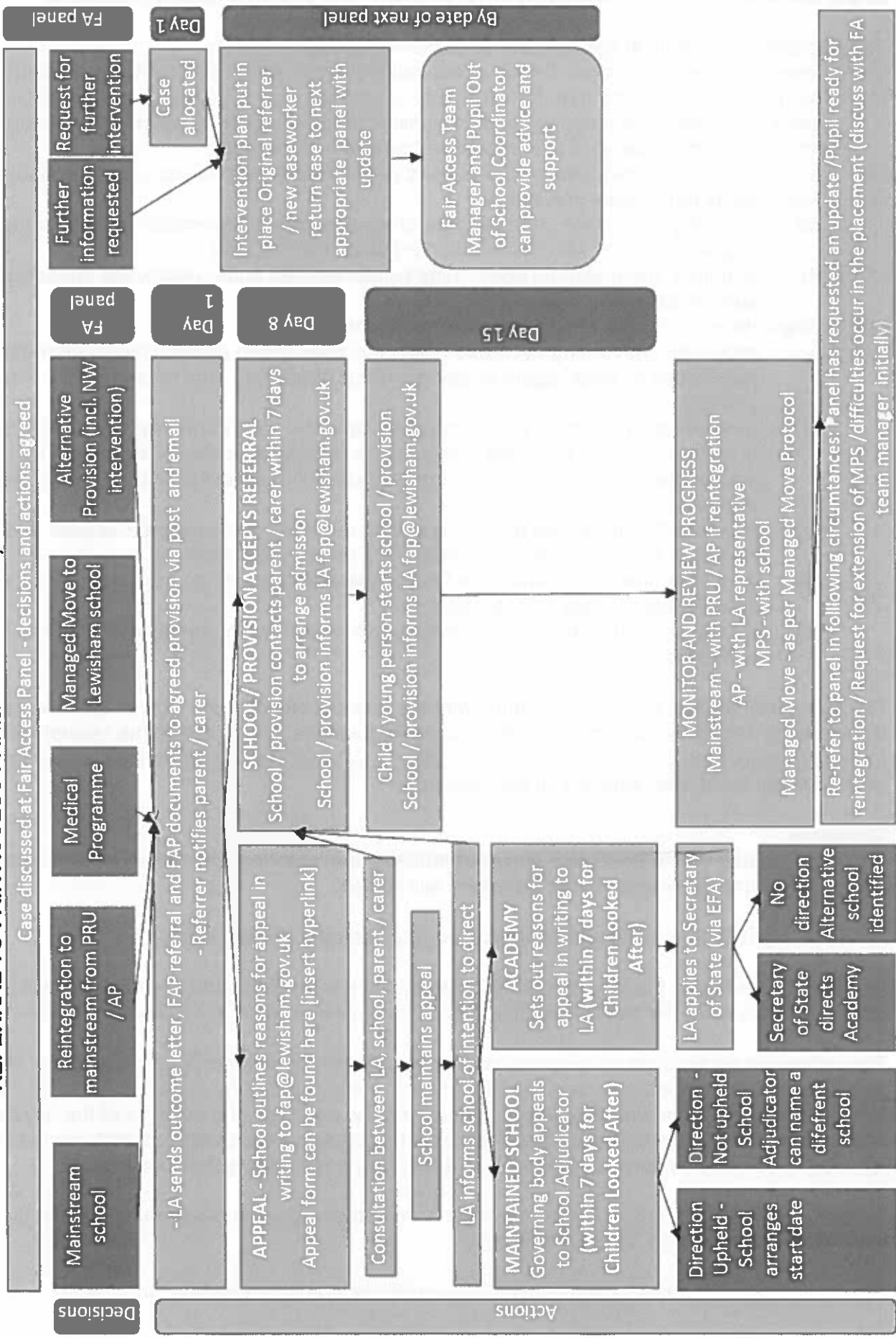
REFERRAL TO FAIR ACCESS PANEL - PREPARATION AND SUBMISSION FLOW CHART



You can download the fair access policy here <http://www.lewisham.gov.uk/my services/education/schools/school-admission/Pages/Fair-access-policy.aspx>

A copy of the Fair Access Panel referral form is available through SchoolsMailing

REFERRAL TO FAIR ACCESS PANEL - DECISIONS, APPEALS AND FOLLOW UPS



Appendix

Legal Background For Schools Directing Students Off Site to Improve Behaviour

The relevant provision is at section 29A Education Act 2002.

[29A Power of governing body in England: educational provision for improving behaviour]

- (1) The governing body of a maintained school in England may require any registered pupil to attend at any place outside the school premises for the purpose of receiving educational provision which is intended to improve the behaviour of the pupil.
- (2) In subsection (1) "maintained school" does not include a maintained nursery school.
- (3) Regulations must make provision—
 - (a) requiring prescribed persons to be given prescribed information relating to the imposition of any requirement under subsection (1), and
 - (b) requiring the governing body of the school to keep under review the imposition of any such requirement.
- (4) Regulations under this section may also make provision—
 - (a) requiring a governing body exercising functions under subsection (1) or under the regulations to have regard to any guidance given from time to time by the Secretary of State,
 - (b) prohibiting a governing body from exercising the power conferred by subsection (1) in such a way that any pupil is required to receive educational provision outside the school premises for a greater number of days in a school year than is specified in the regulations,
 - (c) requiring the governing body to request prescribed persons to participate in any review of the imposition of a requirement under subsection (1),
 - (d) about the time within which the first review must be held and the intervals at which subsequent reviews must be held, and
 - (e) in relation to any other matter relating to the exercise of the power conferred by subsection (1).]

The school will also be required to comply with the relevant Regulations . These are the Education (Educational Provision for Improving Behaviour) Regulations 2010. I attach the relevant link http://www.legislation.gov.uk/ukxi/2010/1156/pdfs/ukxi_20101156_en.pdf and specifically draw your attention to the requirements of Regulation 3.

Guidance

Properly it should be the governing body but arguably the head teacher with delegated authority for day to day management of school matters will suffice.

The letter has to comply with all the prescribed requirements of Regulation 3.

At 4(b) it is referring to the provision at Regulation 3 which provides that any direction will have effect until the end of the last school day of the school year in which the relevant day falls.

The school will be required to carry out reviews in accordance with the Regulations and I draw your attention to Regulation 5 requiring that at least 6 days before the review meeting various persons are to be given written notification of the review meeting. The purpose of the regulations is to provide safeguards to ensure that the power is exercised reasonably, so that pupils are not required to be out of school any longer than is necessary to improve their behaviour

For completeness I attach an extract from the "Alternative Provision Statutory Guidance for local authorities January 2013" for your attention.

"Power of schools to direct a pupil off-site for education to improve behaviour

23. Governing bodies of maintained schools have the power to direct a pupil off-site for education to improve his or her behaviour

23. The Secretary of State has made regulations 24, as is required by the related

24. Under revised off-site regulations

26 the governing body must:

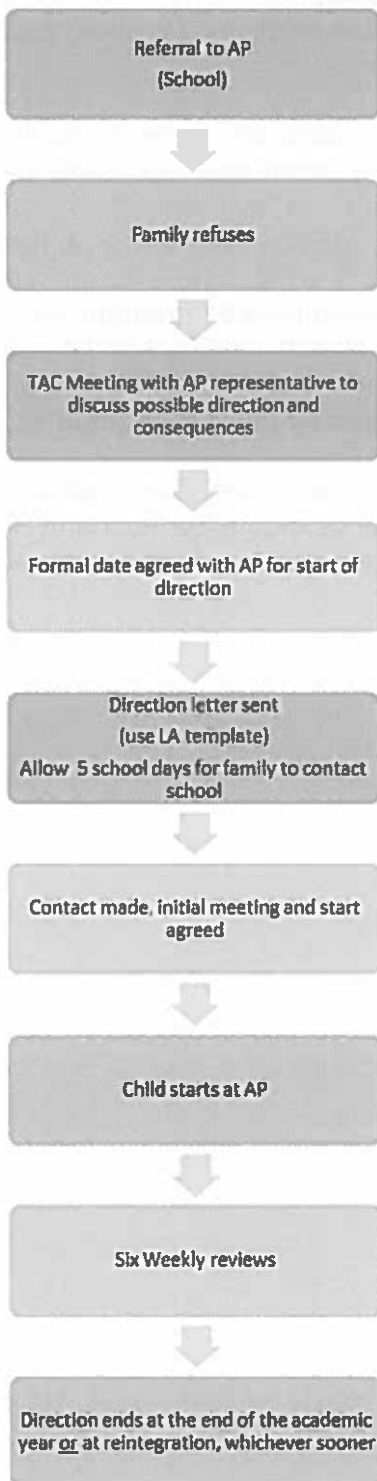
- ensure that parents (and the local authority where the pupil has a statement of special educational needs) are given clear information about the placement: why, when, where, and how it will be reviewed;
- keep the placement under review and involve parents in the review. The regulations specify regular reviews but do not specify how often reviews must take place (that should be decided on a case-by-case basis). Reviews should be frequent enough to provide assurance that the off-site education is achieving its objectives and that the pupil is benefitting from it; and
- have regard to guidance from the Secretary of State on the use of this power – new statutory guidance on this issue can be found below at paragraph 41.

25. This legislation does not apply to Academies. They can arrange off-site provision for similar purposes under their general powers, set out in the Academy Trust's Articles of Association. Though the regulations and guidance do not apply, they can provide Academies with an example of good practice. "

1. Referral to AP



2. Direction (successful)



3. Legal Proceedings



Process

1. Ideally, schools refer to AP and the family accepts
2. If the family disagrees, then the direction process starts.
3. If the direction is unsuccessful, legal proceedings are followed.

School actions are green
 Joint actions are yellow
 Parent Actions blue

Template letter

Dear,

Further to my letter/our recent discussion about XXXX, I need to formally put in writing the statutory basis for PUPIL's placement at DIRECTED PROVISION. This is to ensure CURRENT PROVISION is complying with the law.

The CURRENT PROVISION is exercising its powers under s29A of the Education Act 2002. This must be done in writing and include the following prescribed information:

1. From xx/xx/xxxx, PUPIL will be on roll at FULL ADDRESS AND POSTCODE OF DIRECTED PROVISION and will not attend CURRENT PROVISION.
2. On arrival at DIRECTED PROVISION, PUPIL will report to _____
3. This is a placement at specialist provision to meet PUPIL's needs; it is not an exclusion.
4. PUPIL is being placed at DIRECTED PROVISION to improve HIS/HER behaviour. At DIRECTED PROVISION s/he will have the opportunity to learn the skills s/he needs to access a mainstream education. S/HE will be assessed for additional support and where necessary funding will be allocated so that a mainstream school is able to support HIM/HER.
5. S/HE will be required to attend DIRECTED PROVISION from _____ to _____ each day. Transport will be provided from home to DIRECTED PROVISION.
6. PUPIL's placement at DIRECTED PROVISION will be reviewed every 30 school days. The first review will be held in the week commencing XX/XX/XXXX and you will notified of the date at least six days beforehand.
7. This direction will last until DIRECTED PROVISION'S assessment of PUPIL is that s/he is able to access a mainstream education or xx/xx/xxxx (LAST DAY OF LAST TERM OF THE ACADEMIC YEAR WHEN THE DIRECTION IS MADE) when there will be an annual review of the placement.

From xx/xx/xxxx PUPIL will not be allowed to attend CURRENT PROVISION and must attend DIRECTED PROVISION. If S/HE does not attend DIRECTED PROVISION it will become an attendance matter.

Please let me know if there is anything you do not understand or would like clarified.

Yours sincerely etc etc

Notes

- Phrases highlighted in yellow required named provision/pupil name/date to be inserted.
- Phrases highlighted in pink are optional and only if appropriate.
- Please note this should come from the governing body. You can use heads delegated powers if the direction needs to be immediate, but need to inform chair and then present the above decision at next governors meeting.

The following table shows the results of the experiment. The first column is the number of trials, the second column is the number of correct responses, and the third column is the percentage of correct responses. The data shows that the percentage of correct responses increases as the number of trials increases, indicating that the subject is learning the task.

Trial	Correct	Percentage
1	0	0%
2	1	50%
3	1	33%
4	2	50%
5	2	40%
6	3	50%
7	3	43%
8	4	50%
9	4	44%
10	5	50%
11	5	45%
12	6	50%
13	6	46%
14	7	50%
15	7	47%
16	8	50%
17	8	47%
18	9	50%
19	9	47%
20	10	50%
21	10	48%
22	11	50%
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88	44	50%
89	44	48%
90	45	50%
91	45	48%
92	46	50%
93	46	48%
94	47	50%
95	47	48%
96	48	50%
97	48	48%
98	49	50%
99	49	48%
100	50	50%

The data shows that the subject is learning the task, as the percentage of correct responses increases from 0% to 50% over the first 10 trials, and then continues to increase to 50% by trial 100. The percentage of correct responses remains at 50% for the remainder of the trials.

Evidence Paper to Lewisham Children and Young People Select Committee: December 2018

Independent Review Panels [IRP]: A panellist's view

The role of an IRP has been summarised at Section 7 of the Appendix A to the September Committee Report, but nowhere is that role stated, even if in the pursuance of educational objectives.* [*Some say that Independence should be ignorant of that purpose.]

IRPs, and their predecessors, Independent Appeals Panels, were setup in the 2002 Education Act and appear to have been created as part of the requirements of a Tribunal framework arising from Governance arrangements that established School Disciplinary Panels. Those panels were responsible for ensuring scrutiny of a Headteacher's decision to exclude. So, in turn, IRPs had the job of "marking" the work of a school's Disciplinary Panel.

In practice this allows members of an IRP to be given a view into a child's life, so that whilst they are given a snapshot of a given school's culture and must –and do- properly take that into account in reaching a final decision, they also hear a great deal about a child and his/her circumstances.

All this may seem self-evident, but in the context of statistical analysis of exclusion rates and bald numbers, it is a useful reminder that the detail of children's lives, as lived by them, and not just overseen by authorities over whom they have little or no control, requires a more effective response than the Statutory Guidance permits (item 7.3 of the previously referenced Appendix).

Of course, it is no duty of an Independent Panel, to pursue an education authority's objectives, any more than it is to pursue those of a school, though the Tests for decision-making are based on Judicial Review considerations and are strongly biased in favour of the status quo - ultimately, that is to say, in supporting the Headteacher's decision to exclude.

The strength of that bias means that I have been involved in very, very few recommendations where a Governing Body reconsider reinstatement. Most frequently, and most recently, schools have been able to direct panellists to their Zero-tolerance policies to weapon or drug possession allied to a "needs-of-the-school" approach which contrasts with a "needs-of-the child" approach seen elsewhere within the education community.

Notwithstanding these points, panel membership brings with it the privilege of oversight of school management that has, historically, given me (and my colleagues during our moments of deliberation) an often shocked view about the inadequacy of some school's management and/or care systems. It is therefore with relief that I note that the Authority has introduced an Exclusion Guide, which follows up on the Information Advice and Guidance Framework of 2017.

The purpose of this note has been to attempt to bring alive a somewhat arcane component of the Exclusion Process, with limited positive outcomes for Parents and Pupils but paid for by the Council, and consumptive of much effort by Governance Support staff.

A Note about the author:

There is a pool –extraordinary small in number- of about 10-12 persons, whose availability for attendance on a given date is the prime criterion for IRP membership, beyond satisfying a formal accreditation process. I suggest that the Council consider invigorating its search for citizen participation in school governorship and associated roles like mine.

I have been a panellist on about 25 IRPs since 2013, and note that only a small proportion of IRPs are called (they have fluctuated wildly from 16% to 9% of yearly exclusions). Commentary within the panels indicate that Parents see them as important steps in protecting their children, but sadly there is very little research nationally into the role and value of IRPs.

I note that the government is due to publish the Timpson Review of School Exclusions, which may touch on some of the above points, but the only evidence research base are these documents:

Independent Review Panel and First-tier Tribunal Exclusion Appeals systems

Research brief, February 2014 (Sheffield Hallam University Centre for Education and Inclusion Research). AND

Independent Review Panel and First-tier Tribunal Exclusion Appeals systems

Research report February 2014 (Sheffield Hallam University Centre for Education and Inclusion Research).

Both at <https://www.gov.uk/government/publications/irp-and-first-tier-tribunal-exclusion-appeals-systems>

School Exclusion and the Law: A Literature Review and Scoping Survey of Practice, carried out in 2015 for DfE by Oxford Faculty of Law (Lucinda Ferguson and Naomi Webber).

<https://www.researchgate.net/publication/280067414>

From: Susan Solomon, Chair, Independent Review Panel – Lewisham.

With reference to your Children & Young People Select Committee Review and your document: Exclusions from school – an in-depth review. 5 September 2018, I would comment as follows:

Para. 5 Exclusion Rates in England

5.2 I agree. Very few of the exclusion reviews I have chaired have concerned a single incident. Most of the reviews concern exclusions for disruptive behaviour, bad attendance and refusal to accept discipline and many have the sad characteristic that parents appear to have had little or no perception of the seriousness of the situation their child was in until the exclusion.

5.4 Cuts in school budgets may be a contributory factor, but from my experience lack of parental awareness and acceptance is a major contributory factor. Most of the exclusions that I have dealt with involve a pattern of serious disruptive behaviour over a number of years. This is usually very carefully logged by the school and the history runs to several pages with the behaviour continuing, and often culminating in an incident of violence towards another pupil or teacher.

In my respectful opinion when disruptive behaviour becomes apparent and continues, it should be dealt with in a timely fashion and not allowed to continue for years until exclusion is the only remedy to ensure the well-being and efficient education of other pupils. Perhaps the fact of exclusion could be raised with all parents when the pupils move to secondary education and great emphasis made about the serious effect that exclusion would have on a child's educational future were they ever to be excluded.

Are inquiries made of the primary school the pupil has attended to ascertain any ongoing disruptive behaviour or difficulties the pupil/family has had? Are child psychiatrists/paediatricians involved at the earliest opportunity? It is my experience that medical professionals seem to be consulted only when the situation is approaching permanent exclusion. I have been told many times of the pastoral/medical care that would be available to a pupil but not very much about how the school has attempted realistically to encourage the parents and pupils to accept such assistance.

12.2 – "exclusion creates further problems or exacerbates existing issues", for example falling behind with work. In many cases it would appear that even prior to exclusion the excluded pupil is behind with work – this can be due to their disruptive behaviour, lack of academic ability or parental support. I agree exclusion in many cases does not improve a pupil's academic achievements and this is why intervention should be at a much earlier stage in the pupil's schooling.

12.3 "Poor mental health can lead to exclusion" – I agree, but surely this can be identified long before exclusion is reached, and measures put in place to assist the pupil/family. If a parent has mental health issues, it may be genuinely outside their ability to do anything constructive concerning their child's behaviour, but surely, again, this could be identified at an early stage and measures taken to assist.

Of course, employment prospects are poor for excluded pupils who are NEET. Has any research been undertaken of education systems in, say, the rest of Europe, or China and Japan as to how they would deal with situations which would result in exclusion in the UK? If so, I would be grateful to have sight of it.

15.3 Practice in Lewisham Schools in relation to behaviour management – again, it is my experience that intervention does not happen early enough in the occurrence of the disruptive behaviour, and parents are not involved early enough in the attempts to support/treat the pupil involved. Could the parents be invited to observe how their child is behaving in school. I am frequently told by parents: "I didn't realise it was so serious", "I wasn't told", etc. Regardless of whether that is correct, they should be able to see first hand how their child behaves in the classroom and beyond, and it may ensure the parents are more willing to admit that there is a problem, and engage more readily with the school to find a solution.

In short, based on my experience of hearing evidence and reading the medical reports in past exclusion reviews, in many cases by the time the pupil has been excluded, the pattern of their future behaviour is well established and attendance at a PRU would not necessarily exacerbate their disruptive behaviour and have only a faint chance of improving it.

I would respectfully suggest that attempts should be made to:

- Include general mention of exclusions and the serious implications for the pupils who are excluded at the beginning of their secondary education.
- Ensure that all support mechanisms are being fully utilised for pupils with behaviour issues and feelings of isolation.
- Involve the parents at a very early stage, as soon as the disruptive behaviour becomes apparent.
- Encourage parents to visit the school to observe their child's behaviour first hand, so they are aware of the seriousness of the situation.
- Involve medical professionals at an early stage.

- Have regular meetings with child and parents (and medical professionals if involved).
- Encourage parents at an early stage to set boundaries re behaviour and discipline at home.
- Ensure children whose parents have mental health issues are properly supported and do not feel isolated – another reason why early intervention by the school is all important.

As you will have gathered, the principal comment I have is that permanent exclusion and PRUs should, in practice, be the very, very last resort, and it would appear that in many cases it has become necessary because, for whatever reason, serious intervention has not been attempted until shortly before the permanent exclusion. The "Glasgow Nurture Room" would seem to be a strategy meriting further research and, as a Panel Chair, I would be very grateful to receive whatever information you are able to share concerning this strategy.

As far as I am aware, Chairs and members of the Lewisham Exclusion Review Panel have not visited Abbey Manor or any PRU, and certainly I would find this very helpful and if it could be arranged in the future I would be very grateful.

Susan Solomon

Chair, Lewisham Independent Review Panel

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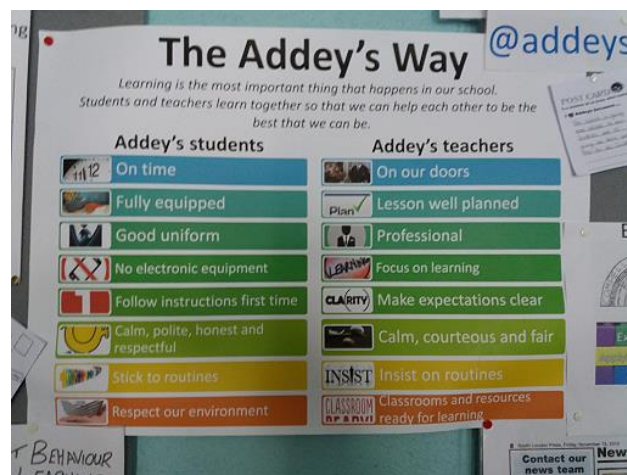
Addey & Stanhope visit – 12/11/18

Jan Shapiro – Head teacher, Tyrone Sinclair – Assistant Head teacher, leads on reducing exclusions

Present: Cllrs Sorba, Johnston-Franklin, Holland, Monsignor Rother, Scrutiny Manager

1. Addey & Stanhope is a small local school, with 600 pupils on the roll. The furthest offered place last year was just 1 mile away. Therefore issues affecting the surrounding area are important to and affect the school. The school has the highest number of pupils eligible for Free School Meals in Lewisham. Of the Year 7 pupil population, some 80% speak a language other than English at home. Head teacher has been in post for 3 years.
2. The school is on a congested site with no green space and very little outside space comparative with the size of the school. Students have to contend with pollution and traffic noise from the A2 which can be especially problematic while writing exams in the summer with windows open. The school site comprises buildings from a range of eras, dating back to the late 19th century.
3. Fixed Term Exclusions had significantly reduced, largely due to wraparound provision. Last year the school had worked with Deptford Green to host a project supporting a small group of students from both school that were at risk of exclusion. The project ran for a term and had been successful. The 2 boys from Addey & Stanhope that had participated were still in school, having turned their behaviour around as a result of the project. Budget constraints meant the project could not be continued this year. Each school had put funding. A Deptford Green teacher ran the project out of Addey & Stanhope. The project, while expensive to run, saved money in the long term as Alternative Provision places are expensive. The programme ran over 6 weeks, followed by a 4 week reintegration period. Students participating in the project followed both schools' behaviour policies, wore school uniform, had lunch together, and participated in lessons with a mentor. It was expensive but provided value for money and positive outcomes. The school felt it was worth replicating elsewhere.
4. The school shared that one of its biggest challenges was talking to parents about Abbey Manor without the parent closing down the conversation. The school felt that Abbey Manor has such a bad reputation with parents that it should be rebranded to change the image in parents' minds.
5. Students that have been excluded for a fixed term work in the Return to Learn centre. Students who are struggling or need more intervention also work in the centre. The school runs a range of projects to support vulnerable groups – projects that work with boys, girls, those struggling with the transition to secondary school, etc.

6. The head teacher was keen to continue to strengthen pastoral support, and the school had recently been judged Ofsted outstanding for welfare. The school works very closely with students and parents.
7. The head's view was that the key to successfully reducing exclusions was ethos. She talked about "The Addey's Way" – a set of behaviours that staff and students are expected to exemplify – helping to create a school family, "we tell the kids we love them, we absolutely do, but it's a tough love". The school values manners, discipline, hand shaking, respect, and this was evidenced by students standing up when we entered the class room, and students shaking our hands as they greeted us.



8. We heard that the majority of Addey & Stanhope students are from families where they will be the first person to go to university. The school considers careers provision to be very important to give young people social capital and aspiration. The school encourages aspiration and provides the support to get there.
9. The Head considers every intervention very carefully, and only uses fixed term exclusions where the situation warrants it, for example where the student has been violent. While in these cases a sanction is required, she asks whether a sanction alone will fix the problem and lead to more positive choices. In most cases it won't, and therefore intervention and discussion with the parent is important. There had been one fixed term exclusion so far this term.
10. When asked what the best intervention was, the Head stressed the need for good practice around welfare and support, and the working effectively with parents. One of the challenges facing the school is that many parents are vulnerable and the school doesn't have capacity to provide support where the family falls short of social care thresholds. One of the school's areas for development was to get to know the parents better.
11. The school felt partnerships with other agencies were not always as strong as they needed to be, in particular with social care. The school was not critical of social care, but recognised budget constraints and high thresholds placed

limits on the support on offer. One particular area for strengthening, the school felt, was adult social care, where it was difficult for the school to gain any traction. The school often sees adult parents in situations where additional support that could improve the home life, and consequently, the experience of the child.

12. Where the school thinks a student's home life is so bad it warrants social care intervention, it makes a referral to Children's Social Care, but in most cases the family does not meet the threshold. This is a source of frustration as the school and the family are then unsupported in meeting those needs.
13. The importance of consistency in culture was emphasised. The Addey's Way has been consistently applied and as a result classroom behaviour has improved drastically. Unstructured times are an area of focus for the school, such as after school, the journey home, break and lunch times. Most problems happen in unstructured time and the school has in place lots of provision to keep students occupied. Outside agencies run lunch activities - tennis, badminton, archery, connect 4, football, healthy living lifestyles and games, getting teachers involved in competing with students. This allows staff to own and control the space rather than it being a student space.
14. Another key aspect has been changing the language and mindset around behaviour to recognise that all behaviour has a purpose. The school has moved away from a behaviour – sanction model towards restorative justice and communication. It is rare for students to be sent out of class and when it happens, the focus is on return to learn, and making sure the behaviour is not repeated.
15. As classroom behaviour has improved, now most exclusions are to do with altercations between between peers. Restorative justice gives both parties the opportunity to have their say and to consider how to resolve the problem. It does not mean no sanction, but focuses on teaching the right behaviour so that it does not happen again. The school utilises community service as a sanction and sees paying back into community as important. This could be helping out in the canteen, reminding peers of rules eg put tray away etc.
16. Addey & Stanhope works with Deptford Green to provide an external/ internal exclusion room (EIE). This enables temporary transfer between the two schools as an alternative intervention to fixed term exclusion. In this case the student would be carrying out work set by their school but in the setting of the reciprocal school, thus incurring no loss of curriculum time, and benefitting from alternative support in a different environment.
17. The school does exclude students that have brought drugs into school to sell as this compromises the safety of the other students. Nervousness exists when being asked to accept a student on a managed transfer who has been found with a knife, and it is especially difficult where students know that there has been a knife involved.

18. The school considers the culture of Addey & Stanhope is special and important and believes in second chances, supporting those who go out on a managed move and those that come in. Support varies depending on the needs of student and what is in their best interest. Sometimes moving to alternative provision is more appropriate than a managed move to another mainstream setting.
19. Citizenship is an integral part of the school's curriculum, rather than being an add-on. The school does early preventative work on gangs, but has a resource need for proper early intervention with children that the school identifies as vulnerable to exploitation by gangs.
20. The school runs various early intervention programmes, including "Boys into Books" – looking at masculinity through the medium of books, a residential course with the UK Sailing Association, a life course with the London Fire Brigade, etc. Interventions are costly and take away from curriculum learning time, so the school constantly has to consider what is in the best interests of the child.
21. Aspiration and social mobility is at the heart of the school. The careers curriculum is outstanding thanks to the staff that run it. Students are offered high quality work experience placements with a range of employers including the Bank of England and Goldman Sachs. Most students go to university, some to Oxbridge. The school population is ambitious because the school expects a lot from them.
22. The hardest thing school is contending with is the culture outside of school, which goes beyond family aspiration. The PHSE programme directly addresses culture, including social media, The head explained that The Addey's Way extends beyond the school gates, and involves being intentional about how the school deals with morality, community, relationships etc.
23. The school no longer uses Place to Be (mental health provider) due to cost. The school is trying to destigmatise mental health by referring to it as wellbeing, a part of keeping yourself healthy. There is a mental health first aid trained member of staff, signposting to Kooth, an online counselling and emotional well-being support service for children and young people. The school runs activities during mental health awareness week and as part of the PHSE programme. Additionally it holds an inclusion meeting every 2 weeks with includes the SENCO and inclusion staff and looks at all students who are a concern for any reason. On average around 15 students per year group are discussed at any one meeting.
24. The head believes that low staff turnover leads to fewer exclusions. We heard that the school does not have recruitment and retention problems and that staff have a strong moral purpose and many are connected to the local community and families. She gave the example of a member of staff who had previously been head boy at the school.

Key findings:

- Budget constraints are limiting the support that the school can offer to those at risk of exclusion
- Conflicted around managed transfers where knives are involved
- As budgets shrink, partnerships and relationships with outside providers become increasingly important, as is creative and targeted use of the resources available.
- The key to reducing exclusion is to do inclusion well
- Behaviour expectations are high and consistently insisted upon
- The school operates in the context of the wider community, and does not view education in isolation from culture and social issues in the community
- Family ethos is important within the school
- Families are not getting the support they need, which impacts on children and young people. The school is not resourced to provide this, and most cases the families do not meet the threshold for social services support. Social workers do not have capacity to offer the support that the school needs.
- Citizenship is integral to the curriculum
- Knowing and being aspirational for all students is crucial, and must be supported with access to good quality work placements
- Restorative justice is useful in conjunction with sanctions
- Abbey Manor has a bad reputation with parents and should be rebranded
- Stable staff leads to fewer exclusions
- Emphasis on equipping students for life and the realities of the community they live in
- Health and wellbeing is a priority.

Bonus Pastor Catholic College

Jonathan Ronan – Head teacher

Sharon Wise – SENCO

Nick Lawrence - Head of Geography and Enrichment

Melissa Stevenson- Deputy head with responsibility for inclusion strategies

Sandy Quinn - Designated Safeguard Lead

Present: Cllr Luke Sorba, Cllr Coral Howard, Monsignor Rotheron, Scrutiny Manager.

1. Bonus Pastor Catholic College in Downham is an 11-16 secondary school for 800 pupils. Some 72% of students are BAME. White British boys are a focus group for improving attendance. The school reports that they are the highest group for persistent absence and low progress in y10 but they are not over represented in exclusions. As a group they tend to be passive, and are described as often being either persistently absent or, when they are in school, disengaged. The school tries hard to engage them and to find an interest that makes them want to come.
2. The school had one permanent exclusion last year, and 128 fixed term exclusions (some involving the same pupil more than once). Permanent exclusions have reduced, the rate of fixed term exclusions is stable.
3. Curriculum design is important when trying to engage reluctant learners or persistent absentees, and the development of an alternative curriculum is something the school is working on. An alternative curriculum is not lucrative in terms of funding, and does not count towards performance tables, but is very beneficial for getting the best out of certain individuals.
4. The school is very proud of its art department which delivers good results and has a huge uptake. The school is under great pressure to offer the Ebacc but recognises that this is not the right path for some pupils. Ofsted is happy with the current curriculum at Bonus Pastor, but the head feels there is a need for a more vocational outlook for the mechanics and builders of the future. Student interest is there, and the school is trying to be inventive with experiences.
5. Enrichment is an important aspect of student life at Bonus Pastor. The enrichment lead keeps a giant spreadsheet which tracks every individual in school to see how enriched they are – students are expected to participate in a minimum of 5 extracurricular activities in the course of a year such as afterschool clubs, trips, etc. By tracking this information, staff can see who hasn't taken part. This often correlates with behaviour concerns. It serves as a starting point for dialogue with the 'least enriched' students. Sometimes there are reasons why students are not engaging with enrichment, such as caring for younger siblings, cost (this particularly affects those who do not receive Free School Meals but are borderline, or would receive them had their parent completed the paperwork), living far from school, perception of how teacher feels about them, issues at home. Enrichment activities are free for Pupil

Premium pupils, which amounts to 42% of the school population. Not one of the least enriched kids has come to the school through a managed move. Students on a managed move receive wraparound support as soon as they arrive and as a result engage with the opportunities on offer.

6. Low level disruption is the most prevalent cause of behaviour sanctions being applied. All behaviour events are logged to ensure there is consistency across the school both in terms of logging of behaviour and the sanctions applied. The school's designated safeguarding lead is entirely pastoral and therefore is not a classroom teacher. Much of the work of the DSL is dealing with mental health. The school recognises that happy students do the best learning and sometimes the best pathway for the student could be an outside referral. The DSL has to 'plug the gap' as CAMHS lead times are so long and thresholds are very high. Each year group has a learning mentor that students can go to with mental health or other problems.
7. We heard that while Lewisham social workers are supportive, their workload is such that the school does not always get the support it needs for its students, particularly in terms of the time it takes for Children's Social Care to respond, and almost always the response is put back onto the school. The school reported that it also has to deal with Children's Social Care in other boroughs and has found that comparatively, Lewisham is slower to respond and to follow up.
8. The school values support staff as well as teaching staff and has ring-fenced funds for a learning mentor. Careers Information Advice and Guidance (CIAG) starts in year 7. The school is finding that more students are picking apprenticeship routes. It achieves 98% attendance at apprenticeship placements, and Pupil Premium attendance is 97.5%. The school attributes the high levels of attendance for the most part to the enrichment programme the school offers.
9. Enrichment is used as a carrot and a stick. An example given was of a keen footballer who was not being respectful in class only being allowed to represent the school in a football tournament if classroom behaviour improved.
10. The school feels it knows the students well, in part because it runs a 2 week timetable. In week 1 the students register as a year group, in week 2 they register as a house, therefore benefitting from peer support and mentoring by mixing with different age groups.
11. The head teacher felt strongly that, particularly in light of the recent murder of a young boy in Downham, a zero tolerance approach to knife carrying in school needed to be adopted. While he was generally complimentary about the work of Lewisham's inclusion team, he was vehemently opposed to managed moves where a knife has been involved. He expressed his frustration at the slow response he had received from the police which resulted in him having to lock a large knife in his desk for a week while he

waited for the police to attend. He warned that the local authority is sending a dangerous message to young people that you can bring a knife to school and the only repercussion is that you are moved elsewhere. He said he had felt under great pressure to consider managed moves for students caught carrying a knife but that he was not prepared to tolerate this approach. His view was that the message needs to be stronger. He will not consider taking a student on a managed move where a knife has been involved.

12. The school starts an open dialogue with students from Year 7, which includes talking about drugs. Pupils confide in staff and ask for help with their peers where they have concerns. The school had previously supported a student with a diagnosed addiction to achieve GCSEs and move on to an apprenticeship.
13. One of the challenges for the school as far as drugs are concerned is the number of students engaging with marijuana that sourcing it from their own homes. The school takes a hard line where drugs are brought into school. Sometimes students turn up intoxicated, in which case the school calls children's social care. While being under the influence of drugs in school is an excludable offence, it can often be a challenge to prove it unless the student confesses. The school will never send a student home where it is known that this could give rise to a safeguarding risk for example is a Child Protection plan is in place for physical abuse.
14. The school does not have an inclusion unit in the school. The head's view was that if there is one, it will be used, which stops strategies to keep them in the classroom and creates a haven for misbehaviour.
15. The school currently has 2 students in alternative provision. The head shared that the biggest challenge is getting parents to agree to sending their child to Abbey Manor as its reputation is so bad. He contrasted this with alternative education provider ARK Camberwell, which has a strong reputation with parents but is expensive. He felt a re-branding exercise would help change perceptions of Abbey Manor, as would not closing early on a Friday. He argued that this allows Abbey Manor students access to the bus stops before staff from other schools can get there, which is when most of the trouble happens.
16. The school is dogged in its efforts to engage parents, particularly where the child is a persistent absentee. A recent Year 7 parents evening saw 177 out of 180 parents attend. The school enjoys a parent body that is relatively engaged, and has formed relationships with key primary feeder schools to ensure continuity for families. The school relies heavily on the relationships the learning mentors build with families, and on conversations and goodwill from the support sources it has such as New Woodlands. New Woodlands is running an art therapy pilot for Bonus Pastor. The school also has a good relationship with St Dunstons and is negotiating pro bono support from them with mental health staff training and access to wellness facilities.

17. On the whole managed moves to the school have been successful. The head cited one that had failed within a week, and in this case he said that the other head had known the managed move would fail but felt under pressure to make it. He argued that the view of the head teacher should have been given greater consideration to avoid wasting time and creating additional disruption for the child.
18. Bonus Pastor currently has 25 students with an EHCP, 8 of which are in Y7. The school is expecting 16 or 17 in next year's Y7 intake. The school offers an enhanced transition programme for children with additional needs. Autism is highest reason for EHCP. The school buys into the fullest support package that Drumbeat has to offer. The head was extremely complimentary about the support the school receives from Drumbeat. The head identified a gap in provision for students with ASD who would be able to cope in a mainstream setting with reasonable adjustments and access to a resource base, rather than needing to attend a special school. The school was having to replicate the support of a resource base but without the funding to do so.
19. When asked about the number of fixed term exclusions for SEND children, the Head reported a dip this year, whereas last year saw an increase. We heard about a Y7 child who was distressed and unable to cope in a mainstream school. In that case the school had to exclude as there was no EHCP and no resource to support the additional needs, which had not been assessed for an EHCP. The lead time – 5-6 weeks for the panel to agree to assess, then 20 weeks for the assessment – was too long so more suitable alternative provision was found.
20. Bonus Pastor is a PFI school. The head explained some of his frustrations with the restrictions imposed by and cost implications of the PFI arrangement, money which, he argued, could be better spent on the welfare of students.

Key findings:

- PFI costs place unnecessary pressure on school budgets
- Enrichment and curriculum design are important to engaging students and consequently to reducing exclusions
- Abbey Manor has a bad reputation with students and parents and should be rebranded
- The local authority's message on knife carrying is not strong enough
- Pressure to effect managed moves rather than exclude can lead to inappropriate moves that create further distress for the pupil
- Undiagnosed SEND is a problem
- As budgets shrink, relationships with external providers and creation of goodwill arrangements become increasingly important
- Participation in enrichment activities such as representing the school on a sports team can be used effectively to incentivise better behaviour
- Response times from Lewisham's Children's Social Care are slower than other boroughs
- The curriculum needs to provide for those suited to a vocation such as mechanics or construction

- Inclusion units can create havens for bad behaviour. The school has found mentoring and supporting students within the mainstream classroom to be more beneficial
- Knowing the students and having strong staff-student relationships is important and key to intervening before problems escalate.

CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE			
Report Title	Public Health, Health Visiting Cuts Proposals		
Key Decision	No	Item No.	5
Contributors	Executive Director for Children and Young People		
Class	Part 1	Date:	6 th December 2018

1. Summary and purpose

- 1.1 The purpose of this report is to ask the Children and Young People’s Select Committee (The Committee) to review the report attached as Appendix 1 for Mayor & Cabinet on December 12th 2018.
- 1.2 The report in Appendix 1 outlines the consultation conducted and revised proposals to balance the cut to the Public Health grant.

2. Recommendation

- 2.1 The Committee is recommended to review, note and comment upon the consultation activity and proposals for cuts relating to health visiting services.

3. Legal implications

- 3.1 The Legal implications are as laid out in section 12 of the report attached as appendix 1.

4. Financial implications

- 4.1 The Financial implications are as laid out in section 13 of the report attached as appendix 1.

5. Crime and Disorder Act Implications

- 5.1 The Crime and Disorder Act Implications are as laid out in section 14 of the report attached as appendix 1.

6. Equalities Implications and human rights

- 6.1 The equalities and human rights implications are as laid out in section 15 of the report attached as appendix 1.

7. Environmental Implications

- 7.1 There are no environmental implications.

8. Conclusion

- 8.1 The report in Appendix 1 outlines the consultation conducted and revised proposals to balance the cut to the Public Health grant.
- 8.2 The Committee is recommended to review, note and comment upon the consultation activity and proposals for cuts relating to health visiting services.

Appendices

Appendix 1 – M&C Report PH Consultation

Appendix 2 – EAA

Appendix 3 – Online Consultation Analysis

Appendix 4 – SMU Focus Group report

Appendix 5 – HV Patient Engagement Report

If there are any queries arising from this report, please contact Catherine Bunten on 020 8314 6577

Mayor & Cabinet		
Report Title	Public health grant cuts consultation outcome and proposals	
Ward	All	Item No.
Contributors	Executive director for community services	
Class		Date: 12/12/18

1. Summary and Purpose of the Report

The government will be making a further cut to the Public Health grant to local authorities for 2019/20. The purpose of the report is to appraise Mayor & Cabinet of the outcome of the consultation agreed on the 4th of September by the Healthier Communities Select Committee on proposals to balance this, and to seek approval for revised proposals following the consultation.

2. Structure of the Report

2.1 The report is structured as follows:

Section 3 sets out the recommendations.

Section 4 sets out the policy context

Section 5 sets out the background

Section 6 Proposal Development and Consultation approach

Section 7 Summarises the consultation activity

Section 8 Neighbourhood Community Development Partnerships

Section 9 Community Nutrition and Physical Activity

Section 10 Health Visiting

Section 11 Substance Misuse

Section 12 sets out the legal implications

Section 13 sets out the financial implications

Section 14 sets out the crime and disorder implications

Section 15 sets out the equalities implications

Section 16 sets out the environmental implications

Appendix 1 Lewisham's 9 health and wellbeing priorities

Appendix 2 Equalities analysis

Appendix 3 consultation analysis

Appendix 4 substance misuse focus group summary

Appendix 5 Health Visiting patient engagement summary

3. Recommendations

Mayor and Cabinet is recommended to:

- note the consultation activity undertaken by officers, the findings of this activity and the Equality Assurance Assessment (EAA) undertaken;
- review and give approval for revised proposals to balance the cut to the Public Health grant for 2019/20.

4. Policy Context

4.1 The services within this paper meet the two key principles of the Lewisham's Sustainable Community Strategy 2008-2020:

- Reducing inequality – narrowing the gap in outcomes for citizens
- Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services

4.2 These services also contribute to the following priority outcomes:

- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
- Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being

4.3 The services in this report support the council's corporate priorities of:

- Community Leadership and empowerment- developing opportunities for the active participation and engagement of people in the life of the community
- Caring for adults and older people- working with health services to support older people and adults in need of care
- Active, healthy citizens- leisure, sporting, learning and creative activities for everyone

4.4 The Health and Well Being Strategy 2012/22 has been developed by Lewisham's Health and Wellbeing Board (HWB) and sets out the improvements and changes that the board, in partnership with others, will focus on to achieve the board's vision of achieving a healthier and happier future for all. The strategy lays out 9 priorities, attached as appendix 1.

4.5 Lewisham's Children and Young People's Strategic Partnership vision is: "Together with families, we will improve the lives and life chances of the children and young people in Lewisham". This is achieved through a focus upon closing the gaps in outcomes achieved by our children and young people and agreement to ensure that children's and families' needs are prevented from escalating and are instead lowered. The ideal is for all children and young people to require only universal services and where further support is needed this should be identified and provided as early as possible.

5. Background

5.1 The Health and Social Care Act (2012) transferred the bulk of Public Health functions to local authorities. The Council is responsible for delivering Public Health outcomes through commissioning and building partnerships within the borough, region and city.

5.2 In the Spending Review and Autumn Statement 2015 the government announced an in-year cut to the ring-fenced Public Health grant, with further cuts for each subsequent

year to 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut for 2019/20 will be £642,000. This will reduce the grant for 2019/20 to £23,683,000 and take the total cuts in the grant to date to £3,985,000.

6. Proposal Development and Consultation approach

- 6.1 Proposals were developed using a marginal benefit comparison process led by Dr. Danny Ruta, Lewisham Director of Public Health. Public Health specialists for each area exemplified cuts and their impacts on Public Health outcomes. A process of prioritisation led by Dr. Ruta was then undertaken to identify and order the cuts with the lowest impact.
- 6.2 In developing proposals to balance the cut from central government, officers focussed on as far as possible protecting already stretched frontline services from additional cuts.
- 6.3 As a result of the above process a number of reductions were identified in staffing and 'back office' commissioning arrangements totalling £106,400. These will not impact on any existing staff
- 6.4 On 22 November 2016 the Executive Director of Resources and Regeneration gave approval to negotiate directly with Lewisham and Greenwich Trust (LGT) to provide sexual health services in Lewisham through a waiver of the contract procedure rules (single tender action). The contract was awarded February 9th 2017, and implemented the Integrated Sexual Health Tariff (ISHT).
- 6.5 To support LGT with the transition to ISHT, interim payments were agreed as part of this contract award. The tapering off of these payments across the life of the contract, and the implementation of ISHT across London, will result in a cost reduction of £192,294. Any proposed service changes following this will be consulted on separately, as with the realignment of primary care delivery agreed by the Healthier Communities Select Committee on 27 June 2018
- 6.6 Further proposals totalling £343,306 were considered to be significant service reductions requiring consultation.
- 6.7 Officers presented these proposals and the consultation approach to the Healthier Communities Select Committee on the 4th of September 2018, and proposed to return to the committee on the 3rd of December with the outcome of the consultation and specific proposals for Mayor & Cabinet approval on the 12th of December 2018. This paper sets out the revised proposals for decision by Mayor & Cabinet.

7 Consultation activity

- 7.1 Officers conducted a range of consultation activity (as previously described to the Healthier Communities Select Committee, and as set out below) to engage with the public and stakeholders as part of an overall 15 week consultation process.

Public Health cuts consultation timeline																				
	July	August				September				October			November		December					
	23-Jul-18	06-Aug-18	13-Aug-18	20-Aug-18	27-Aug-18	03-Sep-18	10-Sep-18	17-Sep-18	24-Sep-18	01-Oct-18	08-Oct-18	15-Oct-18	22-Oct-18	29-Oct-18	05-Nov-18	12-Nov-18	19-Nov-18	26-Nov-18	03-Dec-18	10-Dec-18
Full consultation period	Full 15 week consultation period																			
Interim Joint Commissioning Group 26/7																				
Community Service DMT																				
Healthwatch meeting 2/8																				
CYP DMT 8/8																				
Healthier Select Paper																				
Healthier Communities Select Committee 4/9																				
consultation- online 5/9-7/11																				
consultation- stakeholders 5/9-7/11																				
PH analysis of consultation and review of proposals																				
Healthier Communities Select Committee 3/12																				
Mayor and Cabinet 12/12																				

- 7.2 Officers consulted across the Council including at Community Services and Children and Young People's Directorate Management Teams.
- 7.3 Officers consulted with the Lewisham Interim Joint Commissioning Group, Lewisham Clinical Commissioning Group to understand impacts elsewhere in the local health system.
- 7.4 Officers consulted Lewisham Healthwatch on proposals, on the consultation approach and on equity of access.
- 7.5 Officers consulted the public, professionals and wider stakeholders through the Council's 'Citizen Space' platform for a period of ten weeks. Lewisham Healthwatch offered support to individuals and groups to ensure equity of access.
- 7.6 Officers sought to work closely with commissioned providers to develop proposals that mitigated the impact of funding reductions as far as possible.
- 7.7 Public Health specialists analysed the consultation outcome (Appendix 2) and produced a full equalities analysis (Appendix 1) to inform revised proposals.
- 7.8 Following and informed by the activity described above officers developed specific proposals for reduction in grants and public health activity, laid out in paragraphs 8 – 11 of this report.
- 7.9 The Council has a number of statutory duties as conditions of the Public Health grant, including a mandatory visits from Health Visiting and ensuring open access to sexual health services. The reductions described in this report will not compromise the Council's ability to deliver against these duties.

8. Neighbourhood Community Development partnerships (NCDPs)

- 8.1 Officers consulted on a proposed £10,000 reduction in the grants available for Neighbourhood Community Development Partnerships (NCDPs). This would mean a reduction in the amount of money available for annual grant funding for projects .
- 8.2 In February 2017 LB Lewisham developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks by the creation of four NCDPs. The partnerships bring together all the relevant voluntary and community sector

partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them.

- 8.3 The Council provides £100,000 from the Public Health grant to support grants to voluntary and community organisations in all of the four NCDPs. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions and a Fit Bus scheme. The funding was distributed using a community based participatory budgeting process.
- 8.3 The consultation focussed on residents' priorities around NCDPs and whether any reduction should be evenly distributed across the 4 neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs. 115 people responded to this section of the consultation.
- 8.3.1 The majority of respondents were extremely positive about the services that had been funded by the NCDPs.
- 8.3.2 The respondents ranked reducing social isolation and loneliness and increasing access to routes to improve health and wellbeing as the most important objectives for the NCDPs to focus on.
- 8.3.3 The majority of respondents (75%) felt that the reduced Public Health funding should be targeted at those individuals and groups in greatest need rather than distributed equally between the four neighbourhoods
- 8.3.4 There were mixed views about who is best placed to understand health and wellbeing priorities. Many respondents felt that people from within communities and those who work closely with them (such as voluntary and community sector groups) will have the best understanding of the key issues and many felt that the access to data that public health professionals have helps them to understand both the neighbourhood needs and also place these in a wider context.
- 8.4 The EAA appears to show that the majority of NCDP grant funded voluntary and community services are reaching residents from all the protected characteristics, in particular services for older BAME people who are socially isolated. The reduction in the Public Health grant will not have a positive impact on any particular group. As the recipients of funding change each year, officers are unable to predict the funded community groups in future years and which protected characteristic groups these organisations may support. As no community groups exist solely as a result of the NCDP funding, we do not expect any groups to stop providing services as a result of the budget cut. In addition, Community Connectors are able to signpost organisations to other sources of funding available.
- 8.5 The NCDPs, facilitated by Community Connections Community Development workers, will continue to engage with local community and voluntary organisations and identify opportunities to grow local community networks.

- 8.6 Public Health professionals will continue to support the membership of each of the four NCDPs to identify local health and wellbeing priorities and target the reduced grants to those in greatest need.

9. Community Nutrition and Physical Activity

- 9.1 Officers consulted on a proposed £10,000 reduction in funding for the Community Nutrition and Physical Activity service delivered by Greenwich Co-operative Development Agency (GCDA).

- 9.2 This borough-wide service supports communities to become healthier and more resilient through delivery of initiatives such as cookery courses, physical activity sessions and the healthy walks programme, to working with food businesses to make their food healthier. The community development approach supports individuals, groups and organisations to promote healthy lifestyles and the service offers support, training and mentoring for community groups and organisations to deliver local healthy eating and physical activity initiatives

- 9.3 The online consultation focussed on residents' priorities in this area, and the balance and targeting of delivery supporting individuals or community organisations. 142 people responded to this.

- 9.3.1 142 people responded on the Community Nutrition and Physical Activity service. 83.1% of people responded in a personal capacity and 16.9% of people responded in a professional capacity. Nearly 45% of responses were from people who are currently using or had previously used the Community Nutrition and Physical Activity service. When asked to prioritise objectives for the service, all six objectives were thought to be extremely or very important by 74% to 88% of respondents to the questions. The top two objectives were 'Supporting a local environment that makes it easier to choose healthy diets and active lifestyles' was seen as Extremely or Very important by 88.2% of respondents to the question, followed by 'Developing a model that enables healthy eating and physical activity interventions to be more widely available in the community' (84.0%).

- 9.3.2 A slightly higher proportion of respondents disagreed or strongly disagreed that the cuts should be made by reducing services aimed at the community (64.5%) compared to services aimed at the individual (56.4%).

- 9.3.3 Many respondents were positive of the overall health benefits of programme and in particular the healthy walks elements of the service.

- 9.3.4 Suggestions on how to deliver the service in order to achieve the same reduction in budget included linking with other services, working with communities to develop volunteer roles to introducing a small charge for the services. Other comments included supporting investment in prevention and the impact of the public sector cuts.

- 9.4 The equalities analysis indicates the Community Nutrition and Physical Activity service reaches people with protected characteristics in particular BAME, and older people. It is not anticipated that the reduction in funding will have a positive impact on any protected characteristics, however initial analysis indicated there could be a potentially negative impact on age, gender and ethnicity if services aimed at the individual were

reduced. These groups could therefore be disproportionately affected by changes to this component of the service.

- 9.5 Council officers have discussed potential changes with the service providers and they propose a reduction in the hours of the Training Manager post employed by GCDA as part of the programme. This role will in future focus on training quality, observation and follow up rather than service development.
- 9.6 The provider feels that this reduction in the Training Manager role will not have an adverse effect on the programme delivery as the training is now well established and other staff have developed the skills and expertise to deliver the training. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham. This means that the EAA anticipates that no protected characteristic group will be disproportionately impacted by the changes proposed.
- 9.7 Council officers propose a reduction in the hours of the Training Manager post in the programme. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham.

10. Substance Misuse

- 10.1 Officers consulted on a proposed reduction of £127,000 in funding for substance misuse.
- 10.2 The main substance misuse services are delivered by Change, Grow, Live (CGL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse.
- 10.2.1 CGL run the complex needs service within the borough that assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate treatment which could include pharmacological therapies for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition, there are a range of specialist elements within the service designed to meet specific needs including:
- Hospital Liaison Service - The service works across all local hospitals i.e. GSTT, Kings and LGT to support services users that are treatment naïve, frequent attenders and those with complex needs
 - Criminal Justice Liaison - This service works includes a worker located in Lewisham Metropolitan Police custody suite, a worker based in Lewisham National Probation Service (NPS) and Community Rehabilitation Company (CRC) that attends court one day per week, a prison liaison in-reach worker and two Criminal Justice Practitioners that deliver interventions/groups within service
 - Mental Health Services (Dual Diagnosis and Psychological Support) - The service aims to enhance the delivery of intervention to service users with co-existing mental health and substance misuse/alcohol issues

- Outreach Service and Homeless Support Service - The service provides a dynamic and proactive outreach service to engage with a range of individuals who have adopted a 'street lifestyle' including rough sleepers, beggars, service users involved in prostitution and street drinkers with a view to engaging them in appropriate services and move them into a more settled lifestyle
- Club Drug and Stimulant Support - The service supports a number of individuals using New Psychoactive Substances (Legal Highs), Club Drugs and Crack or Cocaine users
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers Support - The service provides support for carers/parents and significant others of adult drug and alcohol users.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care.

10.2.2 Blenheim CDP deliver the primary care recovery service which works in partnership with GPs and provides the following interventions:

- Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency
- Sessions of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount
- Extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons
- Assertive in-reach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services
- Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities
- A Primary Care provision of ambulatory detoxification for those presenting with low to moderate alcohol use
- Community detoxification for drugs, working in partnership with GP's to titrate and reduce substitute medication with the aim of abstinence and recovery
- Health, smoking cessation; healthy eating and access to physical exercise programmes/facilities),
- Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- Pro-active relapse prevention advice and support, including prescribing interventions
- Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services

- Home visits, assessment and referral to early intervention services for all service users who have caring responsibilities for children under 16, these can be conducted jointly with other services.

10.3 The consultation set out the range of activity delivered by the services and sought the views of the public, particularly those who have accessed the provision, as to the areas they felt were of particular importance or any changes that could be made. Throughout the consultation process the addictions team worked closely with Lewisham's Service User Involvement Team (SUIT) to make sure views were gained from actual people accessing the service.

10.3.1 **Online consultation:** Members of the public including service users, carers and professionals responded to the set of questions about the Substance Misuse services. There were a range of responses from current or past service users, members of the public and professionals. They were asked whether they thought that this proposal will affect particular individuals more than others. (Appendix 3)

10.3.2 108 people responded to questions about the Substance Misuse Services. 77.8% of people responded in a personal capacity and 22.2% of people responded in a professional capacity.

10.3.3 5.6% of personal responses were from people who are either currently using the service, had previously used the substance misuse services or have a family member that has used the service; 94.4% of personal responses were from Lewisham residents/members of the public.

10.3.4 Due to the small number of responses from current or previous service users/family members it is not possible to report these findings without potentially identifying individuals. The small number of responses received were across a wide range of views which are not possible to summarise. However two focus groups have taken place with this cohort – see section 10.4 below.

10.3.5 Members of the public identified 'Increase in waiting times for services' as the most likely impact of the proposed funding cuts, with 94.4% stating this was extremely or very likely.

10.3.6 The vast majority of respondents (83.8%) believed the proposed cuts would affect particular individuals more than others. When asked to expand on this the below comments summarise respondent's views:

- Poorest and the most vulnerable (substance misusers/elderly/homeless/mentally ill) in society will be hit the hardest.
- Those with long term addictions will feel it the most
- Those who have accessed the service previously may be more aware of the changes
- Those seeking help will be discouraged

- Negative impact on families, staff providing services, support of those with addiction problems
- BAME and other vulnerable groups affected more

10.3.7 Members of the public were also asked 'Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?' Suggestions from the public included:

- Providing more online services and/or group sessions to save money.
- Asking sellers of alcohol to contribute to services
- Getting charities, the voluntary sector and previous service users more involved
- Better co-ordination/collaboration with mental health and other healthcare services such as GPs
- Charities / volunteering -Create 'champions' (former users -now 'clean')
- A mobile service /group sessions
- Put the service back into NHS funding
- Educating children at school – substance misuse
- Link in with other sectors to provide things like apprenticeships for people who are moving towards long-term recovery

10.3.8 Overall the majority of respondents thought that cutting funding would lead to short and long-term complications impacting on their physical, mental and social well-being.

10.3.9 Suggestions on how to cope with the potential reduced funding include:

- More learning from and co-production with community as recommended by NHS England and Kings Fund.
- Early intervention should be a critical part of this service. Schools should be trained to identify potential substance misuse.

10.3.10 Professionals also identified 'Increase in waiting times for services' as the most likely impact of the proposed funding cuts (93.3%) stating this was extremely or very likely. This was joint with 'Increase in health related issues/morbidity (93.3%).

10.3.11 97.5% of respondents felt that the proposed cuts to substance misuse services would affect particular individuals more than others. When asked to expand on this view the main themes were that the impact would be most felt by substance misuse staff who will be under increased pressure and stress. The most vulnerable and hardest to reach groups including sex workers and the homeless population would also be more effected and those with complex and/or mental health needs.

- 10.4 **Consultation events:** In order to supplement the online survey officers organised two consultation events with service users, in order to remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those online. Overall the attendees were reflective of service users engaging with commissioned services. (Appendix 4)
- 10.4.1 Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or on medication. Overall, respondents demonstrated an understanding of the fact that, while the cuts to services and staffing were undesirable, they were necessary because of central Government cuts to Lewisham's Public Health grant.
- 10.5 Throughout this process, Officers also undertook a full service review of the existing treatment system; utilising the substance misuse needs assessment and other measures to inform the proposed savings for substance misuse treatment provision across the borough. The addictions team met with the current providers to seek their views on the most appropriate way to apply the cuts to the current system, and have been working together to appraise a number of options.
- 10.6 This process included examining levels of service usage and value for money; considered feedback from consultation with service users, stakeholders and residents and then in response to this considered how the impact of these savings can be best mitigated. In addition a full Equality Analysis Assessment has been carried out. (Appendix 2)
- 10.7 Taken together, the online consultation, the focus groups and the options appraisals with providers clearly indicate a desire to protect frontline services as far as possible. This is not surprising but it confirms that there are no areas of current frontline provision that are felt to be underperforming or 'a luxury' that could be cut without impacting on service users.
- 10.8 As such officers have focused their attention on commissioning, management and oversight functions to deliver the vast majority of the cuts.
- 10.9 This includes the combining of 2 posts within the commissioning team to combine the service user involvement role within a wider remit. While this reduces the number of officer hours dedicated to service users involvement the fact that the Service User Involvement Team (SUIT) which is run by current and ex-service users is now well developed means that this will have limited impact on the level of direct provision.
- 10.10 With services CGL will combine the Quality Lead with the Deputy Services Manager role. Officers are confident that this will not have an adverse effect on the service. This is because this role was introduced a few years ago when CGLs data quality was relatively poor but this has now been improved to a point where both the service and commissioners are confident that current levels of quality can be maintained without a dedicated resource. This means that CGL are able to protect frontline staff from the reduction in budget thus ensuring the effective service we provide for service users.

- 10.11 Blenheim CDP will deliver a small element of the saving but this can be delivered as part of their programme of reduced their overall overhead percentage via a merger with another provider.
- 10.12 The remainder of the savings will be captured from the budget for residential rehabilitation. Officers are confident that this can be managed as, based on historical usage officers, there will be sufficient funding to contain demand for the service assuming that this does not significantly increase from previous years. This budget will be kept under monthly review with any spikes in demand reviewed as part of the ongoing monitoring of the borough's usage of detoxification and rehabilitation services.
- 10.13 The cuts set out above will reduce the oversight and management of the treatment system in order to safeguard frontline services. At present officers feel that this is the most appropriate way to deliver the cut, primarily due to the work already undertaken to improve quality and data managing procedures and protocols. However, it is important that officers maintain vigilance to ensure that this quality does not slip as lack of effective data and management information can make designing effective and responsive services for the future very difficult.
- 10.14 The EAA on these proposals highlighted that there are some populations who are overrepresented within the treatment system – males and those from a white background – while younger people tend to be underrepresented but this generally represents patterns of drug and alcohol misuse in the borough. Furthermore the overall assessment is that these cuts are not likely to have any disproportionate equalities impacts due to the efforts taken to protect frontline service delivery.

11. Health Visiting

- 11.1 Officers consulted on a proposed £196,306 reduction in the budget for the Health Visiting service.

Service Description

- 11.2 The Health Visiting service, together with the Family Nurse Partnership service, is delivered by Lewisham and Greenwich NHS Trust (LGT). It leads on the delivery of the National Healthy Child Programme (HCP), providing a universal home visiting service to all families from pregnancy up until the child is 5 years old.
- 11.3 Through health assessments, the service delivers universal interventions to families to ensure the continued development of the child physically and emotionally. Additional targeted and specialist support is offered to more vulnerable families, this includes the Family Nurse Partnership service which supports young parents.
- 11.4 The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327.

Consultation Summary

- 11.5 Officers have consulted with staff and service users via the Council's online consultation and through attendance at six user activities and groups based in Children and Family Centres across the borough. This approach was based on discussions with LGT about the best way to meet and engage with service users. More information about the online consultation and the six engagement sessions is available in appendices 3 and 5 respectively.
- 11.6 Officers engaged as early as possible with LGT, informing them in July of potential proposals whilst still in draft form, seeking to work in partnership to try to develop proposals that mitigate the impacts of this reduction in funding, and requesting support in promotion of the consultation with service users and staff to ensure as wide a response as possible.
- 11.7 There were 119 responses to the online survey, and 34 people responded formally through the on-site engagement visits. Of the online respondents only 22% (16) told us they were service users compared to 91% (31 of 34) of those who responded to the engagement sessions.
- 11.8 Overall, responses to the online consultation and to the six engagement sessions demonstrate strong support for the service. Of those who responded to the online consultation, and told us that they had used the services, 71% found the service either extremely helpful or helpful, 10% moderately helpful and 19% slightly or not helpful. 97% of those who responded at engagement sessions, and told us they had used the service, found the service very or extremely helpful.
- 11.9 There was also strong support for specific elements of the service as follows:
- Baby and toddler hubs were rated as moderately to extremely helpful by 94% (15 out of 16) online respondents and 96% of those who responded to the engagement sessions.
 - 100% of respondents to both the online consultation and engagement sessions, who told us that they had used the service, found breastfeeding services helpful to extremely helpful, providing an endorsement of the success of breastfeeding support services in the borough in line with the national recognition via Unicef Level 3 accreditation
- 11.10 'Improving child development,' and 'reducing infant mortality' were among the top 5 important HV outcomes in both the on-line consultation and engagement sessions and as the online respondents were both public and professionals, this suggests the HV role is generally well understood.
- 11.11 A majority of the respondents believed cuts would be moderately to extremely likely to have an adverse impact on the service Respondents were not being asked to compare the severity of impact on particular elements of the service with another, therefore it is reasonable that respondents would think that most or all elements might be impacted.
- 11.12 Where questions weren't answered, anecdotal feedback suggests this was due to "jargony" language which assumed a high level of literacy and understanding of the service.

Response to consultation

- 11.13 Officers recognise the high value placed on the Health Visiting service and its contribution to early intervention and prevention of escalation, and have been working to try to mitigate any impact of a cut to the service as much as possible.

- 11.14 The proposed cut to the Health Visiting service is £196,306 against the current budget of £6,096,224. If accepted, this would leave a budget of £5,899,918. The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327. The pricing schedule submitted in the 2016 tender has a planned uplift of £115,649 from 18/19 to 19/20 taking the anticipated contract value to £6,053,976.
- 11.15 This leaves a funding gap of £38,409 from the current contract value and of £154,058 against the anticipated 19/20 contract value should the cut be taken.
- 11.16 The Trust have confirmed that the service is holding a number of HV vacancies, in part due to a national shortage of health visitors, and that this budget reduction can be identified through these vacant posts. There are 48.48 Band 6 Health Visitors referenced in the contract Pricing Schedule. The 18/19 costing for a single Band 6 Health Visitor is £53,841 so a reduction of £154,058 could be found through 2.9 Band 6 vacancies.
- 11.17 As the number of vacancies confirmed by the Trust are beyond the value of the cut this would mean that the impact on current service delivery of this approach would be negligible in 19/20, though future tendering for the service would be with this reduced funding envelope.
- 11.18 Whilst we could anticipate an impact when the service is commissioned with a reduced budget from 2020, we would expect the current and any potential provider to have more time to respond to a tender with innovation and partnership working (for example more mobile working and further integration with partners (such as Children and Family Centres) to further mitigate any impact.
- 11.19 Additionally, the HV service is part of the Early Help review, which will deliver a renewed approach to our services for children and families and that may be able to further mitigate any impact.
- 11.20 Officers will continue to seek to work with the provider further until the implementation of the cut, should it be agreed, in April 2019.

Equalities

- 11.21 Equalities data was provided from the service provider, Lewisham and Greenwich Trust, for the period April 2017 (Quarter 1 2017-18) to September 2018 (Quarter 2 2018-19), broken down by quarters. The total number of recorded Health Visiting appointments in this time period was 172,892, giving an average quarterly caseload of 24,699.
- 11.22 The caseload is predominantly female. The gender breakdown of the child caseload aligns to population data with an approximate 50/50 split. Additionally there are a small percentage of cases where genders were not identified. Both the online consultation and the engagement sessions were accessed predominately by females: 72% online and 91% at on-site visits.
- 11.23 A quarter of the caseload identify as British, with a further 15% identified from another white background, 47% from BME origins and 12% not identified. This aligns with Lewisham population data. Participation in the consultation showed a much higher proportion of people identifying as "white": 79% online and 73% at engagement sessions, this is not representative of Lewisham population data and we

recognise that this is therefore an area where consultation methods need to be stronger.

- 11.24 Consultation data demonstrated that 71% of online respondents were 46+, whereas engagement session users were predominately younger with 48% aged 30-35.
- 11.25 No engagement session users considered themselves to have a disability, but 19% online did.
- 11.26 Any change or impact on the service is likely to be felt more by women than men, and by children as the main service users. However, as the budget reduction will firstly come from vacant posts, and the removal of vacant posts will be done fairly and in line with caseload size and complexity and local health needs, it is not expected that there will be a disproportionate impact on any particular protected characteristic group. A full EAA is provided in Appendix 2

12. Legal Implications

- 12.1 The Council has statutory duties in relation to improvement and protection of public health. These a duty to take appropriate steps to improve and protect the health of people who live in their area (Health and Social Care Act 2012); a duty to deliver 'mandated functions' being the weighing and measuring of children, provision of health checks for eligible people, open access sexual health services, public health advisor services, and information and advice about local health issues (Local Authorities (Public Health Functions ...) Regulations 2013); and requirements in relation to drug and alcohol and age 1-19 services ('conditions of public health grant').
- 12.2 The report explains that the grant to be received by the Council in relation to the public health function is to be reduced, and sets out the reasoning for and consultation carried out in relation to the consequent cuts to contracts with the Council's partners for provision of public health services, including the consideration given to equalities implications. If approved, the implementation of these proposals will take place through the funds applied during allocation of grants.
- 12.3 The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 12.4 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and

Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

- 12.5 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 12.6 The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

13. Financial Implications

- 13.1 Expenditure on public health in Lewisham is funded through the ring-fenced Public Health Grant.
- 13.2 In 2019/20 this grant will reduce by £0.642m. This report describes the approach commissioners are taking to achieving matching reductions in expenditure.

14. Crime and Disorder Act Implications

- 14.1 Section 17 of the Crime and Disorder Act recognises that there are key stakeholder groups who have responsibility for the provision of a wide and varied range of support services to and within the community. In carrying out these functions, section 17 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area.
- 14.2 The purpose of section 17 is simple: the level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The responsible authorities are required to provide a range of services in their community. Section 17 is aimed at giving the vital work of crime and disorder reduction a focus across the wide range of local services and putting it at the heart of local decision-making.
- 14.3 The Government's Modern Crime Strategy highlighted drugs and alcohol of 2 of the 6 major drivers of crime in Britain with the social and economic cost of drug use and supply to society is estimated to be £10.7billion of which about £6 billion is attributable to drug-related crime. 45% of acquisitive offences (c. 2 million offences) are thought to be committed by heroin and/or crack users. The delivery of efficient substance misuse services is key to fighting crime in the borough as services to treat addictions are widely recognised as the most effective route to tackling associated crime and disorder issues.

15. Equalities Implications

- 15.1 The proposals in of this report cover a wide range of changes to existing services, which have been considered for equalities impacts as outlined against each proposal within sections 8-11.
- 15.2 The proposals and consultations outlined in this report informed a details equalities analysis attached to this report as appendix 2.

16. Environmental Implications

- 16.1 There are no environmental implications.

Appendix 1: Lewisham's 9 health and wellbeing priorities

1. achieving a healthy weight
2. increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. improving immunisation uptake
4. reducing alcohol harm
5. preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. improving mental health and wellbeing
7. improving sexual health
8. delaying and reducing the need for long term care and support.
9. reducing the number of emergency admissions for people with long-term conditions.

Author		Directorate	
Date		Service	Public Health

1. The project or decision that this assessment is being undertaken for

The government will be making a further cut to the Public Health grant to local authorities for 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut will be £642,000. The purpose of this Equality Analysis Assessment is to examine the impact of the proposed changes to public health commissioned services on those with protected characteristics living in Lewisham. It also outlines the activity that the Council will take to ensure that equal opportunities are promoted and that no group is disproportionately discriminated against. This will feed into revised proposals presented to the Healthier Communities Select Committee 3rd December before being taken for approval by Mayor & Cabinet 12th December.

The services commissioned by Public Health facing changes are:

- Neighbourhood Community Development Partnerships (NCDPs)
- The Community Nutrition and Physical Activity service
- Substance misuse services
- Health visiting services

More details of the services and the proposed changes are below.

1. Neighbourhood Community Development Partnerships (NCDPs)

Description of NCDPs

In February 2017 LB Lewisham developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks by the creation of four Neighbourhood Community Development Partnerships (NCDPs). The partnerships bring together all the relevant voluntary and community sector partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them.

Public Health has provided £100,000 to support grants to voluntary and community organisations in all of the four NCDPs. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions and a Fit Bus scheme. The funding was distributed using a community based participatory budgeting process.

Description of proposed changes to NCDPs

A £10,000 (10%) reduction in the grants available for NCDPs. Officers consulted on whether this should be evenly distributed across the four neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs. The Council proposes that Public Health professionals will continue to support the membership of each of the four NCDPs to equally identify local health and wellbeing priorities and target the reduced grants to those in greatest need.

2. Community Nutrition and Physical Activity Service

Description of Community Nutrition and Physical Activity services

This borough-wide service delivered by GCDA (Greenwich Co-operative Development Agency) supports communities to become healthier and more resilient through delivery of initiatives such as cookery courses, physical activity sessions and the healthy walks programme, to working with food businesses to make their food healthier. The community development approach supports individuals, groups and organisations to promote healthy lifestyles and the service offers support, training and mentoring for community groups and organisations to deliver local healthy eating and physical activity initiatives.

Description of proposed changes to Community Nutrition and Physical Activity services

A £10,000 (5.8%) reduction in funding for the Community Nutrition and Physical Activity service. Council officers have discussed potential changes with the service providers and the Council proposes a reduction in the hours of the Training Manager post in the programme. This role will in future focus on training quality, observation and follow up rather than service development.

The providers feel that this reduction in the Training Manager role will not have an adverse effect on the programme delivery as the training is now well established and other staff have developed the skills and expertise to deliver the training. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham.

3. Substance misuse services

Description of substance misuse services

The main substance misuse services are delivered by Change, Grow, Live (GCL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse. GCL run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate pharmacological therapy for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition to this there are a range of specialist elements within the service designed to meet specific needs:

- Hospital Liaison Service. The service works across all local hospitals i.e. GSTT, Kings and LGT to support services users that are treatment naïve, frequent attenders and those with complex needs
- Criminal Justice Liaison. This service works includes a worker located in Lewisham Metropolitan Police custody suite, a worker based in Lewisham National Probation Service (NPS) and Community Rehabilitation Company (CRC) that attends court one day per week, a prison liaison in-reach worker and two Criminal Justice Practitioners that deliver interventions/groups within service
- Mental Health Services (Dual Diagnosis and Psychological Support). The service aims to enhance the delivery of intervention to service users with co-existing mental health and substance misuse/alcohol issues
- Outreach Service and Homeless Support Service. The service provides a dynamic and proactive outreach service to engage with a range of individuals who have adopted a 'street lifestyle' including rough sleepers, beggars, service users involved in prostitution and street drinkers with a view to engaging them in appropriate services and move then into a more settled lifestyle
- Club Drug and Stimulant Support. The service supports a number of individuals using New Psychoactive Substances (Legal Highs), Club Drugs and Crack or Cocaine users
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers. The service provides support for carers/parents and significant others of adult drug and alcohol users.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care.

Blenheim CDP deliver the primary care recovery service which works in partnership with GPs and provides following interventions:

- Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency
- Sessions of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount
- Extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons
- Assertive in-reach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services
- Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities
- A Primary Care provision of ambulatory detoxification for those presenting with low to moderate alcohol use

- Community detoxification for drugs, working in partnership with GP's to titrate and reduce substitute medication with the aim of abstinence and recovery
- Health, smoking cessation; healthy eating and access to physical exercise programmes/facilities),
- Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- Pro-active relapse prevention advice and support, including prescribing interventions
- Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services
- Home visits, assessment and referral to early intervention services for all service users who have caring responsibilities for children under 16, these can be conducted jointly with other services.

Description of proposed changes to substance misuse services

A reduction of £127,000 (3%) in funding has been proposed for substance misuse services. Council officers have discussed potential changes with the service providers and the Council proposes that the service combine the Quality Lead with the Deputy Services Manager (DSM) role. This has been successful in other services across the UK. It is also proposed that the fixed term contract for the psycho-social worker is not renewed after March 2019.

The providers feel that combining the DSM role would not have an adverse effect on the service and this, alongside the removal of the psycho-social worker role, means that they are able to protect frontline staff from the reduction in budget thus ensuring the minimum negative impact on the effective service they provide in Lewisham.

4. Health visiting service

Description of Health Visiting service

The service is delivered by Lewisham and Greenwich Trust (LGT), and comprises a wide range of activity outlined below:

- Delivery of the statutory National Healthy Child Programme (HCP), including mandated checks delivered through a universal home visiting service to all families from pregnancy up until the child is 5 years old.
- MECSH, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health.
- Family Nurse Partnership (FNP), an evidence based support programme for first time young parents aged 22 and under until the child reaches the age of two.
- The Freedom Programme, a 12 week programme for clients who disclose they are experiencing domestic abuse.
- A 'link' Health Visitor for every Lewisham GP practice.
- Targeted 'listening visits' to support better maternal mental health, including a joint home visit with Lewisham Children and Family Centres (CFC) colleagues.
- Development of Baby and Toddler Hubs across all four CCG and CFC Neighbourhoods, with further Baby Hubs planned during 2018.
- Longer term plans to develop a virtual Health Visitor who can respond to families' questions or concerns online. This will support a move to make health visiting a 7-day-a-week service, building on the introduction of a 6-day-a-week service for new birth visits.
- Breastfeeding programme included Peer Supporters, Breastfeeding Hubs and an Open College Network accredited Peer Support training programme.
- The service is trialling a mental health post-natal group in conjunction with CFC colleagues, "Understanding your Baby", for mothers who have been in receipt of listening visits. The "Understanding your Baby" programme is delivered weekly over an eight week period and provides a two-hour session for up to eight mothers and their babies.
- Active involvement in the Lewisham Safeguarding Children's Board, as well as wider arrangements to safeguard vulnerable children and families including regular attendance at Early Help Panel and potential to be lead professional for relevant targeted cases.

Proposed changes to Health Visiting service

- The proposed cut to the Health Visiting service budget is £196,306 against a budget of £6,096,224. If accepted, this would leave a budget of £5,899,918
- The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327. The pricing schedule submitted in the 2016 tender has a planned uplift of £115,649 from 18/19 to 19/20 taking the anticipated contract value to £6,053,976.
- This leaves a funding gap of £154,058 should the cut be taken.

This leaves a funding gap of £38,409 from the current contract value and of £154,058 against the anticipated 19/20 contract value should the cut be taken.

The Trust have confirmed that the service is holding a number of health visitor vacancies, in part due to a national shortage of health visitors, and that this budget reduction can be identified through these vacant posts. There are 48.48 Band 6 Health Visitors referenced in the contract Pricing Schedule. The 18/19 costing for a single Band 6 Health Visitor is £53,841 so a reduction of £154,058 could be found through 2.9 Band 6 vacancies.

As the number of vacancies confirmed by the Trust are beyond the value of the cut this would mean that the impact on current service delivery of this approach would be negligible in 19/20, with no impact on equalities.

Whilst we could anticipate an impact when the service is commissioned with a reduced budget from 2020, we would expect the current and any potential provider to have more time to respond to a tender with innovation and partnership working (for example more mobile working and further integration with partners (such as Children and Family Centres) to further mitigate any impact.

Additionally, the Health Visiting service is part of the Early Help review, which will deliver a renewed approach to our services for children and families and that may be able to further mitigate any impact.

Officers will continue to seek to work with the provider further until the implementation of the cut, should it be agreed, in April 2019.

2. The protected characteristics or other equalities factors potentially impacted by this decision

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> Maternity	<input checked="" type="checkbox"/> Language spoken	<input type="checkbox"/> Other, please define:
<input checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Household type	
<input checked="" type="checkbox"/> Religion	<input type="checkbox"/> Carer status	<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Income	

The list of protected characteristics or other equalities factors potentially impacted by this decision was produced by looking at service-level data on the current reach of services in terms of characteristics of service users (see section 3 of this EAA).

3. The evidence to support the analysis

A thorough assessment of the data and research required to perform this EAA was undertaken at the outset of the work.

The following data sources were identified:

- 1) **Demographic data from 2011 Census, Office for National Statistics, Greater London Authority** – used to determine the prevalence of having a protected characteristic in the Lewisham population.
- 2) **Service monitoring data** for all of the services listed above, including age, gender, ethnicity and deprivation data (where available) to determine the current reach of service to different population groups.
- 3) **Stakeholder Consultation** – as described below.

Changes to services may impact the protected characteristics selected by affecting the reach of services. The current uptake of services by protected characteristics is described below.

Uptake of services by protected characteristics

1. Neighbourhood Community Development Partnerships

National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment in addressing the social determinants of health and removing barriers for marginalised and vulnerable groups, and on the health benefits of volunteering.¹ Each NCDP meets quarterly and in 2017-2018, 170 community groups and statutory partners came together to raise and resolve issues of community concern.

There are limited data on the beneficiaries of the NCDPs by protected characteristic. However, the funded projects are targeted at particular groups so we are able to deduce who these beneficiaries are likely to be and therefore which protected characteristics may be impacted by the proposed budget cuts. It should also be emphasised that community development offers more benefits than simply the sum of the benefits to the individual participants who are involved, for example by strengthening relationships between different community groups and by building up partnership working.

Neighbourhood priorities are updated every year and a different set of community groups are awarded the funding each year. This makes it difficult to estimate the potential impact on beneficiaries with particular protected characteristics as the recipients of funding are changed each year. However, there are some commonalities in the types of community groups that have received funding over the past two years:

- The majority of community groups are providing services to older people and people with long-term health conditions (both physical and mental) or disabilities. These beneficiaries are often socially isolated and may also be marginalised.
- Several community groups target older people. For example, Lee Green Lives runs a project called Positive Aging, which aims to promote social inclusion and to support and improve the health and wellbeing of the older community in Lee Green; another project delivered by a group of community organisations provides cultural-themed Holidays from Home events to increase social opportunities for older people, reduce social isolation and engage older BAME (Black, Asian and Minority Ethnic) communities; whilst 1Life Fit Bus collects older isolated people and takes them to a number of physical activity sessions in the Downham area as well as other NCDP funded projects. However, there are also some community groups that support younger people, such as Inspiring Imagination which works with young people between the ages of 10-19, and there are several with a focus on intergenerational projects, for example Urban Connect is a project which runs intergenerational cookery sessions amongst other activities.
- Some community groups also target people with disabilities. Headway Heads Up to Fitness and Food provides healthy eating courses and physical activity sessions for people recovering from brain injury; whilst Red Ribbon offer a range of support services to people who are infected with and affected by HIV.
- There are also community groups aimed at particular ethnic groups, for example The Pioneers project addresses social isolation among older adults from African, Caribbean and Asian communities.
- Whilst there are no currently funded projects that explicitly target Lesbian, Gay, Bisexual and Transgender (LGBT) people, the Lewisham Forum is connected to the Stephen Lawrence Foundation, which supports LGBT people from BAME groups.
- The majority of community groups target activities to areas of higher deprivation.
- Explicit language support is built into some of the groups.

In addition, the NCDPs support signposting to other services and groups, which may support people with protected characteristics, for example TAGS, a swimming group for transgender people.

2. Community Nutrition and Physical Activity services

The World Health Organisation considers that an unhealthy diet is one of the major risk factors for a range of chronic diseases and physical inactivity is the fourth leading risk factor for mortality, accounting for 6% of deaths. NICE Guidance on Behaviour Change at population, community and individual levels (NICE 2007, 2014) confirms overwhelming evidence that changing people's health-related behaviour can have a major impact on health. Both documents also cite the importance of community development/engagement in helping people to stay healthy.

There are many aspects to the Community Nutrition and Physical Activity services, some aimed at improving skills and resilience of individuals through direct delivery of initiatives or delivering brief interventions, such as:

¹ Public Health England (PHE) (2015) A guide to community-centred approaches for health and wellbeing.

- delivering a 6 week community cookery programme
- running the healthy walks programme
- delivery of physical activity sessions
- raising awareness and brief interventions on healthy eating and physical activity at events and others aimed at promoting a healthier local environment and developing community cohesion through:
 - training and mentoring local community organisations to deliver physical activity and healthy eating sessions
 - raising awareness sessions on the National Healthy Start scheme and the Lewisham Vitamin D scheme
 - working with businesses to implement the Healthier Catering Commitment scheme
 - working with communities to strengthen assets and support community development

Not all aspects of the service collect data on protected characteristics. The local community organisations that are supported with training and community development vary each year, but there are commonalities in the groups that receive support that indicate they reach people with protected characteristics. Most groups are based in areas with higher deprivation.

Examples of groups supported include:

- Afghan and Central Asian Women's Association
- Action For Refugees in Lewisham
- Ubuntu
- Local housing associations (Phoenix, Lewisham Homes and Hexagon)
- Wheels for wellbeing
- Supported housing (Apax and Phoenix Futures)
- Lewisham Pensioners Forum
- Lewisham Carers
- HealthWatch
- Bromley and Lewisham Mind

Data is available for the physical activity sessions and training events, cookery clubs and walking for health programme.

Of the 155 people who attended physical activity sessions and training events in 2017/18:

- 76.0% were female; 24.0% were male
- 54% were White; 44% were BAME; 2% declined to answer
- 16% identified themselves as having a disability; 73% stated that they had no disability; 10% declined to answer
- 42% were aged 64 or over; 38% were aged 45-64; 9% were aged 35-44; 4% were aged 27-34; 2% were aged 18-26 and 5% declined to answer
- 21% identified themselves as having a long term condition

Of the 140 people who attended the cookery clubs in 2017/18:

- 83% were female; 17% were male
- 33% were BAME; 27% were White; 3% declined to answer; 37% were unknown
- 31% were aged 46-59; 28% were aged 60 or over; 17% were aged 36-45; 9% were aged 26-35; 1% were aged 0-25; and 14% declined to answer

Of the 618 people who registered with Walking for Health (Health Walks and Nordic Walks) in 2017/18:

- 21.5% were male
- 39% were from BAME groups
- Approximately 16% are aged 45-54, 33% are aged 55-64 and 28% 65-74
- 20% stated that they had a long-term health condition or disability
- 44.8% stated that they had a condition that would be benefitted by physical activity (heart disease/diabetes/hypertension/COPD and/or asthma), with some people experiencing more than one condition; 5.6% stated that they had mental health issues
- 20% were from the 20% most deprived areas

As with the NCDPs, the community development approach taken by the service offers more benefits than simply the sum of the individual participants who are involved, for example by strengthening relationships between different community groups. This benefit is difficult to quantify but should not be disregarded.

3. Substance misuse services

The current substance misuse services in Lewisham reach over 900 people on average each year.²

Data from 2015/16 until 2018/19 Quarter 2 on overall service users show that:

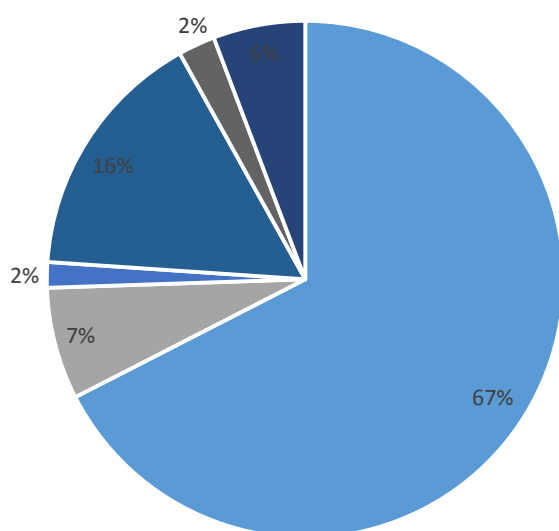
- 72.1% are male and 27.7% are female (0.2% unknown)
- 96.4% are aged 25-64; 1.8% are aged 18-24; and 1.8% are aged 65 and over (see Table 1)
- 67.5% are White (British, Irish, Gypsy or Irish Traveller or Any other White Background); 15.9% are Black African, Black Caribbean, Black British or any other Black background; 7.0% are Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed or multiple ethnic background) (see Figure 2)
- 11.8% consider themselves to have a disability; 80.7% do not consider themselves to have a disability; 3.8% prefer not to say; and 3.7% are unknown
- Of those who consider themselves to have a disability: 26.6% have a mental health condition; 24.2% have a physical or mobility-related disability; 15.8% have a cognitive or learning disability; 10.4% have a visual, speech or hearing-related disability; and 8.1% have a longstanding illness or health condition. Other types of disability accounted for 14.9% of the disabled service users
- 76.3% are straight or heterosexual; 2.6% are gay or lesbian; 2.5% are bisexual; and 5.5% are other. 12.7% preferred not to say and 0.5% are unknown
- 0.6% were pregnant at the time of using services
- There are no data on religious beliefs, gender identity or language spoken

Table 1. Substance misuse services users 2015/16 – Q2 2018/19, by age group

Age band	Number	Percentage
18-24	67	1.8%
25-29	211	5.6%
30-34	353	9.4%
35-39	573	15.2%
40-44	528	14.0%
45-49	725	19.3%
50-54	731	19.4%
55-59	333	8.8%
60-64	177	4.7%
65 and over	67	1.8%

Figure 1. Substance misuse services users 2015/16 – Q2 2018/19, by ethnic group

² Average of 2015/16, 2016/17 and 2017/18



- White (British, Irish, Gypsy or Irish Traveller, Any other White Background)
- Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed or multiple ethnic background)
- Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
- Black African, Black Caribbean, Black British or any other Black background
- Other
- Unknown

4. Health visiting service

Equalities data was provided from the service provider, Lewisham and Greenwich Trust (LGT) for the period April 2017 (Quarter 1 2017/18) to September 2018 (Quarter 2 2018/19), broken down by quarters. The total number of recorded Health Visiting appointments in this time period was 172,892, between, giving an average quarterly caseload of 24,699.

LGT record gender identity as Male, Female and X (either not stated, not specified or other). The Health Visiting caseload is predominantly female which would fit with the usual mother and baby Health Visiting model. The gender breakdown of the caseload is:

- Female: 116,702 (67%)
- Male: 56,601 (33%)
- X: 3 (0%)

As would be expected the caseload is predominantly aged between 0-10. It is not possible to look at a 0-5 age group from the data provided. The most dominant age banding recorded for parents is 30-39 but attention should also be drawn to the potentially extremely vulnerable caseloads at 11-17 which is likely to contain teenage pregnancies and at 50+ where special guardianship orders could be in place.

Table 2. Health Visiting Caseload by Age Group

Age	Number	Percentage
0-10	107,663	62%
11-17	36	0%
18-24	7,278	4%

25-29	12,083	7%
30-34	18,861	11%
35-39	19,030	11%
40-44	6,611	4%
45-49	958	1%
50+	372	0%

A quarter of the caseload identify as British, with a further 15% identified from another white background, 47% from BME origins and 12% not identified.

Table 3. Health Visiting Caseload by Ethnic Group

Ethnicity	Number	Percentage
British	43,888	25%
Any other White background	26,257	15%
Code Not Recognised	22,934	13%
African	20,379	12%
Caribbean	14,439	8%
Any other mixed background	11,178	6%
Any other Black background	5,196	3%
Any other ethnic group	5,137	3%
White and Black Caribbean	5,104	3%
Any other Asian background	4,957	3%
White and Black African	3,041	2%
White and Asian	2,596	2%
Indian	2,003	1%
Chinese	1,937	1%
Not stated	1,113	1%
Irish	980	1%
Pakistani	915	1%
Bangladeshi	838	0%

99.88% of the caseload did not have a religion identified.

Stakeholder Consultation

The public consultation for the proposed changes to public health services was approved by the Mayor and Cabinet on 4th September 2018 and took place between 5th September 2018 and 7th November 2018.

The consultation involved three elements:

1. Online engagement with the public and service users through an online consultation survey delivered via CitizenSpace. This survey aimed to:
 - Identify service areas which are considered priorities
 - Obtain views on different ways in which services could be accessed with less or no funding for that area
 - Obtain views on how the council could facilitate this
2. Online engagement with healthcare and professional stakeholders through an online consultation survey delivered via CitizenSpace.
3. A number of stakeholder meetings with service users:
 - Attendance by officers at a Substance Misuse service user consultation event
 - Six service user engagement visits by officers to Health Visiting delivery sites

The findings from all of these elements of the consultation exercise have been used to inform this EAA.

Demographic characteristics of online consultation respondents

There were 165 responses to the online consultation. 82.4% of respondents agreed to share their personal demographic information.

Age

Of the respondents that answered the question about age (156), 17.0% were aged 55-59 (see Table 4 below). When compared to the population estimates for Lewisham as a whole, it appears that the views of young people (0-24) are under-represented in the online consultation. Conversely, the views of people aged 45 to 74 are over-represented in the online consultation.

Table 4. Age breakdown of online consultation respondents and 2017 Lewisham population

Age	Percentage of consultation respondents	Percentage of Lewisham population ³
Under 18	0%	22.7%
18-24	0.6%	8.2%
25-29	3.0%	9.4%
30-34	6.0%	10.2%
35-39	8.5%	9.8%
40-44	7.9%	7.8%
45-49	9.7%	7.1%
50-54	10.3%	6.5%
55-59	17.0%	5.2%
60-64	9.7%	3.7%
65-69	13.9%	2.8%
70-74	6.1%	2.2%
75-79	1.9%	1.7%
80-84	0%	1.3%
85+	0%	1.3%

Gender

Of the respondents that answered the question about gender (147), 80.3% were female. In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female⁴ so the views of Lewisham males are under-represented in the online consultation responses.

Disability

Of the respondents that answered the question about disability (144), 21.5% considered themselves to be a disabled person. The online responses are therefore broadly representative of the Lewisham population in terms of disability: the 2011 Census asked about long-term health problems and disabilities and found that in Lewisham, 14.4% of the population reported that were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.⁵

Of those respondents who considered themselves to be a disabled person (38), the most common disability type was longstanding illness or health condition (see Table 3 below).

Table 5. Disability type amongst those respondents who consider themselves to be a disabled person

Disability type	
Physical or mobility related	15.8%
Visual or hearing related	7.9%
Mental health condition	13.2%
Cognitive or learning disability	7.9%
Longstanding illness or health condition	23.7%
Other	21.1%

³ Office for National Statistics (ONS) 2017 mid-year population estimate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

⁴ Office for National Statistics (ONS) 2017 mid-year population estimates.

⁵ Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

13 responses identified access requirements.

Ethnicity

Of the respondents that answered the question about ethnicity (155), 83.9% were White (see Table 6 below). The Greater London Authority (GLA) estimated that 51.6% of the Lewisham population are White, 26.4% are Black, 10.3% are Asian and 11.6% are Mixed or Other ethnic groups.⁶ This means that the views of White people are over-represented in the online consultation, and the views of all other ethnic groups are under-represented.

Table 6. Ethnic group breakdown of online consultation respondents

Broad ethnic group	Percentage of consultation respondents
White	83.9%
Black African, Black Caribbean, Black British or any other Black background	8.4%
Asian or Asian British	3.9%
Mixed or multiple ethnic groups	2.6%
Other	1.3%

Pregnancy and maternity

Of the respondents that answered the question about pregnancy/maternity (152), 2.6% were currently pregnant and 2.6% had been pregnant in the last six months. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Religion/belief

Of the respondents that answered the question about religion/belief (135), 51.6% stated that they had no religious belief and 40.7% were Christian. Responses for each of the other religions stated (Buddhism, Hinduism, Judaism, Islam or Sikhism) were under 2.5%. Comparison with the Annual Population Survey estimates for the population by religion in Lewisham suggests that views of people with no religion are over-represented in the online survey and that the views of people from all religions are under-represented. The Annual Population Survey estimates that in 2017, 54.3% are Christian, 35.6% are no religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are any other religion.⁷

Sexual orientation

Of the respondents that answered the question about sexual orientation (133), 94.0% were straight or heterosexual, 3.8% were gay or lesbian, and 2.3% were bisexual. We do not have a reliable comparator data source for this protected characteristic at local authority level, however the Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.⁸ In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual). According to this data, responses to the online consultation are broadly representative of the Lewisham population in terms of sexual orientation.

Gender reassignment

Of the respondents that answered the question about gender reassignment (132), 99.2% were the same gender that they were at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Marriage and civil partnership

⁶ Greater London Authority (GLA) GLA 2016 Ethnicity Projections Central Trend Based

⁷ Greater London Authority (GLA) Population by Religion, Borough <https://data.london.gov.uk/dataset/percentage-population-religion-borough>. Data from ONS Annual Population Survey.

⁸ This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

No question about this protected characteristic was included in the online consultation.

Language spoken

No question about language spoken was included in the online consultation.

Owing to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be representative of all resident viewpoints within the borough.

General consultation findings

In the free text sections of the survey the main themes that emerged from general comments were:

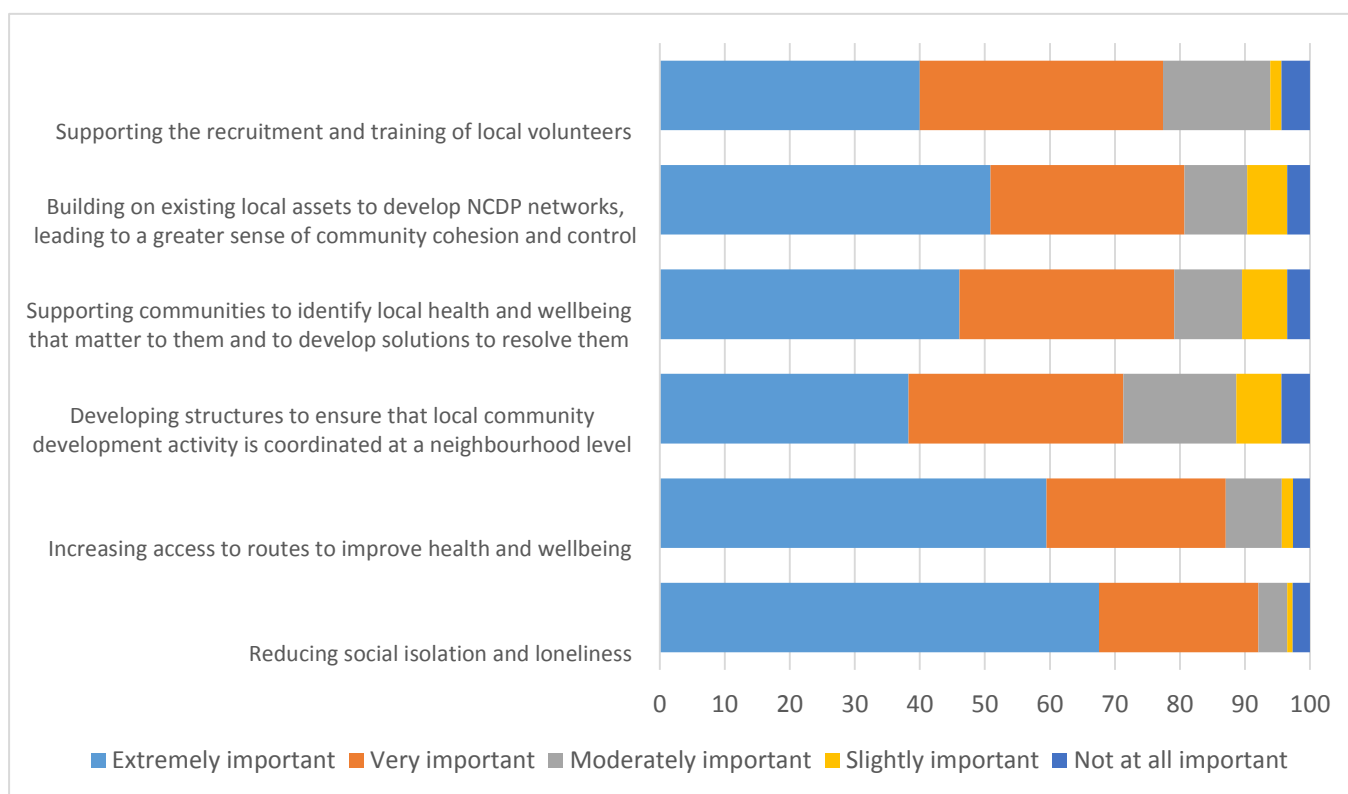
- Opposition to changes for several reasons (likely negative effect on most vulnerable residents/lack of investment in prevention)
- Greater use should be made of the voluntary sectors resources and facilities

Consultation findings by service area

1. Neighbourhood Community Development Partnerships

130 people responded to the set of questions about the NCDPs. 105 of these were members of the public and 25 were professionals. Respondents were asked how important they thought particular objectives were for the NCDPs. The most supported objective was 'Reducing Social Isolation' (see Figure 2 below).

Figure 2. How important do you think the following objectives are for NCDPs?



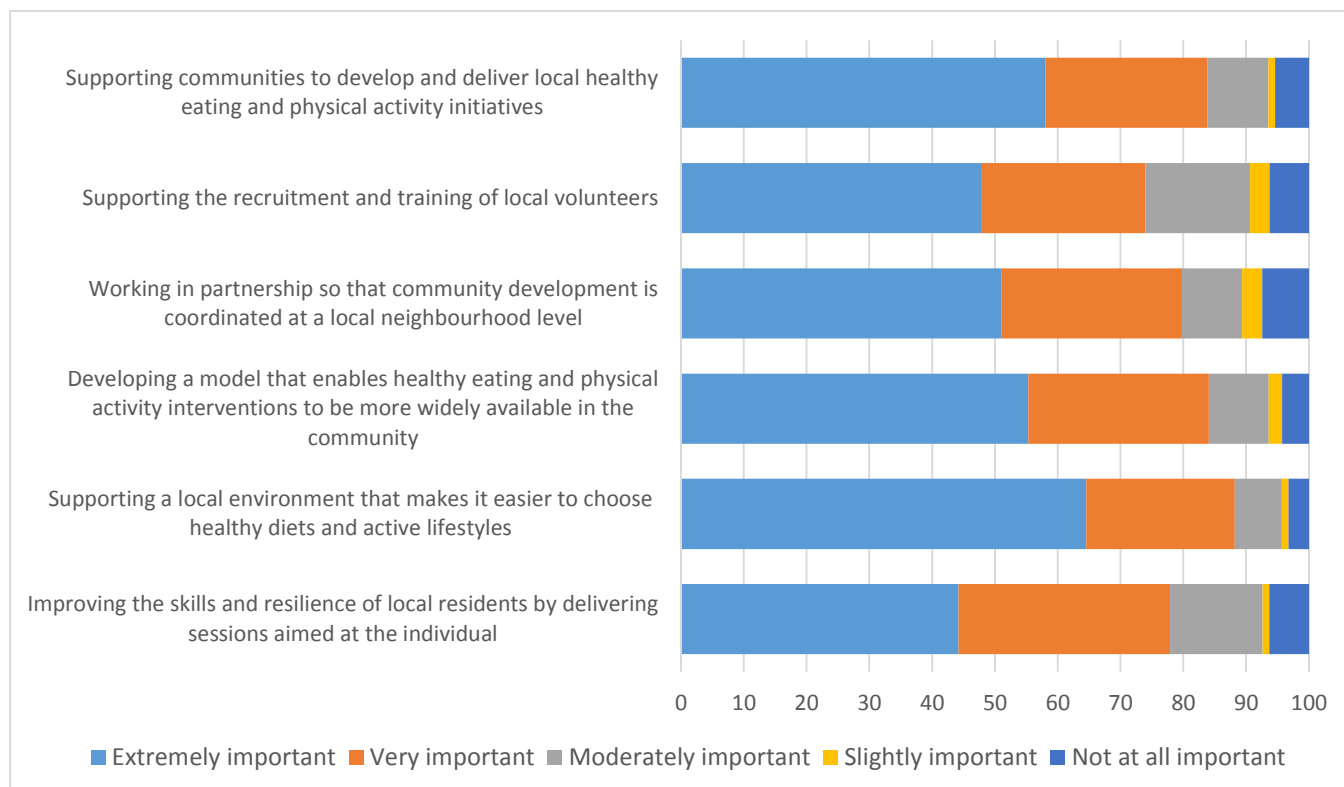
Respondents were asked about whether the grant reduction should be evenly distributed across the four neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs.

- Of the 109 people that answered the question, 32.1% agreed or strongly agreed that we should distribute the grant reduction equally between the four NCDPs; 22.1% disagreed or strongly disagreed; and 35.8% were undecided.
- Of the 110 people that answered the question, 73% agreed or strongly agreed that we should maintain funding for individuals and groups most in need (i.e. target the reduction at those less in need); 13% disagreed or strongly disagreed; and 14% were undecided.

2. Community Nutrition and Physical Activity service

142 people responded to the set of questions about the Community Nutrition and Physical Activity services. 118 of these were members of the public and 24 were professionals. Respondents were asked how important they thought particular objectives were for the Community Nutrition and Physical Activity services. The most supported objective was 'Supporting a local environment that makes it easier to choose healthy diets and active lifestyles' (see Figure 3 below).

Figure 3. How important do you think each of the following objectives are for the Community Nutrition & Physical Activity service?



Respondents were asked whether we should make cuts by reducing services aimed at the individual or by reducing services aimed at the community.

- Of the 94 people that answered the question, 11.8% agreed or strongly agreed that we should make cuts by reducing services aimed at the individual; 56.4% disagreed or strongly disagreed; and 30.8% were undecided.
- Of the 93 people that answered the question, 12.9% agreed or strongly agreed that we should make cuts by reducing services aimed at the community; 64.5% disagreed or strongly disagreed; and 22.6% were undecided.

3. Substance misuse services

The consultation set out the range of activity delivered by the services and sought the views of the public, particularly those who have accessed the provision, as to the areas they felt were of particular importance or any changes that could be made.

Online consultation

108 people responded to the set of questions about the Substance Misuse services. 6 of these were current or past service users, 78 were members of the public and 24 were professionals. When asked whether they thought that this proposal will affect particular individuals more than others, the vast majority of respondents (83.8%) believed the proposed cuts **would** affect particular individuals more than others.

Consultation event

No formal demographic data collection took place but from observation the groups were diverse and participated well. On reflection, more representation from women and BAME services users would have been beneficial to reflect Lewisham's wider community. Overall the age range was diverse and reflective and included family members/carers of service users engaging with commissioned services.

To remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those in the online consultation.

Service users discussed how they thought the proposed cuts will impact service delivery and service users. Key themes were:

- The cuts will affect carer health and mental health due to the added pressure of services potentially not offering the same level of care and support to decline in frontline staff
- Concerns with young people's mental health
- Cuts will have a detrimental effect on dual diagnosis
- Staff will leave affecting the quality of services
- Reduction of aftercare will impact abstinence as it assists with reintegration and relapses prevention. It was felt that aftercare groups and already too large
- Fear that medication/OST (opioid substitution therapies) will be reduced and there will be less choice
- Areas not of priority may be overlooked i.e. outreach

When asked whether they thought that this proposal will affect particular individuals more than others, service users discussed several protected characteristics:

- Women – it was felt that women were already underrepresented amongst service users and don't access services at the best of times due to fear of repercussions i.e. losing children or social services involvement
- OST service users
- Aftercare service users – it was feared there will be less support in regards to relapse prevention
- Young people – services are already diluted and links with mental health and accessing services takes too long
- Vulnerable service users will be at risk
- Ex-offenders – it was felt that this group may find it hard to access services and may be out of touch with reality due to length of sentences and not being prepared for release
- Those affected by domestic violence and abuse
- Young people transitioning into adult services
- Parents and service users with children
- Older adults

Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or to medication.

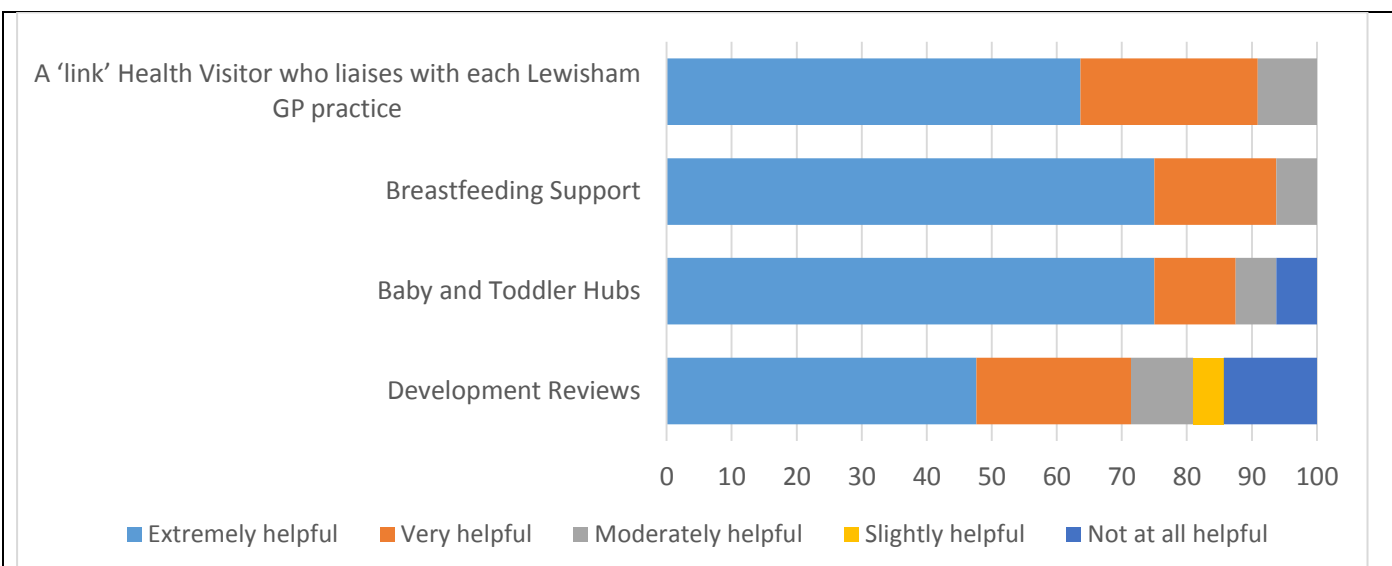
4. Health visiting services

Online consultation

119 people responded to questions about the Health visiting service. 22 respondents answered as a current or previous service user, 77 as a member of the public and 20 in a professional capacity.

Service users were asked how helpful different aspects of the health visiting service were. Breastfeeding support was seen as the most helpful service (Figure 4).

Figure 4. How helpful did you or your family member find the different types of support offered by Lewisham's Health Visiting service?



Members of the public were asked to rank what they felt were the most important outcomes for the Health Visiting service. 'Reducing infant mortality' was ranked as the most important outcome for the health visiting service, followed by 'Improving life expectancy and healthy life expectancy'. Professional respondents were also asked this question and selected the same outcomes as most important.

Service user consultation events

Engagement took place across six sessions around the borough: 2 breastfeeding support groups, 1 Dad's Network session, 1 Baby Hub, and 2 nursery drop offs. The vast majority of those attending were past or current users of Health Visiting services. A point of general feedback from consultees was that the language used was jargon- e.g. 'school readiness'.

Responses to questions regarding the Health Visiting service outcomes

- An overwhelming endorsement of the success of breastfeeding services in the borough in line with the national recognition via Unicef Level 3 accreditation
- Breastfeeding support was the Health Visiting outcome considered most important by over 78% of respondents
- Free text response supported this endorsement with women using describing the breastfeeding support as, 'life-saving' and many referring to the fact they would have given up without it
- The flexible, drop-in and regular aspects to the service were also positively viewed by respondents
- 'Improving child development' and 'Increasing vaccination coverage' were the second and third most important outcomes respectively.

Responses to views about cuts

- There was universal disapproval but the free text comments indicated concern that services were already over-stretched and would lead to longer time, more expensive problems.
- There were a significant number of respondents that specifically mentioned maternal mental health as an area that would be adversely affected by proposed cuts

Response to views about whether particular individuals would be more affected by cuts

- The following groups were mentioned by several respondents; women suffering domestic abuse, single parents, poor people, first time mums, women who are socially isolated, young mothers and those with mental health issues.

Service improvements that may achieve the same savings

- Many respondents mentioned groups sessions both in response to this question and in relation to services they found particularly helpful
- Some respondents mentioned telephone support but others seemed to value the direct contact and telephone support would remove the peer support benefit afforded by groups

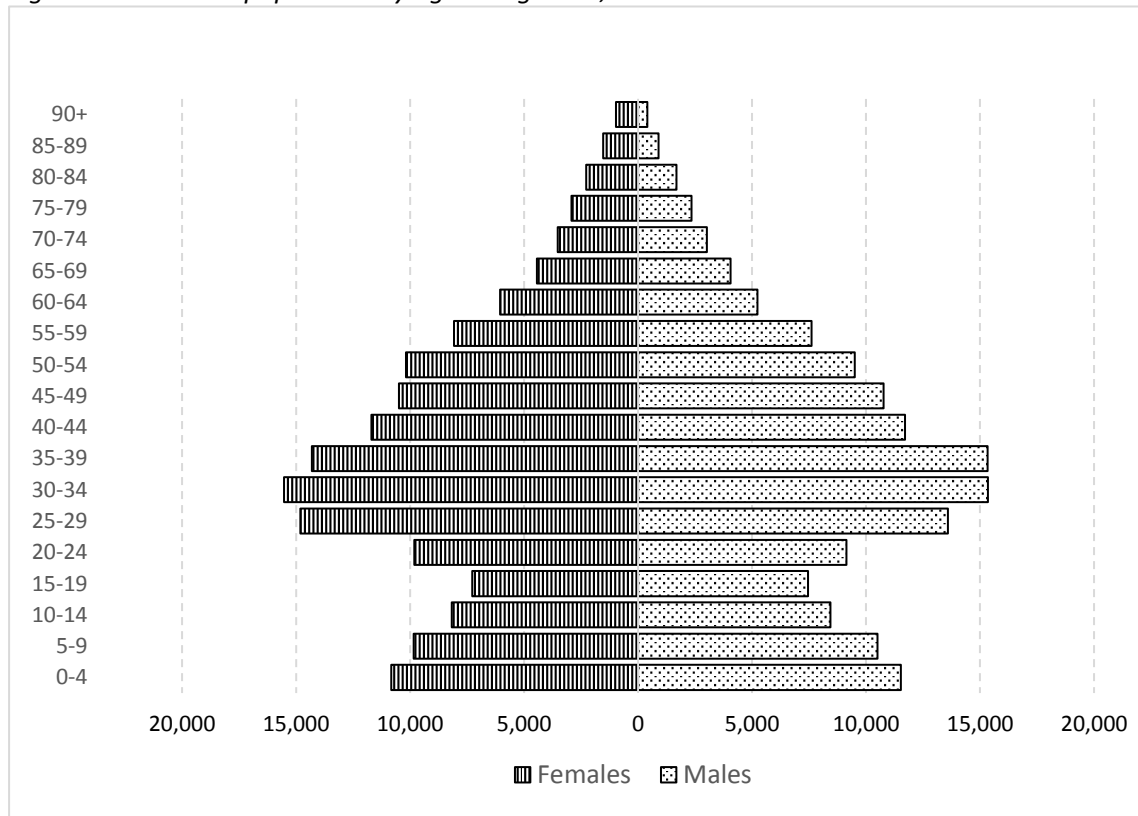
Contextual data: The Lewisham population

Gender

In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female.⁹

Age

Figure 5. Lewisham population by age and gender, 2017

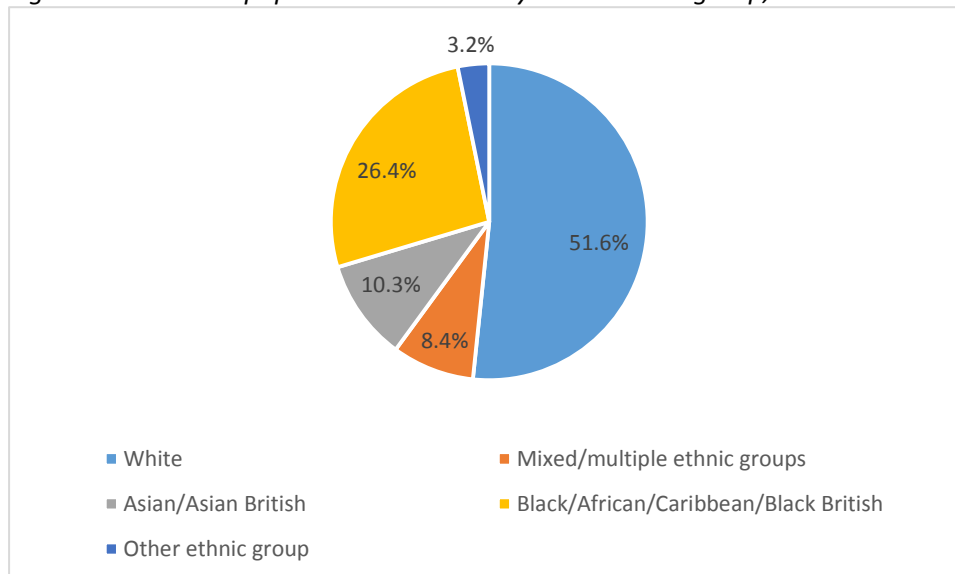


Source: Office for National Statistics (ONS) 2017 mid-year population estimate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Ethnicity

Figure 6. Lewisham population estimates by broad ethnic group, 2018



Source: the Greater London Authority 2016 Ethnicity Projections Central Trend for 2018

Disability status

⁹ Office for National Statistics (ONS) 2017 mid-year population estimates.

The 2011 Census asked about long-term health problems and disabilities. It found that in Lewisham, 14.4% of the population reported that were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.¹⁰

Sexual orientation

The Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.¹¹ In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual).

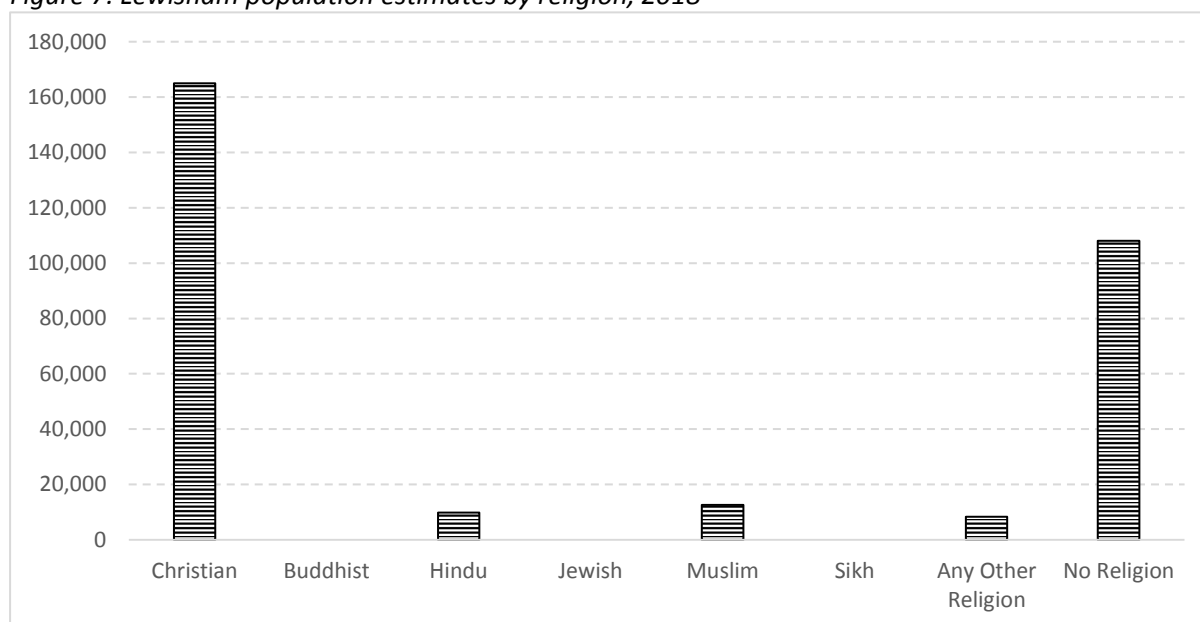
Gender identity

The ONS 2021 Census topic consultation identified a need amongst a number of data users for information about gender identity for policy development and service planning; especially in relation to the provision of health services. These requirements are strengthened by the need for information on those with the protected characteristic of gender reassignment as set out in the Equality Act 2010.

Religious belief

The Annual Population Survey estimates the population by religion in Lewisham. It estimates that 54.3% are Christian, 35.6% are No Religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are Any Other Religion.

Figure 7. Lewisham population estimates by religion, 2018



Source: Greater London Authority (GLA) Population by Religion, Borough <https://data.london.gov.uk/dataset/percentage-population-religion-borough>. Data from ONS Annual Population Survey.

Maternity/pregnancy

Of live births in Lewisham in 2017, 2.0% of mothers were aged under 20 and 9.4% of mothers were aged 20-24 (see Table 7).

Table 7. Number and percentage of live births in Lewisham, by age of mother, 2015-2017

Age of mother	2015		2016		2017	
	Number	Percentage	Number	Percentage	Number	Percentage
Mother aged under 20	116	2.4%	114	2.4%	97	2.0%
Mother aged 20-24	499	10.4%	466	9.9%	445	9.4%
Mother aged 25-29	1,032	21.4%	958	20.3%	951	20.0%
Mother aged 30-34	1,612	33.5%	1,628	34.5%	1,617	34.0%

¹⁰ Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

¹¹ This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

Mother aged 35-39	1,228	25.5%	1,219	25.8%	1,303	27.4%
Mother aged 40-44	292	6.1%	308	6.5%	313	6.6%
Mother aged 45 and over	35	0.7%	28	0.6%	25	0.5%
Total	4,814		4,721		4,751	

Source: Office for National Statistics. Live births in England and Wales down to local authority local area. Downloaded from Nomis.

Language spoken

The 2011 Census Residents showed that English is not the main language for 16.5% of Lewisham residents. European EU languages such as Polish, non-EU European languages, South Asian and East Asian languages were the most commonly spoken non-English languages. The School Language Census, taken in Summer 2017, showed over 160 languages are spoken by Lewisham pupils.

Income

In relative terms, Lewisham remains amongst the most deprived local authority areas in England: it is the 48th most deprived of all 326 English Local Authorities and the 10th most deprived borough in London. Concentrations of deprivation are highest in the north and south of the borough.

4. The analysis

The findings of the consultation; demographic data from the 2011 census, the ONS and the GLA; and service monitoring to date, have been brought together in this section to inform the impact assessment. For each service, the impact of the proposed changes has been classified as positive, negative, neutral or equivocal for each of the nine protected characteristics.

Impact assessment by service

1. Neighbourhood Community Development Partnerships

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Equivocal impacts of changes to this service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Since data is not routinely available from participants of the NCDPs for any of the protected characteristics, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. In addition, recipients of funding change each year, so we are unable to predict the funded community groups in future years and which protected characteristic groups these organisations may support. As no community groups exist solely as a result of the NCDP funding, we do not expect any groups to stop providing services as a result of the budget cut. In addition, Community Connectors are able to signpost organisations to other sources of funding available.

2. Community Nutrition and Physical Activity service

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to the service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

The Community Nutrition and Physical Activity service has managed to achieve good reach to BAME groups generally and to older people (aged 65 or over), particularly amongst the Walking for Health activities. These groups could therefore be disproportionately affected by changes to this component of the service. However, as the service has agreed with the provider that the savings will come from a back office function it is believed there will be no adverse impact on overall service delivery compared to current performance, so no disproportionate impact on residents of a particular protected characteristic group is expected.

Since data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation, marriage/civil partnership, language spoken, or income from users of the Community Nutrition and Physical Activity services, it is unclear if the changes would have any disproportionate impact on residents in these protected characteristic groups. However, again, the protection of frontline services should result in a neutral impact on these protected characteristics.

3. Substance misuse services

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to the service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Many of the potential impacts identified by the online survey and service user consultation events will be minimised by the proposal to protect frontline staff and the provision of medication from the budget cut. By prioritising frontline staff and the provision of medication, the level of frontline support to service users should not be affected so we therefore expect the impact to be neutral across protected characteristics.

Service data showed that females are under-represented compared to the Lewisham population and this was also raised in the service user consultation event. However this is in line with national treatment data (in 2016-17 69% of all clients in treatment were males)¹² and as changes to frontline services will be minimised, females should not be disproportionately affected. Black and Asian ethnic groups are also under-represented in services compared to the Lewisham population and were one of the groups identified by the online consultation respondents as being more likely to be affected by the cuts. However, again, the minimisation of any changes to frontline staff and medication provision should not result in a disproportionate impact by ethnic group.

Since data is not routinely available for religion/belief, gender reassignment, marriage/civil partnership, language spoken, or income from users of the substance misuse services, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. However, the protection of frontline staff and the provision of medication should result in a neutral impact on these protected characteristics.

4. Health visiting services

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to the service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to services:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Any change or impact on the service is likely to be felt more by women than men, and by children as the main service users. In addition, respondents to the service user consultation events felt that women suffering domestic

¹² Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 2016-17 data.
<https://www.gov.uk/government/statistics/substance-misuse-and-treatment-in-adults-statistics-2016-to-2017>

abuse, single parents, poor people, first time mums, socially isolated women, young mothers and those with mental health issues would also be disproportionately affected by the cuts. However, as the budget reduction will come from vacant posts (and/or something else) the Trust have confirmed that there will be no adverse impact on overall service delivery compared to current performance. As agreed with LGT the removal of vacant wte from health visiting teams will be done fairly in line with caseload size and complexity and local health needs. This means that we do not expect there to be a disproportionate impact on residents of a particular protected characteristic group.

Since data is not routinely available for religion/belief, gender reassignment, marriage/civil partnership or income from users of the health visiting services, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. However, again, the maintenance of the current levels of service delivery should result in a neutral impact on these protected characteristics.

5. Impact summary

NCDPs	Positive: None Negative: None Neutral: None Equivocal: <i>Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken</i>
Community Nutrition and Physical Activity Service	Positive: None Negative: None Neutral: <i>Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken</i> Equivocal: None
Substance misuse services	Positive: None Negative: None Neutral: <i>Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken</i> Equivocal: None
Health visiting service	Positive: None Negative: None Neutral: <i>Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken</i> Equivocal: None

6. Mitigation

The potential negative impacts of changes to the Community Nutrition and Physical Activity Service will not take place as the savings will relate solely to reduction in managerial staff with no changes to service delivery. For the Substance Misuse Service the proposal to protect frontline staff and the provision of medication from the budget cut should mitigate impacts of cuts to all service users. For Health Visiting the budget reduction will come from vacant posts the trust have confirmed that there will be no adverse impact on overall service delivery compared to current performance.

Close and careful monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture data on protected characteristics among service users, will be vital to identify if there are any unforeseen negative impacts on these groups and to work to mitigate them if they arise.

Signature of Head of Service

ANALYSIS OF ONLINE CONSULTATION

Contents:

1. Demographic characteristics of online consultation respondents
2. Consultation responses by service area: Neighbourhood Community Development Partnerships (NCDPs)
 - a. Quantitative analysis
 - b. Analysis of free text comments
3. Consultation responses by service area: Community Nutrition and Physical Activity service
 - a. Quantitative analysis
 - b. Analysis of free text comments
4. Consultation responses by service area: Substance misuse services
 - a. Quantitative analysis
 - b. Analysis of free text comments
5. Consultation responses by service area: Health visiting service
 - a. Quantitative analysis
 - b. Analysis of free text comments
6. General findings from free text comments

1. Demographic characteristics of online consultation respondents

There were 165 responses to the online consultation. 82.4% of respondents agreed to share their personal demographic information.

Age

Of the respondents that answered the question about age (156), 17.0% were aged 55-59 (see Table 1 below). When compared to the population estimates for Lewisham as a whole, it appears that the views of young people (0-24) are under-represented in the online consultation. Conversely, the views of people aged 45 to 74 are over-represented in the online consultation.

Table 1. Age breakdown of online consultation respondents and 2017 Lewisham population

Age	Percentage of consultation respondents	Percentage of Lewisham population ¹
Under 18	0%	22.7%
18-24	0.6%	8.2%
25-29	3.0%	9.4%
30-34	6.0%	10.2%
35-39	8.5%	9.8%
40-44	7.9%	7.8%
45-49	9.7%	7.1%
50-54	10.3%	6.5%
55-59	17.0%	5.2%
60-64	9.7%	3.7%
65-69	13.9%	2.8%
70-74	6.1%	2.2%
75-79	1.9%	1.7%

¹ Office for National Statistics (ONS) 2017 mid-year population estimate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland>

80-84	0%	1.3%
85+	0%	1.3%

Gender

Of the respondents that answered the question about gender (147), 80.3% were female. In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female² so the views of Lewisham males are under-represented in the online consultation responses.

Disability

Of the respondents that answered the question about disability (144), 21.5% considered themselves to be a disabled person. The online responses are therefore broadly representative of the Lewisham population in terms of disability: the 2011 Census asked about long-term health problems and disabilities and found that in Lewisham, 14.4% of the population reported that they were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.³

Of those respondents who considered themselves to be a disabled person (38), the most common disability type was 'longstanding illness or health condition' (see Table 2 below).

Table 2. Disability type amongst those respondents who consider themselves to be a disabled person

Disability type	
Physical or mobility related	15.8%
Visual or hearing related	7.9%
Mental health condition	13.2%
Cognitive or learning disability	7.9%
Longstanding illness or health condition	23.7%
Other	21.1%

13 respondents identified access requirements.

Ethnicity

Of the respondents that answered the question about ethnicity (155), 83.9% were White (see Table 3 below). The Greater London Authority (GLA) estimated that 53.5% of the Lewisham population are White, 27.2% are Black, 9.3% are Asian and 10.0% are Mixed or Other ethnic groups.⁴ This means that the views of White people are over-represented in the online consultation, and the views of all other ethnic groups are under-represented.

Table 3. Ethnic group breakdown of online consultation respondents

Broad ethnic group	Percentage of consultation respondents
White	83.9%
Black African, Black Caribbean, Black British or any other Black background	8.4%
Asian or Asian British	3.9%
Mixed or multiple ethnic groups	2.6%
Other	1.3%

² Office for National Statistics (ONS) 2017 mid-year population estimates.

³ Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

⁴ GLA 2016 Ethnicity Projections Central Trend Based.

Pregnancy and maternity

Of the respondents that answered the question about pregnancy/maternity (152), 2.6% were currently pregnant and 2.6% had been pregnant in the last six months. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Religion/belief

Of the respondents that answered the question about religion/belief (135), 51.1% stated that they had no religious belief and 40.7% were Christian. Responses for each of the other religions stated (Buddhism, Hinduism, Judaism, Islam or Sikhism) were under 2.5%. Comparison with the Annual Population Survey estimates for the population by religion in Lewisham suggests that views of people with no religion are over-represented in the online survey and that the views of people from all religions are under-represented. The Annual Population Survey estimates that in 2017, 54.3% are Christian, 35.6% are no religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are any other religion.⁵

Sexual orientation

Of the respondents that answered the question about sexual orientation (133), 94.0% were straight or heterosexual, 3.8% were gay or lesbian, and 2.3% were bisexual. We do not have a reliable comparator data source for this protected characteristic at local authority level, however the Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.⁶ In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual). According to this data, responses to the online consultation are broadly representative of the Lewisham population in terms of sexual orientation.

Gender reassignment

Of the respondents that answered the question about gender reassignment (132), 99.2% were the same gender that they were at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Owing to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be representative of all resident viewpoints within the borough.

2. Consultation responses by service area: Neighbourhood Community Development Partnerships (NCDPs)

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

130 people responded to the section regarding NCDPs however such a small proportion were from those responding in a professional capacity, the results of personal and professional responses have been combined.

a. Quantitative analysis

⁵ Greater London Authority (GLA) Population by Religion, Borough <https://data.london.gov.uk/dataset/percentage-population-religion-borough>. Data from ONS Annual Population Survey.

⁶ This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

All Responses⁷

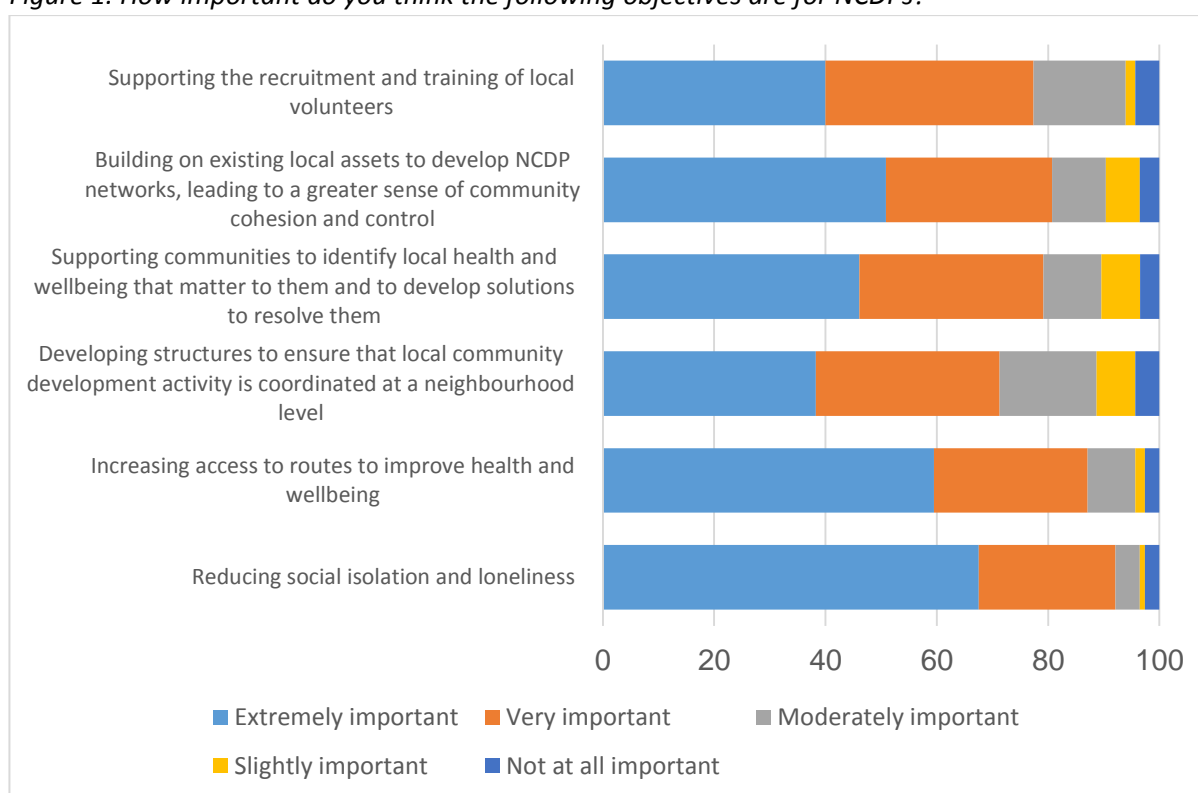
10.3% of responses were from people who are currently using services funded by the NCDPs; 11.3% of responses were from people who had previously used services funded by the NCDPs.

Public health professionals were most frequently stated as best placed to understand health and wellbeing priorities at a neighbourhood level, followed by members of the four NCDPs:

- 31.1% of respondents thought Public Health professionals
- 28.6 % of respondents thought members of the four NCDPs
- 17.6% of respondents thought other local voluntary and community sector groups
- 4.2% of respondents thought Local Assemblies
- 16.8% of respondents thought it was something other than the options suggested
- 1.7% of respondents thought Local Councillors

Respondents also rated how important they thought the NCDP's six objectives were (Figure 1).

Figure 1. How important do you think the following objectives are for NCDPs?



'Reducing Social isolation and loneliness' (92.1%) and 'Increasing access to routes to improve health and wellbeing' (87.1%) were the two objectives which received the highest numbers of responses stating they were either Extremely or Very important.

Respondents were also asked questions about funding. 72.7% of respondents agreed to some extent that funding should be maintained for individuals and groups most in need (i.e. target the reduction at those less in need) (Figure 2); 32.1% of respondents agreed to some extent that the grant reduction should be distributed equally between the four NCDPs (see Figure 3).

Figure 2. How far do you agree we should maintain funding for individuals and groups most in need (i.e. target the reduction at those less in need)?

⁷ Whilst respondents were asked to identify whether they were answering the consultation in a personal or professional capacity, for NCDP questions the professional response was so low it is not possible to analyse this separately

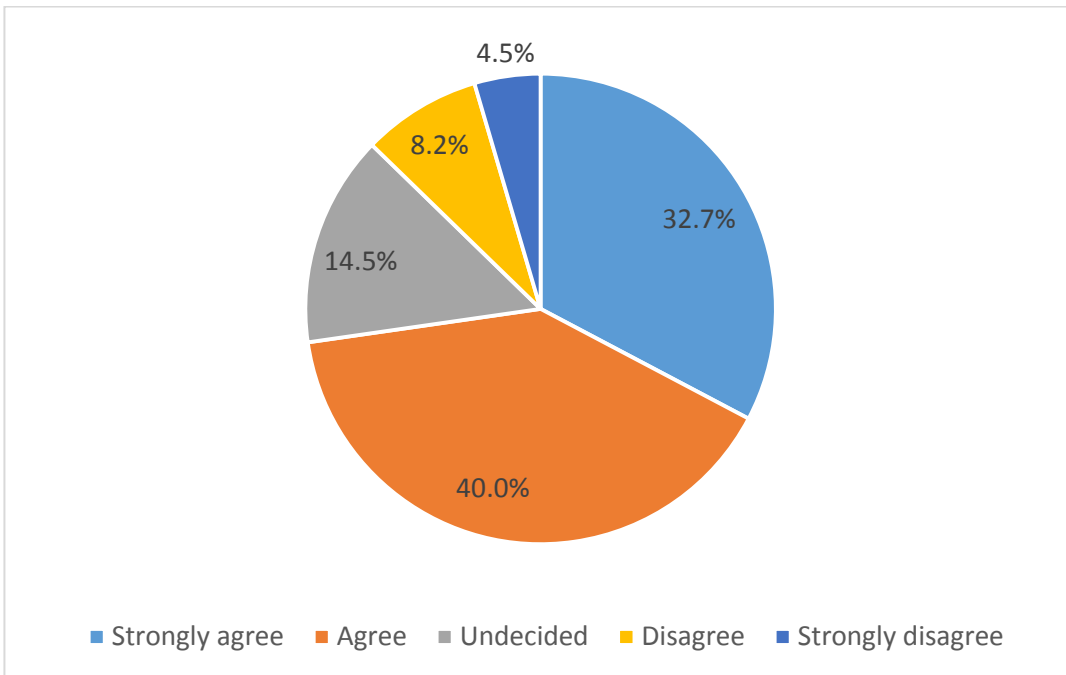
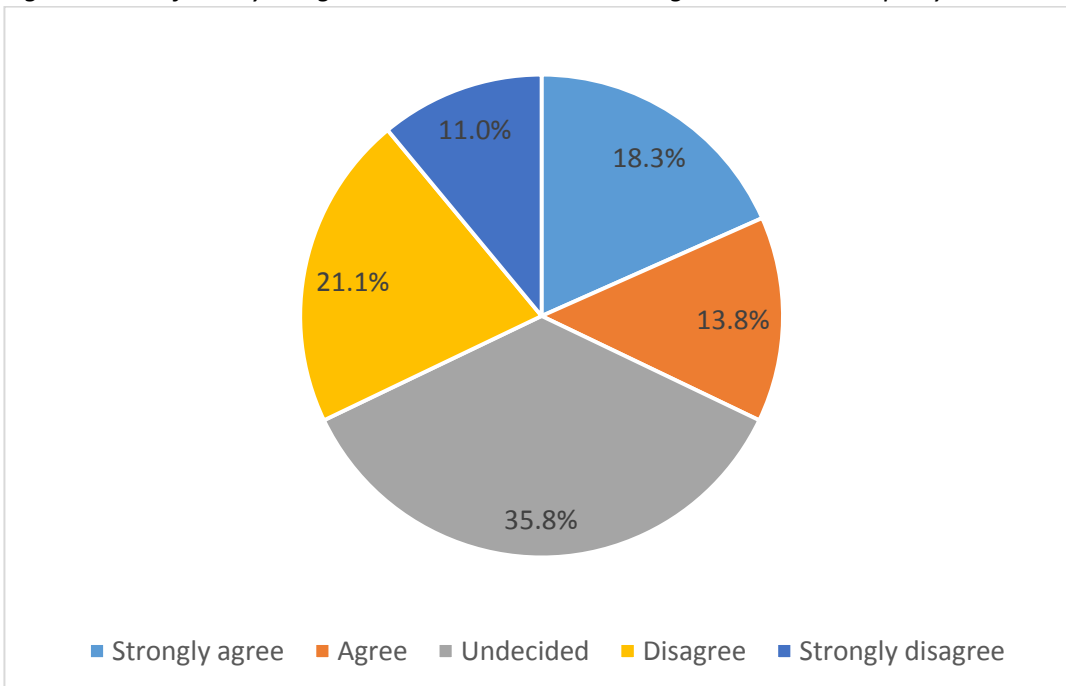


Figure 3. How far do you agree we should distribute the grant reduction equally between the four NCDPs?



a. Analysis of free text comments

Free text comments to ‘Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?’:

- Greater use of the voluntary sector, including people and facilities
- Reducing administrative costs by managing more aspects centrally than across the four neighbourhoods
- Focusing on the more deprived areas of the borough

Free text comments to any other comments section:

Focused on opposition to any reduction in funding related to health services.

3. Consultation responses by service area: Community Nutrition and Physical Activity service

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

142 people responded to section on the Community Nutrition and Physical Activity service. 83.1% of people responded in a personal capacity and 16.9% of people responded in a professional capacity. However not all respondents gave answers to all questions and for some areas the response from those answering in a professional capacity was so low it may have been possible to identify the individual, therefore the results have again been combined.

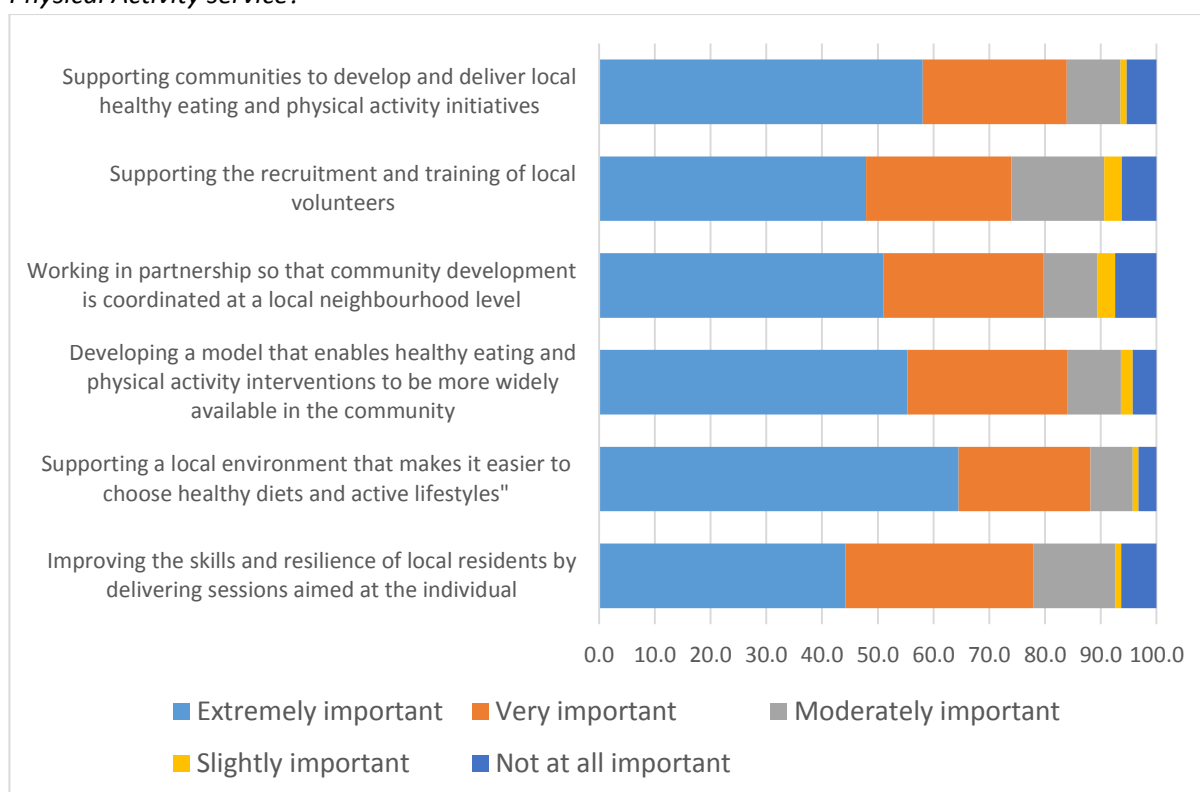
a. Quantitative analysis

All responses

33.9% of responses were from people who are currently using the Community Nutrition and Physical Activity service; 11.0% of responses were from people who had previously used the Community Nutrition and Physical Activity service.

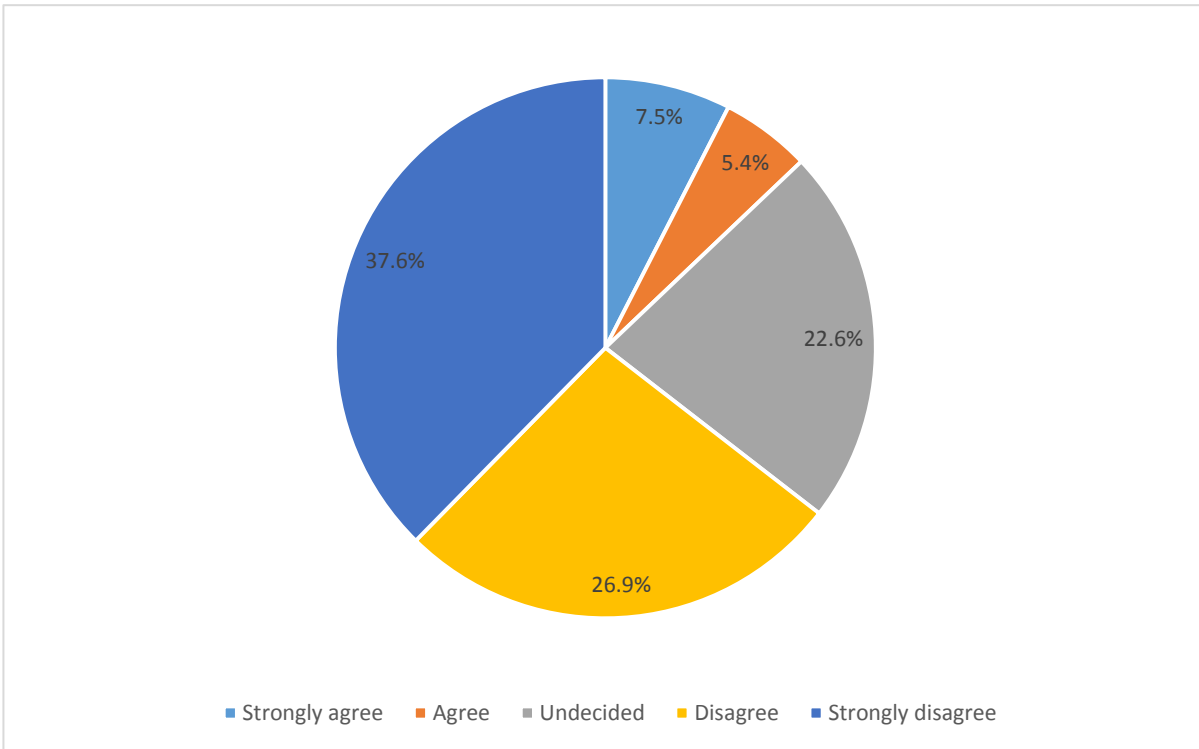
Respondents rated how important they thought a list of six objectives were for the Community Nutrition and Physical Activity service (see Figure 4).

Figure 4. How important do you think each of the following objectives are for the Community Nutrition and Physical Activity service?



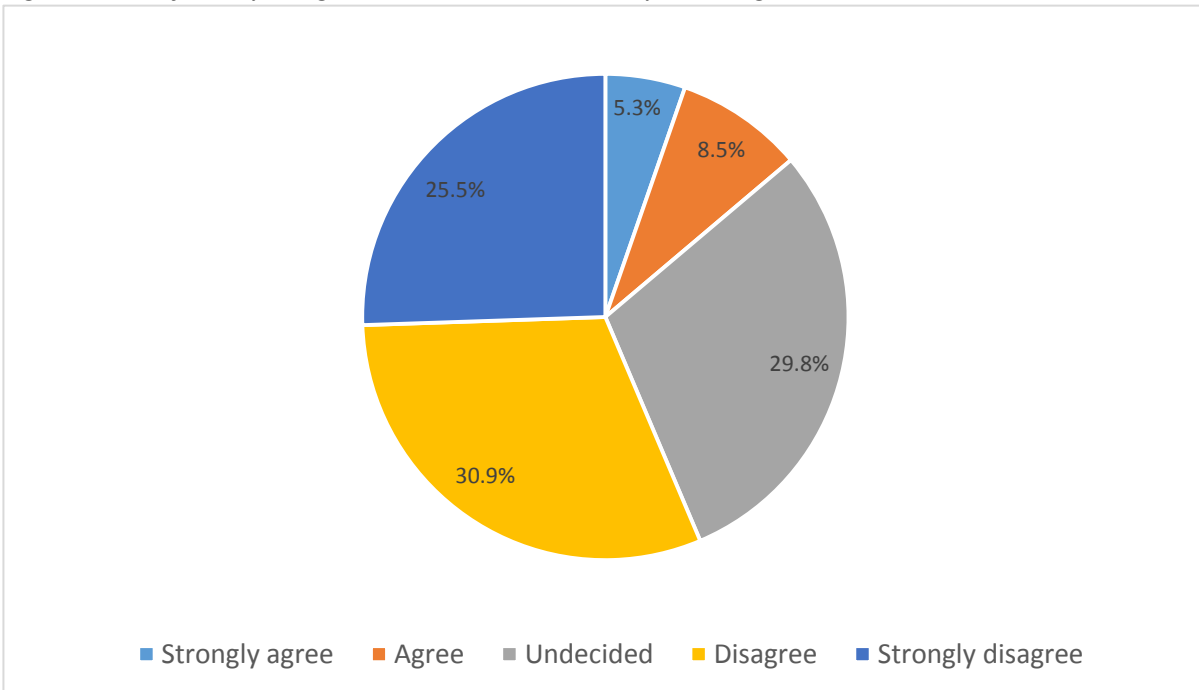
‘Supporting a local environment that makes it easier to choose healthy diets and active lifestyles’ was seen as Extremely or Very important by 88.2% of respondents to the question, followed by ‘Developing a model that enables healthy eating and physical activity interventions to be more widely available in the community’ (84.0%).

Figure 5. How far do you agree we should make cuts by reducing services aimed at the community?



64.5% of respondents disagreed to some extent that the cuts should be made by reducing services aimed at the community; 56.4% of respondents disagreed to some extent that cuts should be made by reducing services aimed at the individual (see Figure 5).

Figure 6. How far do you agree we should make cuts by reducing services aimed at the individual?



b. Analysis of free text comments

Respondents were asked if they have any other ideas about how we could deliver a Community Nutrition and Physical Activity Service differently in order to achieve the same reduction in funding. Comments are summarised below:

- Develop community projects run by volunteers
- Link with other services – increase joint working with supermarkets to support healthier choices
- Explore fundraising/charge small amount to access services
- Increase council tax and reduce chief officer salaries
- Concentrate interventions on the youngest in society (aged 12-20) through youth groups to maximise long term benefits
- Promote programme via churches and other places of worship to set up groups using volunteers from their own community
- Reduce outsourcing of services to private corporations
- Share knowledge and resources with partners to reduce running costs

The section finished by asking if there were any further comments:

- Don't cut funding to the healthy walks programme as benefits to mind and body are considerable
- Those who are too intimidated to join gyms or similar engage in this service
- Ease of access to unhealthy food and drink options needs to be addressed by local authority – fast food outlets are more likely to be situated in poorer estates
- Those who make the budget decisions should join in the activities to realise just how important this is to those are benefiting
- External review of Health Eating cookery club to assess impact against local health priorities
- Benefits of Nordic Walking programme outweigh the costs, which are minimal

4. Consultation responses by service area: Substance misuse services

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

108 people responded to questions about the Substance Misuse Services. 77.8% of people responded in a personal capacity and 22.2% of people responded in a professional capacity.

a. Quantitative analysis

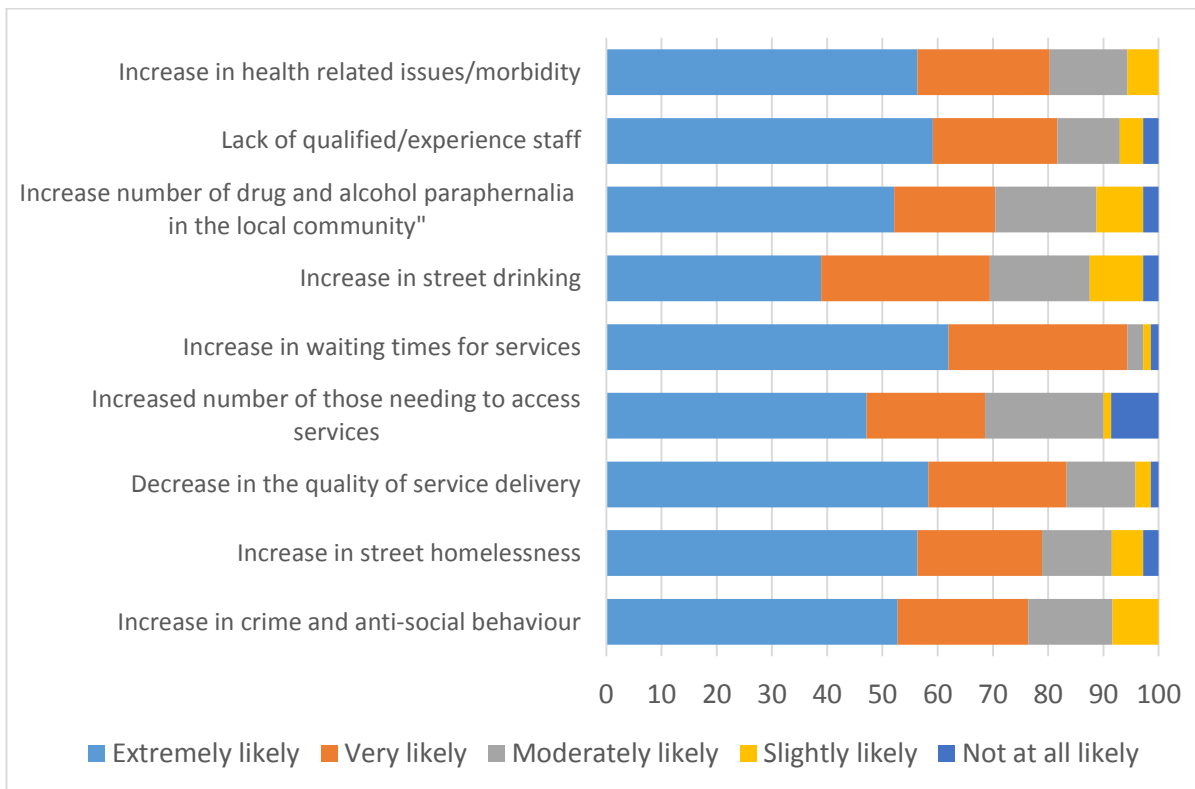
Personal responses

5.6% of personal responses were from people who are either currently using the service, have previously used the substance misuse services or have a family member that has used the service; 94.4% of personal responses were from Lewisham residents/members of the public.

Due to the small number of responses from current or previous service users/family members it is not possible to report these findings without potentially identifying individuals. The small number of responses received were across a wide range of views which are not possible to summarise. However a focus group has taken place with this cohort.

Figure 7. Responses from members of the public on how likely they consider that the funding cuts will impact on⁸

⁸ The Service User/Family Member cohort were also asked about the impact of funding cuts however the areas/issues they were asked to consider were different so responses cannot be combined.



Members of the public identified ‘Increase in waiting times for services’ as the most likely impact of the proposed funding cuts, with 94.4% stating this was extremely or very likely.

b. Analysis of free text comments

The vast majority of respondents (83.8%) believed the proposed cuts **would** affect particular individuals more than others. When asked to expand on this the below comments summarise respondents’ views:

- Poorest and the most vulnerable (substance misusers/elderly/homeless/mentally ill) in society will be hit the hardest.
- Those with long term addictions will feel it the most
- Those who have accessed the service previously may be more aware of the changes
- Those seeking help will be discouraged
- Negative impact on families, staff providing services, support of those with addiction problems
- BME groups affected more – those marginalised are more likely to need the services

Members of the public were also asked ‘Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?’ Suggestions from the public included:

- Providing more online services and/or group sessions to save money.
- Asking sellers of alcohol to contribute to services,
- Getting charities, the voluntary sector and previous service users more involved
- Better co-ordination/collaboration with mental health and other healthcare services such as GPs.
- Charities / volunteering -Create 'champions' (former users -now 'clean')
- A mobile service /group sessions
- Get rid of NCDPs and Community Nutrition and Physical Activity services
- Put the funding back into NHS services.
- Educating children at school – substance misuse
- Link in with other sectors to provide things like apprenticeships for people who are moving towards long-term recovery

Any further comments:

The majority thought that cutting funding would lead to short and long-term complications impacting on their physical, mental and social well-being.

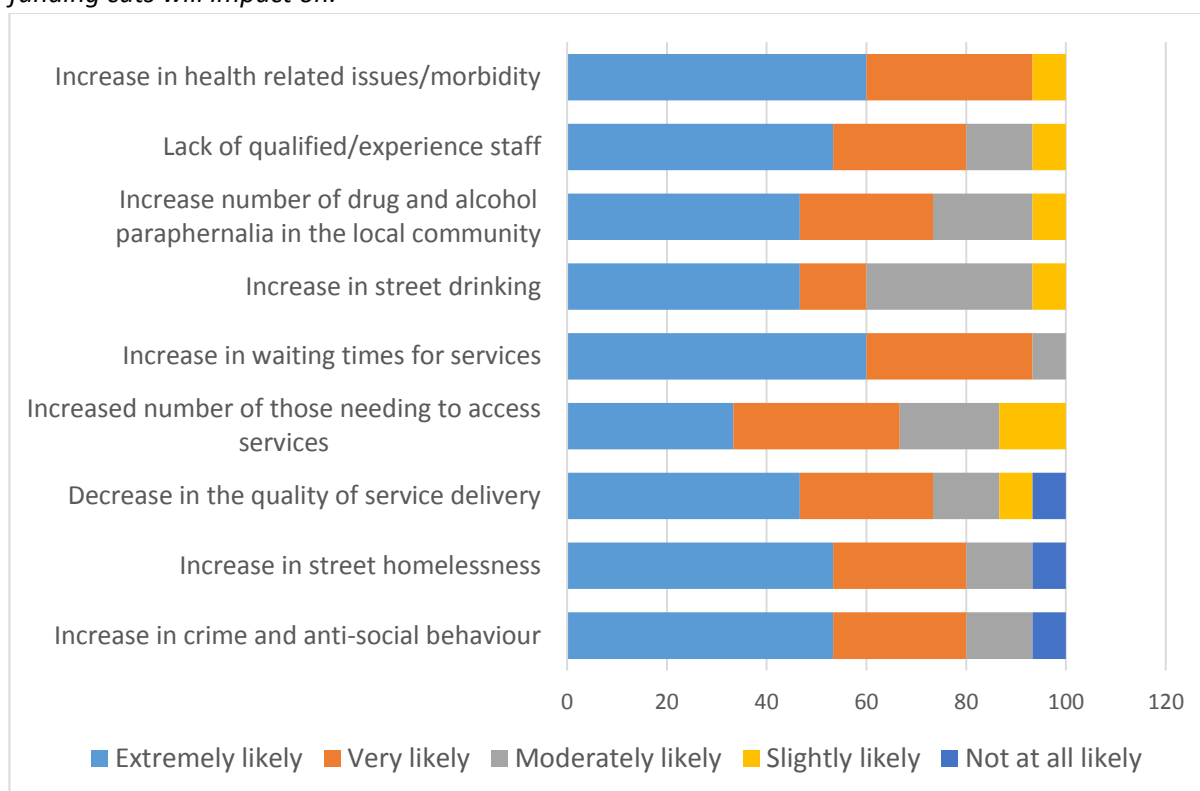
Constructive criticisms on how to cope with the potential reduced funding include:

- More learning from and co-production with community as recommended by NHS England and Kings Fund.
- Early intervention should be a critical part of this service. Schools should be trained to identify potential substance misuse.

Professional responses

a. Quantitative analysis

Figure 8. Responses from those responding in a professional capacity on how likely they consider that the funding cuts will impact on:



Professionals also identified ‘Increase in waiting times for services’ as the most likely impact of the proposed funding cuts (93.3%) stating this was extremely or very likely. This was joint with ‘Increase in health related issues/morbidity (93.3%).

b. Analysis of free text comments

97.5% of respondents felt that the proposed cuts to substance misuse services **would** affect particular individuals more than others. When asked to expand on this view the main themes were that the impact would be most felt by substance misuse staff who will be under increased pressure and stress. The most vulnerable and hardest to reach groups including sex workers and the homeless population would also be more affected and those with complex and/or mental health needs.

“Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?”:

- focusing resources on areas of most need
- work within contractual agreements

- group sessions for recovering addicts
- efficient transfer between services
- Lewisham and Greenwich NHS Trust to use Queen Elizabeth Hospital's Substance Misuse Team across both their hospital sites, but it would require funding.

Any other comments:

Responses spoke against any budget cuts to this area.

5. Consultation responses by service area: Health visiting service

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

119 people responded to questions about the Health visiting service. 83.2% of people responded in a personal capacity and 16.8% of people responded in a professional capacity.

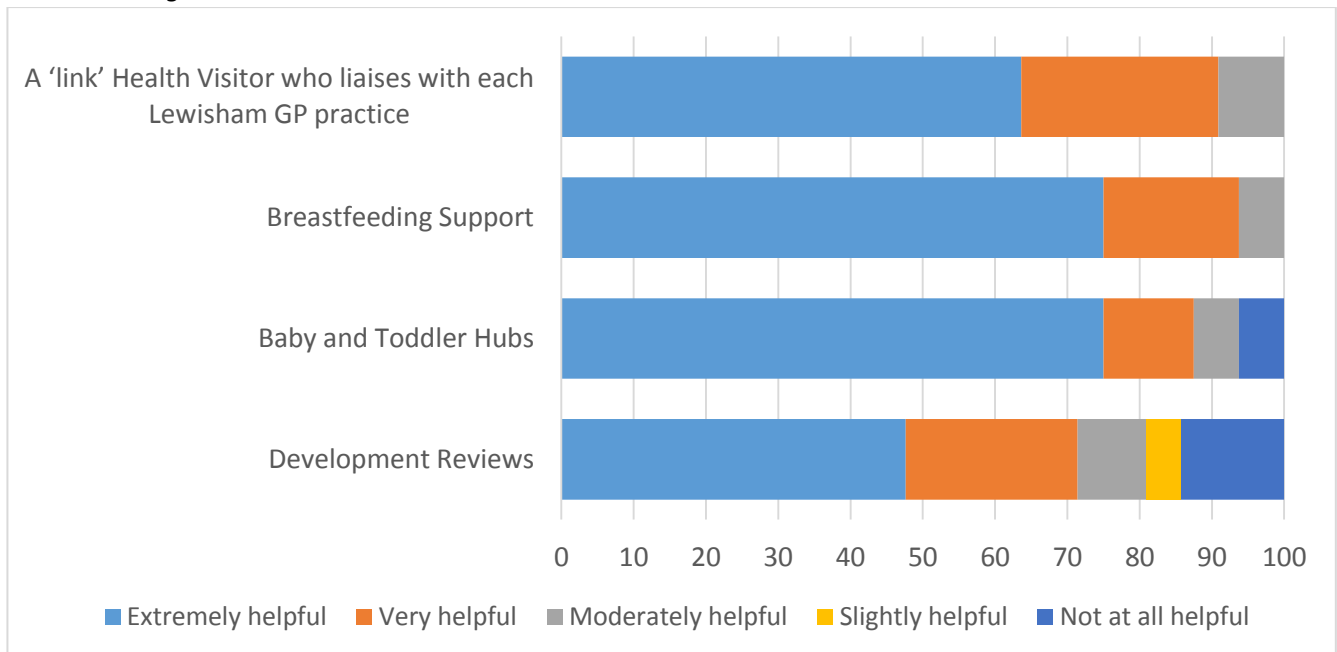
a. Quantitative analysis

Personal responses

22.2% of personal responses were from people who are currently or have previously used the service; 77.8% of personal responses were from Lewisham residents/members of the public.

Service User Responses

Figure 9. How helpful did you or your family member find the different types of support offered by Lewisham’s Health Visiting service?⁹



Of respondents who had used health visitor services the feedback was that they found the services helpful. Breastfeeding was seen to be the most helpful (93.8%).

Responses to both the freetext questions for this service user group were focused on concerned about the additional strain that cuts would put on the Health Visiting Service.

⁹ Additional support offers were also included in the survey, however so few respondents had used these services it is not possible to include them

Member of the Public Responses

This group were asked to rank what they felt were the most important outcomes for the Health Visiting service.

Table 4. Ranking of the most important outcomes for the Health Visiting service (member of the public)

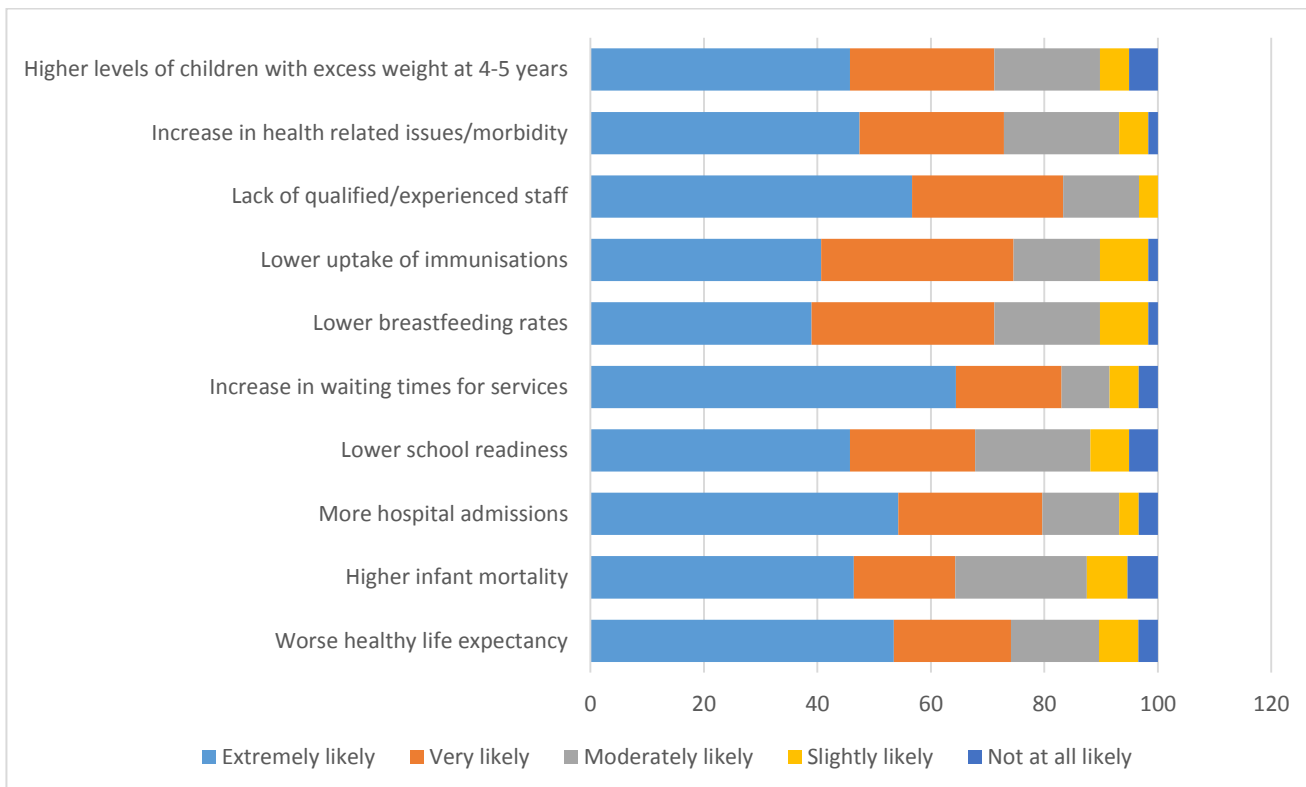
Outcome	Rank
Reducing infant mortality	1
Improving life expectancy and healthy life expectancy	2
Improving child development at 2-2.5 years	3
Reducing the number of children in poverty	4
Reducing hospital admissions caused by unintentional and deliberate injuries in children	5
Improving breastfeeding initiation	6
Increasing breastfeeding prevalence at 6-8 weeks	6
Disease prevention through screening and immunisation programmes	8
Improving population vaccination coverage	9
Reducing excess weight in 4-5 year olds	10
Reducing smoking at delivery	11
Improving school readiness	11
Reducing low birth weight of term babies	13
Reducing under 18 conceptions	14
Reducing tooth decay in children aged 5	15

'Reducing infant mortality' was ranked as the most important outcome for the health visiting service, followed by 'Improving life expectancy and healthy life expectancy'.

This group were asked if they had suggestions for what further outcomes the Health Visiting Service should be working towards. Responses were focused around:

- improving children's diets to improve obesity rates
- improving understanding of the impact of emotional abuse and neglect
- parenting skills
- maternal mental health
- signposting to other services

Figure 10. Do you think it is likely that the proposal to cut funding will affect individuals and the community in the following ways? (Members of the Public)



‘Lack of qualified/experienced staff’ and ‘Increase in waiting times for services’ were seen to be the most likely effects of the proposed funding cuts to the service, with 83.3% and 83.1% answering that these impacts were either extremely or very likely respectively.

b. Analysis of free text comments

A freetext question also asked ‘Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?’ These can be summarised as:

- Reduce number of senior managers,
- Use midwives and GPs to provide some of the services.
- Hold more community session rather than visiting all homes individually.
- Better targeting to those that most need the service.

The any further comments questions was heavily focused on concerns about the impact of the proposed cuts on families.

Professional Responses

Professionals were also asked to rank what they felt were the most important outcomes for the Health Visiting Service. They had three joint top priorities: Improving life expectancy and healthy life expectancy, Reducing infant mortality and Improving child development at 2-2.5 years. These match the three top rankings by members of the public.

Table 5. Ranking of the most important outcomes for the Health Visiting service (responses from professionals)

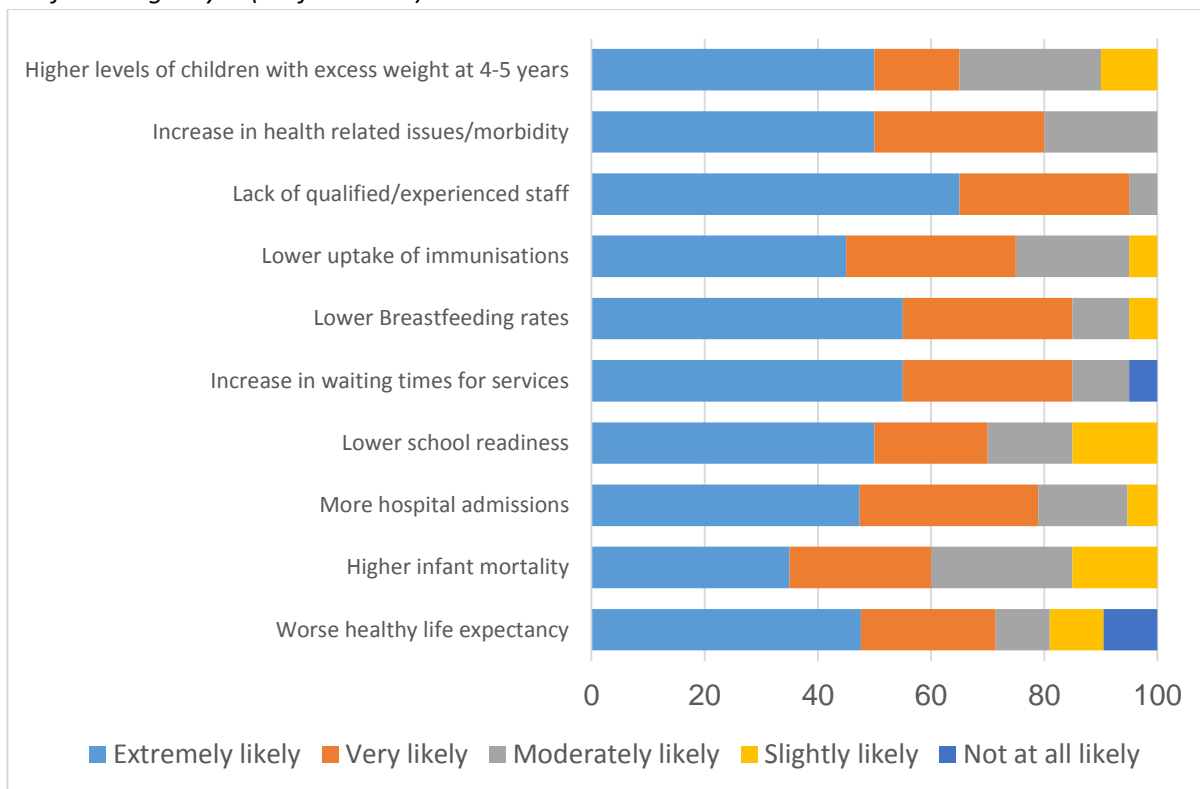
Outcome	Rank
Improving life expectancy and healthy life expectancy	1
Reducing infant mortality	1
Improving child development at 2-2.5 years	1
Reducing hospital admissions caused by unintentional and deliberate injuries in children	4
Increasing breastfeeding prevalence at 6-8 weeks	5
Reducing the number of children in poverty	6

Improving breastfeeding initiation	7
Improving school readiness	8
Improving population vaccination coverage	9
Reducing smoking at delivery	10
Disease prevention through screening and immunisation programmes	11
Reducing low birth weight of term babies	12
Reducing excess weight in 4-5 year olds	12
Reducing under 18 conceptions	14
Reducing tooth decay in children aged 5	15

When professionals were asked what other outcomes they considered the Health Visiting service should be working towards the main themes were:

- domestic violence
- reducing social isolation of new parents
- safeguarding
- perinatal mental health
- working with vulnerable groups
- reducing health inequalities

Figure 11. Do you think it is likely that the proposal to cut funding will affect individuals and the community in the following ways? (Professionals)



'Lack of qualified/experienced staff' was seen as the most likely impact of the cuts by professional respondents, as 95% stated they thought this was extremely or very likely. 85% thought breast-feeding rates would reduce and there would be an increase in waiting times.

c. Analysis of free text comments

Professionals were also asked "Is there any way that you or your organisation can contribute in helping to alleviate the impact of this proposal?" Responses focused on:

- Closer working with community groups/facilities

- Improve working with children's centres
- Better connections between other children's services such as midwifery.

Professionals were also asked "Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?" There was only a small response to this question so it is not possible to collate responses.

Any further comments:

Concerns around the impact of the cuts and requests that the council should challenge central government regarding funding reductions.

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Appendix 4 substance misuse focus group summary

Report Title	Prevention, Inclusion & Public Health Commissioning Team - Adult Partnership Substance Misuse Performance
Author	Commissioning Team (Addictions)
Date of meeting	October 2018

1.0 Purpose of Report

- 1.1 To update the commissioning team and partners on service user views regarding the proposed cuts to the public health budgets.
- 1.2 No formal demographic data collection took place but from observation: 2 x SU groups 1 x 5 and 1x 6 plus 3 from Lewisham SUIT. Good participation; although more representation from women and BAME services users would have been beneficial to reflect community. Overall the age range was diverse and reflective and included family members/carers of service users engaging with commissioned services.

2.0 Questions Used

- 2.1 To remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those online.
- 2.2 The questions used can be found below:
- What are the positive aspects of the drug and alcohol services that you, family members or those you care for access?
 - How do you think the proposed cuts will impact service delivery and service users?
 - Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?
 - Do you have any suggestions as to how this service might be delivered in a different way, but still achieve the same level of cuts?
 - Will the proposals affect how you and others that will use the services?
 - Any further comments?

3.0 Responses

- 3.1 Responses for question 1 are as follows:
- Services are fantastic and they support families through tough times
 - Indispensable especially during out of hours i.e. weekends and follow-up appointments
 - Key workers are dedicated and 'make' the services
 - Workers show passion as some commute approximately 2 hours to get to work
 - Balanced Multidisciplinary Teams with different skill sets.
 - Without the services, service users will be completely isolated and wouldn't leave the house if it wasn't for interventions and keyworkers
 - Services aid motivation and incite hope
 - Services are a safe space especially for those who were institutionalised and needed reintegration

- 3.2 Attendee's gave the feedback below in relation to question 2:
- The cuts will affect carer health and mental health due to the added pressure of services potentially not offering the same level of care and support to decline in frontline staff
 - Concerns with young people's mental health
 - Cuts will have a detrimental effect on dual diagnosis
 - Staff will leave affecting the quality of services
 - Reduction of aftercare will impact abstinence as it assists with reintegration and relapses prevention
 - Aftercare groups and are too large
 - Fear that medication/OST therapies will be reduced and there will be less choice
 - Areas not of priority may be overlooked i.e. outreach
- 3.3 Participants responded the following individuals would be at risk:
- Women – who are underrepresented and wont access services at the best of times due to fear of repercussions i.e. losing children or social services involvement
 - OST service users
 - Aftercare service users – feared there will be less support in regards to relapse prevention
 - Young people – services are already diluted and links with mental health and accessing services takes too long
 - Vulnerable service users will be at risk
 - Ex-offenders – who may find it hard to access and may be out of touch with reality due to length of sentences and not being prepared for release
 - Those affected by domestic violence and abused individuals
 - Young people transitioning into adult services
 - Parents and service users with children
 - Older adults
- 3.4 The focus groups didn't have any specific suggestions in regards to this question but the following responses were given:
- Services should be working better together i.e. mental health substance misuse and young people
 - Hospitals could pick up work rather than services
 - Supplement staff with students/volunteers but it was highlighted that this option could be less safe, cost more to train due to high turnover. It was noted that student counsellors are used to deliver therapeutic interventions
- 3.5 Participants unanimously felt that the cuts will affects service delivery and went on to say:
- The longevity of peoples recovery was in jeopardy and lives have been saves with Lewisham's currents services i.e. Naloxone rollout across the borough
 - The expense of medication i.e. Buprenorphine and the protective factors it has on drug and alcohol related deaths
 - Cuts will impact other services i.e. Accident and Emergency admissions and mental health services
 - It would affect the number of people accessing services
- 3.6 Participants had the additional comments to make:

- Services are fantastic and they support families through tough times
- Indispensable especially during out of hours i.e. weekends and follow-up appointments
- Treatment should be ongoing rather than 4 sessions of counselling or 12 weeks of structured treatment
- Medical teams delivering clinical interventions onsite assists with service delivery is positive
- Group work was found to be positive and peer lead support
- Online interventions are not suitable for everyone

4.0 Conclusion

- 4.1 Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or on medication.

Report Title	CYP Joint Commissioning– Health Visiting user engagement sessions
Author	CYP Joint Commissioner
Date of meeting	November 2018

1.0 Purpose of Report

- 1.1 To provide an overview of service user views regarding the proposed cuts to the health visiting budget.
- 1.2 Engagement took place across six sessions around the borough: 2 x breastfeeding support groups, 1 x Dad's Network session, 1 x Baby Hub, and 2 x nursery drop off.
- 1.3 Demographic data collection took place but was not mandatory. High level observation demonstrated good participation from service users; more women were engaged than men, reflective of the service. More representation from BAME services users would have been beneficial to reflect demographics in Lewisham. Overall the age range was diverse and included additional family members/carers of service users such as grandparents.

2.0 Questions Used

- 2.1 To remain consistent with the online consultation, officers used a combination of closed and open ended questions similar to those online.
- 2.2.1 The questions used can be found below:
- 1) Do you/have you used the Lewisham Health Visiting service?
 - 2) Which elements of the Health Visiting service have you used? (Please tick as appropriate)
 - 3) How helpful did you or your family member find the different parts of the service you accessed? (Skip question if none used).
 - 4) Which Health Visiting outcomes do you consider most important? (You can choose more than one)
 - 5) What do you think of proposed cuts to the health visiting service?
 - 6) Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?
 - 7) What improvements could be made to the service in order to achieve the same reduction in funding?
- 2.2.2 Optional equalities monitoring questions were also included.

3.0 Responses

- 3.1 Responses for question 1 are as follows:
Of the 34 responses in engagement sessions
- 31 (91%) had used the HV service
 - 3 (9%) said they had not
- 3.2 Participants identified specific elements of the Health Visiting service used in question 2:
- 2 of 34 (6%) used a targeted or MESCH service, both rated the service extremely helpful.

- 32 (94%) stated they had a new birth visit, 4 stated they had a pre-birth visit
- 25 (74%) stated they had a 6-8 week visit
- 25 (74%) said they had accessed a Baby clinic or Baby Hub
- 27 (79%) said they had accessed breastfeeding support
- 6 (18%) said they had a 7-11 month developmental review
- 5 (15%) said they had a 2-2.5 year developmental review

3.3 Of the 31 Participants who said they had used the service:

- 30 (97%) found the HV service very or extremely helpful
- 1 (3%) found it moderately helpful

3.4 The engaged participants rated the priority of Health Visiting outcomes. Participants were able to identify any area as a priority and could select multiple priorities. So, breastfeeding support was selected as a priority by 29 participants, improving child development was selected as a priority by 20 participants, and so on:

Breastfeeding support	29	85%
Improving child development	20	59%
Improving vaccination coverage	17	50%
Disease prevention through screening	14	41%
Reducing infant mortality	13	38%
Reducing the number of children in poverty	11	32%
Outcome: Reducing low birth weight	10	29%
Outcome: Improving life expectancy	8	24%
Reducing hospital admissions	8	24%
Improving school readiness	5	15%
Reducing obesity in 4-5 year olds	5	15%
Reducing under 18 conceptions	2	6%
Reducing tooth decay in children	2	6%
Reducing smoking at delivery	2	6%

3.5 Participants unanimously felt that any cuts would have a negative impact on service delivery.

Comments from service users on the value of Health Visiting included:

“Such a difficult part of a woman's life. Hardest thing I have ever done”

“My HV has been a lifeline and so supportive signposting and referring”

“Fewer breastfeeding clinics would be bad. Critical for baby feeding. Breastfeeding hubs are so important on the day you need them”

“Isolation is a massive risk so good for mothers”

3.6 The majority of participants felt that this proposal will affect particular individuals more than others, with comments linking this to those who may be isolated or in need of more help and support:

Yes	88%
No	6%
No answer	6%

Participants had the additional comments to make:

“Some people are less aware of the support out there so having the structured appointment creates that access opportunity.”

“Will affect those that needs more help. Those with no support network. I made friends through this”

“Anyone who is having problems with feeding, low weight, jaundice. Home visits for more vulnerable people.”

“Will affect everybody. It’s a real Mix that use services. Everybody depends on it.”

“Anyone who is isolated and doesn’t have a support network. All my friends don’t have babies so I became isolated the HV called me regularly and reassured me”

“Anyone who has had difficult birth or doesn’t have family support or is new to the community. Anyone experiencing a bad relationship and alone.”

- 3.7 In response to the question on whether service improvements could be made that may achieve the same savings, 65% of respondents felt that this would be possible, 30% felt it wouldn’t, and 5% did not answer.

Comments included:

“Could be clearer about the offer e.g. Who is responsible for what? How do they link in? GP, Hospital, HV, who to contact if waiting for hospital appointment?”

“More telephone communication. Sometimes just needed a chat not a visit.”

“More groups can see more people plus is more social”

“Getting parents back into the community especially dads. A system where they engage with Dads, Saturday evening service.”

“More venues for drop-ins groups such as hubs. Groups where you can have conversations with HV”

4.0 Conclusion

- 4.1 It is difficult to draw conclusions from this small sample size. However, overwhelming support for the service can be noted, along with concern from all participants about negative impacts from any cuts, particularly for more vulnerable service users.

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Children and Young People Select Committee			
Report Title	Special Educational Needs and Disability (SEND) Strategy Update		
Key Decision	No	Item No.	6
Contributors	Executive Director, Children and Young People's Services; Strategic Lead for Education Strategy, Service Manager Children with Complex Needs Service; Joint Commissioner, Children with Complex Needs		
Class	Part 1	Date:	6 th December 2018

1. Purpose

- 1.1. This report provides the Children and Young People's CYP Select Committee with an update on services for children with special educational needs and disabilities (SEND).

2. Summary

- 2.1. This report updates members on SEND provision one year on from the local area inspection which was undertaken by Ofsted and the Care Quality Commission (CQC) in October 2017. This report also provides an update on the progress against the partnership SEND Strategy 2016-19, including key achievements and identified priority areas of work. The partnership SEND Strategy is Lewisham's implementation plan to deliver on continuous improvement in meeting the duties contained in the Children and Families Act 2014 and SEND Code of Practice.

3. Recommendations

- 3.1. The CYP Select Committee is asked to note and comment on this report.

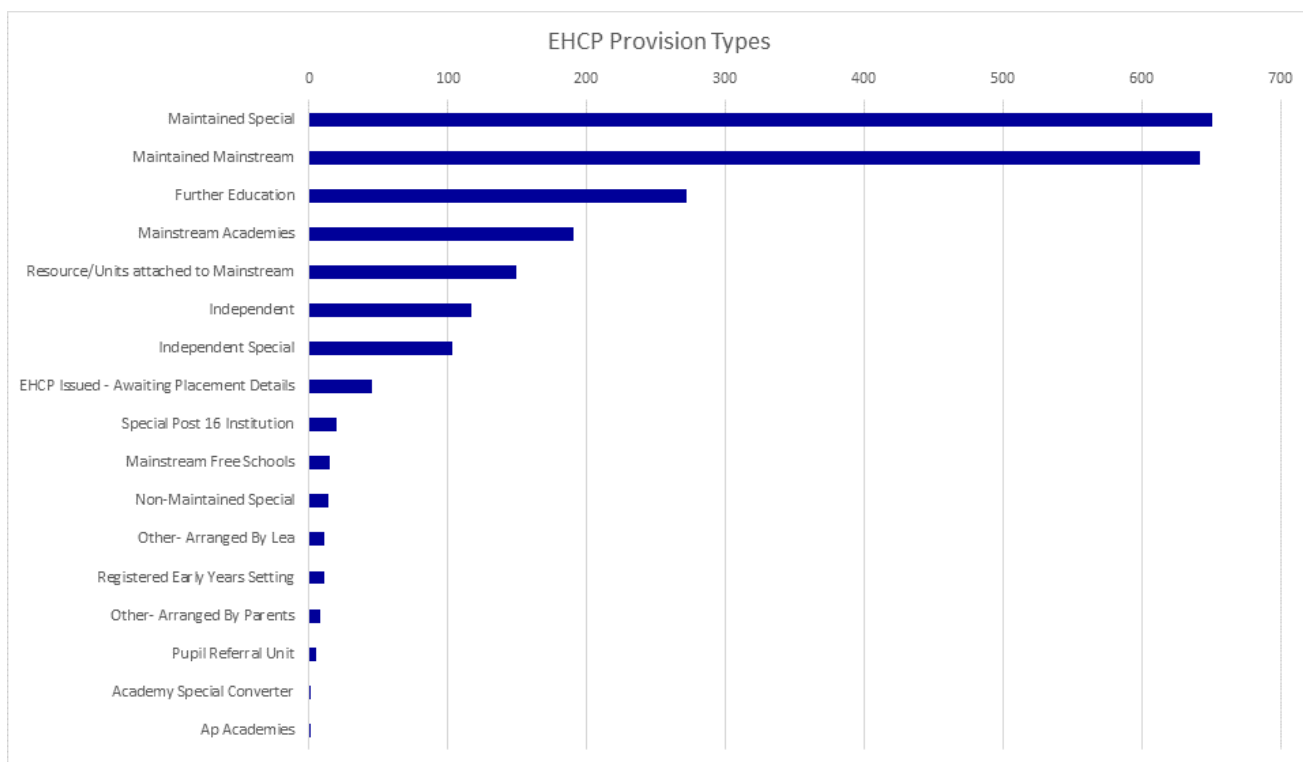
4. Policy Context

- 4.1 This report is consistent with 'Shaping Our Future: Lewisham's Sustainable Community Strategy' and the Council's corporate priorities. In particular, it relates to the Council's priorities regarding young people's achievement and involvement, including inspiring and supporting young people to achieve their potential, the protection of children and young people and ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community.

- 4.2 The local strategic context in which Lewisham sets out its vision and priorities for improving life outcomes for children and young people with special educational needs and/ or disabilities or complex health needs and that of their families is the Special Educational Needs and Disability (SEND) partnership strategy 2016-19. This strategy forms an integral part of the Lewisham's Children and Young People's Plan for 2015-18.
- 4.3 The national context for this work comes from the Children and Families Act 2014 and the SEND Code of Practice 2014. Through this legislation and guidance, government introduced the most significant changes to the Special Educational Needs system in 30 years.
- 4.4 The key changes brought in by the Children and Families Act 2014 were:
- Ensuring that children and young people are at the centre of planning and decision making by ensuring the views, wishes and feelings of the family, child and young person are central to the statutory process.
 - Statements of Special Educational Needs (SSEN) have been replaced by Education, Health and Care plans (EHC plans) with an increased age range for children and young people 0-25 years.
 - Children and young people with a SSEN and/or a learning difficulty assessment (LDA) have to have their current SSEN or LDA converted to an EHC plan through a planned transition process completed by April 2018.
 - Greater multi agency working bringing together education, health and social care through a single assessment process for children and young people 0-25 years. In some cases, where a person is over 18, the "Care" part of the EHC plan will be provided for by adult care and support, under the Care Act.
 - Children and young people assessed as needing an EHC plan or with an EHC plan will have the option of a personal budget.
 - A published local offer that provides comprehensive, accessible and up to date information in one single place from education, health and social care for children and young people who have SEN or a disability.
 - An expectation that services across education, health and social care should support children and young people with SEND to prepare for adult life help them go on to achieve the best outcomes in employment, independent living, health and community participation.
 - An aspiration from children and young people with SEND to achieve their potential and achieve positive life outcomes and live as "ordinary a life" as possible.
 - A requirement to ensure early intervention and holistic and integrated planning across Adults and Children Services.

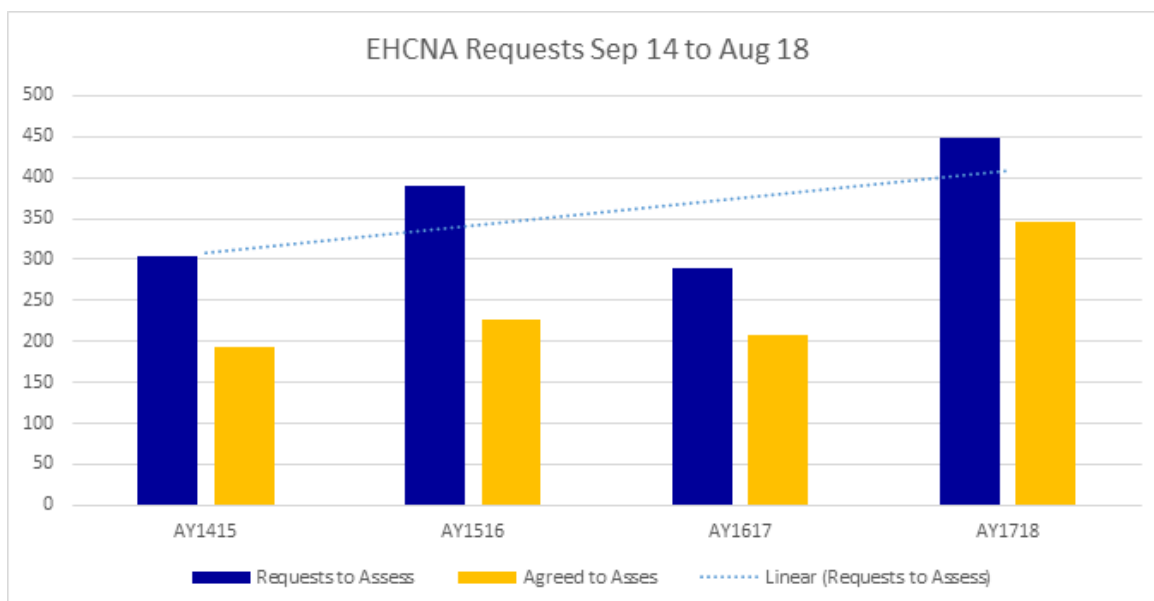
5. London Borough of Lewisham Context and Data on Demand

- 5.1 Lewisham has a population of some 301,000. The population of the borough has increased by some 25,000 since the 2011 Census. Population growth in Lewisham is driven primarily by natural change (the balance between births and deaths). Natural change last year was 3,200.
- 5.2 In January 2018, 60 (3.5%) children with SEND were accessing the Early Entitlement of 30 hours (3 & 4 years old). This is higher than the national average of 2.6%. Some 381 (5.3%) children with SEND were accessing the Early Entitlement of 15 hours (3 & 4 years old). This is slightly below the national average of 5.5%. There are 22 (2.7%) children with SEND taking up the Early Year Entitlement of 15 hours (2 years old). This is slightly above the national average of 2.6%. There are also 58 (0.8%) children with an EHC plan accessing the Early Entitlement funding of 30 hours (3 & 4 years old). This is in line with the national average of 0.8%.
- 5.3 There are 43,537 pupils attending Lewisham's 90 schools. In 2017, 12.7% of children and young people in Lewisham's schools are classified as receiving SEN Support (5,499). This is higher than the National and London averages, but in line with the Inner-London average (11.6%, 11.4% and 12.8% respectively).
- 5.4 In October 2018, there were 2,261 Lewisham residents (or children/young people who are looked after to Lewisham but residing elsewhere) with an Education, Health and Care Plan (EHCP). 28.4% were accessing mainstream schools (637), 28.8% maintained special schools (646), 9.8% were accessing Independent schools (220) and 6.6% were accessing maintained resource bases/units attached to mainstream schools (149). In addition, 13% were accessing further education or specialist post 16 provisions (291) and 8.6% were accessing Academy provisions (192). Other provisions, including registered early years settings, non-maintained special schools, free schools and other alternative provisions accounted for 5.5% (126).



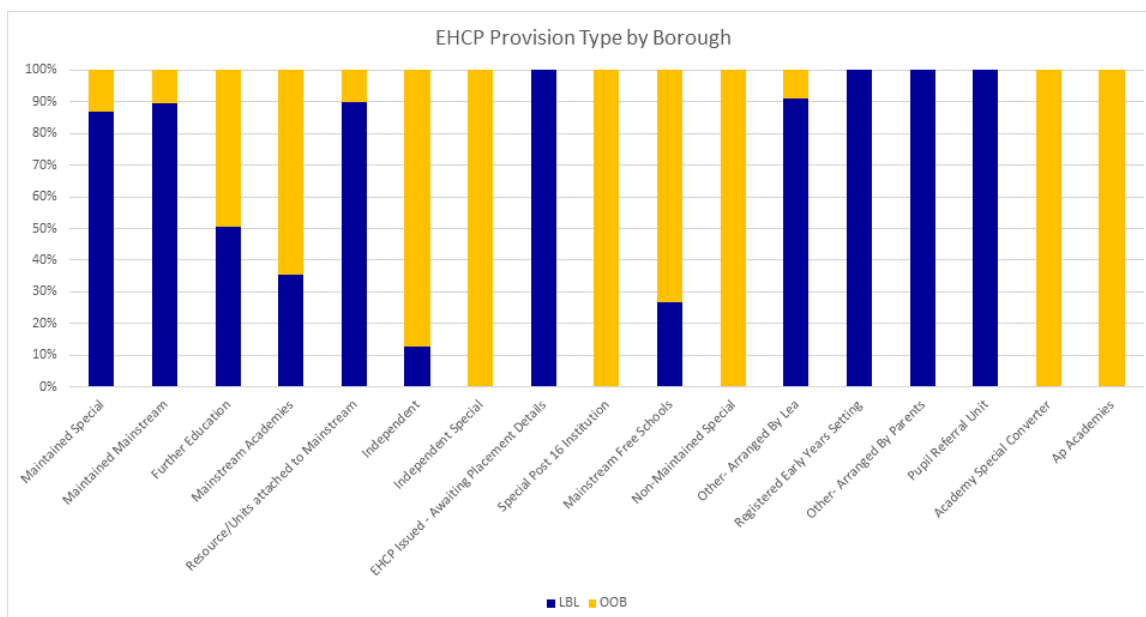
5.5 Requests for Education, Health and Care Needs Assessments (EHCNAs) in Lewisham were at their highest level ever during Academic Year 2017/18 (Sep-Aug), representing 54.8% more requests than the previous academic year and 47.7% more than the first year of the SEND reforms. Lewisham SEN also agreed to assess a higher proportion of the EHCNA requests during the Academic Year 2017/18 compared any previous year, with 77% of requests resulting in an assessment. This represents a 77.8% increase in the number of assessments taking place compared to the Academic Year (AY) 2014/15 (345 compared to 194), creating a significant increase in demand on the SEN Team resources.

	AY1415	AY1516	AY1617	AY1718
Requests to Assess	304	389	290	449
% difference compared to previous year		27.90%	-25.50%	54.80%
Agreed to Assess	194	227	208	345
% agreed	64%	58%	72%	77%



The above chart demonstrate the EHCNA request and assessment data for each year since the 2014 SEND reforms, reflecting the increase in demand over the last 4 years. This demand places a significant burden on the high needs funding block. There has been significant work carried out by the High Needs Forum and Schools Forum alongside officers to mitigate the potential overspend on the high needs block in recent years. This has included a comprehensive review of the ‘banding’ rates paid to schools which was fully implemented. This work will continue over the coming months with a report going to School Forum early next year.

- 5.6 Of the children and young people with a Lewisham EHCP, 30.4% are placed in out-of-borough provisions (687), of which 12.2% are of primary school age (84), 38.7% (266) secondary, 33% (227) post-16 and 16% (110) are post-19. Autistic Spectrum Disorder (ASD), Speech, Language or Communication Need and Social, Emotional or Mental Health difficulties are the most common diagnosis in children and young people placed out of borough (accounting for 65.6% combined, or 451).



- 5.7 16 to 25 year olds account for 21.9% of young people with SSEN/EHCPs placed out of borough (151), predominantly attending FE Colleges and Specialist Post-16 Institutions, such as Bromley College and Nash College of Further Education. Of the 19 to 25 years, 10% (11) of these young people are placed in residential provisions, costing between, £50,000 to £150,000 per pupil, per annum. This cohort of young people will continue to be supported by Adult Social Care.
- 5.8 Of the 2,261 Lewisham residents with an EHCP, 605 (26%) are eligible for home to school/ college travel assistance.
- 5.9 In January 2017, there were 1,197 children and young people diagnosed with ASD in Lewisham primary, secondary and special schools (including SEN Support and SSEN/EHCPs). This represented 17.7% of the total SEN cohort in these provision types (6775) and is higher than any other London or Inner London borough. This pattern was not observed in any other type of primary need. Data from health indicates that on average 320 children and young people within Lewisham are being diagnosed with ASD each year.
- 5.10 In October 2018, there were 481 Looked After Children within the London Borough of Lewisham. Of these, 141 (29.3%) have been assessed as needing an EHC plan.
- 5.11 As of March 2018, there were 15 Children and Young People known to Youth Custody with an EHCP.
- 5.12 In October 2018, there were 38 children and young people who have been identified as needing Continuing Care support. Of the 38, 21 have an EHC plan.
- 5.13 There are approximately 381 children and young people known to the Children with Disabilities Social Work service. Of the 381 CYP, 245 are

receiving a specialist Short Breaks support service as a result of a social work assessment, to meet their identified needs and outcomes. There are 136 CYP who are known to the Disability Social Work Service, who maybe a sibling of a child being assessed or being supported but do not require a specialist Short Breaks package. Of the 381 children and young people with a complex need, 271 have an EHC plan.

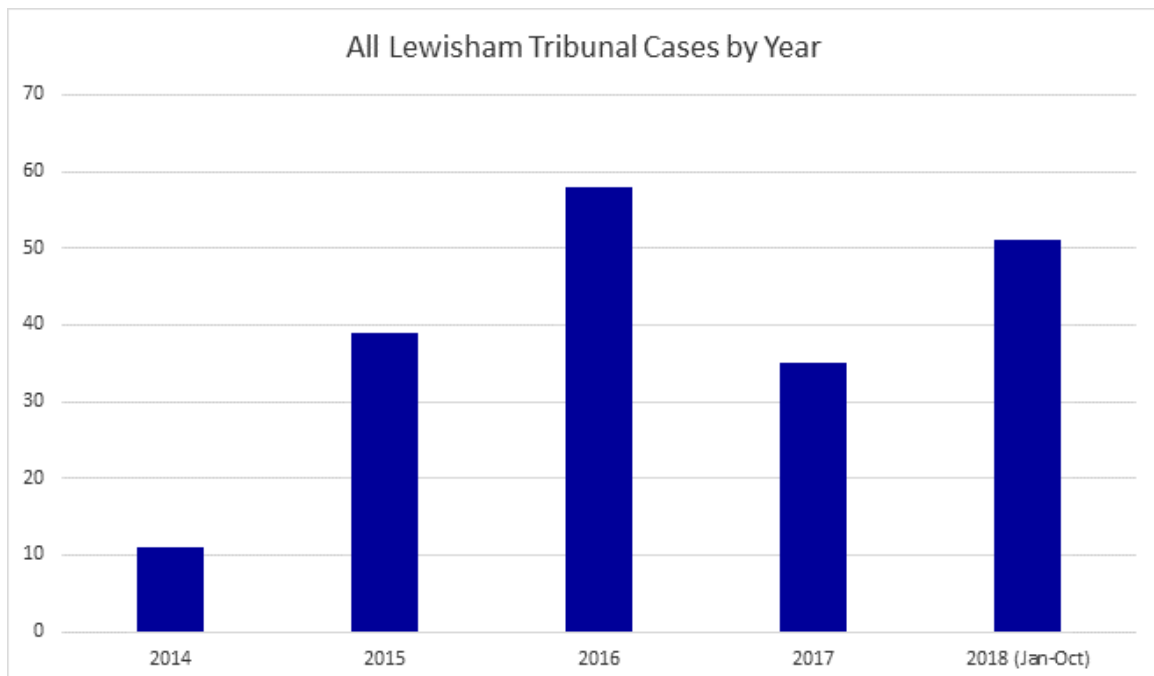
- 5.14 In addition, there are 222 families receiving a Targeted Short Breaks service to enable the parent to receive a short break while the child or young person needs are met. To receive this service the family must meet the eligibility criteria but this review against the criteria does not need to be undertaken by a social worker. Of the 222 Targeted service users, 152 have an EHC plan.
- 5.15 As of January 2017, 33% of pupils with SEN support achieve a 'good level of development' in Early Years Foundation Stage Profile (EYFSP), compared to 31% in Inner London and 27% Nationally.
- 5.16 As of March 2018,
- 33% of pupils with SEN support achieve a 'good level of development' at foundation stage, compared to 31% in Inner London and 27% nationally.
 - At Key Stage 4 Lewisham was in line with the National average Attainment 8 Score for pupils with SEN Support (36.2) but below that of Inner London and Statistical Neighbours (40.40 & 38.96, respectively). Progress 8 Scores are -0.58 for Lewisham, compared to -0.38 Nationally, -0.14 in Inner London and -0.17 for Statistical Neighbours.
 - At Key Stage 4 Lewisham Attainment 8 Score for pupils with an EHCP or Statement (13.9) was below the National, Inner London and Statistical Neighbour scores (17, 17.7, & 18.39, respectively). Progress 8 Scores are -1.22 for Lewisham, compared to -1.03 nationally, -0.91 in Inner London and -0.85 for Statistical Neighbours.
 - 35.9% of 19 year olds with SEN Support were qualified to Level 2 (including English & mathematics) in 2016. This is below the National average (37%) and that of Statistical Neighbours (45.57%) and is a reduction of 4.2% points compared to 2015. 36.2% of 19 year olds with SEN Support are qualified to Level 3 (excluding English and mathematics). This is above the National average (31.2%) but below Statistical Neighbours average (45.57%) and is reduction of 3.2% since 2015.
 - 13.5% of 19 year olds with an EHCP or Statement were qualified to Level 2 (including English & mathematics) in 2016. This is below the National (15.3%) and Statistical Neighbour (16.5%) averages and is a reduction of 5.2% compared to 2015. 15.3% of 19 year olds with an

EHCP or Statement were qualified to Level 3 (excluding English & mathematics) in 2016. This is above the National average (13.7%) but below Statistical Neighbour average (18.8%) and reflects a reduction of 5.3% points compared to 2015.

- It is worth noting that the data analysis above for SEND broadly reflects the comparative position in the secondary sector for non-SEN pupils.

5.17 The Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) is commissioned by the Local Authority and was transferred from Family Action to KIDS on 1 September 2016. The service supported 190 users from September 2013 to July 2016, 202 users from September 2014 to July 2015. Moving forward demand has increased with the period January 2017 to June 2017 including an average of 44 cohorts per month so allowing for signposting elsewhere there is still an average of 33 cases per month. April to June 2018 shows 235 clients. There has been positive feedback in relation to SENDIASS and the work of its three staff supported by volunteers.

5.18 Since January 2014, there have been a total of 194 appeals (October 2018) to Tribunal relating to Lewisham SEN department. The chart below gives a break down year on year. While the table below, gives a breakdown of the number of appeals by month, for each year: March through to September appear to be the peak months for appeals, accounting for 70% of the total appeals.



	2014	2015	2016	2017	2018	Grand Total
Jan	0	0	2	6	0	8
Feb	0	4	2	1	4	11
Mar	1	5	2	1	12	21
Apr	1	6	6	3	7	23
May	0	1	9	2	5	17
Jun	3	0	6	4	7	20
Jul	1	5	5	3	5	19
Aug	0	2	2	3	0	7
Sep	1	6	11	3	3	24
Oct	1	4	7	5	8	25
Nov	1	4	4	4		13
Dec	2	2	2	0		6
Grand Total	11	39	58	35	51	194

5.19 As of July 2018, using the therapy outcome measure tool, which measures the impact of intervention on a broad range of domains, impairment, activity, participation and wellbeing.

- 9 out of 12 children at one of the Special Schools in Lewisham accessing a particular therapeutic intervention evidenced that they made a change of at least 1 score in at least 1 domain. 5 of the 12 children made a change of at least 1 score in 2 or more domains.
- 2 out of 6 children on the Physiotherapy Rising High group evidenced that they made a change regarded as significant in at least 1 domain. The same 2 children of the 6 made a change regarded as significant in 2 domains.

5.20 As of October 2018, 30 children and young people (CYP) with an EHC plan that were previously on SEN transport have been trained to travel independently. Some of these are now young adults and are travelling independently to college. There are 7 CYP on the training programme and 11 are on the waiting list to be trained and 17 are on the list to be assessed and review for the programme. There were 5 CYP who withdrew after the training started.

5.21 In the academic year 2017/18, there were 6 Lewisham young people with EHC plan who were on Supported Internships (6, at Bromley College), compared to 4 in academic year 2016/17 (3, at Bromley College and 1, at Shooters Hill Sixth Form College).

5.22 The Adult Social Care Outcomes Framework, which was discontinued after 2017, evidenced that in 2016-2017, 8.8% of adults with learning disabilities in Lewisham were in paid employment, compared to 10.3% in 2015-2016.

6. One year on from the Local Area SEND inspection

- 6.1 Between 2 October 2017 and 6 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Lewisham to make a judgement on the following three questions:
- (a) How effectively does the local area identify children and young people who have special educational needs and/ or disabilities?
 - (b) How effectively does the local area assess and meet the needs of children and young people who have special educational needs and/ or disabilities?
 - (c) How effectively does the local are improve outcomes for children and young people who have special educational needs and/ or disabilities?
- 6.2 The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC).
- 6.3 Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, Local Authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEN reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.
- 6.4 The overall outcome of the joint inspection was very positive and the local area demonstrated that they are effective at identification, meeting needs and improving outcomes for children and young people with special educational needs and disability and that of their families. However, there is recognition that this is a journey and further work is needed across the local area to achieve continuous improvement. The report is attached as Appendix One.
- 6.5 A summary of the key strengths identified in the report, these were drawn from the main findings of the inspection. These were:
- Effective leaders, who have a clear understanding of the local areas strengths and where improvement is needed.
 - Strong partnership arrangements across education, health and social care teams. Kaleidoscope is seen as being effective at enabling joint working between professionals and is valued by professionals, parents and children and young people.
 - There have been many improvements in the Education, Health and Care plan process and this work is continuing.

- The SENCo forum is effective at bringing the partnership together and provides SENCo's with valued training and opportunity to come together and share best practices and lessons learnt.
- The SEN panel and SEN advisory board are effective decision making boards and again is a strength in partnership working across health, education and social care. The Designated Medical Officer (DMO) in SEN panel meetings provides a broad health perspective that helps to inform decision making.
- There have been improvements in the health visiting service. There are also stronger links between health visitors, GPs, children centres and midwives.
- Improvements of annual health checks completed by GPs for young people over 14 years with SEN/ and or disabilities.
- The involvement of Children and Mental Health Services (CAMHS) with young people is strong. The involvement of CAMHS during the ASD assessment is also seen as a positive.
- The hospital at home nursing team is seen as a positive in providing care at home, which is also reducing bed pressures.
- The speech and language therapy service local offer for those who do not meet the threshold for specialist support is a positive.
- The joint initial assessment and care co-ordination process is a positive for the family and professionals as it reduces the need for several appointments.
- The Short Breaks service is seen as a positive. Also the disability social work team was also viewed as providing parents with good support.
- The ASD review was seen as a positive and has helped to identify areas for development. Drumbeat outreach services was also seen as a positive.
- Specialist equipment for children and young people with complex needs is readily accessible.
- Outcomes for pupils with SEN at the end of Key Stage 1 and 2 are positive.
- There was been a reduction over time in the number of young people with SEND and are not in education, employment and training.
- The therapy service has developed an outcome measurement tool that will be helpful in measuring impact. Although it is too early to analyse the results.

- Independent travel training for young people is seen as a positive and is improving young people's life outcomes.
- The Joint Strategic Needs Assessment (JSNA) on the youth offending service has helped identify change and has resulted in improved outcomes.

6.6 A summary of the key areas for development identified in the report were:

- Further work is needed to improve the quality of EHC plans, the process for meeting the statutory timescales for completion of the EHC plans, smarter outcomes and joint working processes between professionals.
- There also needs to be improved communication with schools on the graduated response and when they should apply for an EHC needs assessment.
- There needs to be a review of the ASD diagnosis waiting time with the aim to reducing the timescale for a diagnosis.
- The local offer needs to be improved, in particular the use for parents to be able to use it effectively.
- Parents views during the inspection were inconsistent some feel the local area was good and were positive about the services other felt it was poor and were not getting a good enough service.
- Where services are recommissioned communication on the changes have not always been clear across the local area, which can lead to confusion and mis-understanding.
- Further improvement is needed in increasing the attendance at one and two year old health visitor's checks. Also there needs to be better links between the two year checks and checks carried out in early year settings.
- There is a limited community offer for young people with disabilities between 18 – 25 years to promote social inclusion.
- Personal budget take up is low, this continues to be an area for development.
- Outcomes for children and young people SEND were less positive in Key Stage 4.
- Children and young people with SEND are more likely to not be in education, employment or training than any other groups.
- Children and young people who receive SEN support are more likely to be excluded from school than their peers.

6.7 Following the inspection report in October 2017, the local area undertook its annual review of the partnership SEND Strategy 2016 -19. The points raised from the inspection report were used to update the strategy, build on the partnership work and support the continuous improvement of the local area work to identify, meet need and improve outcomes for children and young people with SEND and that of their families. Full details of the partnership's SEND Strategy can be found on Lewisham Council's website. <https://www.lewisham.gov.uk/myservices/education/special-educational-needs/Documents/SENDStrategy201619Final.pdf>

7. SEND Partnership Strategy 2016-2019

7.1 The SEND Partnership Strategy sets out a clear vision for the local area and a comprehensive and ambitious plan for continuous improvement across education, health and social care, to improve life outcomes for children and young people with SEND and that of their families. The strategy also sets out key achievements and priorities to be achieved annually.

7.2 The SEND Partnership Strategy implementation is monitored and overseen by the SEND Programme Board. The Board is also responsible for challenging and making decisions on the implementation of strategy. The Board is chaired by an Executive Headteacher and has representative from senior leaders across health, social care and education, representatives from the voluntary sector including parent groups. The Board meets quarterly to review the actions and performance data.

8. Key achievements from the SEND strategy:

8.1 Outlined below are some of the Local Areas key achievements over the last year. It provides detail on the achievements against the Ofsted Inspection, SEND strategy and new areas of work not currently reflected in the Strategy.

8.2 *Achievements against Ofsted recommendations*

- A report with recommendations on the development of personal budgets was presented at the SEND Programme Board in July 2018. This action plan will be taken forward and a progress report is due to be presented back to the SEND Programme Board in early 2019.
- The current Lewisham Local Offer will move to the Lewisham website. The Children with Complex Needs service is working in partnership with the Lewisham Communication team to migrate the existing Local Offer. As part of this work, consultation and engagement will take place with parents, professionals and children and young people to improve the content and accessibility of the information. This will be completed by April 2019.

- A parent engagement event was held in June 2018 to gather views and ideas to support the development of a SEND parents' guidance document. The conference had good attendance from 45 parent/ carers. The views given by parents have been taken into account in the drafting of the parent guidance, which will be completed by December 2018.
- In September 2018, the Local Authority established a new SEND Advisory Service which sits within the Children with Complex Needs Service alongside the SEN team. The team consists of 4.4 SEND Advisers and will be led by the SEND Standards, Quality and Inclusion Lead. This service will work in partnership with Lewisham Learning, ensuring there are joined up processes for driving up standards across all schools in the borough. The service is in its infancy but the main focus will be supporting:
 - Lewisham educational provisions in having the skills and knowledge to meet the needs of, and educate children & young people with SEND.
 - Lewisham education provisions to ensure they have a qualified SENCo who has the capacity to be responsible for the day to day operation of the school's SEN policy and is able to influence change within the school.
 - Lewisham education provisions to improve attendance, attainment and progress and reduce exclusions for children and young people with SEND.
- A Head teacher SEND meeting has been established to ensure that there is a forum for discussion of key SEND developments and processes. This group will continue to work on ensuring that the outcomes identified within the strategy are delivered.
- A Special School Headteacher meeting is held half termly. Again this allows the Local Authority and the Special Schools to develop practice and to work in partnership to ensure the key strategy priorities are put in place. These meetings establish the place planning priorities and to develop all the special schools' criteria to reflect the needs of the children and young people in Lewisham.
- An initial review of the ASD pathway has been undertaken. After a mapping exercise gaps were identified in the CAHMS support being provided to the paediatric team as part of the diagnostic pathway. A service level agreement has been drawn up with South London and Maudsley (SLaM) Trust in order to provide support from an Educational Psychologist and Developmental Psychiatrist; recruitment to these posts is underway and is likely to be completed early 2019.

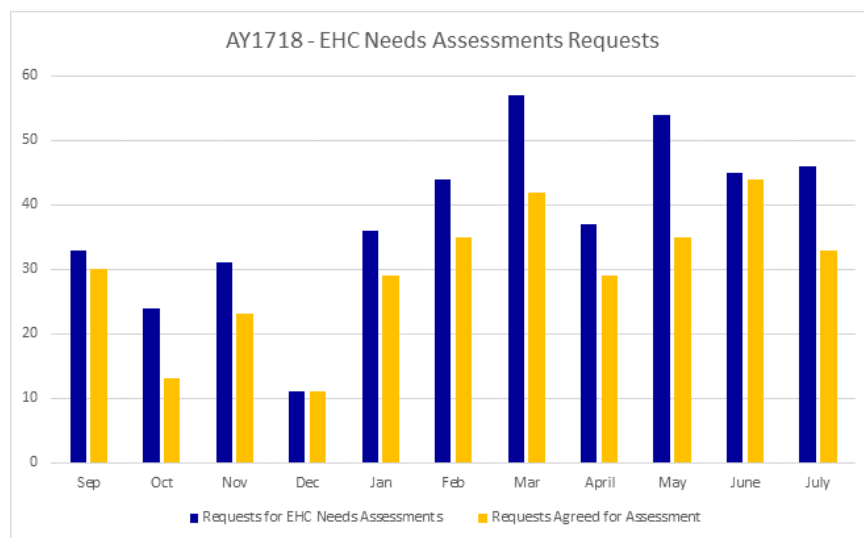
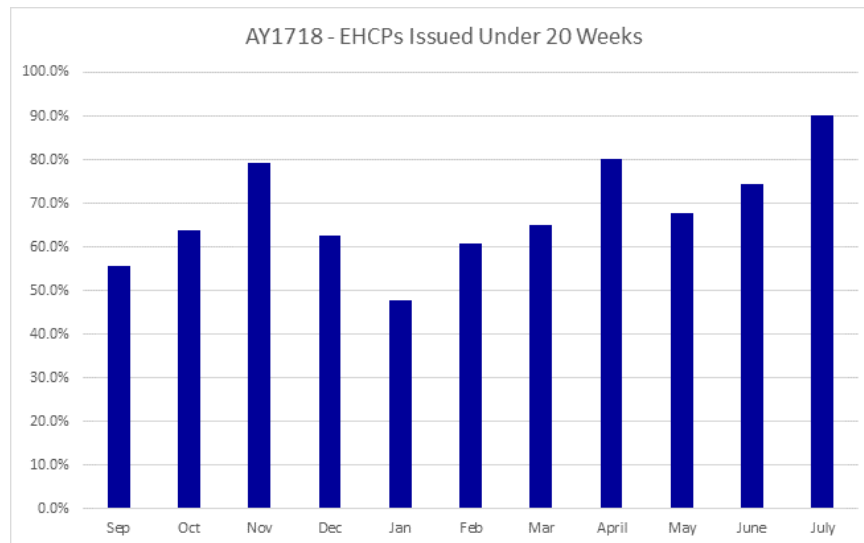
- Funding has been agreed for a year to increase the number of referrals to Lewisham Autism Service, following a diagnosis of ASD. There will be a pilot of 20 cases where families will receive more intensive support as part of early intervention. Results from the pilot will feed into the Children's Early Years review.

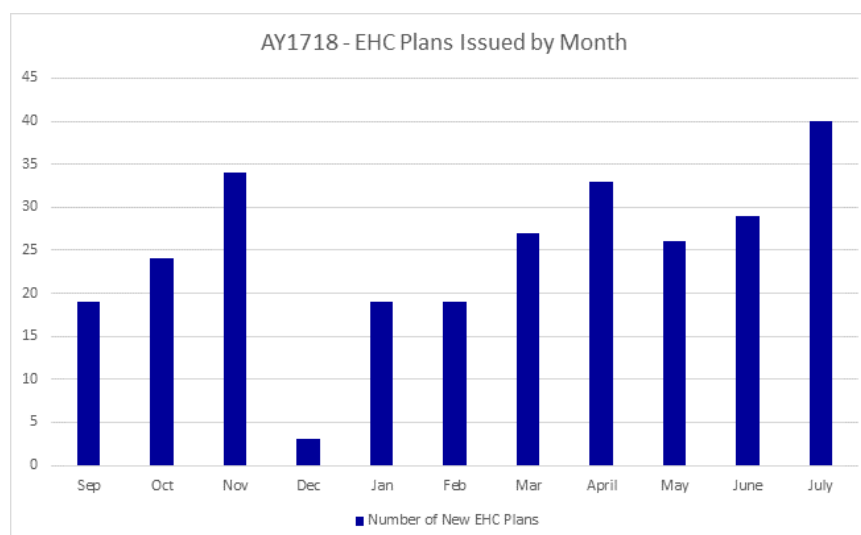
8.3 *Additional SEND Strategy Achievements*

- An Early Years Inclusion Board has been established to administer inclusion funding termly. To support this process inclusion funding guidance and an application form has been created and communicated to early year settings. The Inclusion fund is being accessed by an average of 135 children per term. It is felt that this has had a positive impact on PVI settings. Prior to the inclusion fund there had been a number of 'Cause for Concerns' (settings reporting inability to meet need) recorded. This has significantly reduced (by 73%) for children with SEND in just over a year. In April 2017, there were 18 cause for concerns cases this reduced to 4 in July 2018. Also more settings are accessing training and using outreach support, referrals to Drumbeat (ASD Outreach service) have doubled since introduction of the inclusion fund
- The Local Authority has established a new Children's Social Care Improvement Board, which will drive forward and monitor the continuous improvement across Children's Social Care, including Children's with Disability Social Work team. This Board is chaired by a Councillor and has senior representation from across the Children and Young People's Directorate (including the Head of Children with Complex Needs) and other Directorates.
- The Local Authority has established a new operational and commissioning group to review transition/preparing for adulthood and an action plan has been developed to take forward this area of work. As part of this group, consideration will again be given to establishing a transition team, however, this option is likely to require an investment of funding.
- Lewisham completed all transfers from Statements of Special Educational Needs to EHC plan by the statutory deadline of March 2018.
- Further work has taken place to improve the EHC plan process including;
 - The SEN team is creating a survey that will seek parental feedback on the EHC needs assessment in order to monitor and develop practice.

9. Timeliness of EHCPs

9.1 The statutory timescale for EHC plans continues to be monitored both at service level and at Directorate Management Team (DMT). The data is showing an improving picture and in July 2018 90% of EHC plans were completed within the 20 weeks. This represents a significant improvement on previous positions. However, ensuring professional assessments are provided within the timescale (5 weeks) remains a challenge as demand continues to grow. Meeting the 20 week timescale remains a significant challenge in Lewisham and Nationally.





9.2 Action to improve timeliness of EHCPs

The following work is being undertaken to improve the process for EHCPs in terms of both timeliness and quality:

- A guidance document on the EHC plan process has been written and circulated to the SEN team, schools and other professionals.
- Training has been provided to all health staff on writing Specific, Measurable, Attainable, Realistic and Timely (SMART) outcomes. A new process has been agreed that all EHC health outcomes will be reviewed by senior managers.
- Multi-agency meetings and training has taken place with key professionals to help improve the quality of EHC plans and outcomes. The SEND advisory team is involved in quality assuring all EHC plans at draft stage.
- SEND Banding Description Document has been issued to all schools to support with the graduated response and strategies of how to meet the needs of CYP with SEND within their school. An easy read version is being developed for parents.
- A consultant Psychiatrist has been appointed by CAMHS to attend the SEN panel on an advisory capacity, to provide the panel with expert advice on children and young people presenting with social, emotional and mental health needs. The post supports the panel to make appropriate decisions based on the evidence presented on whether the child or young person may require an EHC needs assessment or EHC plan and where relevant the most suitable support and placements. This post will also link to the new psychologist post in the New Woodland Outreach service.
- Additional information has been provided to schools on the changes to the School Health Service. Joint Commissioning has undertaken a

review of these changes and is looking at the potential to increase capacity for vulnerable children.

- A pilot is currently taking place to integrate the Early Years Foundation Stage (EYFS) progress check at age two and the Healthy Child Programme for 2 – 2.5 year olds. The pilot is still in the early stages but is progressing positively.

10. Supply of places for children with special educational needs

10.1 In March 2017, the Mayor and Cabinet agreed to sign off a new Place Planning Strategy 2017 – 2022. A key objective in this strategy is to increase the number of specialist places within the borough. As a result the following plans have been agreed:

- Extend provision and increase places at Watergate and Greenvale Special School by September 2019.
- From September 2018, New Woodlands Schools will be taking children who have Social, Emotional and Mental Health needs.
- All Lewisham Special Schools have reviewed their criteria to ensure they reflect the current needs within the borough and to ensure that their criteria is transparent and clear for professionals and parents.

11. Independent travel training

11.1 Following the successful two year pilot of Independent Travel Training for Children and Young People on SEN transport, agreement has been given to continue on with the programme. It has also been agreed to bring the service 'in house' from a commissioned service and to extend the scope to children and young adults with SEND who are known to social care. The programme should be in place from December 2018.

12. Other key issues still being addressed

12.1 In March 2018, Lewisham's Virtual School took part in the second National Association of Virtual School Heads peer challenge. The focus was to review the efficiency and effectiveness of Virtual School for LAC children and young people. The Virtual School and the SEN team have developed working protocols to support and monitor LAC young people with an EHCP. Over the next year the work between the two teams will also include LAC who are at SEND support level. There is now a dedicated SEN case officer for LAC who will support these developments.

12.2 Lewisham Council received a one off SEND Preparation for Employment Grant from the Department of Education to set up a Supported Internship Forum in Lewisham which brings together education providers, local authority, employers and other key figures to identify local opportunities to increase the number of Supported Internships and Job Coaches. As a

result a new 5 year Pathways to Training and Employment strategy has been drafted and agreed. Year one, key priorities include:

- Development of a detailed and clear local offer to increase understanding and awareness of the pathway for young people with SEND to access training and employment opportunities.
- Development of career advice from Year 9 to increase understanding and awareness of the pathway for young people with SEND to access training and employment opportunities.
- Development of a new Supported Internship Programme to increase number of young people on Supported Internship and Employment programmes.

13. Next Steps

13.1 Although there is recognition within this report that achievements have been made we know there is still more to do to embed the changes of the reforms and to achieve further improvements for better life outcomes for children and young people with SEND and that of their families.

13.2 Outlined below are some of the key priority areas of work, identified within the SEND strategy, during the annual review in January 2017. Where the action from the strategy has been fully completed it will be reflected in the key achievement section. In addition, there are a number of actions that have been included that have been identified as areas that need development following the SEND Strategy annual review, and may not be reflected in the current Strategy. These updates will be included in the annual review of the strategy in January 2018.

13.2.1 A New Communication and Engagement Strategy and plan is being put into place. Feedback from parents and the parent/carer forum has evidenced this to be a main area for improvement. Parental feedback is for improved communication and information regarding SEND both from the Local Authority and Schools. Work is also happening to produce easy read communication material that will help to provide parents and children and young people with information that help to reduce areas of misunderstanding.

13.2.2 The Local Offer website platform and context to be reviewed and improved. This is another key area for parents and the Parent/Carer forum.

13.2.3 LA officers are **supporting schools to be inclusive** in line with Lewisham Learning's new school improvement framework, including working with the schools to ensure that they have staff that have the knowledge and skills to meet the needs of CYP with SEND.

13.2.4 The SEND Team is working to increase the awareness and understanding of Personal Budgets.

- 13.2.5 Commissioners are work with health services to development a new system to ensure more accurate and reliable data is collected about CYP with SEND.
- 13.2.6 An in-house Short Breaks Hub is being put in place
- 13.2.7 The Early Years Team is:
- developing an EYFS SEN Toolkit including referral pathways and expectations of what Quality First Teaching looks like in the EYFS.
 - Working with and supporting Early Years providers to remove barriers for CYP with SEND to access their early entitlement.
- 13.2.8 Officers in CYP and Adults are implementing the Transition Project Plan to improve pathway, processes and commissioning of service for children and young people in transition and preparing for adulthood.
- 13.2.9 Review of places will continue to increase on the number of specialist places within the borough and reduce the number of children going out of borough.
- 13.2.10 Redesign of the ASD diagnostic pathway with recommendations for change to reduce waiting times and improve the experience for CYP and their parents including post diagnose support.
- 13.2.11 The Peer Challenge of Lewisham Virtual School in March 2018, identified further work is needed to improve outcomes for children and young people with SEND, and that this improvement should be across the board not just children with EHC Plans.
- 13.2.12 Implement the CYP improvement plan, which links to the recent Ofsted focused visit and recent review of Children's Social Care.
- 13.2.13 In August 2018, the Information Advice & Support Service announced the opportunity for the Special Educational Needs and Disability service (SENDIASS) to apply for additional funding to extend its reach. Lewisham's SENDIASS and the Local Authority will work in partnership to submit an application for this funding. The service continued to be commissioned by the Local Authority and is reviewed as part of the commissioned contract. There also remains a challenge for the Local Authority as to how it responds to some critical views from some parents referred to above and reflects on the growing workload of the SENDIASS provision.
- 13.2.14 The SEND Commissioner is looking at ways to improve the working relationship with the Mental Health and Wellbeing Commissioner. Consideration will be given to how the CAMHS transformation plan links with the SEND strategy. There may be a cross over between some children and young people with SEND and those whose needs are supported by CAMHS and those who transition into SLaM. There also needs to be improved data analysis to identify the cross over.

13.2.15 In 2019, work will begin on co-producing with the local area and key stakeholders the new Partnership SEND Strategy 2020 – 2023. The new strategy will look to improve on the links to other areas such as NHS, CAMHS, Headteachers, and Virtual Schools so there is improved partnership and multi-agency working.

13.2.16 All of the next steps identified as part of this report will continue to be monitored by the SEND Partnership Board. This multi-agency Board has responsibility to ensure the SEND Strategy outcomes are delivered across the area. There is a detailed action plan which sets out the key actions for the area and this is monitored on a termly basis.

14. Financial Implications

14.1 There are no direct capital or revenue financial implications arising from this report.

15. Legal Implications

15.1 In addition to those legal implications previously referred to in this report, members attention is drawn to the following.

15.2 The Human Rights Act 1998 safeguards the rights of children in the borough to educational provision which the local authority is empowered to provide in compliance with its duties under domestic legislation.

15.3 Section 9 of the Education Act 1996 places a general duty on local authorities and funding authorities to have regard to the general principle that children are educated in accordance with their parents' wishes, so far as is compatible with the provision of efficient education and training and the avoidance of unreasonable public expenditure.

15.4 The Education and Inspections Act 2006 requires local authorities to consider and respond to parental representations when carrying out their planning duty to make sure there is sufficient primary and secondary provision and suitable Special Educational Needs provision in their area.

15.5 Departmental guidance requires that when proposals are being developed for reorganising or altering special educational needs provision local authorities and/or other proposers will need to show how they will improve standards, quality and/or range of educational provision for children with special educational needs.

15.6 Part 3 of the Children and Families Act 2014 introduced major reforms to the statutory framework for children and young persons with special educational needs. The local authority retains the pivotal role in identifying, assessing, and securing the educational provision for children and young people with special educational needs.

15.7 The Children and Families Act 2014 requires: that in exercising their functions in relation to special educational needs local authorities must have regard to four guiding principles:

- the views , wishes and feelings of the child and their parent , or the young person;
- ensure children young people and parents participate in decision-making;
- provide the necessary information and support to help children, young people and parents participate in decision making; and
- support children, young people and parents in order that children and young people can achieve the best possible educational and other outcomes.

15.8 The Equality Act 2010 introduced a new public sector equality duty. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

15.9 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

15.10 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

15.11 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<http://www.equalityhumanrights.com/legal-andpolicy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

15.12 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

15.13 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-andguidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

16. Crime and Disorder Implications

16.1 There are no specific crime and disorder implications arising from this report.

17. Equalities Implications

17.1 Provision and support for children with disabilities and special educational needs and their families is a fundamental equalities issue. The SEND Strategy has been subject to an equalities impact assessment and that assessment will be updated this year.

18. Environmental Implications

18.1 There are no specific environmental implications arising from this report.

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CHILDREN AND YOUNG PEOPLE'S SELECT COMMITTEE			
Report Title	Children's Social Care Improvement Update		
Key Decision	No	Item No.	7
Ward	All		
Contributors	Lucie Heyes, Assistant Director, Children's Social Care Sara Williams, Executive Director for Children and Young People		
Class		Date:	6 th December 2018

1. Summary

- 1.1 This report updates the Select Committee on the improvement programme for Children's Social Care.

2. Purpose

- 2.1 This report links with reporting to Public Accounts Committee on the Children's Social Care budget and also reflects preparation for Ofsted inspection, as well as being part of the Council's overall work to improve and transform services, including children's social care in the interests of children and young people in Lewisham and their families. A detailed Children's Social Care Improvement Plan is in place and Summary version of that document is attached as an Appendix to this report.

3. Recommendation/s

- 3.1 The Select Committee is recommended to comment on and note the report.

4. Policy Context

- 4.1 Children's Social Care continues to contribute to five of the key priority outcomes of Lewisham's Sustainable Community Strategy 2008-2020:
- **Ambitious and achieving** – where people are inspired and supported to fulfil their potential.
 - **Safer** – where people feel safe and live free from crime, antisocial behaviour and abuse.
 - **Empowered and responsible** – where people are actively involved in their local area and contribute to supportive communities.
 - **Healthy, active and enjoyable** – where people can actively participate in maintaining and improving their health and well-being.

- **Dynamic and prosperous** – where people are part of vibrant communities and town centres, well connected to London and beyond.

4.2 Children's Social Care contributes to the Children and Young People's Plan 2016-2018 and its 5 priorities: Be healthy, Stay Safe, Enjoy and Achieve, Make a positive contribution and Achieve economic wellbeing.

5. **Background - The functions and activities of Children's Social Care**

Statutory basis

5.1 Children's Social Care operates under a set of legislation and statutory guidance, the main pillars of which are:

- The Children Act 1989 and subsequent legislation which imposes a statutory duty on local authorities to safeguard children in their area, promote their well being and support families with services.
- The London Child Protection Procedures 2016 which have been adopted by all London councils and Local Safeguarding Children Boards (LSCBs) designed to ensure adherence to statutory guidance.
- Working Together to Safeguard Children 2015 which has recently been reissued with some revisions. This provides a national framework and core requirements which agencies and professionals must satisfy in order to safeguard and promote the welfare of children.

Key functions of CSC

5.2 Early Help

Early Help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood and applies to any problem or need that the family cannot deal with or meet on their own. It is to meet this wide definition that the council commissions family support and children's centres in particular but a wide range of other services provided by the council and its partners also count as Early Help although (as in councils across the country) the range and quantum of this has been eroded during the austerity period. CSC has to ensure that children and families who do not meet the threshold for social care intervention are offered and indeed take up and benefit from Early Help. CSC is also expected to 'step down' cases which no longer need a social worker but where some vulnerabilities remain to Early Help services. Early Help is part of Ofsted's focus in its current inspection arrangements for CSC.

5.3 Child protection

A local authority's powers and duties to safeguard children are defined in the Children Acts of 1989 and 2004. Two core elements of the 1989 Act are

Section 17 and 47. Section 17 imposes a general duty on every local authority to safeguard and promote the welfare of children in need of local authority services within their area.

- 5.4 Section 47 defines the authority's duty, in partnership with other agencies, to initiate enquiries if they become aware that a child in their locality is suffering or is likely to suffer significant harm. If, following or during the course of assessment, concerns about a child's safety are identified, local authority social workers should convene a strategy discussion/meeting with the police and others to decide whether to undertake an enquiry under Section 47 and any associated action to protect the child.
- 5.5 Within the 2004 Act, Section 11 requires local authorities and partner organisations with responsibility for the care and well-being of children to co operate. This includes health, police, probation and youth offending teams. Schools and the voluntary sector are encouraged to work in partnership with local authorities to plan and deliver services tailored to the needs of the child.
- 5.6 In addition, the 2004 Act requires all children's services' authorities to establish a Local Safeguarding Children Board (LSCB) and appoint a Director for Children's Services (DCS) and a Lead Member for Children's Services (LMCS). Legislation this year changes the requirement to have an LSCB but the government guidance on the new expectations has not yet been received. It is unlikely to reduce the burden on councils in terms of finance and administration.

6. Children looked after

- 6.1 There are several ways that a child or young person can become looked after by the local authority
- A parent can request that their child is looked after or "accommodated" by the local authority under Section 20 of the Children Act 1989
 - The police can take a child under Police Protection for 72 hours
 - The local authority can be so concerned about a child that they decide to apply for an Emergency Protection Order which lasts for 8 days
 - The local authority can decide to implement care proceedings if the threshold for this has been met., and within those proceedings apply for an Interim Care Order
 - As a final outcome of an application to court, the local authority may be granted a full Care Order, with a care plan that the child lives in accommodation provided by the local authority.
 - The Courts can remand a child into the care of the local authority in criminal matters
 - Exceptionally, the Court can make an Interim Care Order in private law proceedings, which may result in the removal of a child from the family to local authority accommodation

- In certain circumstances, the local authority can apply for a Secure Accommodation Order under Section 25 of the Children Act 1989
- 6.2 When a care order is made, the local authority acquires parental responsibility and becomes a legal parent with associated duties alongside the parent/s with parental responsibility. Looked after children are placed at the expense of the local authority in foster placements or in exceptional circumstances, residential placements. “Connected persons”, ie relatives and friends of the child, can also be assessed and approved as foster carers. Looked after children become Care Leavers at age 18 and following recent legislation, the council has responsibilities for them up to age 25.
- 6.3 Foster placements provided by carers not connected to the child are either with in-house foster parents who are recruited by the Council or provided by an external agency who employs foster parents and then contracts with the local authority to provide placements. These are known as Independent Fostering Agencies (IFAs).

Section 17

- 6.4 A ‘Child in Need’ is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.
- 6.5 For children who are disabled, assessments are carried out by the Children with Complex Needs Team and packages of care may be given, where appropriate linking up as part of a holistic package of support with education and health.
- 6.6 For children whose parents present as destitute and/or intentionally homeless it may also be necessary to carry out a social work assessment and the family may require support to be given in kind, by providing accommodation or cash.
- 6.7 Ofsted inspection regime
- 6.8 Ofsted inspects and regulates services that care for children and young people, and services providing education and skills for learners of all ages.
- 6.9 Ofsted inspects Local Authority Children Services and the Local Safeguarding Children Board under its powers in accordance with section 152 of the Education and Inspections Act 2006 and carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

- 6.10 Lewisham was last subject to a full inspection of our CSC Department in November 2015, with the report published in February 2016. This graded Lewisham as 'Requires Improvement'. Based on current arrangements Lewisham would expect to receive a further inspection under the new ILACS regime fairly early in 2019. The borough could also receive a thematic inspection through the Joint Targeted Area Review (JTAI) inspection arrangements from any time from now onwards. On 5th and 6th September, the council received a 'Focused Visit' from Ofsted. This is a form of 'mini inspection' reported via a letter rather than a graded report. It focused on our front door and MASH arrangements, given that this was the main area for action following our 2015 inspection.
- 6.11 All aspects of Children's Social Care fall under the Ofsted regulatory regime and in effect this regime sets standards to which the council is required to adhere. The local authority is not free (as with some council services) simply to 'cut its coat according to its cloth' but rather is expected to provide a service that meets requirements, not just keeping children safe but ensuring good outcomes. If an Ofsted inspection finds (as in a number of London boroughs) that standards are not met and the services are graded 'Inadequate', the Council is required to rectify this, with a high degree of scrutiny from the DfE, or risks the function being removed from Council control.

7. Children's Social Care improvement priorities

- 7.1 All local authorities need to engage in continuous improvement for children's social care, not least because the context and wider society change constantly so the demands and challenges for the service shift over time. Also research informs understanding of what constitutes effective practice and which interventions are most effective. As a 'Requires Improvement' local authority, we need a fast trajectory of improvement – and the financial imperatives as outlined below are a significant driver. Fortunately improvement in practice and effective interventions can lead to a reduction in demand, especially at the higher end, so it is possible for the financial recovery work and the service improvement work to run on parallel and linked tracks.
- 7.2 The letter from Ofsted following the Focused Visit in September 2018 identified that the council needed to improve:
- The business processes and ICT systems need to progress and record work into the Multi Agency Safeguarding Hub and enable integration of early help and assessment records
 - The range and accessibility of performance data
 - Clarification of thresholds and access to services
 - Limited capacity to deliver Early Help services
 - The effective use of information in the MASH
 - The quality and consistency of assessments
 - Quality assurance and management oversight

7.3 The Ofsted Focused Visit focused on the 'front end' of the service. There is a wider range of improvement priorities relating to the whole system, in particular:

- Support for care leavers (reflecting responsibilities to age 25)
- Quality of plans for children
- Consistency of social work practice – to be addressed through the implementation of the 'Signs of Safety' practice model
- Senior management capacity for strategic development
- Contextual safeguarding (safeguarding of adolescents for whom the primary risks lie outside the home).

7.4 Our Children's Social Care services do however have some significant strengths:

- Our social workers are hard working and committed to the borough, its children and families, often doing good and creative work in spite of systems failings
- Social worker caseloads are now manageable
- Staff respect their managers and generally receive regular supervision
- Senior managers take responsibility for complex decisions and are in touch with the front line
- There is a strong commitment from staff to raising practice standards
- Elected members show commitment to children's social care, including through corporate parenting and scrutiny
- The Virtual School is a strength, with CLA attainment higher than in comparable boroughs.

8. Financial drivers

8.1 The CYP Directorate's financial position is a key driver for the children's social care improvement work. As Members are aware (and as reported in detail to Public Accounts Select Committee on 25th September 2018), children's social care overspent by £12.6m in 2017/18 and is set to overspend by £14.4m (of which £7.5m is being supported by Mayor and Cabinet) leaving a net overspend of £6.9m in 2018/19 on Children's Social Care. This mirrors overspend situations in local authorities across the country with a picture of rising demand.

8.2 The budget pressures in children's social care are in two areas:

- Placement of children looked after: The number of children looked after has increased in Lewisham and across the country, but our rate of looked after is higher than our statistical neighbours. We also have high numbers in residential placements and these are extremely high cost.
- Staffing budget (social workers, managers and business support): This budget has been historically overspent with a mismatch between budgets and staffing establishment which has hampered monitoring and in 2017/18 additional social workers were taken on to reduce caseloads to acceptable levels, especially in Referral and Assessment.

8.3 The key improvements required to address the budget issues are as follows:

- Improve the placement process and commissioning of residential care, leaving care accommodation and semi-independent accommodation and fostering for children looked after, as reflected in budget cuts CYP1 to 5
- Refresh the Children's Social Care Placements Sufficiency Strategy
- Clarify the CSC staffing establishment, ensure it is properly costed and establish a staffing budget and fixed establishment which can be effectively monitored
- Restructure the CSC budget, with a recoding exercise, introducing effective budget monitoring all levels with a budget which reflects activity and for which individual budget holders can be held to account
- Develop a medium term financial strategy for children's social care reflecting patterns of demand but also a trajectory to the best in class pattern of placements and service activity, in line with the Council's overall Medium Term Financial Strategy.

9. The Children's Social Care Improvement Plan

9.1 The CSC Improvement Plan moves the service on following the completion of the post Ofsted improvement plan which ran from 2015 to 2018 and which was reported to CYP Select Committee. An initial version of the new Plan was shared with Ofsted during their Focused Visit in September 2018. The complete plan is a very large, multi-page document. Attached to this report is a high level Summary Plan.

9.2 The delivery of the Improvement Plan is overseen by CSC Improvement Board. This is an officer board consisting of senior officers from CYP Directorate but also from Finance, HR, Performance and IT. It is chaired by the Lead Cabinet Member for School Improvement and Children's Services.

9.3 The service has struggled to deliver improvement at pace while meeting the increasing demands of 'the day job' and both Ofsted and the external review of the service commented on senior capacity issues. Additional resources have been allocated to the service to support improvement over the coming year, in particular to fund an urgent project to improve the Liquid Logic IT system.

9.4 Officers have also levered in additional funded support from the DfE's improvement adviser and are developing a partnership with London Borough of Islington who are funded to work with other local authorities under the DfE funded Partners in Practice Scheme.

10. Financial implications

10.1 Overall the overspend position for Children's Social care is now revised at £6.9m.

- 10.2 Placements - With regards placements, CYP has developed a sufficiency strategy which will provide a revised approach to placements and ensure VFM is achieved. The increase in demand will continue to place an upward pressure on the service.

The overspend is projected to be £10.4m supported by additional funding by Mayor and Cabinet (£7.5m) leaving revised overspend of £2.9m. The report details the increase in demand of 32 additional placements compared with 2017/18.

- 10.3 Staffing costs - With regards staffing, the service is currently reviewing the staffing needs. The service is currently overspending by £4.5m against a budget of £12.5m. The service has a large number of agency support which is one factor driving up cost.

11. Legal implications

- 11.1 There are no additional legal implications.

12. Crime and Disorder Implications

- 12.1 Children's Social Care works closely with the police and council crime reduction services and with the Youth Offending Service, given the links between crime and child protection.

13. Equalities Implications

- 13.1 Involvement with children's social care is associated with economic and social disadvantage, disability (both in parents and children) and has strong cultural and ethnic dimensions. An equalities assessment is being undertaken for the improvement programme.

14. Environmental Implications

- 14.1 There are no specific environmental implications arising from this report.

15. Conclusion

- 15.1 Members will be kept updated on the progress of the improvement programme.

Appendices

Appendix 1 – CSC Improvement Plan November 2018

If there are any queries arising from this report, please contact: Sara Williams
sara.williams@lewisham.gov.uk

CHILDREN'S SOCIAL CARE IMPROVEMENT PLAN

Performance Information Framework

There is access to reliable data which is routinely used to scrutinise operational practice & inform strategic planning.

Workforce Strategy

Recruitment & retention initiatives result in 90% permanent staffing in a structure suitable to best target the right children.

Early Help

Thresholds are clear & a spectrum of targeted EH services are in place, preventing the escalation of need and harm for vulnerable families. Step up & down processes are clear.

Infrastructure

Business processes and systems (Including EHM & LCS) are simple, efficient, support practice & are aligned to SoS practice

Leadership & Culture

A whole system approach is taken leading CSC. Managers at every tier drive high standards, provide high support & high challenge. Leaders role model behaviour & practice congruent with SoS, which is thoughtful, balanced & solution focused.

Commissioning

Commissioning is informed by thorough needs analysis, contracts are well managed. Services & placements provide sufficiency & value for money.

Continuing Professional Development

Practitioners are confident, competent, courageous, compassionate, curious & committed to Lewisham.

Operational Practice

Children who need help, protection, who are in care and are care leavers experience a consistently good service that improves their outcomes.



Budget & Resources

Budgets are adjusted to reflect current demand Sufficient & robust mechanisms for financial management are in place. Resources are aligned to target the right children.

Management Oversight, QA & Learning

Information from a range of activity (Including audit & feedback) is regularly reviewed to share good practice and identify areas for improvement

Practice framework

CSC operates as one service, orientated around a strengths based SoS approach, promoting a collaborative practice aimed at building resilience in family networks.

CHILDREN'S SOCIAL CARE SERVICE IMPROVEMENT PLAN (6 MONTH SUMMARY)

	Overdue	EDCYP= Executive Director CYP
	Completion at risk	ADCSC= Assistant Director CSC
	On track to complete within timescale	HFS = Head of Financial Services
	Completed	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Leadership & Culture	1. Establish routine schedule of strategic management meetings.		Dec 18	ADCSC	
	2. Ensure management oversight AND supervision framework in place & establish role of Group Managers	Nov 18	Nov 18	ADCSC	
	3. Update Service plans every area	Oct 18	Dec 18	ADCSC	
	4. Establish Staff communication mechanisms and diarise consultation sessions	Oct 18	Nov 18	ADCSC	
	5. Review threshold continuum and relaunch	Dec 18	Feb 19	EDCYP/LSHEAD OF CHILDREN'S COMMISSIONING CHAIR	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
	6. Agree new arrangements across 3 Boroughs for early adopter strategic safeguarding arrangements	Sept 18	Mar 19	EDCYP/LSHEAD OF CHILDREN'S COMMISSIONING CHAIR	
Budget & Resources	7. Reset CSC budget in four key areas for 18/19 reflecting current activity (a) Staffing (b) s17 (c) placements (d) organisational development.	July 18	Dec 18	EDCYP/HFS ADCSC	
	8. Cleanse Budget codes and simplify to enable financial transparency and management.	Nov 18	Jan 19	EDCYP/DA/ADCSC	
Infrastructure	9. Review service roles & responsibilities and re-align revisiting transfer processes.		Nov 18	ADCSC	
	10. Refresh key strategies, policies and protocols (i.e. R&R, CLA, Sufficiency, Early Help)	Oct 18	Jan 19	ADCSC	
	11. Ensure sufficient business support is in place so social workers are spending sufficient time working directly with children & families, following review of business support.		Dec 18	ADCSC	
	12. Undertakes programme of LCS re-design to support good practice and to align forms to Signs of Safety – Implement ICT Revolutions Plan.	Oct 18	Mar 19	ADCSC	
	13. Design future 'business as usual' staffing for performance management and ICT systems		Mar 19	EDCYP	
	14. Ensure corporate IT infrastructure improvement prioritises CSC to enable LCS re-design to deliver improvements		Jan 19	Head of IT	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Commissioning	15. Review current commissioning approach and placement function to inform and deliver a refreshed model and market management approach	Sept 18	March 19	Head of Children's Commissioning	
	16. Review the financial management and controls applied to commissioning, including Section 75 Partnership Agreements and CHC contributions	Oct 18	Dec 18	HEAD OF CHILDREN'S COMMISSIONING	
	17. Review and refresh the Sufficiency Strategy to inform future commissioning intentions and develop MTFS	Sept 18	Dec 18	ADCSC	
	18. Review commissioned services to support children and young people in transition to inform the development of a joint commissioning strategy with Adult Social Care, Education and Health	Nov 18	Feb 19	Head of Children with Complex Needs	
	19. Review commissioned services to inform refreshed Early Help Strategy and future joint commissioning intentions with the CCG	Nov 18	Feb 19	Head of Children's Commissioning	
Workforce Strategy	20. Establish staffing requirement and set structure and establishment	June 18	Dec 18	EDCYP/HR	
	21. Benchmark staff pay, review and re-set for competitiveness (includes retention initiatives)		Dec 18	EDCYP/HR	
	22. Update Recruitment & retention strategy – refreshed recruitment campaign to recruit to vacancies		Jan 19	ADCSC/HR	
	23. Recruit a permanent SLT (HOS & SM)		Jan 19	ADCSC/HR	
	24. Roll out NAAS pilot, informing a training needs analysis to identify training needs.	Sep 18	Feb 19	ADCSC	
Continuing Professional Development	25. Prepare business case for creating an Academy/CPD unit to better recruit, train & retain NQEDCYPs		May 19	ADCSC	
	26. Learning and Development offer – annual schedule of training developed, published and co-ordinated from		Mar 19	ADCSC	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
	the Academy/CPD unit. Developing practice skills & aiding staff retention.				
	27. Complete annual social work employer health check completed		Nov 18	ADCSC	
	28. Realign Advanced Practitioner posts to central Academy/CPD unit managed by PEDCYP		Jan 19	ADCSC	
	29. Establish Principal Social Worker post established & recruited to lead Signs of Safety implementation		Dec 18	ADCSC	
Practice framework	30. Draft Signs of Safety Implementation plan and schedule drafted		Nov 18	ADCSC	
	31. Train CSC workforce in Signs of Safety practice approach (Introductory training)		Feb 19	ADCSC	
	32. Re-design systems to align to Signs of Safety (i.e. LCS, Strategies, Policies, Procedures)		Mar 19	ADCSC	
	33. Introduce Strategic Partnership to Signs of Safety – through LSHEAD OF CHILDREN’S COMMISSIONING		Feb 19	ADCSC	
	34. Ensure performance & KPI’s are routinely scrutinised by managers in CSC		Oct 18	ADCSC	
Performance management	35. Specify performance reporting requirements throughout the child’s journey & retrospective summative performance reports are provided monthly with live information available. All key performance information in one report.	June 2018	Feb 19	ADCSC/ Performance Manager	
	36. Put in place new performance management framework, including reporting formats, clinics and accountability processes		Dec 18	ADCSC/Performance Manager	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Management Oversight & learning	37. Ensure a monthly quality assurance auditing, observation & service user feedback programme is in place.		Nov 18	ADCSC	
	38. Ensure learning from all quality assurance activity is collated and reported quarterly, to inform service improvements.		Dec 18	ADCSC	
	39. Undertake intensive QA activity through 'Listening & Learning' week bi-annually.		Dec 18	ADCSC	
	40. Review existing checks and balances throughout the system to predict issues and identify shortfalls promptly (e.g. CIN reviewing). Strengthen as necessary.		Feb 18	ADCSC	
	41. Review supervision policy and reflective supervision training for all supervisors		Feb 18	ADCSC	
Early Help	42. Complete Peer Review with LB Greenwich		Nov 18	EDCYP	Timing tbc
	43. Re-establish Early Help Board		Dec 18		
	44. Use findings of peer review to inform – (a) EH needs analysis (b) Mapping of existing EH services & resources (c) Revision of the EH strategy (d) Re-commissioning of EH services (e) Set up and implement new Early Help Strategy		Feb 18	EDCYP	
Ofsted Preparation	45. Update self-assessment		Jan 19	ADCSC	
	46. Ensure Annex A is up to date		Jan 19	Performance Manager	
Generic – all practice	47. Focus on core performance targets disseminated to managers at all tiers:	Nov 18	Nov 18	ADCSC	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
	<ul style="list-style-type: none"> (a) MASH decisions, information sharing & consent obtained (b) Case allocation of all open children (c) UASC correctly identified (d) Presence of chronologies & genograms on all children (e) Timeliness of assessments (C&F and carers) (f) Timeliness of pre-birth assessments (g) Visits/direct work at required frequency (h) Plans in place & recently updated (i) Timeliness of strategy meetings & s47 & CPCs (j) Presence of CSE risk assessments (k) Missing records/tracking & RHI's completed (l) Report submission to CPC & CLA review (m) Throughput of cases (no drift i.e. CIN open +18 months) (n) Review meetings routine – CIN, Core groups, CPC & CLA (o) CWD – transition referrals made (p) Timeliness of PLO/court work, (q) Health assessments, dental checks, SDQs & PEPs done (r) CLA – episodes & current placement correctly recorded (s) Permanence plans in place for all CLA (t) Life Story work commenced for CLA with Adoption as plan (u) Timely ADM decisions 				

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
	(v) Supervision/Management oversight routinely taking place				
	<p>48. Make step change in focus on quality of practice by all managers at all tiers</p> <ul style="list-style-type: none"> (a) Assessment – history considered, clear identification & analysis of risk/harm/need (b) Plans – addresses the risk/harm/need, SMART, outcome orientated (c) Visits are purposeful and direct work progresses the plan (d) Practice is focused on the child’s experience and outcomes (e) Reviewing activity assesses the impact of activity/revising plans (f) Practice is in partnership ‘with’ families – active participation, child & family wishes and feelings evident (g) Multi-agency information sharing & collaborative practice (h) Practice is inclusive and culturally competent (i) Supervision is reflective 	Dec 18	Dec 18	ADCSC	
	49. Ensure practice standards are in place & core practice is delivered against them		Mar 19	ADCSC	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Early Help	50. Ensure thresholds in MASH are clear and consistently applied	Nov 18	Jan 19	ADCSC	
	51. Review and improve step up & step down processes between CSC & EH services.		Dec 18	ADCSC	
MASH	52. Re-design business process and staffing roles to address improvements	July 18	Dec 18	ADCSC	
	53. Re-established Strategic MASH board.		Dec 18	ADCSC	
Assessment and s47 enquiries	54. – Re-develop joint protocol with housing Homeless families		Feb 19	ADCSC	
Children in Need & subject to Child Protection Plan	55. Strengthen CIN reviewing mechanism to ensure all CIN are routinely & robustly reviewed		Mar 19	ADCSC	
	56. Review threshold for Child Protection Conference, review and put in place mechanism for pre-CPC consultation between Team Manager and Child Protection Chair		Nov 19	ADCSC	
Contextual Safeguarding	57. Establish model for contextual safeguarding framework & multi-disciplinary service (proposed by MET group)	Nov 19	Jan 19	ADCSC	
	58. Review Edge of Care offer to reduce number of young people becoming CLA		Jan 19	ADCSC	
	59. Explore Crashpad/emergency accommodation as alternatives to becoming CLA.		May 19	ADCSC	
	60. Strengthen practice on missing Return Home Interviews		Jan 19	ADCSC	
	61. Review activity undertaken from Meliot centre to best target the most vulnerable families.		Mar 19	ADCSC	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Support & specialist services	62. Explore joint funded specialist/bridging services/posts for toxic trio expertise		July 19	ADCSC	
Children with Disabilities	63. Improve communication and engagement with children and young people with complex needs		March 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	64. Improve the quality of care plans		Jan 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	65. Audit performance within the social work team		Jan 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	66. Develop a performance management system to collect data on outcomes from support provided		Feb 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	67. Develop the market to provide outreach/ mentor programmes to children and young people with complex needs, in particular those with challenging behaviour Improve on multi-agency working and links between social care, health and education		April 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
Transitions & preparation for adulthood	68. Develop a Transition Strategy with vision, guiding principles and supporting outcomes for further co-production with key stakeholders and communities.	Aug 18	June 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	69. Develop an integrated Transition Team based on the reconfiguration of current resources across Adults Social Care and Health.	Aug 18	April 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
	70. Develop an overarching Performance Management Dashboard which provides visibility of young people transitioning and associated costs and outcomes.		Feb 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	71. Review current commissioned services to inform future market offer for young people in transitions.		Feb 19	HEAD OF CHILDREN WITH COMPLEX NEEDS	
	72. Introduce transition into adulthood pathways for young people who are victims of or at risk of sexual exploitation to ensure support and safeguarding plans are continued beyond 18 years of age.		April 19	EDCYP	
PLO/Court Proceedings	73. Re-establish proceedings tracking meeting to minimise drift & improve permanence planning		Dec 18	ADCSC	
	74. Establish of Care & resource panel to gatekeep becoming looked after decisions		Dec 18	ADCSC	
CLA / Corporate Parenting	75. Review CLA care plans and placements (Best Care panel)		Dec 18	ADCSC	
	76. Establish Specialist UASC team		Dec 18	ADCSC	
	77. Expand supported and short term accommodation options expanded for 16/17 year olds.		May 19	ADCSC	
	78. Develop work of Corporate Parenting Board to mirror best practice.		June 19	ADCSC	
Achieving permanence (SGO/Adoption)	79. Progress regional adoption agenda		Apr 19	ADCSC	
	80. Update Sufficiency strategy – increase fostering households to meet local needs		Dec 18	ADCSC	

Area	Key actions / milestones	Start Date	Target Completion Date	Sponsor (Board Member)	Status
Care Leavers	81. Dedicated Care Leavers service established		Mar 19	ADCSC	Yellow
	82. Publish Local Offer for Care Leavers	June18	Nov 18	ADCSC	Green
	83. Review and refresh Local Offer for Care Leavers		June 19	ADCSC	Yellow
	84. Expand Supported Lodgings/semi-independent accommodation options for Care Leavers		Mar 19	ADCSC	Yellow
	85. Develop Bromley Road building to provide base for Leaving Care service.		April 19	ADCSC	Yellow

Children and Young People Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (Open)	6 December 2018	

1. Purpose

To advise Committee members of the work programme for the 2018/19 municipal year, and to decide on the agenda items for the next meeting.

2. Summary

- 2.1 At the beginning of the new administration, each select committee drew up a draft work programme. The Overview and Scrutiny Business Panel agreed a co-ordinated work programme. The work programme for each individual committee can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

3. Recommendations

- 3.1 The Committee is asked to:

- note the work plan attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear on what they need to provide;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny
- Note the revision to the in-depth review timetable outlined in section 6 of this report.

4. The work programme

- 4.1 The work programme for 2018/19 was agreed at the Committee's meeting on 28 June 2018.
- 4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria.
- 4.3 The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the committee agrees to add additional item(s) because they are urgent

and high priority, Members will need to consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

5. The next meeting

5.1 The following reports are scheduled for the meeting on 6 December 2018:

Agenda item	Review type	Link to Corporate Priority	Priority
Home Education	Standard item	Young people's achievement and involvement	CP7
Lewisham Safeguarding Children Board Annual Report	Performance Monitoring	Protection of children	CP2
Provisional secondary results and update on Secondary Challenge	Performance Monitoring	Young people's achievement and involvement; protection of children	CP2&7
Lewisham Learning Partnership – measuring outcomes/success	Performance monitoring	Young people's achievement and involvement	CP7
Safeguarding Services 6-monthly report	Performance Monitoring	Protection of children	CP2

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these items, based on the outcomes the committee would like to achieve, so that officers are clear on what they need to provide for the next meeting.

6. In-depth review timetable

6.1 The Committee is asked to note that the timetable for the in-depth review has been extended to allow for a third evidence session on 13 March, and the final report to be considered at the first meeting of the municipal year 2019/20.

7. Financial Implications

There are no financial implications arising from this report.

8. Legal Implications

In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

9. Equalities Implications

- 9.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.2 The Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 9.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

10. Date of next meeting

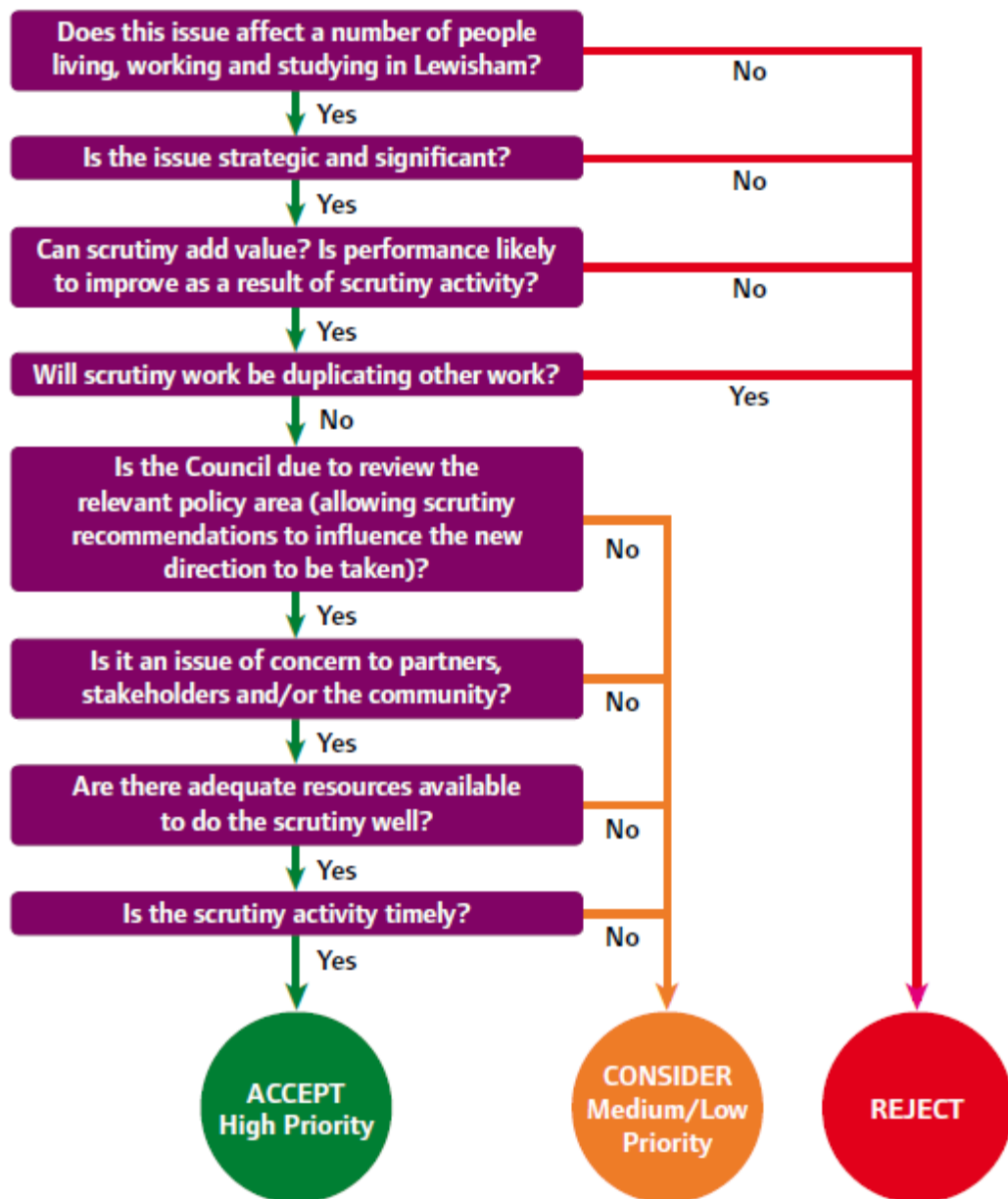
- 10.1 The date of the next meeting is Thursday 6 December 2018.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



Work Item	Type of review	Priority	Strategic Priority	Delivery deadline	28-Jun	05-Sep	17-Oct	06-Dec	24-Jan	13-Mar
Lewisham Future Programme	Standard item	High	CP10	Ongoing			Budget Cuts			
Election of the Chair and Vice-Chair	Constitutional requirement	High	CP10	Jun						
Select Committee work programme 2018/19	Constitutional requirement	High	CP10	Jun						
Response to referral - SEND provision	Referral response	High	CP2&CP7	Jun						
Response to referral - CAMHS funding	Referral response	High	CP2&CP7	Jun						
Response to referral - recruitment and retention of school staff indepth review	Referral response	High	CP2&CP7	May						
Update on Ofsted Improvement Plan (Children's Social Care)	Standard Item	High	CP7	June						
Annual Report on Attendance and Exclusions	Performance monitoring	High	CP2&CP7	Sep						
Children's Centres	Standard Item	High	CP2&CP7	Sept						
Children's Social Care sufficiency strategy (to include Out of Borough Placements)	Standard item	High	CP2&CP7	Sept						
School place planning	Standard Item	High	CP2	Oct						
Primary to Secondary transition - update	Performance Monitoring	High	CP2&CP7	Oct						
Update on Youth First	Standard item	High	CP 2							
SEND strategy update	Standard item	High	CP2							
Public Health - Health Visiting cuts proposals	Standard Item	High	CP2 & CP7							
Children's Social Care Improvement Plan	Standard Item	High	CP2&CP7	Jan						
In-depth review - school exclusions - second evidence sessions	In-depth review	Hgh	CP2 & CP7	Jan		Scoping	Evidence 1	Evidence2		Evidence 3
Provisional secondary school results and update on secondary challenge	Performance Monitoring	High	CP2 & CP7							
Safeguarding Services 6-monthly Report	Performance monitoring	High	CP2&CP7	ongoing						
Lewisham Safeguarding Children's Board Annual Report	Performance monitoring	High	CP7							
Lewisham Learning Partnership - measuring outcomes/ success	Performance monitoring	High	CP 2							
Home Education	Standard Item	High	CP2 & 7							
Primary SATS results and validated secondary results	Performance Monitoring	High	CP2 & CP7							
Recruitment and retention of school staff - 6 month update	Performance Monitoring	High	CP2&CP7							
Corporate Parenting and LAC Annual Report	Performance monitoring	High	CP2&CP7							
Annual Schools Standards Report 2017/18 (primary and secondary), including update on Secondary Challenge	Performance monitoring	High	CP2							
Children and Young People's Plan	Standard item	High	CP2&CP7							

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings			
1)	Thursday 28 June	4)	Thursday 6 December
2)	Wednesday 5 September	5)	Thursday 24 January
3)	Wednesday 17 October	6)	Wednesday 13 March

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