

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Thursday, 12th April, 2018 at 5.30 p.m.**

Membership

Cllr Bell, Foster, Francis (Vice-Chairman), Hunt, Jackson, F. Miller, O'Brien, O'Neil, Scullion, P. Smith (Chairman), Stewart and Tye

Coopted Members – Mrs A Blakey and Mr S Williamson

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	No Items	
	Part B – Scrutiny Business	
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E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

4th April, 2018

RESPONDING TO CHILD SEXUAL EXPLOITATION UPDATE

REPORT OF DIRECTOR OF STRATEGY, PARTNERSHIPS AND TRANSFORMATION

1. Purpose of Report

- 1.1 This report provides an update on partnership progress to tackle child sexual exploitation and the role of the City Council in supporting this.

2. Background

- 2.1 The Committee received a presentation in relation to tackling child sexual exploitation in Sunderland in July 2016 and the 2015-17 plan that the Sunderland Safeguarding Children's Board had produced. This report will bring members up to date with recent developments and progress.

3. Current Position

- 3.1 Tackling child sexual exploitation remains a key national and local focus, being a Home Office strategic requirement for Police Forces in England and Wales and a key area of priority for the Safeguarding Children's Board and Safer Sunderland Partnership.
- 3.2 Nationally it remains an area of significant media and public interest as evidenced in coverage of recent cases such as Sanctuary (Northumbria), the recent Football coaching abuse cases and International Aid organisation abuse allegations. The national Independent Inquiry Into Child Sexual Abuse established by Theresa May in 2014, and now under the leadership of Alexis Jay continues and will hear accounts of victims of historical abuse in hearings being held in the North East in 2018.
- 3.3 The revised definition and description of child sexual exploitation is useful to set context and reproduced from the Sunderland Safeguarding Children's Board below;

Child sexual exploitation is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of child sexual exploitation¹ is:

¹ Updated definition February 2017

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”
Like all forms of child sexual abuse, child sexual exploitation can:

- Affect any child or young person under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex
- Still be abuse even if the sexual activity appears consensual
- Include both contact (penetrative and non-penetrative acts) and non-contact sexual activity
- Take place in person or via technology, or a combination of both;
- Involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- Occur without the child or young person’s immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- Be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

The indicators for child sexual exploitation can sometimes be mistaken for ‘normal adolescent behaviours’. It requires knowledge, skills, professional curiosity and an assessment which analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given. Even where a young person is old enough to legally consent to sexual activity, the law states that consent is only valid where they make a choice and have the freedom and capacity to make that choice. If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don’t comply (all of which are common features in cases of child sexual exploitation) consent cannot legally be given whatever the age of the child.

- 3.4 Strategically the Sunderland Safeguarding Children’s Board continues to drive the child sexual exploitation agenda however since 2017 there have been some significant changes with a Vulnerable Adolescents framework being developed to consider child sexual exploitation within a wider context including mental health and substance misuse. This has been predicated partially by the learning from two serious case reviews published in 2017 in relation to vulnerable adolescents (Young Person Mark and Young Person Rachel).

- 3.5 Operationally partners use a dedicated risk assessment tool (attached as appendix 1) where a child is demonstrating possible risk factors and these are assessed monthly by the Chair and Together for Children Child Sexual Exploitation Co-ordinator for case consideration at the Missing and Sexually Exploited and Trafficked Children (MSET) Shared Intelligence Group.
- 3.6 MSET considers medium and high risk cases of concern and is chaired by the Detective Inspector from the specialist multi-agency unit formerly known as Team Sanctuary South (established in 2016 and based in Washington and covering South Tyneside, Gateshead and Sunderland), though in recent weeks combined with north of Tyne arrangements and re named as the Complex Abuse Unit. Together for Children and People Directorate have social work staff based in the unit alongside voluntary sector agencies to support victims and provide a strong interface with wider vulnerable children and vulnerable adult services.
- 3.7 MSET is attended by representatives from a wide range of agencies including Together For Children, the City Council (Community Safety and People Directorate), health services and specialist voluntary sector representatives. Safety planning and the reduction of threat, risk and harm of exploitation is a key focus. Community safety representatives act as an interface with a wide range of Council functions that can support the safety plans where appropriate.
- 3.8 Between January 2017 and January 2018 679 assessments were considered at pre MSET and of these 111 cases were considered at full MSET of which 40 were deemed high risk (it should be noted that overall assessment figures include children who go missing but may not demonstrate a risk of exploitation).
- 3.9 Disruption of offenders is a key area supported by Safer Sunderland Partnership and wider City Council services and can be facilitated in complex cases via referral to extra ordinary Local Multi Agency Partnership Meetings (LMAPS) where offender disruption tactics are considered in detail.
- 3.10 In 2017, an adult male was sentenced to 4 years for sexual activity with children facilitated by his residence in a caravan on a compound in close proximity to vulnerable looked after children in the North area. The case highlighted the importance of significant low level disruption and contribution of efforts by a range of agencies, supporting the police to disrupt potential activity and gather intelligence at the early stages when no offences were being disclosed. The City Council together with the Fire Service and Environment Agency supported the disruption through joint work with the Councils Security Service, Environmental Health, Youth Offending Service and frontline Place Directorate staff in the city centre. The value of this type of disruption is highlighted in the recently published Serious Case Review in relation to young people involved in the Newcastle based Operation Sanctuary (published by the Newcastle Children's Safeguarding Board on 28th February 2018)
- 3.11 There are no "hotspots" of child sexual exploitation as it can occur in a wide variety of situations and locations, but we do identify vulnerability areas

particularly where we have young people gathering or in areas such as retail, fast food and leisure outlets. We do not however know the extent of online abuse and grooming though have seen an increase in activity by online paedophile hunter “vigilanti” groups and this highlights that the threat of on line perpetrators is very real both within and beyond Sunderland. The North East Regional and Serious Crime Unit covering Northumbria, Durham and Cleveland Forces have recently established a dedicated online abuse investigation unit. An updated profile is being commenced with partners.

- 3.12 Transition to adulthood remains an area of focus and recent findings from the Newcastle Safeguarding Board Serious Case Review in relation to Sanctuary has highlighted that abuse can continue and feature into adulthood. The issue is compounded as many children may leave statutory children’s services but not qualify for adult services due to definitions of vulnerability and eligibility under the Care Act 2015. The City Council was aware of this gap and was successful in bidding for a pilot fund of £70,000 from DCLG in early 2017 to run a pilot transitions programme for 12 months with Changing Lives. This has focussed on a number of child victims as they transition to adulthood and included victims involved in criminal trials as witnesses. The pilot phase is ending and an end of project report highlighting key learning will be submitted to the Council by May 2018.

4. Progress to date and future plans

- 4.1 Review of MSET arrangements have led to the following:
- Updated data recording systems and processes have been put in place to allow data quality assurance, statistical data analysis, trend analysis, and interpretation of results.
 - The MSET data will be reported to the Vulnerable Adolescent Strategic Project Group on a bi-monthly and will include;
Number of young people safely exited from MSET
Trend and impact analysis around missing, child sexual exploitation and trafficking - top 10 missing young person, community risk factors and disruption planning, voice of the child
 - The data set will be renewed with the development of the Safeguarding Children’s Board Vulnerable Adolescent Framework and the updated MSET Risk Assessment Tool.
 - This will be part of a wider quality assurance programme which will report on agency attendance, engagement and submission of intelligence and audit programme including: auditing of minutes, quality of risk assessments including how child focused they are and use of disruption plans.
- An independent evaluation of the MSET Group in October 2017 (OFSTED) found that “the Missing, sexually exploited and trafficked’ (MSET) intelligence group provides good oversight and enhances local responses to children at risk of sexual exploitation. Where there is a concern of child sexual exploitation, all children have a risk assessment and the findings are collated by the MSET coordinator.”
- 4.2 Awareness raising will continue and move into a public phase. The Safeguarding Board supported by partners will deliver a city wide campaign

around child sexual abuse and child sexual exploitation. This will build upon the intensive work in 2016 that was delivered to multi-agency practitioners and the voluntary sector (taxi drivers, hotels and Pubwatch and licencees) in Sunderland. Sessions were delivered to:

- 780 practitioners
- 30 foster carers and adoptive parents
- 220 taxi drivers
- 15 licencees
- 30 elected members

It should be noted that training to taxi drivers was voluntary though mandatory for all home to school contracts. This will be reviewed in 2018.

- 4.3 The City Council's Chief Executive has supported continued corporate awareness raising since the transfer of children's services to Together For Children in April 2017 and all key frontline staff and managers across Council Directorates are currently undertaking the Safeguarding Board on-line training in relation to child sexual exploitation. Training for members will be offered again in 2018 in recognition of the corporate parenting role of members.

5. Recommendation

- 5.1 Members are recommended to note the contents of this report.

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Missing, Sexually Exploited or Trafficked (MSET) Intelligence Group



SSCB MSET REFERRAL FORM & MULTI-AGENCY CSE RISK MEASUREMENT TOOL

GUIDANCE NOTES

This document should be used by professionals to evaluate the level of risks faced by a young person and whether to make a referral to the SSCB Missing, Sexually Exploited and Trafficked (MSET) Intelligence Group. It is intended to define whether a young person is at 'high', 'medium' or 'lower' risk of Child Sexual Exploitation (CSE). This will allow partners to develop a better understanding on the prevalence and nature of CSE across Sunderland and provide a more consistent approach. It will also provide a means of measuring whether the risk to a young person is increasing or decreasing and therefore put effective measures in place to try to manage this.

A 'lower' risk score does NOT mean that no action needs to be taken, as the effective early intervention can improve the chances of a young person slipping further into sexual exploitation, or even prevent it from happening. Even for cases not ultimately referred into the MSET, the information contained on this form should be shared with all relevant agencies and the young person flagged as appropriate.

This tool is NOT a screening tool – it is designed to measure the level of risk of CSE once some indicators have already been spotted, however the subtle indicators of CSE can often mask significant abuse and there should be a low threshold when considering whether to complete an assessment or not and local knowledge/shared information is vital in identifying indicators of CSE which would otherwise be overlooked e.g. identity of places of risk.

The tool should be completed for ALL young people referred to children's social care showing indicators of CSE. The document should be completed in consultation with partners, to ensure that all relevant information is shared, and **in discussion with the young person themselves so that their wishes, level of understanding and willingness to engage is considered**. When a young person is hard to engage the person with the best relationship with them should lead the work with oversight from the social worker – remember that sexually exploited children are victims of abuse, even if they don't see it as such.

The tool should be repeated whenever incidents occur which could change the level of risk to the young person and also as and when directed by MSET meetings, e.g. it may be appropriate for some young people to repeat scoring process every three months as a matter of course. All completed versions should be retained and not overwritten so that the risk to the young person can be monitored over time. The tool should enable professionals to be able to show that they have reduced the risk to an individual as part of their exit strategy. Interventions which appear to help lower the risk to individual young people should be shared with the MSET so that they can be considered for other young people.

Normal safeguarding procedures should be followed by agencies where there are urgent concerns.

HOW TO COMPLETE THE TOOL/REFERRAL FORM

The tool is broken down into 11 main categories with a separate section for professional judgement. The scores are then added together to provide a RAG rating of risk. The first page of the document provides a summary of the scores and a guide as to whether the score has increased or decreased over time if appropriate.

The professional completing the tool should go through it with the young person to find the description that best suits their current situation. For example: Section 1 – Episodes of missing from home or care – if there have been no missing episodes then circle (1) and write the score of (1) on the corresponding section on the front summary page. You can then record further detail, observations or intelligence in the box marked “child and assessor’s comments”. Continue with the rest of the questions until all 11 are complete. Use all of the information contained and also the wishes and feelings of the young person and insight offered by partner agencies to complete the Professional Judgement section and provide an analysis of what this tells you as a professional.

It is vital that all practitioners present themselves as at ease with whatever a young person might want to say or disclose in particular young person may not understand their own sexuality or gender identity. A young man may have been coerced into sex with men but yet not think themselves as gay, alternatively a young woman considering their lesbian or bisexual identity may have been coerced into sex with men who have convinced them this might ‘cure’ them of their desire for women. Practitioners should consider asking whether there are any persons supportive of the sexuality/gender identity

Remember that all children can be sexually exploited, but some are more vulnerable due to the existence of circumstances which could leave them more vulnerable to being preyed on or exploited and behaviours exhibited should not be taken as lifestyle choices. A breakdown of some of these vulnerability factors is included on page 12 of this document. These vulnerability factors should be considered when analysing your perceived risk to an individual in the Judgement section. It is important to remember that children without pre-existing vulnerability factors can still be sexually exploited. You should then provide a score of 1-10 (with 10 being a higher risk) and also carry this forward to the first page summary sheet.

When all the scores from the 11 categories are added together with your score for professional judgement you will then have a total score of 11-65 and this will then enable you to determine the RAG rating:-

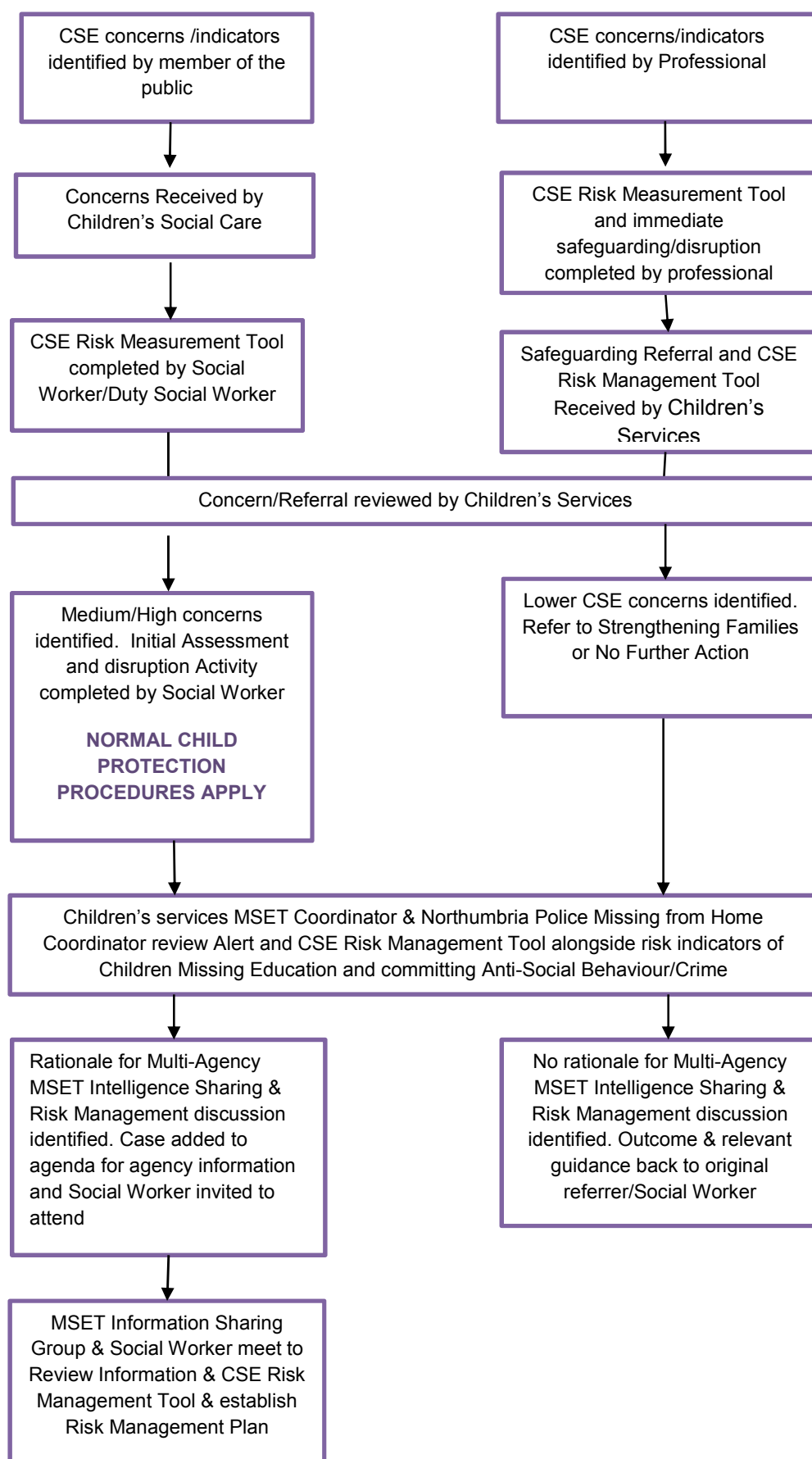
- **Score 41 – 65** **High Risk**
- **Score 21 – 40** **Medium Risk**
- **Score 11 – 20** **Lower Risk**

There are also sections to complete on protective factors and a disruption plan. Protective factors should include parents’ and carers’ views and any positive engagement. The disruption plan should detail what immediate steps have been taken and what specific interventions need to happen to decrease risk and improve the safety of the young person.

All criminal matters should be referred immediately to the police but other orders can be considered to restrict the liberty of persons seeking to exploit young persons and a list of some considerations can be found at page 14 of this document. .

Completed forms should accompany the referral of concern to Sunderland Children’s Services and a copy e-mailed securely to MSET@sunderland.qcsx.gov.uk and any relevant information should also be shared with the police at forceintelligence@northumbria.pnn.police.uk

SSCB CHILD SEXUAL EXPLOITATION FLOWCHART



Missing, Sexually Exploited or Trafficked (MSET) Intelligence Group
REFERRAL FORM & MULTI-AGENCY CSE RISK MEASUREMENT TOOL

Young Person's Information									
Name:							D.O.B.		
Is the child in any of the following categories? (Please tick)	LAC		CP		CIN		CAF	L/Care	
Address									

Referrer			
Completed by		Contact Number	
Agency & Job Title			
Date Completed		Date Referred	
Reason for completing form	i.e.: Review of risk dated **/**/**** or detail of incident leading to assessment		

Indicator	Score	Indicator	Score
1. Episodes of missing from home/care		6. Ability to identify abusive/exploitive behaviour	
2. School/college attendance		7. Engagement with appropriate service	
3. Misuse of substances		8. Sexual Health	
4. Parent/carer – young person relationship		9. Association with risky peers/adults	
5. Accommodation		10. Social Media (internet / mobile etc)	
11. Other issues		Sub Total	
Professional judgement score:		Overall score (total from 11 categories plus professional judgement score)	

RAG Rating			
High (41 – 65)		Medium (21 – 40)	
		Lower (10 – 20)	

Circle/highlight either 1,2,3,4 or 5 on each of the 11 categories which best describe the current situation for the young person. The score for each section should be recorded on the front summary page and added to the score you give for professional judgement, which will give an overall total

1. Episodes of missing from home/care		
Score	Indicator	Evidence Child and assessor's comments - Times missing? Where do they go? Why do they go? Is carer aware of missing episode?
1	No missing episodes.	
2	Stays out late, no missing.	
3	Occasionally goes missing, whether for short or prolonged episodes	
4	Frequent and short missing episodes	
5	Frequent and prolonged missing episodes	

2.School/College attendance		
Score	Indicator	Evidence Child & assessor's comments
1	Engaged / re-engaged in education or training, or in work or actively seeking employment	
2	Is participating in education or employment but attendance is a concern . Education could include: <ul style="list-style-type: none"> On a roll at a school or PRU On a roll at a school or PRU with alternative provision in place On roll at a college Employed with training 	
3	Young person is on a reduced timetable, or persistently absent from school, or there is a sudden noticeable change in attendance, performance or behaviour at school	
4	Young person is excluded from school with no planned provision, or a NEET (not in education, employment or training) but where the young person is showing an interest in accessing opportunities .	
5	Young person is not attending school or is a NEET and shows no interest in accessing educational or training opportunities.	

3. Misuse of drugs or alcohol (including use of “legal highs”)

Score	Indicator	Evidence Child and assessor's comments - Where do they take them? How do they fund it? Who with? Type / class of substance?
1	No concerns	
2	Some concerns about drugs or alcohol (or cigarettes in younger children)	
3	Uses drugs or alcohol– increasing concerns	
4	Alcohol/drug dependency suspected	
5	Young person is dependent on alcohol / drugs. Known / disclosure or appears dependent on alcohol/ drugs.	

4. Parent/Carer – Young Person Relationships

Score	Indicator	Evidence Child & assessor's comments
1	Parent/carer and young person have a positive relationship and communicate effectively. Carer demonstrates emotional warmth and provides stability for young person. Young person responds to boundaries.	
2	Parent/carer and young person generally have a positive relationship. Appropriate boundaries are in place. The young person does not always adhere to them.	
3	Sudden negative change in quality of relationship, or relationship between parent/carer and young person is strained	
4	Historic abuse in family (emotional, neglect, physical or sexual) or poor or negative communication with young person not responding to boundaries	
5	Current / suspected abuse in family (emotional, neglect, physical or sexual) or poor communication, low warmth, attachment or trust. Parent/Carer does not implement age appropriate boundaries.	

5. Accommodation

Score	Indicator	Evidence Child & assessor's Comments
1	Young person & assessor are satisfied accommodation meets the young person's needs i.e.: the environment is a stable place where the young person feels safe.	
2	Young person & assessor are generally satisfied with accommodation and accommodation meets most of the needs of young person, or there are some concerns about longer term stability.	
3	Unstable or unsuitable accommodation. Young person & assessor are not satisfied where the young person is living, or recent placement change	
4	Frequent placement changes	
5	Temporary accommodation /sofa surfing /homeless	

6. Ability to identify abusive/exploitive behaviour – both young person & parent/carer

Score	Indicator	Evidence Child & assessor's comments
1	Young person has a good understanding of exploitative / abusive behaviour and can use it to keep themselves safe	
2	Reasonable understanding of abusive/exploitative behaviour	
3	Some understanding of abusive/exploitative behaviour. May recognise risks in theory or risks to their peers but cannot apply it to keep themselves safe.	
4	Very limited recognition of abusive/exploitative behaviour	
5	No recognition of abusive/exploitative behaviour, or parent/carer cannot identify or recognise the risk of abuse or exploitation	

7. Engagement with appropriate services

Score	Indicator	Evidence Child & assessor's comment
1	Good engagement with all appropriate services	
2	<ul style="list-style-type: none"> Reasonable engagement with all relevant services, or Good engagement with a single service provider but less so with others 	
3	Some engagement with services, occasional contact.	
4	Brief engagement with service: early stages or sporadic contact	
5	Not engaging with service / no contact	

8. Sexual health activities and awareness

Score	Indicator	Evidence Child & assessor's comments
1	Is not sexually active but is aware of where to get support and advice when needed. No concerns re: sexual health	
2	Young person is sexually active and in an equal consensual relationship with a peer. Young person does not feel pressured, they feel they can say 'no' and is following 'safe sex' advice.	
3	Is not sexually active but is feeling pressured to become sexually active, or there are some sexual health concerns	
4	Young person is sexually active but is not receiving support from any sexual health services.	
5	<ul style="list-style-type: none"> Young person feels pressured to have sex or to perform sexual acts in exchange for status, protection, possessions, substances or affection, or Young person is in a sexual relationship with an adult or there is a wide age gap, or Young person is under 13 and sexually active, or Young person has many sexual partners /many tests for STIs or pregnancy, or Sex is non-consensual – young person is experiencing violence or coercion with sex, or are unable to consent due to intoxication, or Young 	

	person is made to watch sexual acts being performed on others.	
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9. Association with gangs/criminals or adults and peers who pose a risk

Score	Indicator	Evidence Child and assessor's comments - <i>In this context 'risky' means that they either present a direct risk to the young person (i.e. in terms of domestic abuse / physical violence or sexual abuse / exploitation) or they are likely to draw the young person towards other adults / peers who present this risk.</i>
1	Young person not at risk. May have some contact with vulnerable peers but has other positive networks.	
2	Young person is aware of gang activity in their area but is not actively involved.	
3	Young person socialises with vulnerable peers or is in contact with peers who pose a risk	
4	Young person is in contact with risky adults. They are developing an awareness of risks/exploitation but contact has not significantly reduced	
5	Young person is known to be habitually associating with risky adults and/or peers and does not act on this, or young person is actively involved with a gang or criminal group or associated to gang members through peers or family.	

10. Social Media (Internet and mobile usage)

Score	Indicator	Evidence Child & assessor's Comments
1	Young person uses the internet and/or has an instant messaging account e.g. Whatsapp, BBM, Snapchat etc. They have good awareness of potential risk/danger of internet use and there are suitable parental controls in place	
2	Young person has accessed one or more social networking sites and may have links to, or is 'friends' with numbers of unknown people (i.e.: doesn't know them in real world)	
3	Some concerns about risk of grooming, including unmonitored/secretive use of internet, texts/calls/messages from unknown people or in possession of a mobile phone which parent/carer has no or limited knowledge of.	
4	Young person proactively exposes themselves to online dangers and grooming– e.g. regularly posts inappropriate images of themselves online unprompted or use of dating sites NB particular note should be made of sites such as Tinder, POF, Grindr, Gaydar & Pink Sofa	
5	Young person has posted inappropriate language/information/sexual pictures when contacted by an adult/older peer/unknown person. Does not acknowledge the risks of this, or plans to meet face to face person they only know online	

11. Other concerns		
Score	Indicator	Evidence Child & assessor's comments
1	No other known issues	
2	One or more of the following: <ul style="list-style-type: none"> Issues with physical health including issues under the care of a hospital consultant and issues self-managed with support of parent/carer Disclosure of physical assault followed by withdrawal of complaint Found at locations of concern linked to CSE 	
3	One or more of the following: <ul style="list-style-type: none"> Mental and emotional health issues including low self-esteem, low mood, anxiety, suicidal ideation, eating issues, diagnosed mental illness Clipping .e. offering to have sex with the intention of robbing the victim then running before sexual activity Unaccounted monies and/or possessions such as clothing, accessories 	
4	One or more of the following: <ul style="list-style-type: none"> Begging (where there are known/suspected links to other people and/or substances) Self-harm and/or suicide attempts 	
5	Concerns that the young person is being bought/sold/trafficked NB trafficking does not just include travel across international borders, it can involve transportation within the UK and locally for the purposes of exploitation	

Consultation – this risk assessment must be carried out in consultation with the young person involved and multi-agency partners

Young Person's view of the risks and their wishes and feelings

--

Parent's or Carer's views

--

Other professionals involved in completing this form and additional comments

Name	Designation	Additional comments

Please provide details of any professionals you have chosen not to consult with and why:

--

Protective factors (please include any positive engagement with young person, including indirect engagement with parents/carers)

--

Professional judgement (please score this section 1-10, with 10 being a higher risk, and carry the score forward to your overall score).

Use this section to provide an analysis of what the information that you have from all agencies is telling you about the young person and their life. Highlight any concerns that have been raised which add to their vulnerability such as recent bereavement, domestic abuse, learning disabilities etc. Also, please reference any previous referrals (even if NFA).

Score:

Disruption plan

What specific intervention needs to happen to decrease risk and improve safety	By who?	By when?	Progress to date

Completed forms should accompany the referral of concern to Sunderland Children's Services and a copy e-mailed securely to MSET@sunderland.gcsx.gov.uk and any relevant information should also be shared with the police at forceintelligence@northumbria.pnn.police.uk

Factors to consider when applying the Scoring Matrix

This list is not exhaustive or exclusive to CSE and is for guide purposes only:-

Indicator	Factors To Consider (those * are a criminal offence and require reporting to the police)
Missing from Home/Care	<ul style="list-style-type: none"> • Abducted or forced imprisonment* • Regularly coming home late or going missing (whether reported or not). • Returning home after long periods appearing well cared for. • Is evasive about who they were with when missing and where they have been/activities engaged in.
Child's Presentation	<ul style="list-style-type: none"> • Changes to physical appearance i.e. new clothes, more/less makeup • Overt sexualised dress • More secretive/withdrawn or isolated from peers or not mixing with usual friends • Increasingly disruptive, hostile or physically aggressive at home or school including sexualised language
Gang Association	<ul style="list-style-type: none"> • Association with gangs • Fear of victimisation from other gangs • Constrained by gang rules • Fear of gang leaders
Associates	<ul style="list-style-type: none"> • Displaying signs of harassment/unwanted attention • Unusual associations with others, particularly groups of adults. • Entering/leaving vehicles with unknown adults • Introducing peers to CSE adults
Social Media	<ul style="list-style-type: none"> • Concealed/concerning use of the internet including web cam and online gaming. • Use of social media • Social media accounts • Evidence of sexual harassment through social media/networking sites *
Lifestyle	<ul style="list-style-type: none"> • Association at known CSE hotspots • Involved in criminal activity • Unexplained amounts of money, mobiles, credit, clothing, jewellery or other items/gifts • Having multiple phones or sim cards or use of a phone that suggests concern e.g. multiple callers or texts, increase in messages, conceals phone and usage. • Possession of hotel keys/cards of keys to unknown premises • Being taken to/visiting brothels/massage parlours • Frequenting areas known for on/off street sex work
Family and Personal Relationships	<ul style="list-style-type: none"> • Reports of being taken to hotels, nightclubs, takeaway or out of areas by unknown adults • Associating/relationships with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships • Physical or emotional abuse by boyfriend/girlfriend or controlling adult including manipulation, violence and/or threats • Associating with other sexually exploited children

	<ul style="list-style-type: none"> • Evasive/concealing new relationships • Parents fail to understand or actively manage risks. • Lack of positive relationships with protective/nurturing adult • Recent experience of loss/bereavement • Distancing themselves from social or support networks including family and friends • Child is unsure about their sexuality and/or their gender identity, unable to disclose this to their families, friends, communities and/or have experienced sustained homo-bi-transphobia • Historic or current concerns about neglect, witnessing domestic violence, physical or sexual abuse. • Forced marriage/honour based violence/familial sexual abuse* • Family history of exploitation or prostitution • Bullies others or and/or is a victim of bullying
Physical, Sexual, Mental Health	<ul style="list-style-type: none"> • Increased health/sexual health related problems, including of complaining of illness without physical cause • Marks or scars of physical injuries on the body which they try to conceal • Expressions of despair e.g. depression, mental ill health, suicide thoughts, attempts, overdose, eating disorder • Increase in self harming behaviour • Branding type marks on body i.e. gang logos • Repeat or unplanned pregnancy or pregnancies • Under 13 engaging in penetrative sex with someone over 15* • Under 18 engaging in unwanted sexual activity* • Sexually Transmitted Infections • Sexualised risk taking (including on internet or mobile such as texting, sending explicit messages or photos)* • Young gay/bisexual exploring sexuality in an unsupported way • Disclosure of sexual/physical assault followed by withdrawal of allegation • Reports of being taken to hotels, nightclubs and engaging in sexual activity • Sexual exploitation has been identified previously as a concern
Drug, Alcohol	<ul style="list-style-type: none"> • Increase use of drugs or alcohol • Current substance/alcohol misuse in family • Limited financial means to support substance/alcohol use
Education attendance, punctuality and attainment	<ul style="list-style-type: none"> • Exclusion from school • Unexplained absences • Not engaging in ETE/behaviour changes in school • Missing from education
Accommodation stability and suitability	<ul style="list-style-type: none"> • Living in a chaotic or dysfunctional household • Poor home conditions • Homelessness • Sofa surfing • Unable to access home for significant periods during the day or night.

Response & Disruption Plan Considerations

Securing prosecution and conviction must be the absolute priority against adults committing serious sexual offences upon children. However where there is grooming, low level harassment or other behaviour which suggests a risk of CSE, civil remedies are available to the police and local authorities.

These include remedies which specifically relate to sexual offences or grooming and other wider nuisance and anti-social behaviour injunctive and closure powers. These powers are important not only as methods of disruption or prevention. They also function as a trail of concern to be used in subsequent prosecutions, providing third party evidence.

CIVIL REMEDIES

A Child Abduction Warning Notice¹ authorised by a child's parent and issued by the police (or the local authority in the case of a looked after child aged 16-18) warns a suspected perpetrator to stop associating with a named child. As such, the adult is made aware that a concern has been raised about the relationship and that authorities are watching.

Abduction Notices can be used as evidence in criminal proceedings that the adult knew the age of the child, which is clearly stated on the warning notice. Moreover, breach of an Abduction Notice can become grounds for the issuing of the new Sexual Risk Order.

There are new powers introduced by the Anti-Social Behaviour and Crime and Policing Act 2014²:

The new Sexual Risk Order³ (SRO) can be issued against an individual who has 'done an act of a sexual nature which suggests that they pose a risk of harm to the public in the UK or children and vulnerable adults abroad'.

An 'act of a sexual nature' has not been defined in the legislation and the guidance states this 'will depend to a significant degree on the individual circumstances of the behaviour and its context', which means this order may be used by police and the NCA to disrupt grooming activity. An SRO lasts a minimum of two years and has no maximum duration. Breach of an SRO is a criminal offence, which can attract a term of imprisonment of up to five years.

The new Sexual Harm Prevention Order⁴ (SHPO) can be made against a person who has been convicted or cautioned in relation to a sexual offence to protect any members of the public in the UK, or vulnerable adults and children abroad, from sexual harm, including protecting children from grooming activity.

The SHPO must be made for a minimum of 5 years and can be made for an indefinite period if necessary. The order can contain any prohibitions aimed at protecting children and others. Breach of a SHPO is a criminal offence, which can attract a term of imprisonment of up to five years

Closure notice: The police can issue a closure notice in respect of premises which they have reasonable grounds for believing have been, or are likely to be, used for activities related to specified child sex offences. The changes mean that closure powers will now capture a wider range

¹ Section 2 Child Abduction Act 1984; Section 49 Children's Act 1989.

² The Anti-social Behaviour and Crime Policing Act 2014 came into effect on 8 March 2015.

³ Sexual Risk Orders replace Risk of Sexual Harm Orders

⁴ Anti-social Behaviour and Crime Policing Act 2014

of offences relating to child sexual exploitation and the police will be able to take proactive action if they believe the premise is going to be used for child sex offences.

Child sexual exploitation at a hotel – requirement to disclose information or comply with notice served by police: A police officer can serve a notice on a hotel requiring them to disclose the names and addresses of guests where there is reason to believe there is child sexual exploitation. Failure to comply is a criminal offence.

TOOLS AND POWERS TO TACKLE NUISANCE AND ANTI-SOCIAL BEHAVIOUR

The following gives an overview of some of the tools currently available to councils and police in relation to nuisance and anti-social behaviour:

- § **Civil injunctions** under the Anti-Social Behaviour, Crime and Policing Act 2014 (previously Anti-Social Behaviour Orders, ASBOs). These are civil orders which replace the powers previously available to councils through ASBOS and Housing Act injunctions.
- § **Closure Orders** associated with Nuisance and Disorder. Closure orders are civil orders available in the Magistrates Court which stop anyone entering or residing at a named property. There are three types of closure order - drug closure orders, brothel closure and anti-social behaviour closure orders.
- § **Section 222 Local Government Act 1972.** A local authority can bring criminal or civil proceedings in its own name, including applying for injunctions, where it considers it expedient for the promotion or protection of the interests of the inhabitants of their area. Local authorities may use this provision to enforce their Children Act duties – as such wide-ranging injunctions could be obtained against known perpetrators.
- § **Injunction under the High Court's inherent Jurisdiction.** The recent case of Birmingham City Council v Riaz demonstrates that the High Court is willing to exercise its inherent jurisdiction to grant Injunction Orders against perpetrators of CSE. It is important to note that the High Court does not have jurisdiction to attach powers of arrest to any term of the injunctions, which makes the policing of these orders very difficult.

Item 4

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

12th April 2018

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

TEENAGE PREGNANCY UPDATE REPORT

1. Purpose of Report

- 1.1. This report is intended to update the Children, Education and Skills Scrutiny Committee on progress with the teenage pregnancy agenda and current levels of teenage conceptions.

2. Background

- 2.1. As has been shared previously teenage pregnancy is associated with disproportionately poor outcomes for young parents and their children, across the spheres of health, education, economy and wellbeing.
- 2.2. The individual risk factors most closely associated with teenage conceptions are free school meals eligibility (this is a proxy measure of deprivation), persistent school absence by year 9 (age 14), slower than expected progress between the ages of 11-14 years, being a looked after child or a care leaver (3 times the rate of motherhood before the age of 18), being the victim of sexual abuse and exploitation, alcohol and a previous pregnancy. Where young people have experienced a number of these factors they will be at significantly greater risk of pregnancy at a young age.
- 2.3. Evaluation of the impact of the national teenage pregnancy strategy has identified 10 key factors which are considered necessary to support a reduction in teenage conceptions at a local level (Appendix One). Since July 2016 these have been used by public health to provide a framework for reducing teenage conceptions in Sunderland, and are reflected in the local teenage pregnancy action plan produced in 2017. This approach has been recommended in the Teenage Pregnancy Prevention Framework, published in 2018 by Public Health England and the Local Government Association.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673458/TP_Previation_Framework.pdf
- 2.4. Rates of teenage conceptions continue to reduce nationally, regionally and locally although stark inequalities in rates persist between local areas and teenage births remain higher than comparable Western European countries.
- 2.5. A multi-agency teenage pregnancy action group was established by public health in October 2016 and continues to meet regularly to take forward the local strategy for teenage pregnancy, also providing an opportunity for challenge to the wider system. Through this work key priorities and gaps have been identified.

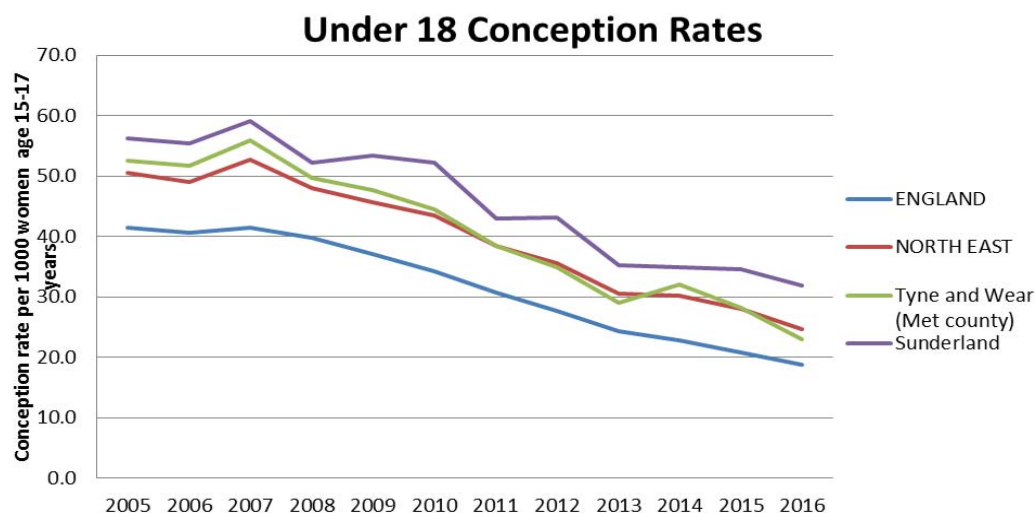
3. Performance Data

- 3.1. The most recent annual teenage conception data was published on 27th March 2018. This showed a continued reduction in the rate of teenage conceptions in Sunderland,

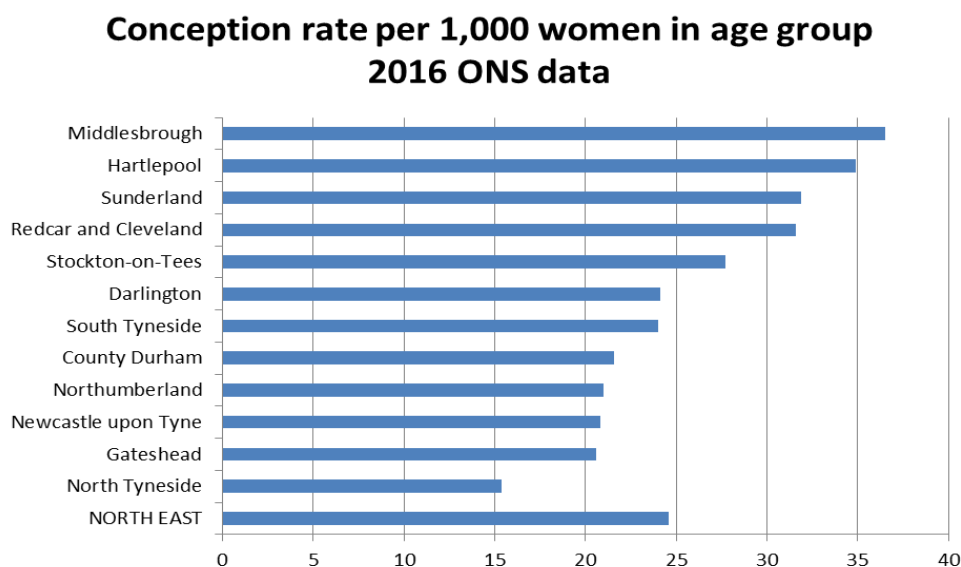
both for under 16's and under 18's. Since the 1998 baseline the teenage conception rate in Sunderland has reduced by 49.4%, from 63.1 per 1,000 population aged 15-17 years, to 31.9 per 1,000 population aged 15-17 years in 2016. The actual number of conceptions has reduced by 62.2% in the same period, from 357 to 135. To summarise, in 2016:

- the teenage conception rate in Sunderland was 31.9 per 1,000 population aged 15-17 years, compared to 24.6 in the North East and 18.8 in England (graph 1).
- the teenage conception rate in Sunderland is the third highest in the North East, and the sixth highest in England (graph 2).

Graph 1



Graph 2



- 3.2 In 2016 the rate of teenage conceptions in under 16's was 7.7 per 1,000 population aged 13-15 years compared to 8.5 in 2015, representing a rate reduction of 9.4%. Whilst encouraging to see a continued reduction in the rate of under 16 conceptions the rate continues to be higher than both the North East (4.9) and England (3.0) averages.

4. Achievements and Service Developments

- 4.1. A range of improvement activities have been taken forward in recent months, which support the priority of reducing teenage pregnancies. Key areas of action are summarised below.
 - 4.1.1. A Joint Strategic Needs Assessment (JSNA) for teenage pregnancy has been produced, which sets the strategic priorities and has informed the development of a local action plan to reduce teenage conceptions.
 - 4.1.2. School Nursing Provision has been re-established across secondary schools, special schools, pupil referral units and college sites. This provides regular opportunities for young people to access support from health professionals, across a range of issues including risk taking behaviour and sexual health. Much of the provision includes the availability of the C Card service, although this continues to be a challenge with some secondary schools (Appendix 2), and needs to be a priority going forward.
 - 4.1.3. Rebranding and launch of the C Card was a priority during 2017, due to the low number of outlets and the drop in young people accessing the service. This work was taken forward with input from 250 young people who were involved in designing the new brand and the new website and promotional materials were available from July 2017. A radio campaign ran on SunFM in November and December, to promote awareness of the C Card service and the importance of young people who are sexually active being able to protect themselves from sexually transmitted infections and unplanned pregnancy. This was developed by young people, through a competition made available to secondary schools. The winning advert was developed by students from Southmoor Academy. To coincide with this work training courses were made available to support services to provide the C Card. The impact of this work continues to be seen, with an average of over 250 young people accessing the service each month, and an increasing number of outlets available across the City. Analysis of data for September and October 2017 compared with the same period in 2016 shows a 64.2% increase in new C Card registrations, a 62.7% increase in distributions and a 73.3% increase in repeat users.
 - 4.1.4. In 2017/18 a new 0-19 public health service was procured and the new contract will commence on 1st July 2018. The service specification embedded contraceptive advice and support within the role of health visitors and school nurses, committed to the continuation of the family nurse partnership which offers enhanced support to pregnant women aged 19 and under and enhanced the sexual health offer which will be available through school nursing, to also include sexual health assessment and advice, pregnancy testing and the provision of emergency hormonal contraception. Evidence shows that supporting access to contraception is a key factor in reducing teenage conceptions, and so this has been an important development. The new contract also includes preventative work on risk taking behaviour and the delivery of Speakeasy sessions to parents and carers, supporting them to talk to their children about growing up, sex and relationships.
 - 4.1.5. New primary care contracts have been established for the purpose of increasing the availability of emergency contraception in pharmacies and access to long acting reversible contraception in GP practices. This work is ongoing, but early data suggests an increase in provision and access, particularly in relation to emergency contraception in pharmacies with monthly activity of over 250 contacts. The work

undertaken to deliver the new contracts also provided a focus on priority wards, to ensure equitable access across the City.

- 4.1.6. Through the teenage pregnancy action group a Teenage Pregnancy Early Intervention Pathway has been developed, which will be widely circulated to stakeholders to allow them to provide support to any young person under the age of 20 who suspects they may be pregnant. The resource provides a flowchart of steps to be followed if a young person discloses that they suspect they may be pregnant, or a pregnancy has been confirmed, and also details the different services available to provide intervention and support.
- 4.1.7. Public Health has developed a Healthy Public Places pilot to support a targeted approach to working with schools on priority issues. A small amount of funding is made available, which schools match, to develop and deliver specific pieces of work and interventions, working collaboratively with key stakeholders. Schools engaged with this are Sandhill (sexual health / risk taking behaviour), Kepier (risk taking behaviour) and Southmoor (mental health). This work will be monitored to identify best practice which can be shared with other schools.
- 4.1.8. City Hospitals Sunderland is taking forward work with maternity services to implement new guidance from the Faculty of Sexual and Reproductive Health regarding contraception post pregnancy. The guidance supports planned post pregnancy contraception, and the role of maternity in providing access to this prior to discharge, including long acting reversible contraception. There is still work to be done in relation to this, but early changes are evident.
- 4.1.9. A public health campaign targeting alcohol use in young people was delivered in March 2018, in response to the high rates of alcohol related admissions amongst under 18's in Sunderland. Tackling the high rates of alcohol use amongst young people will contribute to a reduction in teenage conceptions, as it is known that for many young people alcohol use is associated with other risk taking behaviour.

5. Current and Future Priorities and Challenges

- 5.1. As would be expected there are work streams which are proving to be more challenging than others, or which will require longer to implement. The key areas of challenge and / or concern are highlighted below.
 - 5.1.1. There is a need for robust pathways between all services working with young people and sexual health services. Whilst this is in place for some services and works well it is an area which could be improved, and any services working with young people should as a minimum consider providing access to C Card.
 - 5.1.2. All services working with young people should seek to achieve You're Welcome accreditation, a national quality standard for young people friendly services.
 - 5.1.3. Until recently there was a dedicated young person's nurse working within sexual health services, who provided targeted support and outreach to young people, with a particular focus on vulnerable young people. This post has been vacant since January 2018, which leaves a gap in provision. Public Health is taking on the commissioning of this role from April 2018 and interviews are being held in April to appoint to the vacancy. The post holder will work proactively with schools and

services in wards with the highest rates of teenage conception, as well as providing targeted support to looked after children, family nurse partnership, B2B and young people who repeatedly DNA at appointments for contraception.

- 5.1.4. A member of nursing staff from the Looked After Children's service at City Hospitals Sunderland is being supported through training to be able to fit long acting reversible contraception. This will increase capacity within the service to provide access to contraception, and reduce the need for young people to make additional appointments with the sexual health service. Work has also been taken forward recently to improve data collection as part of health assessments and reviews within the service, to ensure looked after children and care leavers can be more effectively supported in relation to contraceptive needs and the number of pregnancies amongst looked after children are monitored.
- 5.1.5. The importance of consistent, high quality relationship and sex education is repeatedly identified at both a national level and by young people in Sunderland. The statutory requirement for relationship education in primary schools and relationship and sex education in secondary schools from September 2019 can only be a positive step. However the challenge will be to ensure this is fully implemented and schools are confident in delivering on this agenda. Whilst currently there are good examples of delivery in schools this is not the case across the board, and has been identified as a gap locally.
- 5.1.6. Whilst there has been success in revitalising the C Card service there are still 8 secondary schools with no provision, and a further secondary school where it is available only to 6th form students. The new 0-19 public health contract will require the provider to find alternative routes of provision when this is the case, but the most convenient way for young people to access is through school. As such, this needs to be revisited with schools where there is no provision.
- 5.1.7. Developing the wider workforce capacity in relation to sexual health has been identified as a priority, and is something which is evident in areas which have achieved significant reductions in teenage conceptions in recent years. This approach would ensure a broad range of staff across the wider young people's workforce have enough knowledge to have initial conversations about sexual health and have the confidence to support young people to access specialist services when needed. This should include substance misuse services, social care, youth workers and youth offending.
- 5.1.8. The existing electronic c card data system is being refreshed to strengthen the process in relation to safeguarding and Child Sexual Exploitation and provide additional functionality, including an electronic passcode, postal distribution and offline capability.
- 5.1.9. A programme of grants have been developed for 2018/19 to support work and develop capacity to address risk taking behaviour in young people, with a focus on alcohol and relationship and sex education. This is being funded through the public health grant, and there will be a formal application process.
- 5.1.10. During 2018/19 the specialist sexual health services will be recommissioned and this will provide an opportunity to ensure local provision continues to be reflective of need and pathways with other services are enhanced.

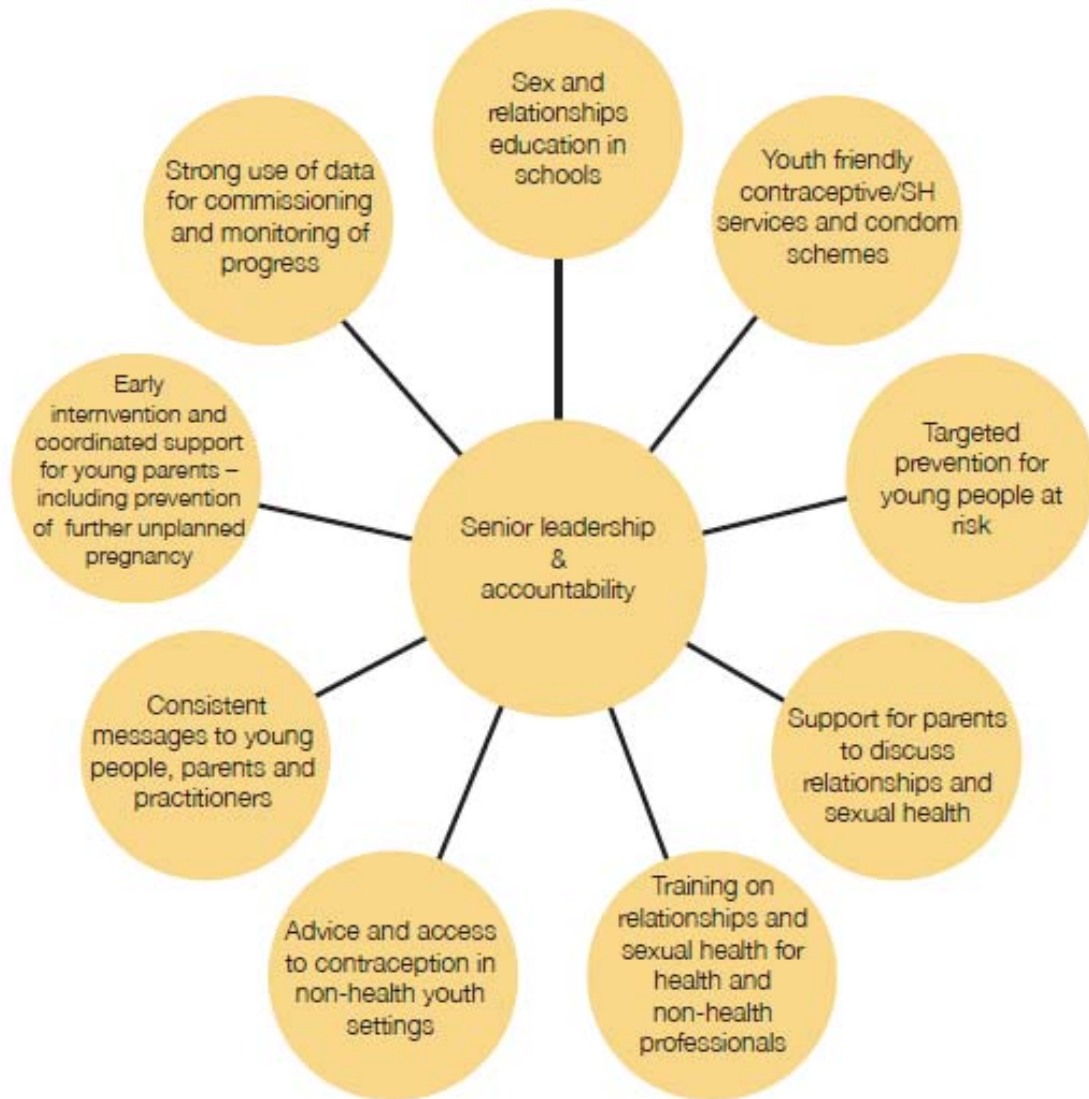
6. Summary

- 6.1. As has been shown there continues to be progress in reducing rates of teenage conception in Sunderland, but we are not yet narrowing the gap between Sunderland and the North East or England.
- 6.2. Much progress has been made over the last 18 months, and early indications are this is starting to have an impact. However, teenage pregnancy continues to be an issue which needs to be owned across the wider system in order to accelerate the pace of reduction. Developing the capacity of the wider workforce to have those initial conversations with young people, ensuring the provision of high quality relationship (and sex) education, addressing alcohol use and continuing to improve access to contraception are important priorities going forward.

7. Recommendations

- 7.1. To accept the contents of the report.
- 7.2. To continue to support the teenage pregnancy agenda.

Ten Key Factors in Addressing Teenage Pregnancy



School Nurse Drop-Ins and C Card Provision as of March 2018

Secondary Schools	Drop In	C Card Provision
Academy 360	Yes	Yes
Biddick Academy	Yes	Yes
Castlevew Academy	Yes	Yes
Farringdon Academy	Yes	No
Grindon Hall	Yes	No
Hetton	Yes	Yes
Houghton Kepier	Yes	Yes
Monkwearmouth Academy	Yes	Yes
Oxclose Academy	Yes	Yes
Redhouse Academy	No – starting again after Easter	No
Sandhill View Academy	Yes	Yes
Southmoor Academy	Yes	Yes - 6 th form only
St Aidan's Academy	Yes	No
St Anthony's Academy	Yes	No
St Roberts	Yes	No
Thornhill Academy	Yes	No
Venerable Bede Academy	Yes	Yes
Washington Academy	Yes	No
Special Schools / Independent	Drop In	C Card Provision
Barbara Priestman Academy	Yes	No
New Bridge Academy	Yes	Yes
Portland Academy	Yes	No
Thornhill Park	Yes	No
Pupil Referral Units	Drop In	C Card Provision
Beacon of Light	Yes	Yes
Link Pallion	Yes	Yes
Link Tudor Grove	Yes	Not known
Young Mams Hendon Health Centre	Yes	Not known
College	Drop In	C Card Provision
Bede College	Yes	Yes
New City College	Yes	Yes
St Peters college	Yes	Yes
Usworth College	Yes	Yes

Item 5

CHILDREN, EDUCATION AND SKILLS

12 April 2018

SCRUTINY COMMITTEE

SEND UPDATE

REPORT OF THE DIRECTOR OF EDUCATION, TOGETHER FOR CHILDREN

1. Purpose of the report

1.1 The purpose of this report is to provide the Children, Education and Skills Scrutiny Committee with an update on preparation for SEND inspection.

2. Summary

2.1 The following report identifies the progress made in the preparations for the SEND inspection. The RAG rating has been compiled in conjunction with partners and reflects the rapid improvement made as part of the action planning process.

3. RAG rating

Red	Substantial work to be carried out across all service areas
Amber	Work started but not embedded
Green	Work started strengths identified in the area

Q1. How effectively does the local area identify children and young people who have special educational needs and or disabilities?

Area	Feb 18	Mar 18
A1 When potential needs were raised with the local area by the young person, parents and carers or teachers or other staff working with the young person, and the efficiency and appropriateness of the response		
A2 appropriate monitoring arrangements to ensure assessment information remains up to date		
A3 the effectiveness of routine assessment of educational attainment and progress, including the application of national assessment arrangements		
A4 how social care needs of children and young people are identified and assessed		
A5 the effectiveness of the use of information from early health checks and health screening programmes		
A6 performance towards meeting expected timescales for EHC needs assessments, including for conversion of existing statements of special educational needs to EHC plans		
A7 the timing of assessments in preparation for a child or young person's move from one provider to another, or into adult services		
A8 how school census data is used to identify possible inconsistencies in Identification of needs.		

Quality of identification - In order to assess the quality of identification and assessment information, inspectors should take into account evidence that the information has been used for:

A9 establishing a baseline for setting targets for progress and improvement towards meeting education, health and social care support or therapy needs		
A10 informing joint commissioning, predicting the need for services and putting in place provision that meets the needs of children and young people		
A11 informing planning for effective teaching and other education, health and social care support or therapy		
A12 evaluating the effectiveness of the teaching and other education, health and social care support or therapy provided		

Reporting on the effectiveness of identification of need

In arriving at the judgement about how effectively the local area identifies children and young people who have special educational needs and/or disabilities, inspectors will report on key aspects of effective identification as they relate to:

A13 children and young people being considered or assessed for, or having, EHC plans		
A14 children and young people being considered or assessed for, or in receipt of, special educational needs and disability support		
A15 the thoroughness of the area's understanding of the views of children and young people who have special educational needs and/or disabilities, and their parents and carers		
A16 the thoroughness of the area's understanding of the views of parents, carers and young people as part of the identification process		
A17 the extent to which the needs of children and young people who have special educational needs and/or disabilities in the whole local area are identified, irrespective of individuals' characteristics and circumstances, and that this identification is rigorously and routinely reviewed.		
A18 This evaluation will also report on the quality and sufficiency of the information on which the local area has evaluated its own effectiveness in identifying children and young people who have special educational needs and/or disabilities.		

Q 2. How does the local area assess and meet the needs of children and young people who have special educational needs or disability?

In order to evaluate how effectively the local area assesses and meets needs, inspectors should take account of the following aspects:

B1 engagement and co-production with children and young people, and their parents and carers		
B2 effectiveness of coordination of assessment between agencies in joint commissioning – clear roles, responsibilities and accountability of partners in assessing and meeting needs		
B3 the suitability of EHC plan, (including where relevant alignment with child in		

need and child protection plans)		
B4 satisfaction of parents and carers/satisfaction of children and young people		
B5 the local offer, including its development, accessibility and currency		
B6 that planning is appropriate to meet the needs of children and young people receiving special educational needs and/or disability support.		

Q 3. How does the local area improves outcomes for children and young people who have special educational needs or disability?

C1 the rigour of the assessment of individual starting points		
C2 the thoroughness of understanding of the young person's special educational need and/or disability		
C3 the impact of teaching and other education, health and social care support or therapy		
C4 the use of national assessment comparative data, where available, to set targets and evaluate outcomes, and that the data shows progress at or above expected levels for the young person's age and starting point		
C5 the rigour of moderation in the evaluation of progress made		
C6 the regularity and effectiveness of reviews of progress		
C7 whether the young person, and their parent/carer, as appropriate, is involved in the co-production of targets and reviews of progress		
C8 whether destinations match aspirations and achievements		
C9 the extent to which the range of outcomes matches the diversity of children and young people who have special educational needs and/or disabilities		
C10 the application of thresholds and eligibility criteria and their clarity and consistency to ensure equity and transparency of service delivery		
C11 availability of services at universal, targeted and specialist levels as identified in the early help and local offer		
C11 commissioning of education for students who have high levels of need.		

Inspectors should review information about the effectiveness of the local area's approaches to improving outcomes. Inspectors should review evidence about:

C12 early intervention		
C13 personal budgets		
C 14 short-break care		
C15 out-of-area placements		
C16 transition arrangements between services and providers		
C17 jointly commissioned specialist educational, medical and therapeutic services		
C18 the use of advisory and advocacy services to support children and young people who have special educational needs and/or disabilities, and their parents and carers		
C19 the thoroughness of the local area's understanding of the views of children and young people who have special educational needs and/or disabilities, and their parents and carers.		

4. Progress to date

These are the key areas that have been the focus of activity since the last report and demonstrate the progress made and the next steps required.

4.1 Reds

A9. Establishing a baseline for setting targets for progress and improvement towards meeting education, health and social care support or therapy needs.

Challenge remains around establishing joint working protocols and structures

- Baseline targets established by education settings
- Social care support – needs further consideration
- Therapy needs – discussions underway with health

4.2 Reds – turned to amber

A4 How social care needs of children and young people are identified and assessed

- There has been an acceptance by children's social care of the need to ensure that all children and young people have a CIN assessment as part of the process. There are issues with capacity of social workers to be more responsive to requests
- Review of transitions protocols – need to ensure that all colleagues are aware of responsibilities – adult services
- Further training to be carried out to ensure that all staff have a clear understanding of their responsibilities

A10 Informing joint commissioning, predicting the need for services and putting in place provision that meets the needs of children and young people

- SEND analysis carried out using existing PLASC data
- Public health needs analysis carried out – Lorraine Hughes
- Waiting for CCG analysis to inform broader issues
- Strategic groups agreed – see policy and terms of reference
- Current framework for commissioning of services agreed
- Process map agreed for future commissioning approaches
- Commissioning process agreed between education, social care, public health and CCG

B2 Effectiveness of coordination of assessment between agencies in joint commissioning – clear roles, responsibilities and accountability of partners in assessing and meeting needs

- See above – JSNA being co-ordinated
- Strategic groups in place
- Roles and responsibilities shared with colleagues – common understanding but need to ensure that needs assessments inform strategic planning

4.3 Amber Rating

A6 Performance towards meeting expected timescales for EHC needs assessments, including for conversion of existing statements of special educational needs to EHC plans

- All conversions from statements to EHC plans have been met in the agreed timescale
- % of plans being completed within the 20 week timescale has been improved from 69% in January 2018 to 86% in February 2018

C3 The effectiveness of the teaching and other education, health and social care support or therapy provided

- Performance analysis carried out by SIO SEN
- Shared intelligence meeting (focus SEND) to highlight impact of teaching on outcomes
- Annual review process to identify progress on impact on all outcomes

Next steps to achieve a green rating:

- Need feedback from those who have accessed Disability Matters and teaching from the community children's nurse specialists
- Need to establish quality assurance mechanisms in health and social care with a clear focus on outcomes
- Work with schools to ensure that the graduated response is robust and schools make more consistent use of SEN support plan format to meet identified need.
- Implement measures for achievement of outcomes identified in individual (EHC) plans.
- Capture the agreed progress of every child and young person towards the following outcomes through annual review, using a consistent 'measuring' framework:
 - Higher education/employment
 - Independent living
 - Participation in society
 - Being as healthy as possible in adult life.
- Consistently apply a quality assurance framework across the Local Area that systematically embeds feedback from children and young people and their families about their experiences of services, processes and progress towards their outcomes alongside performance management and self-review.
- Reporting on the effectiveness of identification of need
 - JSNA in development
 - SEND analysis using PLASC data has been completed
 - Sunderland University research – emphasis on next phase of the research – SEMH identified in initial research as a key area for development
- Development of a data sharing protocol between health and education/social care to ensure effective identification leading to robust commissioning arrangements

4.4 Green rating – steps to further strengthen aspects of work

A14 Children and young people being considered or assessed for, or in receipt of, special educational needs and disability support

- Need to ensure that all professionals strengthen person centred approaches across all aspects of work

A15 The thoroughness of the understanding of the views of children and young people who have special educational needs and/or disabilities, and their parents and carers

- Need to strengthen mechanisms to receive feedback from children and young people. Need to appoint a participation lead to facilitate this work with young people.

5 Recommendation

5.1 That the Committee consider and comment on the progress being made.

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Item 6

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

12 APRIL 2018

REPORT OF THE REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

CONSULTATION WITH STAFF FROM EARLY HELP TEAM

1. Purpose of the Report

- 1.1 To consider feedback from the Committee's visit to meet staff from the Early Help Team.

2. Background

- 2.1 In setting its work programme for the year, the Committee requested that members be provided with an opportunity to meet and receive feedback from staff working for Together for Children.
- 2.2 To this end, arrangements have been made for a rolling programme of meetings with staff involved in each stage of a child's journey through social care.

3. Current Position

- 3.1 On 26 March 2017, Committee members met with staff belonging to the Early Help Team. The meeting was held at Bede Tower. Members in attendance included Councillor Pat Smith, Councillor Paula Hunt and Councillor Stephen Foster.
- 3.2 The meeting involved an open discussion between members and staff on the issues facing the service. In summary these included:-
 - It was considered that good progress was being made by the new Team in what was very much a transition period. New ways of working were being established with a greater focus on outcomes and greater flexibility. There were no issues relating to the recruitment and retention of staff.
 - The introduction of Liquid Logic was having a positive impact on efficiency and staff had been well supported during its introduction.
 - Workload was still an issue with an ever increasing demand on the service. It was important that the work of the team was targeted and that it worked closely with its partners to ensure that the best use was made of available resources. At the present time only 7% of cases were being moved up to social care thereby relieving pressure on that service.
 - Reference was made to the potential increase in demand for the service due to the introduction of Universal Credit and the growth in personal debt

- It was considered that partnership working was good and joint working effective. It was recognised that the success of early help would depend on the joint working and collaboration. Reference was made to the importance of training to ensure that the staff working with young people were aware of the powers and responsibilities they have in dealing with young people. It was noted that some problems still existed in the sharing of information with health services though by closer joint working together it was hoped that these problems could be reduced.
- It was noted that the Youth Offending Team had had a very good reputation for its work but that funding reductions had seen the team reduced from around 200 staff to around 50 staff. While crime figures had fallen it was felt that this had much to do with the treatment of the figures and there was a concern that in future the service could struggle to cope with demand.
- Discussion took place on the factors behind the increasing need for early intervention. It was felt that these included domestic violence, mental health issues among young people and substance misuse. It was felt that there was a gap in services for children who witness domestic violence and require specialist help to deal with the subsequent trauma. Staff had also noticed a growth in violence from young children towards their mothers and grandmothers.
- There was concern over the delays in mental health assessments. It was felt that the greater recognition of such services could explain the increase in demand for its services.
- There continued to be occasional difficulties in securing appropriate accommodation for young people with challenging behaviour. There continued to be occasional use of hotel accommodation where all other avenues had been exhausted.
- Concern was expressed at the services available for 18 year olds. While early help team offer support up to 19yrs many other partners withdraw support at 18 yrs. leaving some people in limbo. Reference was made to a study conducted by the East Area Committee which had considered that undiagnosed special needs of some young people in hostels. It was important to ensure that support is provided as early as possible.
- Staff felt that it was important that there were opportunities for career progression for staff interested in working in other areas of social care.

4 Conclusion

- 4.1 The meeting with staff from the Early Help Team provided the opportunity to seek the views of staff on the development of the service.

4.2 Members suggested that the Scrutiny Committee may wish to include in its work programme further information on the support provided to young people aged 18yrs.

4.3 Members also suggested that a further meeting be arranged with social workers dealing with safeguarding referrals.

5. Recommendations

5.1 The Scrutiny Committee is asked to consider and comment on the feedback from staff based in the Early Help Team.

6. Glossary

None

7 Background Papers

None

CHILDREN EDUCATION AND SKILLS SCRUTINY COMMITTEE

12 APRIL 2018

ANNUAL WORK PROGRAMME 2017-18

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. Purpose of the Report

- 1.1 The report sets out for members' consideration the work programme of the Committee for the 2017/18 municipal year.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 The work programme is intended to be a working document which Committee can develop throughout the year, allowing it to maintain an overview of work planned and undertaken during the Council year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 In delivering its work programme the Committee will support the Council in achieving its corporate outcomes

3. Current position

- 3.1 The current work programme is attached as an appendix to this report.
- 3.2 It is suggested that Members may wish to review the composition and priorities of the work programme for the remainder of the municipal year in view of the number of remaining items and earlier discussions during the meeting (Agenda Item 3 refers).

4. Conclusion

- 4.1 The work programme is intended to be a flexible mechanism for managing the work of the Committee in 2017-18.

5 Recommendation

- 5.1 That Members note the information contained in the work programme and consider its composition and priorities for the remainder of the municipal year.

Contact Officer: Jim Diamond, Scrutiny Officer Tel 0191 5611396
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CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE – WORK PROGRAMME 2017-18

REASON FOR INCLUSION	27 JUNE 17	13 JULY 17	6 SEPTEMBER 17	5 OCTOBER 17	2 NOVEMBER 17	30 NOVEMBER17	4 JANUARY 18	1 FEBRUARY 18	1 MARCH 18	12 APRIL 18
Policy Framework/ Cabinet Referrals and Responses	Children and Young People's Partnership Plan (Jane Hibberd)							Youth Justice Plan (Linda Mason)		
Scrutiny Business	Remit and Work Programme of Committee (Jim Diamond)	Local Authority Designated Officer (LADO) –Annual Report (Gavin Taylor) Pupil Place Planning (Alan Rowan)	Independent Review Officer (IRO) – Annual Report (Gavin Taylor) Early Years Funding (David May)	Training and Preparing for Work/ – NEETS Update (Karen Davison) SEND Update – (Annette Parr) IRO Report – Looked After Children (Gavin Taylor)	Corporate Parenting Annual Report (Sheila Lough)	Fixed Penalty Notices (Elaine Matterson) Elective Home Education (Elaine Matterson) School Exclusions and Attendance (Simon Marshall) Feedback from Social Work Visit (Jim Diamond)	Safeguarding Board Annual Report (Paul Ennals-Independent Chair)	Together for Children (Chief Executive) Educational Attainment Schools Results (Simon Marshall/Richard Cullen)	Universal Credit (Joan Reed) NEETS/Connexions Progress Report (Karen Davison) Early Help Strategy (Karen Davison)	Scrutiny Annual Report (JD) Child Sexual Exploitation (Stuart Douglass) Special Educational Needs/Special Educational School Progress (Simon Marshall) Teenage Pregnancy (Lorraine Hughes) Feedback Early Help Staff Visit (Jim Diamond)
Performance / Service Improvement		Together for Children – Performance Monitoring Report (Julie Lynn) Children's Services Complaints (Rhiannon Hood)	Together for Children – Performance Monitoring Report (Julie Lynn)		Together for Children – Performance Monitoring Report (Julie Lynn)		Together for Children – Performance Monitoring Report (Julie Lynn) Children's Services Complaints (Stacy Hodgkinson)		Together for Children – Performance Monitoring Report (Julie Lynn)	
Consultation / Awareness Raising	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18	Notice of Key Decisions Work Programme 17-18

Future Items to Timetable:

Youth Offer
School Exclusions
Suicide and Self Harm, Children & Young People – Progress Report
Nursery Provision for Two Year Olds in Sunderland
CAMHS
Children and Young People Strategy – Update
University Technical Colleges

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Jim Diamond, Scrutiny Officer
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The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170810/205	To approve the freehold acquisition of a property to provide children's services accommodation.	Cabinet	Y	During the period 25 April to 30 June 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force area.	Cabinet	Y	During the period 25 April to 30 June 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180103/235	To seek approval for the procurement and award of contracts to providers for local welfare provision	Cabinet	Y	During the period 25 April to 310 June 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180103/237	To seek approval of the Active Sunderland policy position and themes until 2021, ensuring that the policy is relevant to both corporate priorities and Sport England outcome framework.	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180205/244	To seek Cabinet approval of the Housing Allocations Policy which has been revised in line with the Homelessness Reduction Act 2017.	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180308/245	To seek approval for the sale of land at former Southwick School.	Cabinet	Y	During the period 1 to 30 June 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180313/246	To approve : a)2018-19 Highway Maintenance(Including Bridges) Programme. b) 2018-19 Integrated Transport Capital Programme. c) Amendments to 2017-2018 Programme	Executive Director of Economy in consultation with the Deputy Leader and Portfolio Holder for City Services	Y	During the period 25 to 30 April 2018	N	The responsibility for this decision is delegated to the Chief Officer and Portfolio Holder in this instance.	Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180319/247	To approve property seizure pursuant to The Control of Waste (Seizure of Property) Regulations 2015 for property involved in the commission of relevant environmental crimes	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet report and qualifying Regulations	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180323/248	To seek approval to commence consultation on the Publication draft of the Core Strategy and Development Plan and Planning Obligation SPD.	Cabinet	Y	30 May 2018	N	Not applicable	Publication draft of the Core Strategy and Development Plan Planning Obligation SPD	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180326/249	To seek approval for the procurement of a Framework Agreement for care and support provision, including the procurement of care and support within two extra care housing schemes and the subsequent award of contract	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180326/250	To seek Cabinet approval and agreement to the Unauthorised Encampment Policy.	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

Cabinet; Councillor Henry Trueman – Leader; Councillor Michael Mordey – Deputy Leader/City Services; Councillor Mel Speding – Cabinet Secretary; Councillor Louise Farthing – Children’s Services; Councillor Graeme Miller – Health, Housing and Adult Services; Councillor John Kelly – Public Health, Wellness and Culture; Councillor Cecilia Gofton – Responsive Services and Customer Care

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh

Head of Law and Governance **27 March 2018**