Children and Young People Trust

Date  Tuesday 6th September 2016

Time  3.30 - 5.30 p.m.

Venue  Newham Dockside, 1000 Dockside Road, London E16 2QU

Contact Officers:

Lead Officer:
James Thomas
Director of Commissioning, Children Services
020 3373 1886
james.thomas@newham.gov.uk

Clerk to the Meeting:
Cameron MacLean
Principal Committees and Partnerships Officer
020 3373 1269
cameron.mclean@newham.gov.uk
## Members of the Children and Young People Trust

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Councillor Quintin Peppiatt (Chair)</td>
<td>Executive Member for Children and Young People, LBN</td>
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<tr>
<td>James Thomas</td>
<td>Director of Commissioning (Children’s Services)</td>
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<tr>
<td>Dr Elizabeth Goodyear</td>
<td>Newham Clinical Commissioning Group</td>
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<td>Satbinder Sanghera</td>
<td>Newham Clinical Commissioning Group</td>
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<tr>
<td>Ian McKay</td>
<td>Community Health Services</td>
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<td>Dr Jane Hawdon</td>
<td>Barts Health NHS Trust</td>
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<tr>
<td>David Sanders</td>
<td>Chair of the Local Safeguarding Children Board</td>
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<tr>
<td>Marcia Samuels</td>
<td>Voluntary Sector representative - New Choices for Youth (NCY Trust)</td>
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<tr>
<td>Mark Johnson</td>
<td>Secondary School Head Teacher Representative</td>
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<td>Janine St Pierre</td>
<td>Primary School Head Teacher Representative</td>
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<tr>
<td>Pat Edwards</td>
<td>Post-16 Representative</td>
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<td>Jan Tallis</td>
<td>Parent Governor representative</td>
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<tr>
<td>Jacquie Burke</td>
<td>Deputy Director of Children’s Social Care and Safeguarding</td>
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<tr>
<td>Jane Moon</td>
<td>Commissioning Education and Skills</td>
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<td>Jane Senior</td>
<td>Head of Commissioning, Children and Safeguarding</td>
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<tr>
<td>Shema Begum</td>
<td>Childrens Services Improvement Manager, Childrens and Safeguarding</td>
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<tr>
<td>Alex Jarrett</td>
<td>Young Mayor</td>
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<tr>
<td>Baljit Banga</td>
<td>Voluntary Sector Representative</td>
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<td>Neil Matthews</td>
<td>Metropolitan Police</td>
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<td>Michelle Johnson</td>
<td>Director of Nursing (Babies, Children &amp; Young Persons) Barts</td>
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<tr>
<td>Paul Halliwell</td>
<td>Head Teacher St Bonaventure's School</td>
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### Officer Support

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<tr>
<td>Meradin Peachey</td>
<td>Director of Public Health</td>
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<td>Lorna St Rose</td>
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<tr>
<td>Claire O’Callaghan</td>
<td>Acting Head of Commissioning, Children and Young People's Services</td>
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<tr>
<td>Maura Cardy</td>
<td>Partnerships and Workforce Development Manager</td>
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<tr>
<td>Jonathan Awoo-Adongo</td>
<td>Strategic Commissioning and Intelligence</td>
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Agenda

1. Management of Business
   - Welcome and Introductions
   - The Chair will agree the order of business
   - Apologies for absence

2. Declarations of Interest (Pages 1 - 2)
   Members of the Board are required to declare any interests in relation to any business on the agenda. Advice for Board members is attached.

3. Minutes and Matters Arising (Pages 3 - 10)

4. Domestic Abuse & CYP Services (Pages 11 - 14)

5. Evaluation of SEND in Newham (Pages 15 - 20)

6. Provisional Education Assessment (Pages 21 - 30)

7. Newham Partnership Forward Plan (Pages 31 - 32)

8. Any Other Business

9. Date of Next Meeting

The next meeting is scheduled for Tuesday, 20th December 2016 at 3.30pm in Room WG.06, Dockside.
THE CHILDREN’S TRUST BOARD TERMS OF REFERENCE

- To act as the accountable body for the Children's Trust arrangements in Newham.
- To set the financial and resourcing parameters for the Children's Trust arrangements in Newham.
- To define and promote a needs-led strategic vision which will guide the achieving of outcomes for children, young people, their families and carers throughout Newham.
- To secure joint inter-agency governance, integrated planning, integrated processes and frontline delivery in accordance with the Children’s Act 2004, including the approval of the Children and Young People’s Plan.
- Provide joint strategic leadership to secure the necessary changes to culture and practice so that those organisations with a duty to co-operate improve outcomes for all and are organised around children and young people's needs.
- To receive an annual report from the Local Safeguarding Children Board (LSCB) on the effectiveness of safeguarding in the local area and any other reports from the LSCB regarding specific concerns.
- To jointly work with partners to ensure the children and young people’s workforce is of the highest possible standard.
- Seek, listen to and act upon the views of children, young people, their families and carers.
- To take decisions within the remit of partners’ own governance and as directed by the Newham Partnership Board.
Newham Partnership has an agreed protocol for ensuring that Members’ interests are recorded in order to ensure decisions are taken in an open and transparent manner.

The public and all those participating in a meeting should be aware of any interest a member has in a particular matter. Therefore, such interests should be clearly declared unless transparent to all those present by the very nature of the representatives’ role.

Newham Partnership members will be asked at the start of each meeting if they have any declarations of interest. You are also required to declare any interests before the consideration of the matter, or as soon as the interest becomes apparent, if you were not aware of it at the start of the meeting. Interests must be declared clearly so all those attending the meeting are aware of the interest and how it arises.

1. Disclosable Pecuniary Interests

1.1 Disclosable Pecuniary Interests (DPI) are covered in detail in the Localism Act 2011. Definitions of DPIs are set out in Appendix F of the Newham Partnership Constitution. Breaches of the law relating to these may be a criminal offence.

1.2 If you have a DPI in any matter on the agenda you must not participate in any discussion or vote on that matter. Any Newham Partnership member who does so without a prior Dispensation (see below) may be committing a criminal offence, as well as a Breach of the Code of Conduct.

1.3 Any Newham Partnership member declaring a DPI is required to leave the meeting (including any public seating area) during consideration of the matter.

1.4 Failure to abide by the requirement to declare a DPI may lead to the representative and/or the member organisation being removed from the Newham Partnership.

2. Non-Disclosable Pecuniary Interest or Non-Pecuniary Interest

2.1 Newham Partnership members are required to make a verbal declaration of the existence and nature of any "Non-Disclosable Pecuniary Interest" or "Non-Pecuniary Interest". Any Member who does not declare these interests in any matter when they apply may be in breach of the Code of Conduct.

2.2 You may have a "Non-Disclosable Pecuniary Interest or Non-Pecuniary Interest" in an item of business where:

   a). A decision in relation to that business might reasonably be regarded as affecting your well-being or financial standing, or a member of your family, or a person with whom you have a close association with to a greater extent than it would affect the majority of the Council taxpayers, ratepayers or inhabitants of the
London Borough of Newham as a whole (or in the case of councillors - the ward or electoral area for which they have been elected), or

b). It relates to interests which would be a DPI, but in relation to a member of your family or a person with whom you have a close association and that interest is not a DPI. If the matter concerns your spouse, your civil partner or someone you live with in a similar capacity, it is covered by the provisions relating to DPIs.

c). It could also cover membership of organisations which you have listed on your Register of Interests (including appointments to outside bodies), where there is no well-being or financial benefit accruing to you but where your membership might be said to be relevant to your view of the public interest.

2.3 A person with whom you have a close association is someone who is more than an acquaintance, and is someone you are in contact with over a period of time, whether regularly or not. It is someone that a reasonable member of the public might think you would be prepared to favour or disadvantage when discussing a matter which affects them and so covers friends, colleagues, business associates, or someone you know through social contact.

2.4 Family should be given a wide meaning. In relation to the family of both you and your partner, it would include the parents, parents-in-law, children and step children, brothers and sisters, grandparents, grandchildren, uncles and aunts, nephews or nieces, together with the partners of any of these persons.

3. Dispensations

3.1 Newham Council’s Monitoring Officer (the Director - Legal, People and Change) has delegated authority to grant dispensations under Section 33 of the Act. The Monitoring Officer has granted the following general dispensations to all Newham Partnership members (up to June 2014) on the grounds that the dispensation is in the interests of the inhabitants of Newham and/or it is appropriate to grant the dispensation to maintain a similar position as applied under the previous code of conduct. This means that Newham Partnership members do not need to leave the meeting if their Disclosable Pecuniary Interest arises and is:

- An interest common to the majority of inhabitants in their ward.
- An interest so remote that it is not likely to prejudice their judgement of the public interest.
- Council housing unless related to their own particular tenancy.
- School meals and/or transport unless relating to their own child’s school.
- Statutory sick pay for members.
- Members allowances.
- Setting Council Tax or precept.
- Agreeing any Local Council Tax Benefit Scheme.
- Interests arising from membership of an outside body to which the authority has appointed or proposes to appoint them.
- The Local Government Pension Scheme unless relating specifically to their own circumstances.
NEWHAM PARTNERSHIP CHILDREN AND YOUNG PEOPLE TRUST

Meeting held on Tuesday, 5th July 2016 in Room EG.06, New Dockside, 1000 Dockside Road, London E16 2QU

Present: Councillor Quintin Peppiatt, Rosie Dei-Boateng, Ian Mackay, Pat Edwards, Claire Bridge, Jane Senior, Jan Tallis, Marcia Samuels, Simon Munk, Satbinder Sanghera, James Thomas, and Janine St Pierre.

Also Present: Meradin Peachey, Director of Public Health, and Cameron MacLean, Committees and Partnerships Officer

Apologies for Absence: David Sanders, Dr Elizabeth Goodyear, Dr Jane Hawdon, and Jane Moon.


The meeting commenced at 4:35 pm and closed at 5:50 pm

1. Management of Business
   The Chair welcomed all members of the Trust and agreed the Order of Business.

2. Declarations of Interest
   There were two declarations of interest by Marcia Samuels, New Choices for Youth Trust (voluntary sector representative), as follows –
   
   Item 4: HeadStart Funding
   Organisations with which she was associated may be the beneficiaries of HeadStart funding.
   
   Item 7: Placement Sufficiency for Looked after Children
   New Choices for Youth Trust (“NCY”) had an interest in providing accommodation for young persons.

3. Minutes and Matters Arising
   The minutes of the meeting held on 3rd February 2016 were approved as a correct record.

   Matters Arising
   James Thomas (JT) referred to Item 7: Stocktake on Priorities and Identifying Future Priorities. He stated that the Trust had been formally constituted last year and was now a subgroup of the Health and Wellbeing Board. The Board had identified four priorities as the starting point for the work of the Children and Young People Trust, these being:
   
   (i) Best Start in Life
   (ii) School Age Health
   (iii) Special Educational Needs and Disabilities
   (iv) Children and Young Person’s Emotional Well-Being and Mental Health
   
   He stated that an additional priority would be continuing the major transformation programme relating to integrated neighbourhood working which was intended to coordinate universal and targeted services.

   JT stated that these five priorities would provide a theme for agendas for Trust meetings, and for the Trust’s Forward Plan. However, this would not be to the
exclusion of other agenda items such as Housing issues, when it was appropriate to include such items on the agenda.

Noted

4. HeadStart Funding

The Trust considered a report by Dr Simon Munk (SM), the purpose of which was to provide –

(i) An overview of the new HeadStart service;
(ii) Suggestions for how the Trust could contribute to the development of the service; and
(iii) Suggestions as to how to plan for the financial sustainability of the service.

It was recommended that the Trust agree –

(i) Specific ways that it could contribute to the development of the service;
(ii) How financial sustainability planning for the service could take place; and
(iii) Next steps

The Chair stated that, as most people were familiar with the program, he proposed focusing on the future development of the programme rather than reviewing what had taken place. He asked SM to introduce the item and present his report.

SM stated that, based on the pilot project that had been carried out, a bid had been submitted to the Big Lottery for funding for a Borough wide project and that the bid had been successful and that Lottery funding of nearly £10 million over a five-year period had been awarded. It was noted this information was subject to an embargo until such time as the Big Lottery made an official announcement.

SM stated that the challenge the project presented was how to provide sustainable funding beyond the initial five-year period for which funding was provided, and how the project might deliver outcomes that were relevant to members of the Trust, each of which would have a role in shaping and delivering the project both individual and collectively. SM went on to say that, if the project was successful in delivering it outcomes, this may give rise to a commitment on the part of Trust members to future funding thereby ensuring the sustainability of the work carried out during the lifetime of the project.

SM went on to note that, if the project was successful, there should be improved outcomes in mental health; education i.e. reducing existing attainment gaps; and social care.

In the subsequent discussion, the following points were raised –

(i) The number of CAHMS referrals would be only one indicator of the success or otherwise of the project, and it would be necessary to have several other indicators if a holistic evaluation of the success of the project was to be carried out.

(ii) That HeadStart was an opportunity to join up targeted and universal services in such a way as to meet needs that were not presently being met.
Universal services would include primary and secondary schooling, and youth provision within the Borough.

(iii) HeadStart would be a key component of CAHMS transformation work and social care provision. If the project was successful, it would target young people with emerging mental health difficulties and provide them with a package of support measures intended to promote their mental health well-being outcomes. A yearly assessment of the Stress and Difficulties Questionnaire (SDQ) of each young person on the HeadStart project would be carried out, and from this, it was proposed that it would be possible to determine whether or not the activities in which they were engaged were resulted in improved mental health outcomes. This information could then be related to attainment and attendance data held by the local authority, and to records of those young persons who had been referred to social care.

(iv) It was hoped that the project would not only reduce the number of young persons referred to CAHMS, but would ensure that those persons who were referred were the right persons to be referred to the service. There was a cohort of young persons who were not presently receiving any support who would benefit from support. If these young persons could be provided with support that benefited their mental health outcomes, this may result in improved school attainment and a consequent reduction in the amount of social care attention that might otherwise be required. Consequently, this approach was targeted at providing support to young persons just below the threshold of services provided by other organisations such as CAHMS.

(v) As a targeted, evidence-based approach, this provided an opportunity to provide a youth service using school and community-based activities to identify young persons who were at risk of requiring a future referral to social care services.

(vi) Regarding the Key Evaluation Questions set out in appendix 2 of the report, SM stated that there were three things that he would like the Trust members to confirm, as follows –

- That the right things, as defined by the Key Evaluation Questions, were being measured;
- What would work, and what would not work, in terms of delivery so that the service could be suitably adjusted; and
- The key outcome for each member of the Trust that would persuade each organisation to continue funding the work of the project.

In conclusion, SM stated that, over the next few months, he would be meeting with each of the members of the Trust discuss the items referred to in the discussion, and that he would report back to the Trust in February of next year. He stated that the report to the Trust in February would set out what a success framework might look like based on the discussions he had held with the Trust members, and how they proposed delivery be refined as a result of those discussions.

Resolved: To –

1. Agree the recommendations set out in the report;
2. Proceed on the basis of the proposals, as discussed; and
3. That a further report be submitted to the Trust in February 2017.

5. Childhood Obesity and Physical Inactivity

The Trust considered a report of the Director of Public Health, the purpose of which was to provide a briefing on childhood obesity and physical activity in children and young people living and studying in Newham; and to highlight the levels of obesity in school aged children in Newham and the impact this would have on the future burden of ill health.

Based on national evidence on tackling and preventing obesity, the report presented how the current provision of physical activity in Newham mapped on to the national framework for improving physical activity and made recommendations to improve the current provision in line with the national framework. It also recommended actions that should be embedded in the prevention strategy that was currently in progress.

It was recommended that the Children & Young People Trust be asked to agree:

(i) To a whole system approach to tackling and preventing childhood obesity that was recommended by national evidence;

(ii) To use the national framework for improving physical activity to have a whole system approach to increasing physical activity in Newham children and young people;

(iii) To receive a briefing on a whole system approach to improving diet in children and young people; and

(iv) To embed whole system approaches to tackling and preventing obesity in the Borough-wide prevention strategy.

Introducing the report, Meradin Peachey (MP) stated that different countries adopted different approaches to tackling child obesity and that there did not appear to be a single solution to this problem, which affected many Western European countries as well as Australia. She stated that the report provided statistics that allowed Newham to be compared with other London boroughs and England as a whole. Of particular interest, were the statistics for Thanet in East Kent, a deprived area in which it might be expected that there would be a greater incidence of child obesity. However, over the last 10 years, there had been a very significant investment by local authorities in Kent in in promoting public health and, although it was difficult to make a correlation between cause and effect, it would appear that this investment had contributed to a reduction in child obesity.

MS then referred Members to Page 24 of the papers and a section of the report headed “What Can We Do Better to Improve the Physical Activity of Children?” Here it was stated that the national framework for physical activity suggested taking action across four domains: social environments; active lives; moving professionals; and scaling up, and what was required to relate these domains to Newham.

MS then summarised the measures that were presently being taken in Newham across the four domains to tackle child obesity, and the level of activity that was required if the measures were to be successful. She stated it was for the Trust to
decide the domains and activities on which it might wish to concentrate, and whether or not to make commissioning changes. It was noted that there was no identified funding for child obesity initiatives, or any partnership programs addressing the issue. However, the Mayor had stated that he would like some pilot projects designed to tackle child obesity to be carried out.

In the subsequent discussion, the following points were raised –

(i) Regarding the provision of bus passes to schoolchildren, it was noted that most primary school children lived within a short distance of the school they attended, but this was not always the case for secondary school pupils, some of whom lived a significant distance away from the school they attended.

(ii) Measures that had been introduced in at least one primary school included –
   - Actively discouraging parents from driving their children to school; and
   - Offering fruit with school meals instead of puddings and doing this for most days of the week.

(iii) The Council was aware of the problems presented by fast-food outlets and the limits of the planning process in restricting the location of such outlets near schools.

(iv) In Walthamstow, the Council had imposed traffic restrictions on side roads near to schools to discourage parents from driving their children to school. Such restrictions made it impracticable, given the time taken, to drive children to school, thereby encouraging parents to make their children walk to school.

(v) There was no single answer to tackling child obesity and it was necessary for each of the various stakeholders to make a commitment to a joint strategy as a start to tackling what was a complex and difficult issue.

(vi) One way of evaluating possible measures intended to address childhood obesity would be to identify a number of neighbourhood communities where a whole system approach might be implemented as a pilot project which could then be evaluated. In the meantime, a range of measures intended to tackle child obesity could continue to be implemented across the rest of the Borough.

(vii) If a neighbourhood community project was to be embarked upon, this could include activities that happen at home, in schools, and in the community, and it may be possible to get agreement on scaling up as one of the four domains.

(viii) There appeared to be a higher incidence of child obesity in middle-class areas, such as Forest Gate, when compared with more deprived areas such as Green Street. However, without more information, it was difficult to draw conclusions as the differences may be the result of various factors such as differing cultures, traditions and levels of poverty.

(ix) An additional problem was a misguided notion held by many as to what constituted a healthy weight and size for a child of a particular age, many people perceiving what would otherwise be a healthy weight and size to be too small and skinny.
(x) Problems of obesity in young children could result in mental health problems and, therefore, there existed a correlation between the measures proposed in the HeadStart project and measures intended to tackle childhood obesity. Arising out of the discussion was a consensus that the way forward would be to implement a pilot project involving one or two neighbourhood communities adopting a comprehensive approach involving all four domains and scaling up activities, as appropriate.

Resolved: that a report detailing proposals for a pilot project in one or two neighbourhood communities be presented at the next meeting of the Trust.

6. Transformation of the School Nursing Service

The Trust Members considered a report, the purpose of which was to –

(i) Provide an update on the transformation of School Nursing following the decision by Newham Council’s Cabinet to bring the service in-house for direct delivery by CYPS; and

(ii) To discuss, with the Trust, opportunities for stakeholder participation in the transformation process.

It was recommended that the Trust –

(i) Note the planned changes to delivery of the School Nursing service;

(ii) Discuss the proposed approach for stakeholder participation in the service transformation process; and

(iii) Make recommendations for action/consideration by the programme leads in order to ensure all stakeholders were fully involved.

Claire Bridge (CB) summarised the report that was before the Trust and took the Members of the Trust through the slide presentation that was appended to the report.

In the subsequent discussion, the following points were raised –

(i) Regarding the frequency and regularity of visits by school nurses, it was proposed that Members of the Trust were best placed to advise on those arrangements in relation to their organisations.

(ii) It was stated that school nurses should be allowed to get to know the children they were dealing with, and their families, and that their work should be balanced in such a way as to avoid most of their time being taken up with one issue, such as child protection, to the detriment of their other duties and responsibilities.

(iii) Given the number of school nurses and the number of schools within the Borough, it was not practicable for school nurses to undertake all the functions for which they were previously responsible. Consequently, it was necessary to decide how school nurses work best with other practitioners, and how they might best access the services required to perform their functions.

(iv) GPs should have a greater role in caring for schoolchildren and that their responsibilities in this regard should be clarified vis-a-vis the roles and responsibilities of school nurses. This was becoming increasingly necessary
with the added number of free schools which did not have access to the school nurse service.

(v) CB stated that there were many things to be considered over the next few months including possible changes to the service; determining what members of the Trust would like the service to provide; the services that could be provided within the resources available; and maintaining a dialogue with all the relevant parties. It was noted that Children’s Services would be subject to a re-procurement exercise and that it was important that the school nurse service retained links with Children’s Services.

(vi) Giving the peripatetic nature of the work of school nurses, consideration should be given to how to make the most efficient use of their time, including working during school holidays. In addition, there may be functions for school nurses to perform in nursery schools to prepare children for entry into primary school.

In conclusion, the Chair stated that Members of the Trust were invited to provide their views and opinions on the School Nursing Service so that these could be taken into consideration when proposing possible changes to the service and different models of working.

Resolved: That Members of the Trust be asked to forward their views and opinions on the School Nursing Service (arranging meetings to discuss the service if necessary), so that a report on the reorganisation, modelling and priorities of the service could be submitted to a future meeting of the Trust.

7. Placement Sufficiency for Looked after Children

Rosie Dei-Boateng (RDB) referred Members to the PowerPoint presentation in the papers before them, summarising the presentation.

Regarding what it was that officers were seeking from Trust Members in relation to the Placement Sufficiency for Looked after Children, RDB stated that the Council wished to increase the number of foster carers within the Borough and was seeking ways in which members of the Trust may be able to assist in this regard.

James Thomas (JT) stated that one of the biggest challenges faced by the Council was having the right placement for the children that came into the Council’s care. Presently, the Council was actively recruiting new foster carers, but was only just keeping up with demand. The reasons for this were twofold: some foster carers were applying for and being granted special guardianship orders making them no longer available as foster carers; and the national “Stay Put” campaign which actively encouraged foster carers to allow their foster children to remain with them after they turned 18.

JT noted that the best method of recruitment for foster carers was word-of-mouth and informal networks. Accordingly, he asked that Members of the Trust suggest ways in which they might be able to assist in recruiting Foster carers using their networks and organisations. Regarding schools, it was stated that the Council was seeking ways of accessing both teaching staff and parents, possibly through teacher-parent evening, as potential foster carers.
Simon Munk (SM) stated that there was a CAHMS officer working with the Council’s in-house foster care team to provide support and assistance to foster carers as part of a pilot project. It was suggested that, by providing this type of support, this might make foster care more appealing to would-be foster carers. Also, peer parenting support was being piloted as part of the HeadStart project and it was to be hoped that this might lead to word-of-mouth recommendations about foster care.

It was proposed that information about the support and assistance available to foster carers had to be made much more publicly and widely available as there was a general perception amongst the public that there would be no or little support or assistance for foster carers once they had assumed responsibility for a foster child.

Jacquie Burke (JB) stated that there were a number of programs designed to provide assistance and support for foster carers, and that the Council had recently held its Annual Foster Carers Celebration. She noted that the foster carers present at the Annual Celebration were doing an extraordinary job and that all had been appropriately vetted and suitably trained prior to becoming foster carers. It was noted that there were incentives for foster carers to introduce potential foster carers to the Children’s Services Foster Care Service, and that consideration could be given to using informal networks of foster carers as a means of encouraging persons to become foster carers.

Resolved: that Members of the Trust liaise with Council officers on ways in which their organisations and bodies may be able to assist in recruiting foster carers by using their existing networks and institutional events to promote foster care amongst their constituents.

8. Any Other Business

There was none.

9. Date of Next Meeting

It was noted that the next meeting of the Trust would be in September.

[Since the meeting of the Trust, it has been agreed that meetings of the Trust for the remainder of the municipal year would take place at 3.30pm in a meeting room at New Dockside, 1000 Dockside Road, London E16 2QU on the following dates –

1. 6th September 2016
2. 20th December 2016
3. 14th February 2017
4. 11th April 2017]

The meeting ended at 5.50pm.
Domestic Abuse and Newham Children and Young People’s Services

Briefing Report for the Children’s Trust Board: August 2016

1 Introduction
1.1 Improving the lives and outcomes of children who are affected by domestic abuse is a key priority for the council and its partners. The issue of domestic abuse is broad and in some ways more complex in Newham given the diversity and range of cultural narratives at play across the borough. This paper outlines the prevalence of domestic abuse in Newham, it focuses on partnership working and how we want to improve our practice and collective response to a shared problem.

2 London Context
2.1 According to MOPAC figures for the year ending March 2016 Newham is one of the top 5 boroughs in London for volume of domestic abuse incidents and notifiable offences. When figures are adjusted to rate per 10,000 Newham drops to 7th, preceded by Barking and Dagenham, Tower Hamlets, Lewisham, Greenwich, Haringey and Croydon. The detection rate for notifiable domestic abuse offences in Newham is less than 30% (one of the lowest in London) and the greatest detection rate in London is 42% (Kingston upon Thames). There has been an 11% increase in reporting domestic abuse compared to the previous year. Nationally 70% of domestic abuse victims have children therefore the impact of such a high volume of domestic abuse reports in Newham will be felt by children and by schools and services that support them.

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<tr>
<th>Borough</th>
<th>No of incidents</th>
<th>Rate per 10000</th>
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<tbody>
<tr>
<td>Croydon</td>
<td>7920</td>
<td>21.1</td>
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<tr>
<td>Newham</td>
<td>6677</td>
<td>20.6</td>
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<tr>
<td>Lewisham</td>
<td>6391</td>
<td>21.9</td>
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<tr>
<td>Tower Hamlets</td>
<td>6222</td>
<td>21.9</td>
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<tr>
<td>Southwark</td>
<td>5842</td>
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3 The Newham Children’s Social Care Context
3.1 The volume of domestic abuse incidents in Newham has a direct impact on the rate of contact to Children’s Social Care. Police Merlins (notifications to Children's Social Care) make up 54% of all contacts with the department and a large proportion of these are related to domestic abuse. Many of the Merlins do not meet the threshold for statutory intervention but of those proceeding to statutory CIN almost a third are domestic abuse, reaching 60% for all children who are subjects of child protection plans. The average number of children assessed per month where domestic abuse is a factor is 150.

3.2 The current statutory service offer for families affected by domestic abuse is:
• Assessment under s.17 or s.47 Children Act 1989
• Joint working with Community Safety Unit Police
• Referral to One Stop Shop commissioned services; this is the main hub for all Violence and Women and Girls (VAWG) activity in the borough.
• Referral to/work with Multi Agency Risk Assessment Conference (MARAC)
• Working with partners under CIN or CP plans to promote sustainable change.
• Children are protected through bringing them into public care.

3.3 The majority of intervention services in the borough focus on the female victim, there are no services that work with families, a limited service from one young people’s IDVA (independent domestic violence advocate) and no commissioned services to work with perpetrators. Whilst the service provided through One Stop Shop is highly successful in that more than 90% of users feel safer as result of intervention, because it works solely with the adult victim this success is often not understood by Children's Social Care or doesn’t translate into the child’s experience. What has become apparent is there is highly dedicated work in single agencies working with different parts of the family group, the coordination of work across these services requires greater focus.

3.4 There are a number of sources for practice commentary in respect of domestic abuse in Newham: NSCB multi agency case audit December 2015, external review of 20 CIN/LAC children, external review of NSCB and external review of triage and assessment and a NSCB ‘select committee’ style enquiry into domestic abuse. These varied sources indicate:

• Work with commissioned DSV services, although exceeding the target number of referrals is not always joined up.
• There is a belief that the couple can only create safety for the children through separation
• The separation myth renders men invisible even though they are often still living in the home or active participants in children’s lives. Therefore there is little or no engagement with perpetrators.
• The onus on creating safety for children rests with women who are often unable to manage their own safety.
• Measures of safety often rely on no further reported incidents rather than other evidence that violence and abuse has ceased.
• Children are rarely actively engaged in safety planning.
• Working with MARAC required improvement.
• Lack of strategy to enable better partnership work
• Lack of early help response for families with less serious domestic abuse.

3.5 Several families were interviewed as part of the NSCB audit reported that they knew why the social worker was visiting and the social worker had helped parents to stop the fighting. This is encouraging information and is evidence that practitioners are able to effect positive change in these less than ideal conditions.

3.6 Other evidence of the positive impact on Children’s Social Care for children who live with domestic violence is that work does step down from CP plan and CIN plan to universal services
because the risk has diminished. At the chronic and severe end of domestic abuse, Children’s Social Care takes firm action to safeguard children though the public law outline and in the family court.

4 New pathways

4.1 The challenge of providing good joined up responses to domestic abuse has been recognised by all partners in the NSCB and this has led to a number of initiatives to improve how we work together within existing resources and a bid to the DfE to develop new approaches.

4.2 A task and finish group to improve joined up working has been set up through NSCB and is led by the DD for Children’s Social Care. The progress to date has seen:

- Consistent Children’s Social Care representation at MARAC, improved information sharing and follow through on actions.
- One stop shop to join Triage from September 2016
- Police domestic abuse officers to join Triage, to be available to visit with social workers and take part in multi-agency strategy discussions.
- INW Families First response to families not reaching threshold for statutory intervention from INW from October 2016
- Review of risk assessment tools to capture risk to child and adult victims of domestic abuse by October 2016.
- Mapping of gaps and establishing common aspiration across adult and child partnership.
- Review of CYPS procedures for responding to domestic abuse – by September 2016
- Review of information sharing agreement to enable rapid notification to schools and health visitors of all domestic abuse Merlins - by October 2016

4.3 The T&F group will establish clearer pathways for help, enable better early help across universal and targeted services, review thresholds to ensure domestic abuse and levels of risk and need are captured and develop a partnership protocol for working together.

4.4 The CYPS bid to the DfE Innovations fund, if successful, will release just under £2.6 million over 2 years to transform how we work with domestic abuse. This will involve:

- working closer with police to have a rapid response to perpetrators,
- trauma interviews and better direct work with children,
- safety planning with whole families and a programme of therapeutic intervention to help couples safely separate or to stay together safely.
- Virtual school offer to children affected by domestic abuse who have a CIN or CP plan.

4.5 The bid includes a number of positions to support this transformation, some of which will have a shelf life once change is achieved, and others may be mainstreamed. The development is supported by the Institute of Family Therapy.

4.6 There is a clear need for greater community engagement and work with young people to disseminate messages about what is domestic abuse, that it is not tolerated and what help is available. This part of the strategy will be planned in close liaison with DSV commissioners and NSCB partners including schools.
5 Measuring success and the Domestic Abuse Joint Area Inspection

5.1 NSCB is anticipating a Joint Targeted Area Inspection and the focus is on domestic abuse. The Head of Social Work Improvement is leading a multi-agency preparation group and this is well attended by senior leads across the partnership. The group is preparing a risk register of all known gaps and will track actions to evidence improvement.

5.2 If successful, the DfE Innovations bid attracts external evaluation and there are key indicators of success set out in the plan for this work. We have also engaged the LBN Policy and Research team to help us harness learning very quickly.

5.3 The NSCB T&F group will monitor the implementation of agreed changes and track the impact on practice.

6 Early help response to domestic abuse

6.1 We believe there are a number of areas to review and improve in relation to early help support for families affected by domestic abuse. This includes:

- Reviewing threshold documents in relation to domestic abuse
- Identifying what level of presentation can receive an early help response and what support universal, targeted and voluntary organisations can offer
- Raising awareness about domestic abuse and how to tackle it, including sharing training opportunities with other agencies
- Boosting confidence of practitioners in early help to talk to children and adults about domestic abuse.
- Ensuring early help providers are aware of and able to use risk assessment tools
- Providing targeted support for families affected by domestic abuse through Families First
- Up-skilling professionals in Triage so they are able to provide advice in relation to non statutory referrals about possible pathways/ options available to support families

7 Questions for Children’s Trust Board members

- How can partners help to improve our collective response to tackling domestic abuse in Newham?

- Is there more we can do at a community level, to change the narrative around gender and abuse, and who is best placed to make that happen?

- How do partners identify risk of abuse? Do you use a Risk Identification Checklist, and is there more we can do to promote their use?

- Do partners want to be involved in shaping and delivering this work – perhaps as part of the task and finish group?
Evaluation of progress in delivering the Special Educational Needs and disabilities (SEND) reforms in Newham - a summary of our strengths and areas for development July 2016

(Date: July 28 2016)

Leadership commentary

- In Newham interest in SEND and inclusion is high. As a result of this many children with SEND achieve positive outcomes with positive support and intervention for families.

- More needs to be done to resolve the issues for families whose experience is less positive on the arrangements in Newham.

- The new Best for All strategy and the Inclusion Alliance create a significant opportunity for leaders in Newham to build on areas of strength and resolve areas of weakness.

The identification of children and young people with SEN and disabilities

Strengths

- The Child Development Service has developed a new triage system so that children with complex needs are more swiftly put on a health pathway so their needs can be assessed.

- New arrangements, coordinated by the area SENCOs within the SEN hub of the Children’s Centres, are identifying additional children with SEN in line with our desire to foster early intervention.

- Quality Assurance visits to schools confirm that the vast majority of schools have assessment systems underpinned by a graduated approach including a cycle of assessment and review.

- Programmes such as Early Start and the SCERTS* programme for children with communication needs and/or autism are valued by parents and increasing their understanding of need and confidence to talk to and work with professionals about meeting those needs.

*Social, Communication, Emotional Regulation and Transactional Support

- The arrangements for the identification of children who are deaf are comprehensive and supports timely intervention from services.

Areas for Development

- The recent creation of the 0-25 SEND Service is a critical step for Newham in breaking down the barriers between services so that more families report positively on the support they receive. As this stage it is too early to say whether this service is yet achieving intended outcomes. Leaders and staff recognise there is much to do but are ready for the challenge.

- Newham has noted that support with early identification (and any assessment
that comes from identification) now needs to be a priority area of work as
- There are additional routes by which children and young people with SEND are coming to the attention of services
- There are waiting lists in some specialist services for assessment;
- The routes to accessing assessment are in need of review.
This issue will be addressed as a key theme within the Best for All strategy.

• The commissioning arrangements for early health checks and health screening programmes do not give sufficient feedback on children with SEN. The pilot project as part of the integrated review of health services should be concluded so that next steps can be determined.

• Given that more children with SEN will be attending private, voluntary and independent nurseries and have less resource and experience than schools in meeting the needs of children with SEN, the area SENCOs should continue to give extra support to these setting so that they improve their use of routine assessment.

• The Child Development Service should ensure that it notifies the local authority of children who have or may have SEN need through a central point of contact within the local authority so that information can then be shared with relevant services and partners.

• Given the changed pattern of need within the census work should be undertaken to check that inconsistencies are minimised. The information from the census can better be used to support planning.

• Whilst social care thresholds for disabled children to access social care support are clearer, the long term arrangements on who will carry out assessments need to be finalised.

• Greater focus is needed on how many children and young people are appearing on the Disabled Children’s register – the current number is low and insufficient to influence commissioning.

• Recommissioning of the Healthy Child programme needs to be completed so that better information about children with SEND is gathered.

• Recommissioning of the school nursing service and child health services needs to be completed so the arrangements for children with SEND, particularly in mainstream settings, are more consistently understood and supported.

• Actions in response to the CQC inspection of the Child Development Service in June 2016 should be added to this self-evaluation once the inspection report has been published.

• Departments and services in Newham each hold data on the different cohorts of children and young people with SEND but leaders cannot easily cross reference this information. Arrangements to ensure full and accurate data collection need to be improved. Arrangements to track children with SEND in specific circumstances across agencies need to be improved so that parents can be assured that planning for these children is integrated and that outcomes are as good as they can be.
• The local area needs to build on the new assessment processes within the Child Development Service so that education (including SEN support services, Children Centres and SEN hubs) and social care partners can be more engaged in the process of multidisciplinary assessment.

• The new contract for Child Health Services needs to be in place so that performance on access to health assessments can be clearly monitored

• Processes for considering requests for statutory assessment are now made with greater involvement of education, health and care services. This supports the ethos of the Children and Families Act 2014. Criteria for statutory assessment should now be revisited with particular focus on those who may need assessment but may not have been considered for it in the past e.g. those known to Youth Offending Services.

Assessing and meeting need

Strengths

• Co-production with parents, where services and parents work together to review and plan provision, is an area where there has been significant progress in Newham. It is now central to our culture and this work has significant impact on strategic thinking and planning.

• Newham has high numbers of parents of children with SEND seeking school places in inclusive settings.

• Parents, carers and children are more involved in reviews - person centred approaches are being used by schools and settings for children with and without EHCs. This approach is creating more meaningful plans with clearer outcomes for more children.

• Early years services and schools use good tools to assess need so that parents can understand where children are making progress.

• Schools and services are working well to establish the “Assess, Plan, Do, Review” model of working.

• Leaders in most schools have good systems in place:
  - for the routine assessment when considering educational attainment and progress
  - to look at progress and attainment data
  - to foster a graduated response to assessment.

• Colleges are welcoming the idea of increasing their involvement to provide more local provision.

• SENCOs work well together. Arrangements such as peer moderation usefully support SENCOs to share practice and to strengthen their own knowledge.
By combining local authority funding with new funding from schools there has been an increase in resourcing for the Educational Psychology Service which is enabling more children and young people to access better and earlier assessment.

Early years support teams work well with parents and carers and value the role of parents as first educators. The creation of the area SENCO posts linked to the Children’s Centres and an SEN hub is creating new opportunities to intervene early with more young children who have SEND.

SEN support services have significant levels of expertise and can ably support schools through light touch or more intensive and specialist interventions.

Teaching schools and special schools ably offer schools expertise in assessing and meeting need.

The arrangements for diagnosing autistic spectrum disorders (ASD) are identifying more children earlier. Having a diagnosis is not used as a pre-condition to high needs funding being agreed for a child. This means that schools can funding to support interventions can be more responsive to meeting need.

The local authority and schools have been proactive in putting interim arrangements in place whilst some longer term joint commissioning arrangements are being addressed. For example, high needs funding has extended access to therapies within resourced and special school settings and this has been welcomed by schools.

The local authority continues to invest in SEN to raise the quality of SEN provision in schools. For example, a new SEN adviser with externally commissioned support from school leaders is now looking at the quality of SEN provision in schools with resourced provision. It is too early to fully assess the impact of this work but the aim is to align quality assurance work on SEN more closely with the school improvement agenda.

Leaders have created a range of systems so that families do not feel they must secure an EHC plan as the only way to get support they need. This has led to innovative practice in schools to meet diverse needs.

Areas for Development

Co-production with young people that influences strategic planning, is underdeveloped in Newham.

Parent representatives report that the arrangements for information, guidance and support do not give enough parents the support they need. Not enough of these parents are telling us or each other that they have an adequate sense of choice or being in control. We need to do more so that all parents know where to go, or how they will be helped, if they have concerns or worries.

Newham is rightly realigning commissioning services that affect children with SEND by considering access at universal, targeted and specialist levels. The significance for children with SEND is that i) high numbers of children and young
people in Newham attend mainstream settings and ii) specialist settings not always having had access to services that their children needed.

- The rescheduling and complications in recommissioning some services jointly have led some parents, carers and some settings to query when new arrangements will be in place. Partners in Newham are showing ever increasing commitment to progressing these programmes and completion of the programmes are critical to effective delivery of SEND reforms in Newham.

- The recommissioning of CAMHS is an example where agreements to pool budgets, enhanced by effective working relationships, sets Newham on the right road so that resources have positive impact on more children and young people.

- Whilst the Local Offer website meets the statutory requirements, further work needs to be done so that:
  - parents can find information more easily;
  - more parents and professionals can use it as a “one stop shop” for information about the arrangements in Newham.

- The local authority needs to ensure that performance on the completion of EHCs rises, that the conversion plan for LDAs is complete and more information is given to parents on when remaining statements will be converted.

- Newham has recently confirmed that it will undertake the POET survey which looks at parental satisfaction with the EHC process. This work and other work to systematically gauge parental satisfaction needs to be put in place. Confirmation should be sought that social care health partners are making full contributions to EHC assessments.

- The Educational Psychology Service needs to review next steps given that:
  - the new traded element has been established
  - the service is extending its role to work with new group of children and young people.

- The Early Help pilot for disabled children has been positive but is limited in its reach. Work in this area needs further development so statutory and non-statutory arrangements are understood by parents and gain their support.

- The Early Help record is showing itself as a valuable tool in understanding needs and planning provision. The record needs to be more consistently used so that multi agency plans have most impact.

- Support for children and young people with challenging behaviour is an area for development within Newham. The authority needs to confirm that clear arrangements are in place on a 0-25 basis.

- The Clinical Commissioning Group (CCG) is in the process of putting in place a GP lead for SEND and longer term arrangements should be confirmed.

- Useful frameworks have been developed to promote a focus on outcomes in reviews but this work can be extended. Consistent record keeping across education, health and social care should be reviewed as part of this work.
Outcomes

Strengths

- The vast majority of schools and colleges in Newham have secured positive comments on SEN provision as a result of inspection.

- The headline figures on the academic performance of children and young people with SEND are above national in most areas.

- The headline figures on the absence rates and fixed term exclusions for pupils at SEN support are above national.

- The local authority and schools have reduced permanent exclusions including those for children and young people with SEN.

- The local authority has developed its system of personal budgets for young people 14+ and can now work to put similar arrangements in place across the full age range.

Areas for Development

- We cannot yet say that the impact of services for care, education and health in improving the lives of each and every child and young person with SEND and their family is as high as it should be.

- Whilst headline figures on performance are above national in most areas, specific discussion on outcomes for young people with SEND as shown in the national dataset need to be given more prominence, specifically:
  - outcomes for children with SEND in the early years
  - performance of children with EHCs at the end of KS2
  - performance of young people with SEN at the end of KS4
  - absence rates for children with EHCs – authorised and unauthorised
  - fixed term exclusions for children and young people with statements / EHCs
  - outcomes at 19 and level 2 qualifications
  - the percentage of adults with learning disabilities in residential and nursing care homes
  - the percentage of adults with learning disabilities in settled accommodation and employment
  - the percentage of adults with learning difficulties in employment

- We need to do more to systematically know if children and young people are satisfied that their needs are being met and whether they feel their aspirations are being met. Steps to address this can include a greater focus on analysis of children’s views as reported in annual reviews.

- New and additional provision and pathways are needed for young people with SEND 16-25 to support them in adulthood including education, employment and training. Newham recognises that there is much work to do and has confirmed that ideas will be developed with providers, parents, carers and young people as part of the Best for All strategy.
Provisional education assessment results in Newham schools, 2016

Analysis

Strategic Commissioning & Intelligence
September 2016
Executive summary

Early years foundation stage: The percentage of children achieving a good level of development continues to increase

72.5% of children achieved a good level of development, an increase of 3.5 percentage points (ppts) on 2015.

Year 1 phonics screening check: Nearly 9 in every 10 children passed the phonics screening check at the end of year 1

87.3% of children passed the year 1 phonics screening check, an increase of 4.2 percentage points (ppts) on 2015.

Key stage 1: Around 7 in every 10 children achieved the new expected levels in all of reading, writing and mathematics

Around 80% of children reached the expected level in each of reading, writing and mathematics, and 70% met the standard for all three. This compared well to provisional national figures. It is not possible to show trends, as the curriculum and assessment arrangements in 2016 are new.
**Key stage 2**: Around 6 in every 10 children met the new expected standards in all of reading, writing and mathematics (59.3%). The provisional national figure is 53%.

About 60% of children reached the new expected standards in all of reading, writing and mathematics. This compares well to the provisional national figure of 53%, but it is not possible to show trends, as the curriculum and assessment arrangements in 2016 are new.

**Key stage 4 (GCSE)**: Just over 6 in every 10 children (63%) achieved an A*-C grade in English and mathematics. The England average for 2015 was 59%.

The percentage of children achieving a good grade (A* - C) in English and mathematics has improved from 57% in 2014, overtaking the England average, which has remained almost static at around 59%.

**Key stage 5 (A-levels)**: Nearly 4 in every 5 grades awarded at A-level was an A* to C (79.4%), just ahead of the England average of 77%.

Just over a quarter of the grades awarded (25.6%) were A* or A, very close to the England average of 25.8%. Overall, 98.6% of the grades awarded were ‘passes’ – between A* and E. This is ahead of the England average of 98.1%.
Background

This report summarises the provisional education attainment data for Newham schools, compared to indicative England averages (where available) at the end of the 2015-16 academic year. It covers assessment outcomes for the following stages:

<table>
<thead>
<tr>
<th>Assessment stage</th>
<th>Age</th>
<th>NC year group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Foundation Stage Profile</td>
<td>5</td>
<td>Reception</td>
</tr>
<tr>
<td>Phonics screening assessment</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Key stage 1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Key stage 2</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Key stage 4 (GCSE)</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Key stage 5 (A-level and equivalents)</td>
<td>17</td>
<td>13/14</td>
</tr>
</tbody>
</table>

*Early years:* The form of assessment for the Early Years Foundation Stage (EYFS) profile is unchanged from previous years.

*Key stages 1 and 2:* Key stages 1 and 2 are the first which assess the new, more challenging national curriculum introduced in 2014. New tests and interim frameworks for teacher assessment have been introduced to reflect the revised curriculum. Results are no longer reported as levels, and each pupil will now receive their test results as a ‘scaled score’ (which can vary between 80 and 120, with an expected standard of 100) and teacher assessments based on the standards in the interim framework.

*Key stage 4 (GCSE):* The former measure of 5 or more A*-C grades including English and mathematics is no longer used, and will not be published by the DfE. Older measures of progression in English and mathematics have been dropped.

Two new measures have been introduced in 2016, namely Attainment 8 and Progress 8, alongside data on the percentage of pupils achieving an A*-C grade in English and mathematics, EBacc (English baccalaureate) entries and EBacc attainment.

*Key stage 5 (A-level):* The form of assessment for A-levels is unchanged from previous years.
Provisional early years foundation stage (EYFS) profile

Attainment in two key outcome measures continued to improve in 2016, as shown below.

Newham and indicative national results 2016
Newham & England, 2016

<table>
<thead>
<tr>
<th>% achieving a good level of development</th>
<th>Average total point score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newham</td>
<td>72.5</td>
</tr>
<tr>
<td>England (indicative)</td>
<td>69.3</td>
</tr>
</tbody>
</table>

Note: that the national data is not provided by the DfE, but calculated from the ‘running average’ of data submitted by local authorities via the national data collection portal.

Provisional phonics screening check (year 1)

Background

This is a statutory assessment for all pupils in year 1 (typically aged 6) to check whether they have reached the expected standard in phonetic decoding. Teachers administer the phonics screening check one-on-one with each pupil and record whether their response to each of the 40 words is correct. The result is a mark ranging from 0 to 40, and for 2016, as in previous years, the threshold to determine whether a pupil had reached the expected standard was 32.

All state-funded schools with a year 1 cohort must administer the check. Those pupils who did not meet the standard in year 1 or who were not tested, must be re-checked at the end of year 2 (typically aged 7). Year 2 pupils in the table below include those pupils who passed the test in year 1 the previous year.

Results

The percentage of pupils passing the year 1 and year 2 phonics screening check
Newham 2016

<table>
<thead>
<tr>
<th>% Year 1</th>
<th>% Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newham</td>
<td>England</td>
</tr>
<tr>
<td>2016</td>
<td>87.3</td>
</tr>
<tr>
<td>2015</td>
<td>83.1</td>
</tr>
<tr>
<td>2014</td>
<td>80.4</td>
</tr>
</tbody>
</table>
Provisional key stage 1 teacher assessments (TA)

Background

The 2016 key stage 1 teacher assessments are the first which assess the new, more challenging national curriculum which was introduced in 2014. New supporting tests and interim frameworks for teacher assessment have been introduced to reflect the revised curriculum.

Results are no longer reported as levels, but as the percentage of children working ‘at the expected standard’ and the percentage ‘working at greater depth’.

Results

Key stage 1 key outcomes
Newham & England, 2016

<table>
<thead>
<tr>
<th>% at expected standard</th>
<th>% working at greater depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Newham</td>
</tr>
<tr>
<td>Reading (R)</td>
<td>78.9</td>
</tr>
<tr>
<td>Writing (W)</td>
<td>75.0</td>
</tr>
<tr>
<td>Mathematics (M)</td>
<td>79.2</td>
</tr>
<tr>
<td>R&amp;W&amp;M</td>
<td>70.2</td>
</tr>
<tr>
<td>Science</td>
<td>82.3</td>
</tr>
<tr>
<td>R&amp;W&amp;M&amp;S</td>
<td>69.7</td>
</tr>
</tbody>
</table>

Comment

Newham’s overall provisional outcomes are all above the provisional national equivalents. The key combined measure of the percentage of children at the expected standard for all of reading, writing and mathematics is just over 70%, around ten percentage points higher than the provisional national figure.

Comparability over time

Children at key stage 1 this year were the first to be taught and assessed under the new national curriculum. The expected standard has been raised and the new accountability framework for schools has also changed. These changes mean that the expected standard this year is higher and not comparable with the expected standard used in previous year’s statistics. It would therefore be incorrect and misleading to make direct comparisons showing changes over time.
Provisional key stage 2 tests & teacher assessments (TA)

Results

Key stage 2 key outcomes
Newham & England, 2016

<table>
<thead>
<tr>
<th></th>
<th>Average ‘scaled score’</th>
<th>% reaching the expected standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Newham</td>
<td>England</td>
</tr>
<tr>
<td>Reading (R)</td>
<td>102.7</td>
<td>103</td>
</tr>
<tr>
<td>Writing (W) (TA)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mathematics (M)</td>
<td>105.0</td>
<td>103</td>
</tr>
<tr>
<td>R&amp;W&amp;M</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Science (TA)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GPS</td>
<td>105.8</td>
<td>104</td>
</tr>
</tbody>
</table>

Comments

Attainment in the tests is highest in grammar, punctuation and spelling (GPS) and lowest in reading. Attainment in the writing teacher assessment is higher than in any of the test subjects.

This is different from the general pattern seen in previous years where attainment at level 4b or above (the ‘expected level’ for those years) was highest in reading and lowest in grammar, punctuation and spelling.

Comparability over time

Children sitting key stage 2 tests this year were the first to be taught and assessed under the new national curriculum. The expected standard has been raised and the new accountability framework for schools has also changed. These changes mean that the expected standard this year is higher and not comparable with the expected standard used in previous year’s statistics. It would therefore be incorrect and misleading to make direct comparisons showing changes over time.

In looking over time, all that users of the statistics can say at this stage is that 53% of pupils nationally achieved the new expected standard in 2016 when being taught and assessed against the higher standards expected under the new curriculum. Under the previous curriculum, 80% of pupils nationally achieved the expected standard that was expected under that system.
Provisional key stage 4 (GCSE)

Newham's provisional GCSE results A*-C grades in English and mathematics increased this year to 63% which is 3 percentage points higher than last year and four percentage points higher than the 2015 England average of 59%.

Nationally results for those achieving A* to C including English and Maths have been static. Newham's performance in A*-C in English and Maths bucks this trend as Newham schools continue their momentum of improvement with the proportion of pupils achieving A*-C in English and Maths increasing year on year since 2014.

Some of the highlights from Newham’s schools are:

- Eight schools increased their %A*-C (EM) results (Brampton Manor, Cumberland, Forest Gate, Kingsford, Little Ilford, Rokeby, St Angela’s and The Royal Docks), one school stayed the same (Lister) and six schools dropped (Eastlea, Langdon, Plashet, Sarah Bonnell, St Bonaventure’s, Stratford).
- Cumberland had a 15 percentage point increase in %A*-C (EM) this year compared to last year. This was the largest increase of all Newham Schools. Kingsford increased by 10 percentage point - this was the second largest improvement.
- Overall for %A*-C (EM), eleven Newham schools were above last year’s national average of 59%. In total, Newham’s results were 63.4% which is an increase of 2.7% compared to last year.
- The two schools with the lowest %A*-C (EM) results were Royal Docks (45%) and Eastlea (44%). This represents an increase of 6 percentage points for Royal Docks (2015 - 39%) but a 4 percentage point drop for Eastlea (2015 – 48%)
## Provisional GCSE results 2016

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National State Schools</td>
<td>59%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td><strong>Newham</strong></td>
<td><strong>61%</strong></td>
<td><strong>63%</strong></td>
<td><strong>2206</strong></td>
<td><strong>3480</strong></td>
<td><strong>3%</strong></td>
</tr>
<tr>
<td>Brampton Manor Academy</td>
<td>76%</td>
<td>80%</td>
<td>213</td>
<td>266</td>
<td>4%</td>
</tr>
<tr>
<td>Chobham Academy</td>
<td>NA</td>
<td>69%</td>
<td>49</td>
<td>71</td>
<td>NA</td>
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<tr>
<td>Cumberland School*</td>
<td>41%</td>
<td>56%</td>
<td>157</td>
<td>281</td>
<td>15%</td>
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<tr>
<td>Eastlea Community School</td>
<td>48%</td>
<td>44%</td>
<td>79</td>
<td>180</td>
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<tr>
<td>Forest Gate Community School</td>
<td>73%</td>
<td>74%</td>
<td>142</td>
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<tr>
<td>Kingsford Community School</td>
<td>54%</td>
<td>64%</td>
<td>172</td>
<td>269</td>
<td>10%</td>
</tr>
<tr>
<td>Langdon School</td>
<td>59%</td>
<td>57%</td>
<td>197</td>
<td>345</td>
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<tr>
<td>Lister Community School</td>
<td>64%</td>
<td>64%</td>
<td>159</td>
<td>250</td>
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<tr>
<td>Little Ilford School</td>
<td>61%</td>
<td>65%</td>
<td>163</td>
<td>252</td>
<td>4%</td>
</tr>
<tr>
<td>Plashet School</td>
<td>70%</td>
<td>68%</td>
<td>182</td>
<td>269</td>
<td>-2%</td>
</tr>
<tr>
<td>Rokeby School</td>
<td>52%</td>
<td>55%</td>
<td>87</td>
<td>158</td>
<td>3%</td>
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<tr>
<td>The Royal Docks Community School</td>
<td>39%</td>
<td>45%</td>
<td>74</td>
<td>163</td>
<td>6%</td>
</tr>
<tr>
<td>St Angela’s Ursuline School</td>
<td>76%</td>
<td>78%</td>
<td>143</td>
<td>184</td>
<td>2%</td>
</tr>
<tr>
<td>St Bonaventure’s RC School</td>
<td>71%</td>
<td>65%</td>
<td>121</td>
<td>185</td>
<td>-6%</td>
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<tr>
<td>Sarah Bonnell School</td>
<td>67%</td>
<td>65%</td>
<td>152</td>
<td>235</td>
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<tr>
<td>Stratford School</td>
<td>67%</td>
<td>65%</td>
<td>116</td>
<td>179</td>
<td>-2%</td>
</tr>
</tbody>
</table>
Provisional key stage 5 (A-levels)

Newham has overtaken the England average at higher grades for the first time ever, achieving a borough average of over 54% A*-B grades compared to the England average of 52.8%; over 79% A*-C grades compared to the England average of 77%, and an overall A*-E pass rate of 98.6%, compared to the England average of 98.1%.

Some of the highlights from Newham’s schools and colleges are:

- Three Newham institutions achieved above the England Average for the highest grades. Brampton Manor Academy achieved 55% A*-A grades; London Academy of Excellence achieved over 49%, and Newham Collegiate Sixth Form Centre which opened in 2014 achieved 36% A*-A grades with its first set of A Level results
- Students at St Angela’s Ursuline School Sixth Form achieved 44% A*-B grades
- Newvic students achieved 62% A*-C grades
- Students at St Bonaventure’s Catholic School Sixth Form achieved 39% A*-B grades
- Over half of Newham A Level students achieved A*-B grades, and almost 80% of Newham A Level students achieved A*-C grades

<table>
<thead>
<tr>
<th>Institution</th>
<th>A*-A</th>
<th>A*-B</th>
<th>A*-C</th>
<th>A*-E</th>
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<tr>
<td>ST Angelas School Ursuline Sixth Form</td>
<td>16%</td>
<td>43%</td>
<td>75%</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>(34%)</td>
<td>(48%)</td>
<td>(77%)</td>
<td>(98%)</td>
</tr>
<tr>
<td>ST Bonaventure’s Catholic School Sixth Form</td>
<td>16%</td>
<td>39%</td>
<td>73%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>(20%)</td>
<td>(45%)</td>
<td>(73%)</td>
<td>(98%)</td>
</tr>
<tr>
<td>Newvic</td>
<td>8%</td>
<td>28%</td>
<td>62%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>(9%)</td>
<td>(31%)</td>
<td>(66%)</td>
<td>(96%)</td>
</tr>
<tr>
<td>London Academy of Excellence</td>
<td>49%</td>
<td>86%</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(36%)</td>
<td>(71%)</td>
<td>(90%)</td>
<td>(99%)</td>
</tr>
<tr>
<td>Chobham Academy</td>
<td>13%</td>
<td>42%</td>
<td>74%</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>(17%)</td>
<td>(55%)</td>
<td>(78%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Brampton Manor Academy* estimated</td>
<td>55%</td>
<td>82%</td>
<td>93%*</td>
<td>11%*</td>
</tr>
<tr>
<td></td>
<td>(61%)</td>
<td>(87%)</td>
<td>(98%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Newham Collegiate Sixth Form Centre</td>
<td>36%</td>
<td>77%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(NA)</td>
<td>(NA)</td>
<td>(NA)</td>
<td>(NA)</td>
</tr>
<tr>
<td>Newham Average**</td>
<td>25.6%</td>
<td>54.2%</td>
<td>79.4%</td>
<td>98.6%</td>
</tr>
<tr>
<td></td>
<td>(22%)</td>
<td>(47%)</td>
<td>(67%)</td>
<td>(99%)</td>
</tr>
<tr>
<td>England Average</td>
<td>25.8%</td>
<td>52.8%</td>
<td>77.5%</td>
<td>98.1%</td>
</tr>
<tr>
<td></td>
<td>(26%)</td>
<td>(53%)</td>
<td>(77%)</td>
<td>(98%)</td>
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</tbody>
</table>
## Agenda Item 7

**CHILDREN’S TRUST AND HEALTH AND WELLBEING BOARD FORWARD PLAN**  
*(AND WHO WILL PRODUCE PAPERS)*

<table>
<thead>
<tr>
<th>Dates</th>
<th>Children’s Trust Board (CTB)</th>
<th>Health and Wellbeing Board (HWBB)</th>
<th>Link to NSCB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 2016</strong></td>
<td><strong>HeadStart</strong> – funding approved, what are the next steps in delivery? (Simon Munk)</td>
<td><strong>June</strong>: SEND – Inspection and the Inclusion Alliance (James H)</td>
<td></td>
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<tr>
<td></td>
<td><strong>Childhood obesity and physical inactivity</strong> – priority following CYP JSNA, what works and how can it be tested? (Meradin Peachey)</td>
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<tr>
<td></td>
<td><strong>Local placements sufficiency</strong> – what are the plans for improving placement sufficiency and how do outcomes link to spend? (Rosie Dei-Boateng)</td>
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</tr>
<tr>
<td></td>
<td><strong>School nursing</strong> – how can partners be involved in planning future delivery? (Claire Bridge)</td>
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<tr>
<td><strong>Sept 2016</strong></td>
<td><strong>Domestic Abuse and Children and Young People’s Services</strong> - Overview of different strands of work. What else can we do at an early help level? (Jacquie Burke)</td>
<td><strong>September</strong>: HeadStart and CAMHS – report from previous CTB (Simon M)</td>
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<td></td>
<td><strong>Evaluation of SEND</strong> - what are our strengths and weaknesses? (Melanie Foster)</td>
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<td></td>
<td><strong>Newham ELFT CAMHS Transformation</strong> – what does the CAMHS transformation involve and how can we help to shape it? (Lawford Clough, ELFT)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Exam results at all Key Stages</strong> – a short update on provisional results (Huw Jones)</td>
<td><strong>November</strong>: Implementation plans for 0-25 SEND and the Inclusion Alliance – report from previous CTB (James H)</td>
<td></td>
</tr>
<tr>
<td><strong>Dec 2016</strong></td>
<td><strong>Implementation plans for 0-25 SEND and the Inclusion Alliance</strong> – what are the implementation plans for integrated 0-25 service delivery and how will the alliance work? (James Hourigan)</td>
<td><strong>January</strong>: School nursing – report from previous CTB (Claire B)</td>
<td><strong>INW</strong> will report from CTB to NSCB</td>
</tr>
<tr>
<td></td>
<td><strong>Outcomes Framework</strong> – what the data is telling us about children’s outcomes across the framework? What about early help? (Alison Matthews)</td>
<td></td>
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</tr>
<tr>
<td>Dates</td>
<td>Children’s Trust Board (CTB)</td>
<td>Health and Wellbeing Board (HWBB)</td>
<td>Link to NSCB</td>
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<tr>
<td>-----------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Feb 2017</td>
<td><strong>School nursing</strong> – update on delivery and transformation, what worked well and what lessons can we take? (Claire Bridge)</td>
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</tr>
<tr>
<td></td>
<td><strong>Integrated Neighbourhood Working</strong> – what does the team around the school model specification and engagement entail, and are we getting this right? (Susannah Beasley-Murray/ Jacquie Burke)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Best Start in Life</strong> – how is the children’s centre offer being received, have we got the engagement right, what could we improve? (Jane Moon?)</td>
<td></td>
<td><strong>March: Best Start in Life</strong> – report from previous CTB (Colin/ Jane M?)</td>
</tr>
<tr>
<td></td>
<td><strong>HeadStart</strong> – how can we begin to plan for sustainability? (Simon Munk)</td>
<td></td>
<td><strong>March: Integrated children’s health commissioning</strong> – report from previous CTB, with specific focus on school age children (Claire B)</td>
</tr>
<tr>
<td></td>
<td><strong>Integrated children’s health commissioning</strong> – is the joint commissioning team delivering? What’s the progress on commissioning the 0-5 health offer? (Claire Bridge)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Childhood obesity and physical inactivity</strong> - proposal for pilot (Meradin Peachey)</td>
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<tr>
<td></td>
<td></td>
<td><strong>May: Safeguarding annual plan 15/16 (Alan/ Maura)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Children’s Trust Priorities 16/17**

- HeadStart – Emotional resilience and wellbeing
- 0-25 SEND Implementation and the Inclusion Alliance
- Integrated Neighbourhood Working
- Childhood Obesity and Physical Inactivity

**Health and Wellbeing Board Priorities 16/17**

- HeadStart – Emotional resilience and wellbeing
- 0-25 SEND Implementation and the Inclusion Alliance
- Best Start in Life
- Children’s Health – focus on School Age Children