



# City & Hackney Safeguarding Children Board Annual Report 2016/17

“An Outstanding LSCB” Ofsted 2016



# Foreword by the Independent Chair

The City and Hackney Safeguarding Children Board (CHSCB) covers two very different geographic areas, each with their own particular opportunities and challenges. As a partnership however, we are one - a partnership that has maintained its determination to learn from local experience, develop across borders and ensure that the lives of children and families are improved by what we do.

Almost four years ago we set out to develop a new vision. One that would ensure all of our children were seen, heard and helped. We committed to moving beyond a list of things which inflict harm and focus our expertise on context - the context of the lives of individual children living in the City and Hackney.

At the end of 2016 that collective commitment, hard work and relentless focus on what is best for children resulted in the CHSCB being the first Local Safeguarding Children Board (LSCB) to be recognised as Outstanding by Ofsted. Critically the City and Hackney were both inspected by separate Ofsted teams; receiving individual Outstanding judgements. Within the pages of their inspection findings and this annual report you will see evidence of the ongoing constructive challenge and the positive impact that our partnerships are having.

The strategy we developed, focusing on the context of young people's lives; leadership and a commitment to early help and the earliest possible intervention works. I absolutely believe this is due to the fact that it is underwritten by a child centric culture that stretches from the most senior leaders in all agencies right the way through to the front-line.

As we move forward we are determined to retain that focus and to continuously reflect on how we do what we do, and critically how we might improve. The fact is that we all operate in an environment typified by fewer resources and greater demand. We know that many of our key partners have been subject to numerous government reorganisations and that others are reshaping their approach in an attempt to maintain their service with less. Invariably, such a level of change can have a detrimental impact on performance. Added to this pressure is the uncertainty created by the Children and Social Work Act 2017, with the UK safeguarding system heading into uncharted waters. The new permissive regime that allows each area to shape its approach as they see fit, runs the risk of a postcode lottery in how local





safeguarding arrangements operate. Whilst such flexibility might well bring some benefits in the long term, these are hard to see and in the immediate future, the level of uncertainty it creates is potentially both distracting and problematic.

Recognising the need for stability, we have committed to retaining our Board structure and whilst we will endeavour to streamline processes, eradicate bureaucracy and improve performance we will not dismantle something that has been proven to work.

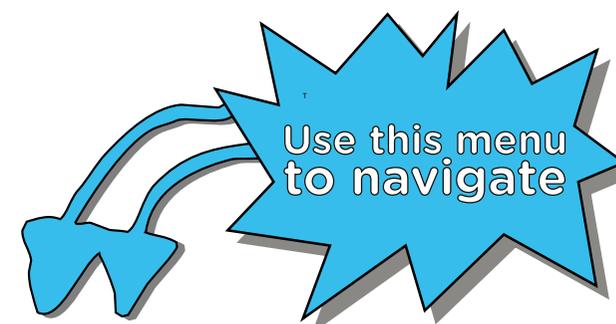
My ongoing promise is this; we will not lose our appetite to learn; we will continue to ask the difficult questions, to push, encourage and challenge one another and to do what we can to ensure that children and young people in the City and Hackney have the opportunity to thrive.

Jim Gamble QPM  
Independent Chair



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# About the Annual Report





# The CHSCB annual report for 2016/17 is a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

- Pages 7 to 18 set out the **governance and accountability** arrangements for the CHSCB. They provide information about the structures in place that support the CHSCB to do its work effectively.
- Pages 19 to 44 set the context for safeguarding children and young people in the **City of London**, highlighting the progress made by the City partnership over the last year and the challenges going forward.
- Pages 46 to 86 set the context for safeguarding children and young people in the **London Borough of Hackney**, highlighting the progress made by the Hackney partnership over the last year and the challenges going forward.
- Pages 89 to 102 highlight the lessons that the CHSCB has identified through its **Learning & Improvement Framework** and the actions taken to improve child safeguarding and welfare as a result of this activity.
- Pages 105 to 109 describe the range and impact of the **multi-agency safeguarding training** delivered by the CHSCB and a brief account of the single agency training delivered by partners.
- Pages 116 to 119 set out the **priorities going forward** and the **key messages** from the Independent Chair of the CHSCB to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, the CHSCB annual report 2016/17 has been sent to the following:

## THE CITY OF LONDON

- The Chairman of The Policy and Resources Committee
- The Town Clerk
- The Lead Member for Children's Services
- The Director of Community and Children's Services
- The Chair of the City Health and Wellbeing Board
- The Chair of the Safer City Partnership

## THE LONDON BOROUGH OF HACKNEY

- The Mayor of Hackney
- The Chief Executive
- The Lead Member for Children's Services
- The Corporate Director, Children and Young People's Services
- The Chair of the Hackney Health and Wellbeing Board
- The Chair of the Hackney Community Safety Partnership

## CITY & HACKNEY / OTHER

- The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)
- Hackney's Youth Parliament and City Gateway
- The Mayor's Office for Policing and Crime





# The Board





‘This is an outstanding LSCB. It is a dual board covering both the City of London and Hackney. The board demonstrates an unwavering determination to safeguard children, with a firm commitment to sustaining and improving partnerships.’

The CHSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across the City of London and the London Borough of Hackney. Governed by the statutory guidance in [Working Together to Safeguard Children 2015](#) and the [Local Safeguarding Children Board \(LSCB\) Regulations 2006](#), the CHSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective

Over 2016/17, the CHSCB’s comprehensive business plan and underpinning strategies continued to successfully drive a range of improvements to both the safety and welfare of children and young people. This was recognised by Ofsted in its inspections of the [City of London](#) and the [London Borough of Hackney](#) in 2016. **The CHSCB was rated as Outstanding in both areas and became the first LSCB in the country to be awarded this grading.**

Key to the CHSCB’s success has been its acute focus on the different safeguarding contexts that exist across the City and Hackney, with emphasis being placed on children and young people being safeguarded in the context of their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and on-line. Focussed leadership by the CHSCB has ensured the successful translation of the

Board’s vision into tangible actions that have made children and young people safer in the context of their lives in the City of London and Hackney.

## KEY ROLES AND RELATIONSHIPS

### The Independent Chair



**“The independent chair provides strong and credible leadership. He has successfully facilitated a culture of openness and challenge that has positively influenced wider partnership working.” Ofsted 2016**

Jim Gamble QPM has been the Independent Chair of the CHSCB since 2013. He is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to both the Town Clerk of the City of London and the Chief Executive of the London Borough of Hackney and engaged with both leaders frequently during 2016/17. The Director of Community and Children’s Services for the City and the Director of Children’s Services for Hackney also continued to work closely with the Chair on related safeguarding challenges. Whilst being unable to direct organisations, the CHSCB does have the power to influence and hold agencies to account for their role in safeguarding.





This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.



In 2016, Ofsted noted that the Board was making a real difference to children's lives. An example given was the Chair's persistent escalation to the Home Office, the Department for Education and the National Police Chief's Council of a recommendation from a [Serious Case Review](#). Over 2016/17, this matter continued to be escalated. At the time of writing, the Chair and the Senior Professional Advisor (SPA) to the CHSCB, Rory McCallum, have met with the Parliamentary under Secretary of State at the Home Office. Concerns were transparently expressed about the existing Home Office guidance on the disclosure of soft intelligence, with a range of improvements being suggested to enhance the focus on the protection of children. Deficits were acknowledged by the Minister and whilst the pace of government in responding to this issue has been slow, there is a much higher degree of confidence that a positive resolution will be reached. Pressure will continue to be applied in 2017/18 to ensure a satisfactory outcome is achieved.



## THE CHSCB TEAM



**'The senior professional adviser, board manager and community partnership adviser provide highly effective support to the board. The senior professional adviser has been pivotal in strengthening the board's scrutiny function, as well as providing a valued resource to partners.'** Ofsted 2016

The CHSCB is supported by a dedicated group of staff that ensure the smooth running of the Board's day-to-day business. The team includes the SPA, a Board Manager, a Business and Performance Manager, a Training Co-ordinator and a Board Co-ordinator. The team also hosts Hackney's Community & Partnership Advisor, funded by the Local Authority.



Case audits facilitated by the CHSCB team identified important learning about information sharing with GP's. In one case, information about a child was requested by the First Access and Screening Team (FAST) in Hackney without the reasons why being explained. This resulted in a GP flagging a child as potentially vulnerable, although they didn't know the context of the possible harm. As a result, the [FAST Multi-Agency Operational Protocol](#) was amended to include specific reference to FAST practitioners providing the context for why information was required when engaging other agencies. A number of other cases were subsequently audited and provided reassurance that existing practice was in line with this approach.

## THE CITY OF LONDON CORPORATION AND HACKNEY COUNCIL



**'Governance arrangements are robust, with clear lines of communication between the chair, DCS, lead member and chief executive'** Ofsted 2016

Both the City of London Corporation and Hackney Council are responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring that it is run effectively. A dual LSCB has been in operation for a number of years given the range of individual organisations that bridge both areas. The ultimate responsibility for the effectiveness of the CHSCB rests with the political leaders of both the City of London Corporation and Hackney Council. The Town Clerk in the City and the Chief Executive of Hackney are accountable to these roles. The Lead Members for Children's Services in both



areas have the responsibility for making sure their respective organisations fulfil their legal responsibilities to safeguard children and young people. The Lead Members contribute to the CHSCB as participating observers and are not part of the decision-making process.

## PARTNER AGENCIES

“ ‘Outstanding partnership working has enabled the board to respond to emerging safeguarding issues through highly effective strategic responses that positively influence children’s lives.’ Ofsted 2016

All partner agencies across the City of London and Hackney are committed to ensuring the effective operation of the CHSCB. This is supported by a [Constitution](#) that defines the fundamental principles through which the CHSCB is governed. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account. In 2016, Ofsted noted;



Homerton University Hospital NHS Trust raised concern about the confidence of their staff delivering WRAP training as part of the local Prevent programme. The capacity of dedicated Prevent leads was noted as being stretched to support hospital staff deliver the training. As a result, the CHSCB Community Partnership Advisor negotiated additional support via the Police and the Prevent lead facilitated additional support via NHS England.



Understanding the unique footprint in the City of London, the City Executive completed a mapping exercise of private health care provision during 2016/17. This was undertaken in order to directly contact the health professionals working in these services, extending the reach of the CHSCB in respect of safeguarding awareness raising and training opportunities.

## DESIGNATED PROFESSIONALS

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of CHSCB activities, these designated roles have continued to demonstrate their value in strengthening child safeguarding during 2016/17.



In October 2016, there was a CQC inspection of looked after children and safeguarding in City of London. This single agency inspection of health services was a non-regulatory inspection so no grading was delivered. Following the inspection, the City & Hackney CCG Designated Nurse arranged with the Independent Chair to host a roundtable meeting involving the range of services inspected. This was to ensure there was absolute clarity in respect of the required actions and a coordinated response to the inspection findings. Services engaged included Health Visiting, school nursing, Royal London A&E, UCLH Maternity, Adult mental health services, CAMHS, Looked after children health services, sexual health services, WDP and GP Practices. The final report was published on 03/03/17 and is available [here](#).



## RELATIONSHIP WITH OTHER BOARDS

“ ‘... the board effectively influences partner agencies and provides persistent challenge to ensure that safeguarding is a golden thread running through all strategic priorities.’ Ofsted 2016

The CHSCB is a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children. This is achieved through robust arrangements being sustained with key strategic bodies across the partnership. During 2016/17, engagement continued with the City & Hackney Safeguarding Adults Board (CHSAB) and the respective Health and Wellbeing Boards and Community Safety Partnerships across both the City of London and Hackney.

There were also additional opportunities for the CHSCB to interface with elected members through the scrutiny functions operating in both the City and Hackney. [Inter-board protocols](#) for the City of London and Hackney set out the interface across these forums to ensure clarity of strategic alignment and management of risk. From the CHSCB's

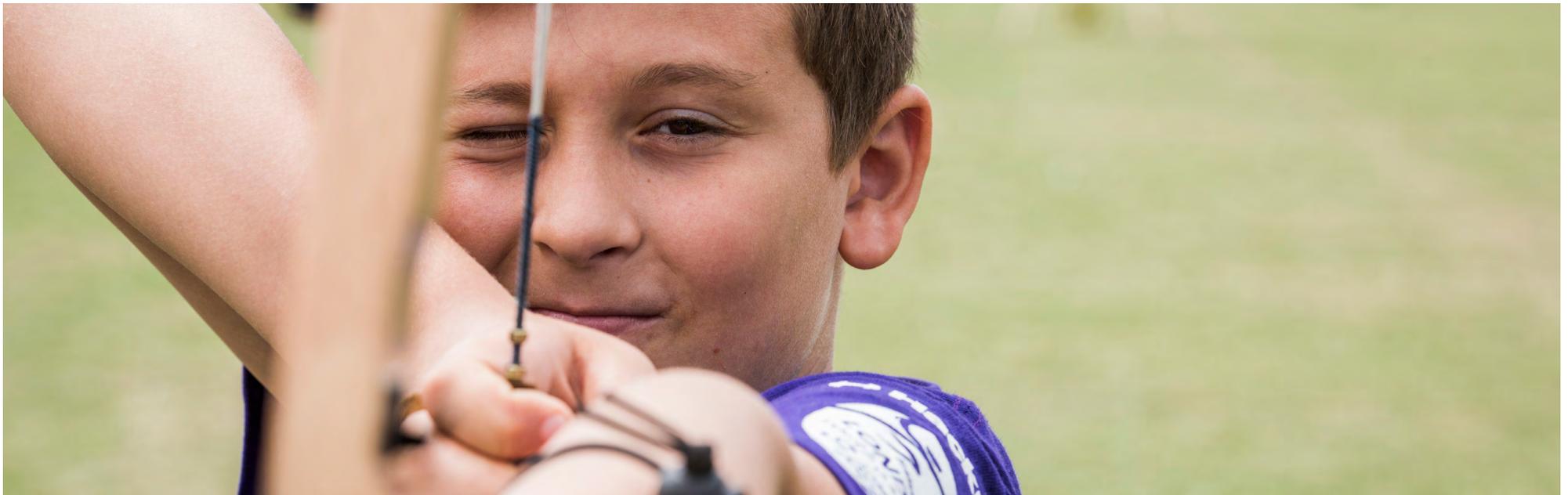
perspective, this has helped ensure that the voice of children and young people and their need for safeguarding has been kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.



***The City & Hackney Safeguarding Adults Board:*** Close working between the CHSCB and CHSAB has maintained a focus on Think Family and ensured this important aspect of practice remains firmly on the agenda of both Boards.



In early 2017, a case was escalated to the Independent Chair by the CCG Designated Nurse, Mary Lee. A young person in care had been placed out of borough by Hackney as was in need of support from CAMHS. The local CAMHS service stated they were not accepting any referrals for 'out of area children'. Discussions between the relevant CCGs had failed to resolve the issue. The Independent Chair subsequently engaged his counterpart in the relevant LSCB, detailing that whilst the City & Hackney CCG had agreed to fund an interim solution, the local CAMHS service was in breach of statutory guidance. Following a period of communication, the matter was resolved locally through and CAMHS provision put in place.





## BOARD MEMBERSHIP & ATTENDANCE



“Safeguarding is a firm priority for all board members, demonstrated by consistently good levels of attendance, effective engagement in sub-groups, and a strong culture of constructive challenge and debate.” City & Hackney Ofsted reports 2016

The Board continued to experience good attendance from organisations during 2016/17 with new members adding additional value to co-ordinated partnership working. Including a business planning session, the Board met four times during the 2016/17 and had a membership made up of representatives from all statutory partners and others concerned with safeguarding children. A list of current Board Members is set out at the back of this report. The attendance rates by agency for 2015/16 to the 4 full Board meetings are set out below. The  represents the number of seats per organisation.

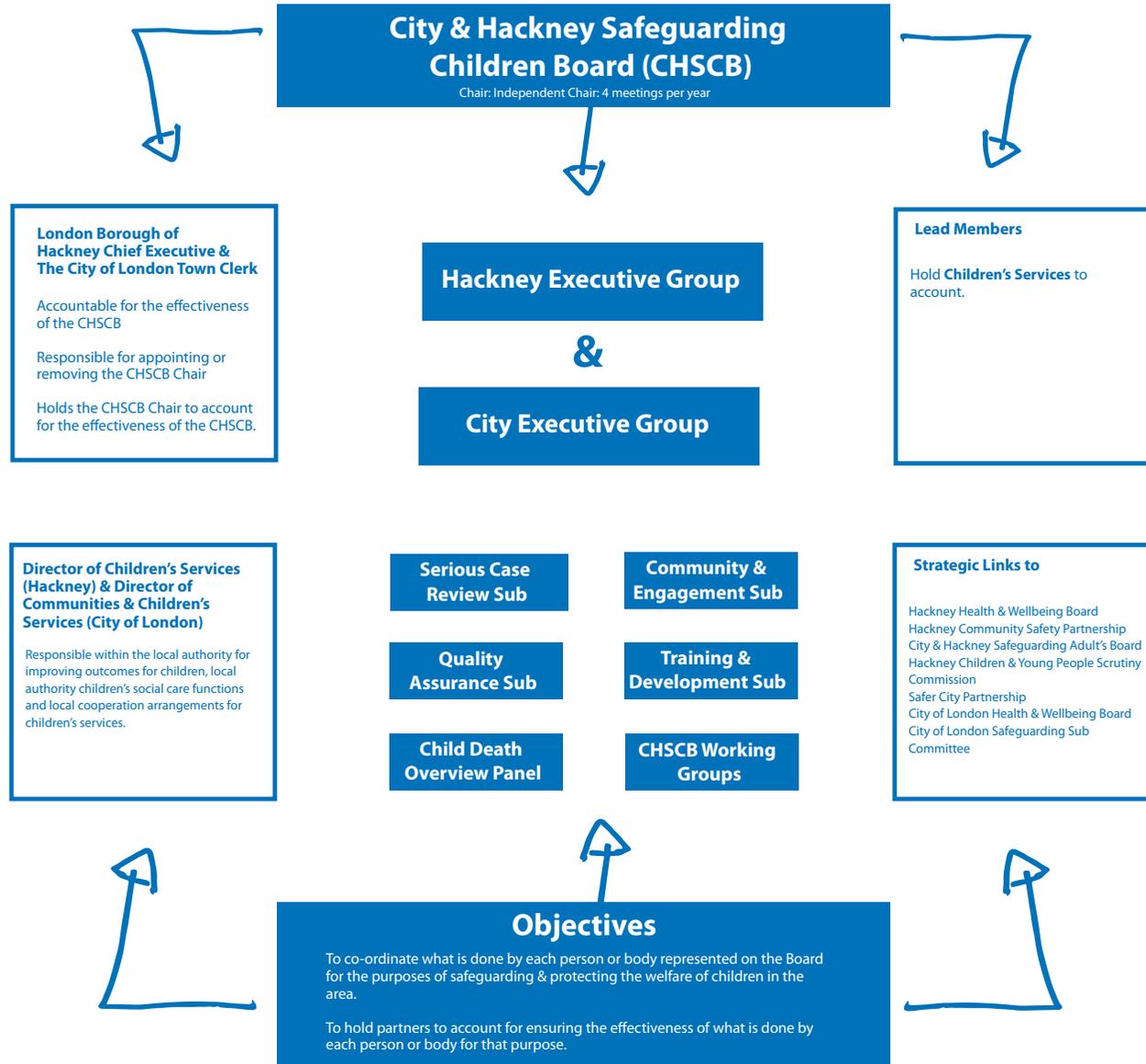


	Attendance	Number of seats per organisation
Independent Chair	100%	
The City of London Community & Children’s Services	100%	
The City of London Police	75%	
Hackney Children & Young People’s Services	100%	
The Metropolitan Police (Child Abuse Investigation Team)	50%	
The Metropolitan Police - Hackney Borough	100%	
Hackney Learning Trust	100%	
Hackney Housing	75%	
Hackney Council for Voluntary Services	50%	
Hackney Health & Community Services	50%	
Hackney Primary School representative	75%	
Hackney Secondary School representative	75%	
The London Community Rehabilitation Company	50%	
The National Probation Service	75%	
Children & Family Court Advisory & Support Service	75%	
Homerton University Hospital NHS Foundation Trust	25%	
City & Hackney Clinical Commissioning Group	100%	
City & Hackney Public Health	100%	
NHS England	100%	
East London NHS Foundation Trust	100%	
Lay Members	100%	
London Ambulance Service	25%	
Hackney Safer Communities	75%	
Whittington Health	0%	





CHSCB STRUCTURE





# Having the right finances to deliver impact is key.

## FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the CHSCB's budget for 2016/17, in addition to providing a variety of resources, such as staff time and free venues for training. Total spending in 2017/16 totalled £382,545, Hackney Children and Young People's Service provided almost three quarters of this funding. This income ensured that the overall cost of running the CHSCB were met. Despite increasing costs, additional income and prudent financial management resulted in a carry forward of £20,420 into 2017/18.

- Hackney Learning Trust and The City of London Corporation continued to provide access to free training venues to the CHSCB.
- The National Probation Service increased its contribution to £1862.
- An additional £1500 shared between City of London Corporation and London Borough of Hackney was provided to meet the costs for membership of the Association of Independent LSCB Chairs.
- Unlike in previous years, the CHSCB did not generate any income from delivering external training. This was due to the departure of the Community Partnership Advisor.
- CHSCB staffing costs were lower than originally projected. This was due to the CHSCB team having 2 posts vacant for part of the year. The Community Partnership Advisor post was also vacant for six months, although as this post is fully funded by Hackney CYPS, this made no overall difference to the CHSCB bottom line.
- Increased costs for the Chair arose as a result of the 2016 inspections in the City of London and Hackney, Pan-London activity in response to the Children and Social Work Bill, the CHSCB peer review process and necessary engagement with a range of stakeholders outside of the forward planned sessions.
- The licenced database used to record training bookings was reviewed and a cost neutral solution agreed.



*As part of its Corporate Social Responsibility (CSR) programme, Ineqe continues to support the CHSCB in the production of its annual report and programme of work focussing on technology and social media. During 2016/17, Ineqe developed a suite of documents for the CHSCB in respect of safeguarding children in the context of their access to technology and use of social media.*



# Our Lay Members continued to play an important role supporting stronger public engagement and understanding of children’s safeguarding issues.

## LAY MEMBERS

The attendance of Lay Members at Board meetings and a variety of other forums has been key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

The Lay Members for the CHSCB (Shirley Green and Sally Glen for Hackney and Mary Robey and Belinda Blank for the City of London, have all provided critical influence to the functioning of the CHSCB over 2016/17. All have been engaged in a variety of different forums and continue to offer their unique perspective to the Board based on their regular engagement in the communities with whom they are intrinsically connected. All operate as full members of the CHSCB, participating as appropriate on the Board itself and in various projects. Lay members continue to make links between the CHSCB and community groups, support stronger public engagement in local child safety issues and developed an improved public understanding of the CHSCB's child protection work.

- All the CHSCB Lay Members have continued to demonstrate an unwavering commitment to the work of the Board in coordinating and ensuring the effectiveness of safeguarding arrangements.
- The CHSCB is hugely grateful to the Lay Members for their dedication, time and effort in promoting improved public engagement in the work of the CHSCB and the focus of the community of safeguarding children and young people.
- All regularly attended CHSCB meetings.
- All have participated fully in Board discussions, adding value and facilitating the professional network to reflect on the work they are doing and its relationship to the views that Lay Members have harnessed from their engagement work.
- In 2016/17, an issue directly raised by one of Hackney’s Lay members, Shirley Green, resulted in the CHSCB seeking reassurance from the police with regards to their use of Tasers on young people in Hackney.



“Over 2016/17, I attended twelve meetings on behalf of the CHSCB. These included the main Board Meetings, Development Days, community Engagement Sub Group Meetings, the education safeguarding forum, the Children in Care Forum and the Youth Programme Board. At the latter two forums, I introduced myself and explained about my role to young people and how they could contact me if they wished. I have also attended introduction meetings at Sir John Cass School, with City of London Police, with City of London Social Work Team and with the Deputy Director of Social Care. I have also attended a meeting with staff at Toynbee Hall.” Belinda Blank – City Lay Member



“This has been a very active year in my role as Lay Member for the CHSCB. Following engagement with a group of parents, I raised an issue on their behalf in respect of how the local hospital responds to safeguarding concerns, with some parents expressing feelings of staff taking an ‘accusatory stance’. The Head of Safeguarding at the hospital subsequently provided a full and thorough account setting out the process for responding to such concerns, with a clear focus on the child being maintained at all times. This was shared with the parents.

Following the Children’s Commissioner’s report referencing the use of Tasers and the potential damaging effect this has on children and young people, I formally raised this as an issue at the Board. This resulted in the Board requesting a detailed presentation from the police setting out how and when Tasers are used, providing a range of scenarios when they have been discharged. This allowed the Board to critically examine the local context of Tasers in Hackney, with there being reassurance provided about the proportionality of its use.

I was also invited to chair a community event for young people, parents, carers and community groups working with families of African heritage on ‘Right Mind-Set’ for secondary education years. Contributions were made from local community groups on the issues that families and children are facing in education - underachievement, labelling, not understanding how to work with the system and support with mental health issues for both child and parent. Presentations were made on contextual safeguarding by the Hackney Council. This session highlighted some of the anxieties parents have in relation to keeping their children safe as they became adolescents, namely bullying, peer pressure, use of social media, isolation. Participants were particularly inspired by the final speaker whose presentation focused on how parents/carers can inspire their children to success in school and life. Effective approaches and tested models were shared that attendees could use to build their child’s confidence, resilience and levels of achievement. People were able to identify and share their experiences in supporting their own children.” Shirley Green – Lay Member

“Over the last year I have been active with parents, carers, primary school pupils and teachers. I have met with teachers who have a lead responsibility for safeguarding and learnt about the challenges they

meet in their day to day work in relation to safeguarding. I also met with parents and carers and heard about their challenges, particularly their concerns around ensuring their children are safe online. A number talked about feeling that their children know more about phones, computers, laptops and I-Pads than they do.

I have also had the opportunity to join workshops organised for Year 6 pupils. For example: I joined in with a group of Year 6 students attending a Kinsella Trust workshop on knife crime, in particular how to stay safe and the consequences of possible choices. I was able to talk to the pupils and was very taken with how much they knew about knife crime. I also attended a NSPCC workshop for another group of Year 6 students about keeping them safe from sexual abuse in all its manifestations.

I was particularly keen to learn more about our Charedi Community because of the number of children from the Charedi Community in Hackney. I attended a training session organised by the Interlink Orthodox Jewish Foundation. The training was very informative and gave me much more insight into the community’s family life and education. I have attended meetings of the Training Sub-Committee and contributed to discussion on the training needs of frontline professional.

During the year I have had two meetings with Lay Members of the Bromley Children’s Safeguarding. This has been very helpful in facilitating mutual mentorship and sharing.” Sally Glen – Hackney Lay Member





### COMMUNITY PARTNERSHIP ADVISOR



**‘The work of the Community Partnership Advisor is highly valued in delivering a comprehensive range of training to children, parents and carers, schools, foster carers and the voluntary sector.’ Ofsted 2016**

The CPA is funded by Hackney Council to provide consultancy, support and specialist training to staff on behalf of the CHSCB. With a focus on issues related to child trafficking, so called ‘honour’ based violence, forced marriage, female genital mutilation and children abused through faith, belief or culture. The CPA is a unique partnership role and is often called upon by other local authorities for assistance.

In the 2016/17 period, the CPA post had a 6-month period of vacancy. Whilst in role, the CPA provided 30 consultations to social workers, police and teachers on cases related to FGM, forced marriage, honour based violence, child trafficking, abuse linked to faith and belief and private fostering. In other cases, social workers requested advice on how the culture of families was potentially impacting on the child. Social workers also requested advice on understanding the Orthodox Jewish culture and how to explore parental involvement with religious organisations.

On behalf of the CHSCB, the CPA also attended the following groups and forums:

- **Prevent Partnership Group,**
- **Hackney VAWG Forum,**
- **London Safeguarding Children Board Culture and Faith and Child Trafficking sub-group and**
- **The NSPCC Safeguarding Muslim Children Forum.**

Attendance at these meetings ensured that the CHSCB linked with organisations and communities, hearing their voices and adapting our approach to new emerging safeguarding issues. It also provided the CHSCB with opportunities to influence communities and to transmit key safeguarding concerns. The CPA delivered safeguarding training to parents, faith and voluntary sector organisations, and multi-agency training through the CHSCB training programme.

Between April and July 2017, the CPA delivered training to 10 faith based organisations and 22 voluntary sector organisations. A new CPA has been recruited and took up post in September 2017. This will ensure this crucial work is continued within and on behalf of the CHSCB.



*In 2017, the CHSCB's former CPA, Leethen Bartholomew was appointed as the Head of the [National FGM Centre](#). Whilst working for the CHSCB, Leethen trained the National FGM Centre social workers before the Centre opened in March 2015. The Director of the National FGM Centre, Michelle Lee-Izu said:*

*“Leethen is a qualified social worker with almost 20 years’ experience tackling a wide range of child protection issues, including FGM and other harmful traditional practices around faith or belief which the Centre is also working to prevent. His vast skills and knowledge in the children’s social care sector will complement the Centre’s highly experienced female specialist team which works directly with women and girls to end FGM. It is important men have a role in raising awareness around this serious form of child abuse and preventing new cases of FGM, as well as stopping other forms of harmful traditional practices. We welcome Leethen’s expert insight in helping the Centre to reach out to as many communities as possible to identify and protect children at risk.”*



# ‘The board’s website is accessible, mobile telephone friendly, easy to navigate and well used.’ Ofsted 2016

## COMMUNICATIONS

The CHSCB continues to strengthen its digital platforms and communications reach. The CHSCB website, designed during the 2015/16 period, has allowed for user-friendly content searches and accessible resources. It has also enabled the CHSCB team to continue to make regular updates to ensure content integrity of the site. The CHSCB has also worked to steadily strengthen user-engagement with its Twitter account.



- Over 2016/17 CHSCB Tweets earned 51.9K impressions
- May 2016 was the most successful month for the CHSCB Twitter Account, with 5,597 impressions generated during the CHSCB Safeguarding Conference on 12th May 2016.



- 52,211 website page views.
- **Homepage** - 19% page views.
- **Training Calendar** - 14% page views
- **Serious Case Reviews** - 5% page views.
- **Protocols, Guidance and Procedures** - Over 2,000 pages views
- Those interacting most with the website are professionals.
- The biggest spike in the number of users was generated on 25th April 2016 spurred by an advertisement for the CHSCB Annual Conference.
- Other peaks were noted following communication about the CHSCB Training Programme; TUSK briefings and the CHSCB advertising training on CSE.

## THINGS YOU SHOULD KNOW (TUSK BRIEFINGS)

- The Board produces monthly e-briefings called Things **Things You Should Know**, more commonly referred to as ‘TUSK briefings’. These are circulated to subscribers and also cascaded by Board members to staff within their organisations.
- There are 1220 subscribers to the TUSK.
- Things You Should Know briefings had an average open rate of 15.2% (increasing from 14.61%), and an average click rate of 4%. This is below the industry average but is making gains.





# The City of London





# The City Safeguarding Snapshot 2016/17



Approximately  
**1,166** children  
& young people  
under 18

**12.4%** of  
total population

**0** incidents of children & young people missing from home.

**480** contacts to the City Children & Families Team Hub

**93** referrals

**16.1%** re-referrals

**74** statutory social work assessments started by The City Children & Families Team

**37** days – average timeliness of assessments

**10** child protection investigations

**3** children on a Child Protection Plan as of March 2017

**14** open Children in Need cases as of March 2016

**293** children and young people receiving services through Special Educational Needs and Disability (SEND) support

**17** children and young people with a statutory plan to support their needs (0.3% of resident City children)

**12** children & young people looked after as of March 2017

**26** domestic violence notifications made to the police where children and young people were in the household

**5** repeat incidents of domestic violence

**2** MARAC meetings involving children

**7** allegations against staff working with children and young people

**0** Private Fostering arrangements as of March 2017

**11%** of children living in in poverty

Approximately **12%** primary school children in receipt of free school meals (the national average is 14.1%)

**19** new cases referred to the City's Early Help Team

**20** Team Around the Child (TAC) meetings held

**1** City children and young people identified as being at risk of CSE

**7** children and young people not resident in the City identified at risk of CSE by the Police - protected with liaison with home authority.

**7** incidents of children & young people going missing from care (2 older children with 7 incidents between them).





# There is an improved focus on vulnerable children and young people in the City of London. Context is key.

The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the City of London. The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

## CITY DEMOGRAPHICS

The City of London has an estimated resident population of about 8500 and a transient daytime working population of around 330,000. Of the 8500 resident population, approximately 12% are children under the age of 18 years.

The City of London is an economically diverse area, with its population characterised by areas of affluence and poverty. Within the Square Mile, there are large disparities. The Barbican West and East residential areas are among the 20% most affluent areas in England. Portsoken ward, however, is among the 40% most deprived areas in England. According to the national figures, 110 City of London children (14%) were living in poverty in 2011, with Portsoken ward having the highest levels of child poverty. An estimated 78% of the City of London population is white British; however, approximately 40% of children are from black or ethnic minority groups compared to 21% nationally. The Bangladeshi community makes up 4% of the total population.

Domestic abuse remains a key issue in the City with the majority of child protection investigations in the City involving domestic abuse concerns. There are no children involved in the criminal justice system currently and no teenage pregnancies. Academic attainment for City resident children is higher than the national average. The numbers of children and young people Not in Education, Employment or Training (NEET), obesity rates, infant deaths and underweight babies, hospital admissions for self-harm, deliberate injury, alcohol-related injury and the number of pregnant smokers are all low with numbers ranging from 0 to 5 in each category. There are no children currently identified as victims of child sexual exploitation who live in the City. Very few children are reported missing from home or care during the year.



Within the City, there is one maintained primary school (with a Children's Centre attached) and five independent schools. It has no maintained secondary schools. The majority of children attending these schools come from other boroughs and most of the local authority's secondary school age children go to school outside of the City. 22.3% of primary school children are eligible for and claiming free school meals. This is 5% higher than the national average.



## CONTACTS, REFERRALS AND ASSESSMENTS

**“Police forward all notifications to the children and families team when there are potential child welfare concerns. These often relate to children who have been stopped in the key transport hubs of the City. Many of these children do not live in the City, and some are flagged for child sexual exploitation concerns. When this is the case, the duty social worker proactively ensures that the referral is made to, and received by, their home local authority area.” Ofsted 2016**

The Children and Families Team Hub acts as a single point of contact for referrals to both Early Help Services and Children’s Social Care (CSC) in the City. It provides responsive screening activities and ensures all contacts are immediately progressed as a referral if the threshold for a statutory social work assessment is met. Signposting activity requires staff to have a continually updated knowledge of local services alongside a comprehensive understanding of the City of London Thresholds of Need.

The trend of increasing contacts to the Children and Families Hub continued in 2016/17 with 480 contacts received (a 73.3% increase). 93 of these contacts converted to a Children’s Social Care referral at a rate of 797.6 per 10,000 CYP. This is significantly higher than statistical neighbours (526) and the England average (548). The re-referral rate in the City of London was 16.1%. This is a marked increase from previous years where the rate has been 0% (since 2013).

The significant increase in contacts and referrals is considered by the CHSCB to reflect an improved awareness of the needs of children and young people in the City. This increase directly correlates with the significant activity undertaken by the CHSCB, the City of London and partners in promoting safeguarding awareness and the City of London Thresholds of Need Tool.

The City’s higher repeat referral rate this year, whilst in line with statistical neighbours (16.98%) and lower than the England average (21.9%) is a reflection of the increasing demand for services. This aspect will be subject to ongoing scrutiny by the CHSCB given it being a possible indicator of cases being closed too early. Overall, the performance data in the City continues to be indicative of high quality social work assessments and timely access to appropriate support that helps children and their families.

### CONTACTS



### REFERRALS



### ASSESSMENTS



**13 contacts related to the attempted suicide by young people at bridges in the City of London. Whilst none of these involved City resident children, close working with Public Health and the Samaritans led to signs being installed on London and Blackfriars bridges (most suicide attempts take place here) with advice on help available.**



**8 young males aged between 14 and 17 years of age were found trespassing for the purpose of Urbex (Urban Exploring). As a result of these incidents, the City of London Police visited a range of sites to advise them**



**on safety. The parents of the boys were also contacted to inform them of the risks to their children.**

The Children and Families Team Hub aims to ensure that only those children meeting thresholds for statutory assessments are progressed as referrals. Local Authorities undertake these assessments to determine what services to provide and what action to take. The full set of statutory assessments under the Children Act 1989 can be found [here](#).

The Children and Families Team completed 74 assessments during 2016/17. 94% of assessments undertaken in the City were completed within 45 days or less, with average timeliness being 37 days. This is a reduction from 100% in the previous year, but above statistical neighbours (81%) and England averages (83%). This means that children and families continue to receive a timely service in this aspect of intervention.

**“Assessments are comprehensive. They consider family history and reference the appropriate research. Strong examples were seen of social workers identifying presenting and emerging risks, including those arising from domestic abuse, sexual exploitation, honour-based violence and parental mental ill health.” Ofsted 2016**

The rate of child protection (Section 47) enquiries in 2016/17 was 85.5 per 10,000, a reduction from 100.9 in 2016/16. The threshold for Section 47 enquiries in the City is appropriate. Children are not being unnecessarily subjected to child protection intervention and practice is proportionate to the presenting need. Where a child protection response is required, these are all completed in a timely manner. 100% of Initial Child Protection Conferences take place within 15 days of the strategy meeting where the decision was taken to convene an enquiry. This means that in the City of London, children receive a swift service when safeguarding concerns are apparent.

All Section 47 enquiries undertaken in the City are led by a suitably qualified and experienced registered social worker. Audit activity by the CHSCB and the City of London confirms that the findings from child protection enquiries are clear and that decisive action is taken when required. The City of London has an extremely low requirement to implement immediate protection arrangements.

**“When children are identified as being at risk of significant harm, prompt action is taken to understand their circumstances and to protect them. Strategy discussions include relevant professionals, and appropriate decisions are made.” Ofsted 2016**

### CHILDREN ON CHILD PROTECTION PLANS

**“Multi-agency working to meet children’s needs and keep them safe is effective. Early help, child in need and child protection plans are regularly reviewed.” Ofsted 2016**

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP).





Children who have a CPP are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how professionals, the family and the child or young person (where appropriate) will know when progress is being made.

Three children were subject to a CPP in the City at the end of 2016/17. Whilst numbers are low, caution should be observed in analysing these figures because variations of one or two children on a CP plan can have a major impact on the rate per 10,000 and this performance can therefore fluctuate. In 2016/17, 100% of children on child protection plans were reviewed and visited on time and in accordance with their plan.

No children were on a child protection plan for over 2 years with 100% being taken off a child protection plan within twelve months or less. None of the children who have been placed on a child protection plan have been previously subject to a child protection plan. Where children were deplaned, they received a child in need plan with support which was effective. This is very good performance and means that the work with children at risk of significant harm is timely and effective and that children are not subject to case work drift.

## LOOKED AFTER CHILDREN



**“All of the children looked after and care leavers spoken to during the inspection were very positive about the services and help that they have received.” Ofsted 2016**

A child or young person who is “looked after” is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum-seeking children; or in other circumstances, The City of London Corporation and partners will intervene because the child or young person is at risk of significant harm.

As at 31st March 2017, the City was responsible for looking after 10 children and young people. Rates are in line with 2015/16. Whilst numbers are low, the City of London’s rate for looked after children (103 per 10,000) is well above statistical neighbours (48) and the England averages (62). Proportionately, this reflects a high volume of work for the City of London social workers.





### PLACEMENT STABILITY, TYPE AND LOCATION

“Overall placement stability is good. There have been a small number of placement breakdowns, due in part to the lack of knowledge about children who have recently arrived in the country. Work is ongoing to improve further the choice of carers available.” Ofsted 2016

In 2016/17, 29% of children looked after by the City had three or more changes of placement over the year. This is an increase from 11.67% in 2015/16, but relates to three young people. This continues to reflect good performance and means that children looked after in the City enjoy good stability and placements that meet their needs well. The number of young people in care in the same placement for two and half years or

higher reduced from 100% at the end of March 2016 to 67% in 2017. This related to planned moves for three young people to attend specialist sporting provision. Overall, this is good performance and means that children in the City are living in stable and suitable placements.

The local authority does not have its own fostering service due to the size of the looked after children population, but spot purchases from the Pan London consortium. Ofsted rates all independent fostering agencies used by the City either Good or Outstanding. There are sufficient suitable placements available to meet the needs of the City’s looked after children and young people. All placements are outside of the local authority with only 1 young person being placed over 20 miles from the City.

“The independent reviewing officer has established strong relationships with children. Children looked after reviews are purposeful, and plans are rigorously progressed. Potential risks for children are considered well.” Ofsted 2016

### DOMESTIC VIOLENCE AND ABUSE

“Multi-agency risk assessment arrangements to support vulnerable victims and children affected by domestic abuse are effective.” Ofsted 2016

Ensuring a coordinated and robust response to domestic violence and abuse is a priority for the CHSCB. The Safer City Partnership has continued to develop its strategic response to this issue with local partners. Domestic Violence and Abuse remains subject to ongoing scrutiny by the CHSCB in terms of its influence on arrangements to safeguard children and young people. Further detail on the progress made is set out later in this report.

- 26 domestic violence notifications received by the police involving children and young people (14 in 2014/15 and 20 in 2015/16)
- 2 MARAC meetings held involving families with children
- 5 incidents of repeat domestic violence (involving City residents) (increasing from 2 in 2015/16 and 4 in 2014/15)
- 44.6% of social work assessments undertaken in 2016/17 featured domestic violence as an issue



## CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION



**“Clear and well-publicised processes are in place to monitor and coordinate services, through the multi-agency sexual exploitation group, for those children who may be at risk.” Ofsted 2016**

Multi-agency work to identify children and young people who may be at risk of Child Sexual Exploitation (CSE) across the City of London continues to be driven as a priority for the CHSCB and partner agencies. The range of achievements over 2016/17 are set out later in this report. 1 child sexual exploitation cases involving a City resident child was identified in 2016/17. The City of London Police engaged a further 7 young people at risk of CSE who were not City residents. Swift and appropriate communication as made to the home authorities of the children concerned.

## CHILDREN MISSING FROM HOME, CARE AND EDUCATION



**“A small number of children looked after have gone missing over the past year. This has mainly been for a matter of hours. The response by children’s services & police has been swift & robust.” Ofsted 2016**

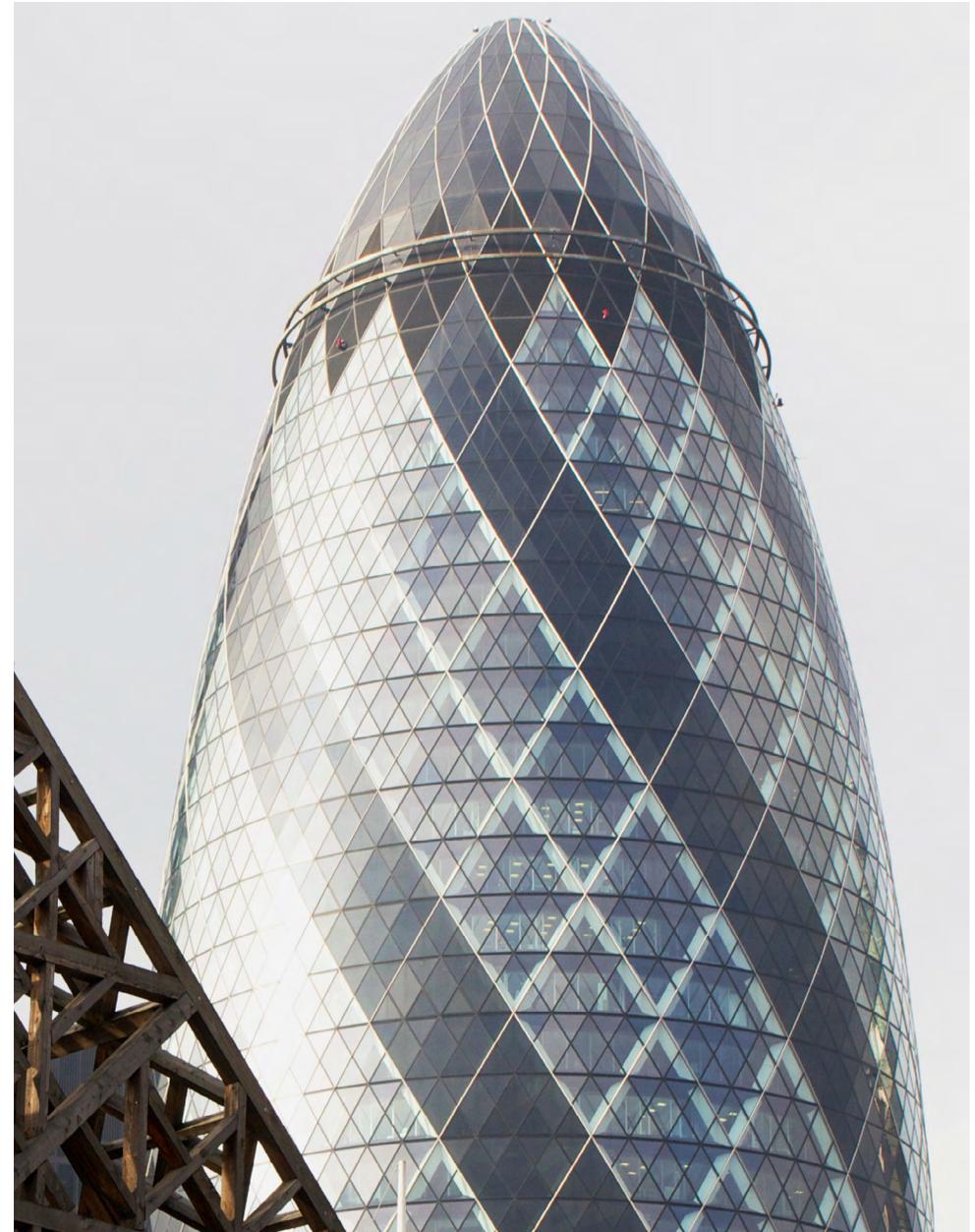
Children missing from home, care and education is a priority for the CHSCB. The partnership response has been steered by a multi-agency missing children working group and the development of a CHSCB strategy and City specific action plan. Achievements made by partners in responding to missing children and young people are included in this annual report. In 2016/17, no children were reported missing from home or education. There were 7 incidents of children & young people going missing from care (2 older children with 7 incidents between them).

## ELECTIVE HOME EDUCATION



**“Very few children are electively home educated in the City of London. For those children who are, good arrangements are in place to monitor their progress, in cooperation with their parents.” Ofsted 2016**

At the end of March 2017, there were 4 children identified as being educated at home in the City of London (an increase from 2 in 2015/16). Children subject to these arrangements are closely monitored in the City, with staff visiting those who are educated at home on a six-monthly basis (the requirement being annually), to ensure they are accessing the educational requirements, and making good progress.





## PRIVATE FOSTERING



**“Thorough assessments, in line with requirements, are completed with appropriate and timely ongoing support.” Ofsted 2016**

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. The arrangements for managing private fostering in the City accord with statutory requirements. Whilst no notifications were received during 2016/17, awareness raising has been maintained through a range of mechanisms, including the City of London Private Fostering App. This App, which includes confidence testing and a training facility has been downloaded over 1500 times since launch.

## SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)



**‘The board has rightly recognised and challenged the low number of children with disabilities subject to child protection plans and has undertaken a multi-agency audit.’ Ofsted 2016**

Since the introduction of the special educational needs and disability (SEND) reforms in September 2014, the City of London Corporation has made good progress in implementing these. All former Statements of Special Educational Needs have been transferred to Education, Health and Care (EHC) plans well in advance of the national deadline of 1 April 2018. All statutory assessments are completed within 20 weeks (the statutory timeframe) compared with 59% nationally and 70% across London as a whole.

There is a very high level of satisfaction rate amongst families accessing the City of London’s services and their view of multi-agency working is good. The SEND Joint Strategy and self-evaluation form (SEF) is being developed with both partners and families to set out the City’s priorities and to highlight the areas where the most progress is being made. The areas for development and plans going forward are underway to enhance service impact and reach.

All but one of the schools in the City of London are in the independent sector and there are no special schools in the City of London. Around 300 children and young people receive SEND support because they either live in the City of London or go to school in the

City of London. The progress of children and young people with SEND attending the City of London’s maintained school, Sir John Cass’s Foundation Primary School, is reported regularly and is very good. The majority of children and young people with an EHC plan attend schools and colleges outside of the City of London; most are in mainstream settings and all but two live at home. The schools attended are rated either good or outstanding by Ofsted, where Ofsted is the inspecting body. The majority of the children and young people who have an EHC Plan are on the autistic spectrum.

In 2016/17, the City and Hackney Safeguarding Children Board heightened its focus on this extremely vulnerable group of children focussing on children with SEND as part of its multi-agency auditing programme.

## MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively.

Across London in 2016/17, there were 5955 Category 1 ‘Registered Sex Offenders’ (RSOs), 3670 Category 2 ‘Violent Offenders’ and 21 Category 3 ‘Other Dangerous Offenders’. Further information is available in the [MAPPA Annual report for 2016/17](#) for London.





# Progress in the City of London





# ‘Parents told inspectors that they are very happy with the help that they receive.’ Ofsted 2016

## EARLY HELP

Early help services across the City of London are delivered by People’s Services and a range of partners, including schools, children centres, one GP surgery and health colleagues as well as other local service providers, including the community and voluntary sector. They are effective, and some are particularly strong. The range of services available to children, young people and their families are set out within the City of London Resource guide for Practitioners and these continue to adapt and evolve based on the needs of the local population.



The early help arrangements in the City have been in place now for a number of years and are embedded with agencies. The Children and Families Team comprises 3 social workers and a Senior Practitioner, 2 dedicated early help workers and 2 Family Intervention Practitioners who work attached to the Children’s Centre at John Cass Primary School. The interface between early help and child in need/child protection is clear through the management of all referrals via the Children and Families Team Hub. The duty social worker takes all referrals and is able to step down cases for an early help response easily and rapidly where this is appropriate. The Early Help team is well resourced, and trained in the Solihull approach for working with hard to engage families. They take on the lead professional role for local agencies and co-ordinate the Team Around the Child.

This means that all children needing an early help service in the City receive a well-resourced, dedicated service, which is provided by trained staff, supervised by a Social Work Team Manager. This arrangement also enables the Team Manager to oversee the step up and step-down process and decision making to ensure that they are appropriate and reflect the needs of the child.

The Early Help Strategy for the City of London has continued to drive partnership improvements. With a focus on ensuring the right help is provided at the right time and in the right place, the strategy is focussed on five key strategic objectives and continues to be coordinated by the Early Help Sub Group of the City CHSCB Executive group. The strategy’s ambitions complement a range of existing enhanced universal and targeted services supporting early help that include:

- A Family and Young People’s Information Service who seek to visit all children born in the City and make parents aware of the Early Help services available.
- A Family Information Service Directory
- Outreach by the Family Information Service
- A range of parenting, literacy, numeracy, and speech and language classes/courses for



- parents
- Short Breaks scheme
- Educational opportunities for families in the library settings
- Free child care for 2, 3 and 4 year olds
- Every Child a Talker programme
- The HENRY Course to promote healthy eating, nutrition and good parenting.
- All new parents receive an early help visit. This is often a joint visit by a family intervention worker and a health visitor. Such early identification has led to a complete take-up of two-year-old children's free childcare places.
- Families have access to a wide range of helpful services. The 'friendly dentist' scheme provides dental checks for all under-fives.

- Parenting support is available from a child psychologist through a commissioned service, while weekly speech and language sessions, 'stay and play' and other activities are available through the City's children's centre.
- Parents are well supported with benefits advice and debt counselling by a commissioned service.
- The 'nanny network', to establish links between the City's early help services and this large group of private childcare providers, runs weekly 'stay and play' sessions for approximately 10 nannies and the children for whom they care.
- There have been no teenage pregnancies in the City for a number of years, which is due in part to the preventative programme led by City Gateway.





Increasing the number of children and their families taking up early help services was a stated priority for the City of London Corporation and the CHSCB in the 2015/16 annual report. However, overall activity has remained low during the year. This downward trend is being considered in more details by the CHSCB and will be analysed alongside the significant increase in the number of statutory social work assessments. The focus of the CHSCB will remain on whether the partnership is reaching enough children at the right time to prevent needs escalating.



*During 2016/17, City organisations have sought to improve the early help offer by developing opportunities for co-location. Professionals from different disciplines working alongside each other can bring significant benefits to children and families requiring early help, not least as it means they don't have to repeat their story to numerous agencies. There was regular co-location by the Early Help team with Sir John Cass Primary School and Family Centre, City Gateway and Health Visiting. An initial planning meeting was also held with estate managers to develop partnership working in the communities covering Golden Lane and Middlesex Street.*

### THE MULTI-AGENCY PRACTITIONERS FORUM

Supporting the partnership understanding of early help, a monthly meeting for practitioners delivering early help services continued in the City. This Multi-Agency Practitioners forum (MAPF) provides an opportunity for front-line staff within a multi-agency context to discuss practice matters, encouraging consistent and effective service delivery.

### QUALITY ASSURANCE



**“Although positive impact can be evidenced for individual children, the City is yet to introduce a multi-agency evaluation tool to help them to judge how effective their early help services are, overall.” Ofsted 2016**

The Assistant Director for People's Services in the City of London chairs the CHSCB City Early Help Sub Group. During 2016/17, the chair initiated a programme of work to improve the quality assurance process for early help activity. An early help 'distance travelled tool' was launched as part of the Early Help toolkit and is now routinely used in all Early Help cases held by the Children and Families Team. However, due to the low caseloads, there is currently not enough data to show meaningful impact. This will remain a priority on the 2017-2019 Early Help Action Plan.

### Priorities going forward:

- Early Help remains a priority for the CHSCB going forward into 2017/18.
- The CHSCB will continue to evaluate the effectiveness of early help services in the City of London through the use of its Learning and Improvement Framework.
- Maintain the use of the Distance Travelled Tool as part of the City's early help quality assurance process
- To scrutinise improvements in the quality and consistency of written early help plans.
- Further promote the wider partnership engaging in the CAF process.





# ‘Multi-agency risk assessment arrangements to support vulnerable victims and children affected by domestic abuse are effective. Meetings are convened when required, are well attended and lead to appropriate support plans.’ Ofsted 2016

## DOMESTIC VIOLENCE AND ABUSE

Children and young people who are exposed to domestic violence and abuse can grow up in a vacuum of what is expected in terms of a positive and healthy relationship. This can create additional vulnerabilities and/or harmful behaviours. It is estimated that 7.1% of women and 4.4% of men have experienced intimate violence.

Applying these figures to local populations would suggest that 200 women and 100 men in the City of London have experienced intimate violence in the past year. Responding proactively and in collaboration with the Safer City Partnership (SCP) remains a key priority for the CHSCB, recognising both the short and long-term impact on the safety and welfare of children and young people. During 2016/17, the SCP continued its focus on developing services through implementing the City’s Domestic Abuse and Sexual Violence (DASV) action plan via the DASV Forum. The Action Plan is made up of 9 overarching thematic areas and essentially serves as the work plan for the Forum.

- Access to support
- Raising awareness of ending VAWG
- Ending harmful practice
- Holding perpetrators to account
- Responding to trafficking, prostitution and sexual exploitation
- Addressing harmful attitudes and behaviour at an early age

- Understanding and responding to the health impact of VAWG
- Improving women’s safety on public transport
- Learning from Domestic Violence Homicide Reviews and specialist service providers



*Following challenge at the City Executive, the City subsequently developed and implemented a specific policy focussing on safeguarding children from the experience of domestic abuse. Supporting this policy, all of the City’s social workers are trained to undertake assessments and support families experiencing domestic violence. Staff are offered additional training and a part-time specialist domestic abuse social worker is in post to ensure a robust and comprehensive service to families.*

## TRAINING FOR THE WORKFORCE

The CHSCB continued to deliver safeguarding training on domestic abuse to staff from the City who work in a range of services including adult social care, the police, substance misuse agencies, schools and ELFT.

In the City of London Police, a review of training informed a report to the Police Training Improvement Board in June 2016. This meeting agreed three training packages to be delivered within the 12 months to June 2017. The ‘Domestic Violence Matters’ College of Policing package was prioritised 2nd behind Counter Terrorism.



## SERVICES FOR DOMESTIC VIOLENCE AND ABUSE

A revised directory of all the services provided by the Domestic Abuse & Sexual Violence Forum has been compiled and presented to the SCP.

## MARAC

Operational arrangements for MARAC (multi-agency risk assessment case conference) processes are clearly defined in the City. The City MARAC operates a lower threshold than in other local authorities, and takes cases where a preventative approach would be helpful. This is good practice and enables children with these families to have a better co-ordinated multi agency service.

In 2016/17, 2 cases were referred for a MARAC where children were involved with the families. Both had a risk assessment completed by the police. The Primary Care MARAC liaison service, funded by the CCG, also ensured ongoing and clear communications with the one City surgery as needed.

## IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY (IRIS) PROGRAMME

The Identification and Referral to Improve Safety (IRIS) programme was established in 2007 in response to evidence indicating a high prevalence of domestic violence among women attending GP surgeries. The programme trains primary health care professionals to identify domestic violence and abuse and creates a mechanism so women can be referred to specialist domestic violence services. Since July 2014, all City and Hackney GPs have signed up to the service, which is delivered by Nia, a voluntary sector organisation.

### Priorities going forward:

- The CHSCB will continue to monitor the implementation of VAWG action plan and hold agencies and the SCP to account for performance in this area.
- Specifically, this will involve scrutiny of the early help arrangements for families experiencing the onset of domestic abuse, the procedures, pathways, protocols and training required for staff working with domestic abuse and VAWG, direct work and therapeutic support for children who live with domestic abuse, perpetrator programmes, and parenting support for parents.





# ‘It is positive that the City has commissioned innovative research into neglect within affluent families.’ Ofsted 2016

## NEGLECT

The impact of neglect on children and young people is enormous, yet it can be difficult to define and research shows that it often co-exists with other forms of abuse and adversity. It is also the most common reason for child protection plans in the UK. Neglect can be a catalyst to future vulnerabilities for young people, for some who have experienced Neglect there are additional risks of harm as they grow up.

The CHSCB identified neglect as an area of priority reflected through the initiation of two multi-agency case reviews, where chronic neglect had been the key issue. The learning from these reviews have been detailed in previous annual reports, more details on [Child E](#) can be found here and learning from [Child K here](#). Whilst neither case had arisen in the City, learning is equally relevant.

Key themes include:

- that children should be seen, heard and helped, with the importance of conducting home visits and seeing children in different environments
- the need to identify and name Neglect as a potential concern
- when working across children and adult services remembering to “Think Family”
- the additional vulnerability of children with disabilities
- the duty to respond and escalate concerns.



*During 2016/17, research continued into affluent neglect. The stimulus for this research arose from the CHSCB multi-agency case audit programme. It was commissioned by the City of London and is being led by Professor Claudia Bernard of Goldsmiths, University of London. The detail of the research was developed out of a scoping review, which sought to find out what was known about child neglect in affluent families. The scoping review identified that there is a paucity of research in the UK looking at how social workers engage parents from affluent backgrounds in the child protection system to address the issue of child neglect. This study has therefore investigated what factors arise for social workers in responding to this type of child maltreatment in affluent families. The research is scheduled to be published in early 2018.*

The CHSCB partnership work in responding to Neglect continued into 2016/17 with a summary of key achievements including:

- The CHSCB Neglect strategy and action plan was agreed and signed off providing a clear focus on associated vulnerabilities and local context.



- To make the action plan more accessible to frontline practitioners CHSCB held consultation sessions in April / May 2016 with local practitioners to identify what services are currently in place and what practical actions could be implemented to respond to neglect on a local needs basis. This was included in the refreshed action plan
- Materials from learning reviews have been disseminated and uploaded on the CHSCB website to support and enable agencies to share the key themes and learning from local reviews locally and wider. These included review briefing sheets and the training power points.
- Neglect is incorporated into single and multi-agency training programmes and available to all practitioners.
- The staff survey in 2016 reflected an increase (93%) of Hackney Staff, as being high in confidence as to their awareness of identifying neglect
- Safeguarding presentation took place at Hackney Private Landlord Forum to an audience of private landlords and estate agents, raising awareness of neglect and role of the private landlord
- Following learning from local review Child E, Hackney housing has now trained up seven ward based safeguarding champions, tasked with providing local support where operatives have a safeguarding query.
- Recognising the number of families housed in the private rented sector, a meeting was set up with the housing private sector from Hackney and City to consider the most effective way to engage the private sector in the safeguarding agenda
- Continued to develop and promote specific CHSCB resources to help remind staff of the importance of home visiting – [“Visit me at Home”](#)
- The CHSCB delivered bespoke training to a range of housing officers and operatives (plumbers / gas fitters) and tenant resident association members (TRAs) to raise their awareness of Neglect and their responsibilities– this has led to referrals being made by housing operatives.

#### Priorities going forward:

- Ongoing promotion of the CHSCB website hosting an online tool-box providing a “one-stop” platform for agencies to support the identification and response to neglect. Amongst a range of relevant tools, it includes a threshold assessment, agreed chronology template and posters.
- Plan for the CHSCB annual conference 2017/18 on the topic of Neglect.





# ‘Inspectors saw cases where children were being supported to develop an understanding of the risk of child sexual exploitation, with effective strategies leading to a marked reduction of risk.’ Ofsted 2016

## CHILD SEXUAL EXPLOITATION

In February 2017, government issued a revised definition of Child Sexual Exploitation (CSE):



*‘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.’ DfE 2017*

CSE also needs to be placed firmly in the context of abusive relationships and specifically; the impact that domestic violence can have on how a child or young person views relationships. For a child or young person growing up in such an environment, the impact of their experiences can create limited & limiting expectations with regards to what constitutes a healthy relationship; thus increasing their susceptibility to exploitation in the future.

The CHSCB has continued to robustly promote an improved understanding of CSE in the City and to prevent, identify and tackle the problem. The [CHSCB Child Sexual Exploitation Strategy](#) was implemented and subject to detailed scrutiny through the City & Hackney CSE Working Group. During 2016/17, this group evolved into the City Vulnerable Adolescents Steering Group and is operating to a work plan that focuses on the wider set

of vulnerabilities and exploitation that young people in the City can be exposed to.



**“Inspectors saw an example of effective joint working between the out-of-hours team, City police and children’s social care when there was concern about possible child trafficking.” Ofsted 2016**

## THE CITY OF LONDON CSE PROFILE

The City of London continue to experience a low number of cases relating to Child Sexual Exploitation. Over the last 2 years, the crimes relating to CSE that have been recorded by the City Police include rape, sexual activity and possession of indecent images. Cases have also included grooming by offenders via the internet / social media.

In 2016/17, 1 City young person was identified as being at risk of CSE and engaged by professionals. 7 other young people who did not live in the City were also engaged. Following securing their immediate protection, relevant and appropriate communication was made with the home authorities where the young people lived.

There are no children involved in gangs in the City, or any known gangs within the City itself, although gangs are known to cross the boundaries and travel through the square mile. Gang activity and risk to young people is closely monitored through the use of Police, Youth Service and Safer City Partnership data. Intelligence links with other LAs and the Police in these areas are being developed to ensure good co-ordination and sharing of information.



Partner agencies engaged in the City continue to share intelligence that may influence the knowledge of the CSE profile. Of significance is the City's location as a major transport hub and the successful engagement of British Transport Police to share information with the MASE. The CHSCB was also represented on Transport for London's Safeguarding Children Board to help further develop the response to tackle this issue. A quarterly data set of over twenty indicators produced for the MASE Group supplements the information provided by the City Police. This informs understanding, and the identification of risk indicators. However, trend analysis is limited due to the relatively low numbers of crimes and intelligence reports recorded.

### MULTI-AGENCY SEXUAL EXPLOITATION MEETINGS

The City has a Multi-Agency Sexual Exploitation meeting (MASE), which meets to identify children who could be victims as well as suspected victims of CSE. The City MASE has been operational since February 2015 and works preventatively in considering children who may be at risk CSE but also considers all children who have gone missing in addition to others where low-level vulnerabilities have been identified.

- 9 young people were referred and discussed at the City MASE.
- 1 young person a City of London resident
- 1 case was referred by the City Children and Families Team, the rest were referred by the Police.
- The City MASE continued to engage with the Hackney MASE and the Tower Hamlets MASE and the East London MASE chair's network.
- The MASE Chairs continued to provide regular updates to the CHSCB City Executive meeting.
- An analysis of data produced by City data analyst supports working group and MASE in terms of operational and strategic oversight.
- An agreement was established with British Transport Police to share information with the City police of any young person who comes to their attention at the City transport hubs and for this to be shared at the MASE as appropriate.

### AWARENESS RAISING



**'Extensive work has been undertaken through a City-specific children sexual exploitation working group. The group coordinated a targeted City campaign with hoteliers, alongside multi-agency training & support for children, together with research & intelligence.'** Ofsted 2016



- *The City of London Police continued to raise awareness of CSE within the business community including hotels, cab companies and licensed premises via Operation Makesafe.*
- *76 young people attended CSE awareness sessions delivered via City Youth Services.*
- *City schools delivered a range of programmes to pupils covering abuse, online safety, grooming, sexting, sex and healthy relationships and for younger children, The NSPCC Pants rule.*
- *In response to the National Child Sexual Awareness Day, which takes place on 18th March and aims to encourage everyone to think, spot, speak out and adopt a zero tolerance attitude towards CSE, the CHSCB ran a social media campaign to raise awareness.*
- *The CHSCB Tusk briefings in May, August and November 2016 all featured important information relating to vulnerable adolescents:*



## SAY SOMETHING OF YOU SEE SOMETHING

As part of the CHSCB's strategic response to CSE, it was recognised that direct engagement with those at risk of CSE was essential to developing a contemporary, credible and relevant awareness raising campaign. A 'Say Something if You See Something' (SSIISS) time limited task and finish group was set up specifically for this purpose, extending the work driven by the Operation Makesafe campaign.

**SAY SOMETHING IF YOU SEE SOMETHING**

**WATCH FOR**

- GUESTS REQUESTING A ROOM THAT IS ISOLATED
- GUESTS WHO APPEAR SECRETIVE ABOUT THEIR VISIT OR TRYING TO CONCEAL THAT THEY ARE WITH A YOUNG PERSON
- FREQUENT ADULT VISITORS TO THE HOTEL WHO DO NOT APPEAR TO HAVE A REASON FOR BEING THERE

**CHILD SEXUAL EXPLOITATION IS ABUSE. DON'T MASK THE PROBLEM.**

**THIS IS ABUSE. DON'T MASK THE PROBLEM.**

**Report it.**  
Call 101, quote Operation Makesafe.  
[www.met.police.uk](http://www.met.police.uk)

METROPOLITAN POLICE  
city & hackney safeguarding children board  
CITY OF LONDON POLICE

During conversations with young people it became apparent that most young people do not see themselves as being sexually exploited or as being at risk, but they were more likely to recognise it in others. A large number also cited that they would not seek support from a person in a position of authority but would speak anonymously via a helpline. As a result of this information and the strong views of young people, the campaign re-focused and the targeted audience became the friends of young people who were at risk of CSE.

Collaborating closely with the Hackney Safer Neighbourhood Board (SNB), the CHSCB was able to successfully access funding from the Mayor's Office for Policing & Crime (MOPAC). This would not have been achieved without the energy and commitment of young people from the Hackney Youth Parliament who shared their views on why there was a need to raise awareness amongst their peers. Since 2015/16 there has been a continuation of one of the projects due to demand. The Chelsea Choice play by Alter-Ego has received positive reviews and provides schools with an opportunity to discuss relationships and explore relationships in the context of whether they are healthy or unhealthy / safe or unsafe. Now in its second year and with funding secured for 2017/18, the SNB and CHSCB continues to support and promote awareness amongst young people.



*The re-dissemination of a Peer education project where young people developed and produced a short film on the risk of CSE. [SSIISS Video](#) – continues to be viewed. In 2016/17, there were an additional 700 views taking the total to 1700*

### Priorities going forward

- The CHSCB will continue to oversee performance and the actions required to support the multi-agency response to CSE as part of a wider strategy focussing on Vulnerable Adolescents
- This strategy will develop a closer alignment of the work involving CSE, missing children and other risks facing adolescents to ensure the inter-relationships with a range of vulnerabilities are robustly addressed.
- Maintain the improved training attendance rates for professionals attending multi-agency training on CSE.



# ‘In one instance, a young person asked the independent person who visited him after he had gone missing from his placement to sort out a worry about his placement. This was quickly resolved, leading to the ‘missing’ episodes ceasing.’ Ofsted 2016

## CHILDREN MISSING FROM HOME, CARE AND EDUCATION

Ensuring that partner agencies provide the most appropriate safeguarding response for children who go missing from home, care and education remains a priority for the CHSCB. In 2015, the London Safeguarding Children Board updated the London Child Protection Procedures and Guidance and agreed a protocol for children missing from care, home and education. According with statutory guidance, the City of London Corporation agreed to adopt the pan-London work as the basis for the local protocol that includes City specific guidance.

## CHILDREN MISSING FROM HOME AND CARE

The City Police lead on all children who go missing from home or care and a coordinated response takes place with the City Children and Families team, working closely with the child’s parents or carers. Numbers of children who go missing in the City of London are very low. There have been no children missing from home reported in the last 12 months with 2 children missing from care (7 episodes).

NCH Action for Children is commissioned by the City of London to give missing children a return home interview within 72 hours. These interviews are followed up with therapeutic support depending on the outcome to address risk-taking behaviour. This is in line with statutory guidance published by the Department of Education in 2014. Return home interviews are reviewed and used by the City Executive Group to understand the reasons why children go missing and inform strategy and service delivery. All episodes of children

going missing resulted in at least one return from missing interview.

## CHILDREN MISSING FROM EDUCATION

Work on understanding children missing education continued to be a key focus in the City over 2016/17. The City of London has unique educational landscape driven by its historical socio economic profile. Over 80% of children attending schools in the City are educated within the independent sector; there are four independent schools located in the City and only one maintained (primary) school. Of those children educated outside the City, a significant proportion attend independent schools. This means that there is a paucity of information about children’s location and attendance within the normal local authority information systems.

Only 38% of the families of school aged City resident children automatically provide the authority with details of their children through their applications for school places whilst the remaining 62% bypass data systems altogether through direct application to independent and certain other schools. A strategic decision was made in autumn 2015 to locate all City resident children in their current schools and an extensive exercise of tracking them was undertaken to test whether or not children were missing or at risk of missing education.

During the course of this exercise, over 420 children have been located and patterns of school preferences have emerged allowing the City to map the children’s location, start to forge relationships with key schools and begin monitoring attendance. Most importantly





it enabled the City to provide appropriate support and intervention when cases of poor attendance and incidents of 'off-rolling' occurred and there has been real success in the cases of a very small number of very vulnerable young people who are now attending school regularly. The exercise was universally supported by CHSCB Partners through both raising awareness and using their own sources of intelligence.

The Education and Early Years' Service reports on attendance for all City children attending primary schools in the City and Islington, who together represent a significant proportion of all children attending maintained education. Where there has been a concern of non-attendance, this has been picked up by the Education Welfare Officer for the City, either as a direct intervention or liaising with the school and local authority if the child is not attending a City school.



*In 2016/17, the City of London Corporation launched a comprehensive awareness campaign "Back to School". The campaign coincided with the start of the new term and highlighted the risks children missing in education face, some of the signs to watch out for and what to do if you're concerned about a child.*

#### Priorities going forward:

- The CHSCB will continue to oversee performance and the actions required to support the CHSCB strategy on missing children.
- The CHSCB to continue to review why children go missing through the intelligence gathered via the IRI role delivered by Action for Children
- Further scrutiny of the progress made regarding tracking children missing education





‘The board has made substantial progress in raising awareness of female genital mutilation, forced marriage and child abuse through faith, belief or culture. The board has worked closely with public health services to influence and monitor the multi-agency response to FGM.’ Ofsted 2016

#### FEMALE GENITAL MUTILATION & HARMFUL PRACTICES

In April 2014, it became mandatory for NHS healthcare professionals to record Female Genital Mutilation (FGM) in a patient’s healthcare record, if they identify that a woman or girl has had FGM. In September 2014, it also became mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients who have had FGM to the Department of Health. Changes to the Serious Crime Act mean that health care professionals, teachers and social care workers are required to report ‘known’ cases of FGM – visually confirmed or revealed by a girl (under the age of 18) affected – to the police. Working closely with Public Health, partner agencies and the Health and Wellbeing Board, the CHSCB continued to influence and monitor the effectiveness of the partnership response to FGM.

In January 2016, the City of London Health and Wellbeing Board formally agreed the City and Hackney FGM Strategy and associated action plan. A steering group was subsequently established and this continues to coordinate the strong progress made on this issue to date.

The document ‘[Tackling and Preventing FGM: City and Hackney Strategy 2016-2019](#)’ was published in January 2016 and its overarching aim is to promote the welfare of girls and women by preventing FGM and reducing the impact of the practice, by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support to those who need it the most. The strategy focuses on the following three priorities:

- prevention and early intervention
- strong and effective leadership
- effective protection and provision

The strategy is monitored by the City and Hackney FGM Steering Group, which is chaired by the Director of Public Health and includes officers from the CHSCB, Hackney Learning Trust, VAWG specialist organisations, the CCG and HUHFT.



## FGM IN THE CITY OF LONDON

- From the data available, it is clear that very few City resident women and girls are at risk of FGM.
- There are no high-risk communities living in the City of London.
- Latest census data (2011) identifies only 13 City resident women (age 16-74) were born in North Africa and 32 born in Central and Western Africa; parts of the world where FGM is most prevalent.
- There were no girls aged between 0-15 living in the City who were born in countries where FGM is prevalent (although girls of women who were born in non FGM prevalent countries may also be at risk)
- 0 cases of FGM were referred to the City Children and Families Team in 2016/17
- There are no hospitals in the City of London, with City resident women giving birth in Hackney, Tower Hamlets and Islington. Clear pathways are in place between the City Children & Families Team, Homerton Hospital, University College London Hospital and The Royal London.

### Progress in 2016/17:

- The FGM Action Plan continues to be implemented across the partnership.
- Despite there being no referrals, an FGM flag on the casework management system in the City will ensure the monitoring, recording and consideration of FGM as and when required.
- A FGM single point of contact (SPOC) in the Police Public Protection Unit is established. The SPOC has been trained and works with the Met Police on operations at airports during summer holidays to identify those at risk.
- Discussions held with the Police and Community Safety have led to the Vulnerable Victims Advocate organising alternative locations for weekly surgeries on key safeguarding issues – including FGM.
- FGM training is included in the City of London Police induction
- Health professionals covering the City of London received training on FGM, with all health visitors continuing to receive this as part of their mandatory Level 3 training.
- GPs have a mandatory coding for FGM and this is shared with midwives and health visitors.
- During 2016/17, the CHSCB promoted awareness of FGM through dedicated training and through its TUSK briefings.

### Priorities going forward:

To continue to monitor the implementation of the FGM action plan in the City, holding agencies and the City Health and Wellbeing Board to account for further driving the partnership response to this issue in terms of awareness, recognition and response.





# ‘Innovation is evident, with discussions and challenge regarding the links between radicalisation and mental health, and the connection between radicalisation and child sexual exploitation.’ Ofsted 2016

## PREVENTING RADICALISATION

Radicalisation is driven by an ideology that sanctions the use of violence and encourages the rejection of a cohesive and integrated society. Often those who are most vulnerable are deliberately targeted through a narrative that makes this ideology seem as both attractive and compelling. The City of London has experienced first-hand the devastating effects of radicalisation in recent years. In order to protect our communities, partner agencies in the City must provide those at risk of radicalisation with the support and guidance needed to turn away from violence.

The Counter Terrorism and Security Act received Royal Assent on 12th February 2015. Prevent was placed on a statutory footing in July 2015 to ensure all specified authorities in local areas, as a minimum, understand the local threat and take action to address it, assess if local frontline staff need training to recognise radicalisation, and to ensure that all of those who need to work together to deliver the programme do so in the most effective way. The City of London has not been identified as a Priority Area and as such, receives no additional Home Office funding to deliver its Prevent programme. The Safer City Partnership (SCP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. The CHSCB identified the threat of radicalisation as a priority area for its business planning going forward. The CHSCB continued to monitor the progress of the SCP in responding to the threat of radicalisation in 2016/17 and will continue to do so going forward. One young person resident in the City was identified at risk of radicalisation in 2016/17 and referred to the City’s Channel Panel.

## Progress in 2016/17

- City of London Prevent Strategy in place and a Prevent working group continues to drive progress.
- The City of London Police has produced a Counter Terrorism Profile highlighting risk and protective factors specific for the City of London.
- A Prevent Information Sharing Agreement is in place.
- Pre-screening and Channel referral processes are operational
- A Prevent delivery plan has been produced and works in line with the three objectives set out in the Prevent Strategy.
- Designated Prevent leads are in place in every Corporation Department and a police prevent coordinator is also in post
- Monthly meetings are held with the Prevent and Safeguarding leads from Specified Authorities relevant to the City of London.

## Priorities going forward:

To monitor the implementation of the Prevent strategy and response to radicalisation in the City, holding agencies and the Safer City Partnership Board to account for further driving the response to this issue in terms of awareness, recognition and response.



# ‘Effective work has been completed in relation to raising agencies’ awareness of their responsibilities in relation to allegations against adults who work with children. This has led to an increase in the number of referrals received.’ Ofsted 2016

## THE MANAGEMENT OF ALLEGATIONS AGAINST PROFESSIONALS AND VOLUNTEERS WORKING WITH CHILDREN

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer (known as the LADO) should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. Reporting to the Assistant Director of People Services, the LADO role in the City is held by the Safeguarding and Quality Assurance Service Manager. These arrangements are fully compliant with the revised LADO guidance issued in Working Together 2015 and further supported by the publication of revised LADO operational guidance. A full analysis of how allegations

against staff have been managed in the City can be read in the LADO Annual Report 2016/17. LADO referrals in the City are dealt with in accordance to statutory guidance, in a timely way and have been effective in protecting children.

### SUMMARY

- There were 7 Referrals to the LADO in 2016/17, a reduction from 11 in 2015/16, but an increase from the 5 in 2014/15.
- Overall numbers remain relatively low.
- Only 1 of the 7 referrals met the threshold for LADO involvement.
- 2 referrals were not progressed as they did not meet the threshold, with the remaining 4 referrals being subject to an initial meeting and subsequent action by the employing organisation.
- The one case dealt with by the LADO took 3 months to complete due to its complexity and the involvement of numerous agencies / Local Authority areas.
- There were no criminal prosecutions
- Similar to 2015/16, there were no LADO referrals from the Police. Given this continued trend, the City and Hackney LADOs are developing a joint training package with the City Police and the Metropolitan Police Service in Hackney.

### CATEGORIES OF CONCERN

- From the 1 case referred there were 4 separate allegations, three of which related to sexual abuse and one which related to behaviour that called into question a person's





- suitability to work with children.
- Over the last 5 years, the highest number of referrals have been made relating to professionals / volunteers working in the education sector. The next highest referral category has concerned professionals / volunteers in Early Years' settings and Teaching agencies. Whilst different in numbers, this pattern correlates with previous trends in the City and those experienced in Hackney.

## THEMES

Themes have been a challenge to extract due to the low numbers. However, in 2016/17, important learning was identified in respect of the lack of formal advice available to parents / carers when recruiting Nannies and Au Pairs. The City is responding to this theme by developing a range of awareness raising material to encourage safe recruitment.

The 6 referrals that did not meet the threshold for the LADO may indicate further awareness raising is required in respect of the LADO remit, however, the CHSCB maintains the position that it is far better for agencies to consult with the LADO where unclear as opposed to making decisions on action in isolation.

## AWARENESS RAISING

Awareness raising activities by both the CHSCB and the City of London continued during 2016/17. This was achieved through the following:

- Submitting the DO Annual report for 2016/17 to a range of City and CHSCB committees.
- The City of London delivering focussed training on the LADO role and professional allegations
- The LADO role being included as part of a staff induction programme.
- Safer Recruitment training being delivered by the CHSCB

### Priorities going forward:

- Continue awareness raising of DO activity through multi-agency training, CHSCB communications and direct awareness raising by the named LADO in the City of London.
- City and Hackney LADOs to continue to engage in peer support activity
- Develop the defined training programme in partnership with the Police.





# Hackney



The Board

The City of London

Progress in the City

Hackney

Progress in Hackney

Learning & Improvement

The Child Death Overview Panel

Training & Development

Technology & Social Media

What you need to know

Priorities

Membership

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# Hackney Safeguarding Snapshot 2016/17



**28%** of children living in poverty

Approximately **28.9%** of children in receipt of free school meals (national average 14.1%)

Approximately **31.1%** of children in secondary schools in receipt of free school meals (national average 12.9%)

**47%** education settings graded outstanding / 52% graded good / 1% requires improvement / 0% inadequate for personal development, behaviour & welfare

**415** children were subject to a CAF and MAT intervention in 2016-17

**271** new early help cases & 144 existing cases of children identified & supported through the MAT process

**455** new early help cases for children & young people over 6 years of age identified & services provided

Approximately **149,527** attendances at activities delivered by Young Hackney from young people throughout the year.

**71** children & young people at risk of CSE being monitored through the Multi-Agency Sexual Exploitation meetings (end March 2017)

**109** children missing from home / **151** episodes of children going missing from home

**75** children missing from care / **558** episodes of children going missing from care

**12,699** contacts to Hackney CYPS

**3,940** referrals

**13.4%** re-referrals

**3667** assessments completed by Hackney Children's Social Care

**47 days** - average timeliness of assessments

**1045** child protection investigations



**330** children on a Child Protection Plan as of March 2016/7

**2450** open Children in Need cases as of March 2017 (excl CP Plan and LAC)

**253** children in need with a disability

**371** children & young people looked after as of March 2017

**242** MARAC meetings involving children and young people living in families with domestic violence

**995** individual cases managed by Hackney Council's Domestic Violence and Abuse Team

**226** allegations against staff working with children and young people

**700** children & young people receiving help from CAMHS at any given time





# Safeguarding Context in Hackney

**Some children are at more risk of being abused and/or neglected due to them being particularly vulnerable.**

The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the London Borough of Hackney. The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

## HACKNEY DEMOGRAPHICS

The London Borough of Hackney is an inner-city London borough. There are approximately 66,000 children and young people under the age of 18 years, representing 24% of the total population. Of these, around 19,000 are aged less than five years. Over 58% of children and young people living in Hackney belong to black or other minority ethnic backgrounds, compared with 21.5% in the country as a whole.

It is a richly diverse community with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. Hackney's Orthodox Jewish Community population of around 30,000 represents more than 10% of Hackney's total population and around 50% of the community is under the age of 19 years. There are over 180 languages spoken in the borough. Hackney is ranked the second most deprived borough in England and it is estimated that 35.6% of children and young people in Hackney are living in poverty, with around 28-32% eligible for and in receipt of free school meals.

## CONTACTS, REFERRALS & ASSESSMENTS

**“Decision making is aided by detailed review of historical information. Decisions have a clear rationale and, in most cases, identify direction for further work with children and their families. Where children are at immediate risk of harm, referrals from other professionals are dealt with swiftly and children are seen promptly in order to undertake s47 child protection enquiries without delay.” Ofsted 2016**

The First Access Screening Team (FAST) is the multi-agency team that records all “contacts” made to them regarding concerns for children and young people. Any of these contacts can progress to a referral and if appropriate, an assessment, if the concerns suggest that the statutory involvement of Hackney Children's Social Care (CSC) is required. If a statutory response by CSC is not required, the FAST ensures swift signposting and engagement as necessary with early help services.

In 2016/17, FAST received 12,699 contacts from a range of sources of which 3,940 were accepted as a referral to Children's Social Care. This was an 11% increase in the number of referrals compared to 2015/16. The number of referrals per 10,000 increased in Hackney from 578.6 in 2015/16 to 631.5 in 2016/17. This is higher than the rate for statistical neighbours (557.4) and the England average (548.2), with the increase being reflective of increased levels of need locally. The quality of decision making and work within the FAST was sustained during 2016/17 despite the increase in demand.

## CONTACTS PER WEEK



## CONTACTS PER YEAR





## REFERRALS

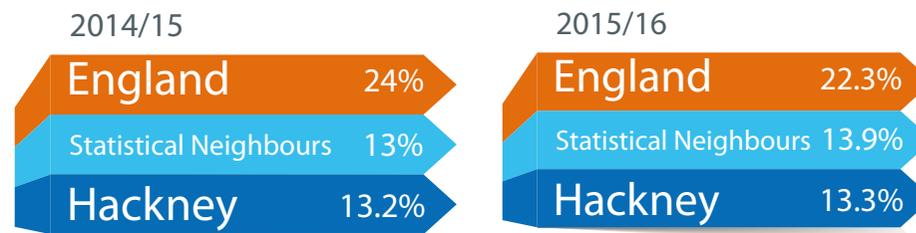
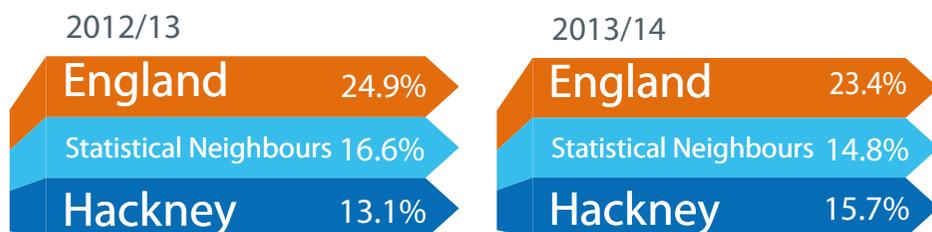


## ASSESSMENTS



The percentage of re-referrals also remained broadly static at 13.4%, significantly lower than the national average (21.9%). This lower than average repeat referral rate suggests that children, young people and their families receive effective social work support and that this support, when needed, is sustained by partner agencies once a case is closed to Children's Social Care.

### Percentage of re-referrals within 12 months of a previous referral



Following contact, the FAST aims to ensure that only those children meeting thresholds for statutory assessments are progressed as referrals to CSC. Local Authorities undertake these assessments to determine what services to provide and what action to take. The full set of statutory assessments under the Children Act 1989 can be found [here](#).

3668 assessments were completed in 2016/17 – a 7% increase from 2015/16. This places Hackney above England and Statistical Neighbour averages for the year and reflects the increased pressure at the front door of Children's Social Care.

The number of strategy discussions held in 2016/17 increased significantly from 915 in 2015/16 to 1356. This is a positive reflection of a continued focus on children and young people suffering or likely to suffer significant harm, with Hackney CYPS working hard over 2016/17 to ensure there was better engagement with health professionals in those discussions. The number of child protection enquiries following strategy discussions also continues to increase (405 in 2013/14, 694 in 2014/15, 866 in 2015/16 and 1045 in 2016/17).

In terms of the timeliness of assessments, Hackney CYPS continues to exercise



dispensation, agreed by the Department for Education, for statutory assessment timescales, which has enabled CYPS to adopt a proportionate and flexible approach with families during assessment. The average length of assessment in 2016/17 was 47 days, continuing the trend of this improving. Hackney largely remains close to the 45 day national assessment timeframe and in the context of increasing demand, this is reflective of focussed practice by front-line staff and their managers.

Whilst positive that assessment timescales are improving, the Ofsted inspection in 2016 noted that in just over a quarter of cases seen, assessments were not completed within a timescale that was meeting individual children's needs. Hackney CYPS initiated work over 2016/17 to improve both the quality and management oversight of assessment activity undertaken and this will be subject to ongoing monitoring by the CHSCB.

#### CHILDREN ON CHILD PROTECTION PLANS

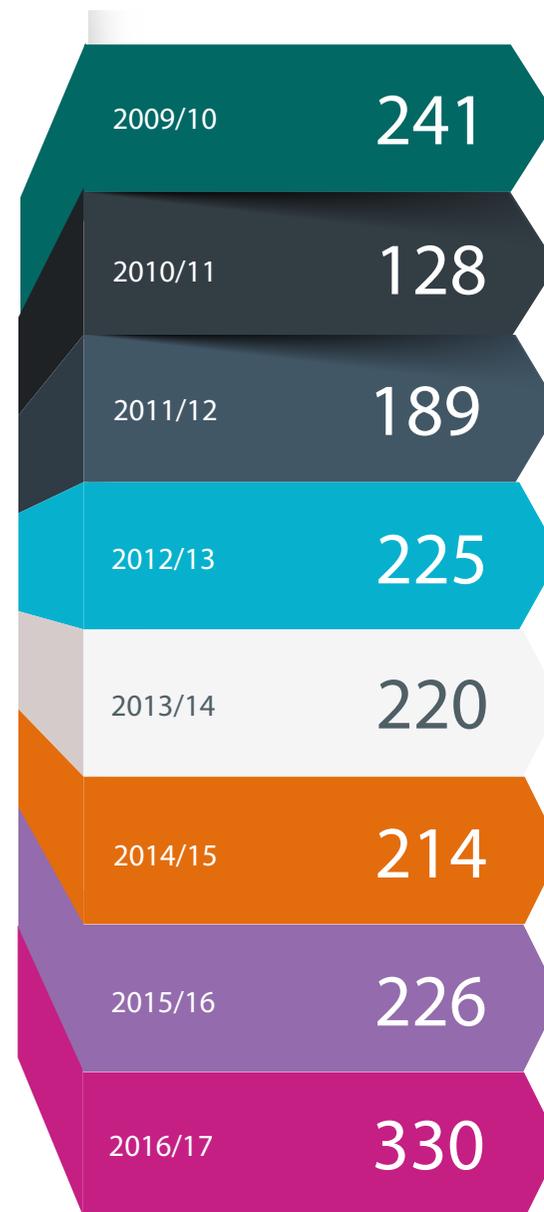


**'Child protection conferences, reviews and core groups are well attended, although there is an issue with general practitioners not attending or providing reports. This is recognised by the local authority and recent work with the clinical commissioning group (CCG) is showing significant improvement in this area.' Ofsted 2016**

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP).

Since 2011 there has been a steady increasing trend in the number of children and young people subject to a CPP in Hackney. As of March 2017, there were 330 children subject to a CP Plan – a 30% increase from the 226 in March 2016. This significant increase has been scrutinised by Hackney CYPS and deep dive auditing undertaken to identify any particular themes, patterns or trends. This work has resulted in numbers coming down in 2017/18, but overall, the increase is indicative of the additional pressures facing communities on both national and local level.

Children subject to a Child Protection Plan (31st March):





### DURATION AND REPEAT CHILD PROTECTION PLANS

Monitoring of CPPs lasting two years or more is used to indicate the effectiveness of the CPP in eliminating or significantly reducing the risk of significant harm. Hackney CYPS maintained a robust monitoring process for these cases, with the percentage of children subject to a CPP for more than 2 years remaining at 3% at 31 March 2017. This is good practice and reflects strong quality assurance activity in respect of the planning on long-terms cases.

Related to this indicator is the number of children subject to a CPP for a second or subsequent time. This measure is used as a potential indicator as to whether a CPP has been successful in effectively reducing risk. During 2016/17, the percentage of children being subject to a CPP for a second or subsequent decreased from 18.6% to 16%. This improvement in performance is positive and continues to be supported by a robust oversight process involving relevant senior managers.

### CATEGORIES OF ABUSE

In 2013/14, Neglect accounted for 46% of all CPPs. This was not necessarily surprising given the local context of Hackney, with Neglect remaining a priority focus for the CHSCB. At the end of March 2017, despite a slight reduction, Emotional Abuse (53.9%) continued to exceed Neglect (33.9%) as the highest category (47%). This trend has continued into 2016/17. Scrutiny by the CHSCB has established the likely rationale for this change being linked more specific categorising by Child Protection Conference Chairs. An associated cause is likely to relate to the number of cases where domestic violence and abuse is an issue.

### LOOKED AFTER CHILDREN

**“Children who become looked after by the London Borough of Hackney are well supported and their outcomes improve. Decisions about whether children need to become looked after are appropriate and timely. Strong emphasis is placed upon children remaining with their families when this is safe and appropriate and there is a good range of edge of care support.” Hackney Ofsted report 2016**

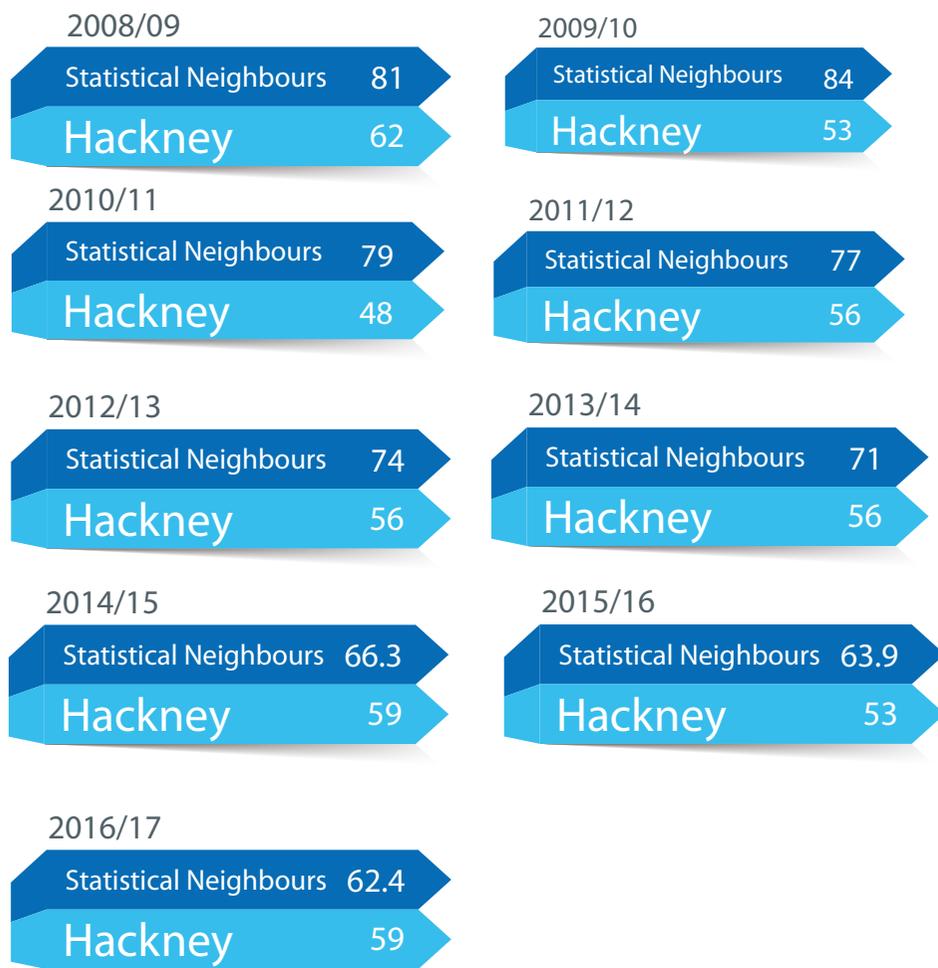
A child or young person who is “looked after” is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum seeking children; or in other circumstances, Hackney CYPS and partners will intervene because the child or young person is at risk of significant harm.

As at 31st March 2017, Hackney was responsible for looking after 371 children and young people compared to 325 at the end of March 2016. 246 children and young people entered care in the year, a 29% increase compared to 2015/16. Overall numbers have increased since 2011 (270), and whilst Hackney has historically had lower numbers of children in care per 10,000 population under age 18 than the England average and statistical neighbours, this gap is closing.

The number of adolescents entering care has increased consistently since 2014 and accounts for the largest proportion of admissions to care each year. During 2016/17, 123 young people over the age of 14 entered care, representing 50% of the total cohort.



Rate per 10,000 children shown below:



### PLACEMENT STABILITY

On the whole, stability is associated with better outcomes for children. Proper assessment of a child's needs and a sufficient choice of placements to meet the varied and specific needs of different children are essential if appropriate stable placements are to be achieved. Inappropriate placements tend to break down and lead to frequent moves.

The percentage of looked after children with three or more placements in one year increased again in 2016/17 from 13% to 18%. On further analysis by Hackney CYPS, the children who experienced these multiple placement moves were generally aged over 13 years; their placement changes were associated with issues linked to higher levels of need and complexity related to adolescence. Hackney CYPS has developed a specific placement strategy to respond to this challenge, with relevant actions being implemented over 2017/18. The CHSCB will report on progress next year.



**Young people in this age group, increasing numbers of whom are entering care for the first time, may often come into care at a point of crisis, frequently at night or on the weekend and be placed in an emergency.**

**Resulting placement changes often happen as a result of carers being unable to meet the needs of young people in this age group. This is a national issue and one which the North London Adoption and Fostering Consortium, of which Hackney is a member, is working to address by training specialised carers and putting in place better support for those carers.**

The percentage of looked after children aged under 16 looked after continuously for at least 2½ years who have been living in the same placement for at least 2 years (or placed for adoption and their adoptive placement together with previous placement lasting for at least 2 years) as at 31st March 2017 was 69%, an improvement from 60% in the previous year. Most placement moves are carefully planned, with the majority of children continuing to reside in their new placement more than 12 months after the move. This cohort is largely made up of children and young people who entered care at a younger age, and this is a clear factor that contributes towards improved stability.

### PLACEMENT & LOCATION



**“Where applicable, children are supported to maintain links with those people who are significant to them through plans that carefully consider risk and appropriately consider transport arrangements.”**  
Hackney Ofsted report 2016

Similar to earlier years, the vast majority of looked after children are in foster placements (78%). Hackney has seen an increase in the use of residential placements (children's homes), with approximately 21 children living in residential placements at the end of March 2017 (an increase from 13 in the previous year). 1 young person with very complex needs



was placed in secure accommodation. Again, the use of residential placements is likely to reflect the children in care cohort being more complex, with more challenging needs that foster placements are unable to manage.

Of the 371 children looked after by Hackney at March 2017, 25% were placed in Hackney, the same the year before. 80% of the total looked after children were placed in London local authorities (including Hackney, and neighbouring and non-neighbouring boroughs). 18% were placed in neighbouring local authorities (Waltham Forest, Newham, Haringey, Islington, Tower Hamlets or City), and 57% were placed in other London local authorities. 10% were placed in non-neighbouring local authorities, classified as being 'at a distance'. The majority of looked after children in placements classified as being 'at a distance' are placed in local authorities adjoining London, such as Essex, Kent and Hertfordshire. These figures are consistent with other London boroughs.

**“** The multi-agency partnership continues to apply a clear focus on the needs of Hackney children who, for whatever reason, don't live in the Borough. This often involves engaging with a different range of professionals and can add complexity to very challenging circumstances. The CHSCB remains alert to potential difficulties, with Ofsted identifying a strong area of practice within their recent inspection. “The board has successfully challenged, through the chair, a child and adolescent mental health service (CAMHS) provision in another local authority for a child looked after living out of borough.” Ofsted 2016

#### CHILDREN SUBJECT OF CARE PROCEEDINGS

**“** The quality of work placed before the court is good. The social work units and clinical services team undertake high-quality parenting assessments and viability assessments which are well thought of by the court.” Hackney Ofsted report 2016

The Government implemented the **Family Justice Review (FJR)** in attempt to significantly reduce delay in care proceedings concerning children and young people considered to be at serious risk of significant harm. As a result of the FJR, the expectation is that all care proceedings should be completed within 26 weeks. In exceptional circumstances, cases can be extended for a further 8 weeks. The overall average length of proceedings in Hackney during 2016/17 was 25 weeks, 1 week under the national target and 9 weeks

shorter than the 34 week average in 2015-16. The improvement in timescale relates to strengthened case management alongside an increase in the number of uncontested cases that were presented to Court after a review of children accommodated under Section 20 of the Children Act 1989.





## DOMESTIC VIOLENCE AND ABUSE

“The prevalence of domestic violence, substance misuse and mental health issues is well understood by the local authority and its partners and this leads to appropriately commissioned services.” Hackney Ofsted report 2016

Ensuring a co-ordinated and robust response to domestic violence and abuse is a priority for the CHSCB. A comprehensive review of the response to domestic violence and abuse was initiated in 2014. A new local Violence Against Women and Girls Strategy continues to be implemented by the partnership, with further details set out later in this report.

- At the end of March, Hackneys new Domestic Abuse & Intervention Service (DAIS) was dealing with 299 cases, an increase from 211 at the same time past year.



- 147 of those cases involved children – an increase from 79 at the end of March 2015/16.
- 497 cases were considered at the Multi-Agency Risk Assessment Conference (MARAC) (in line with 506 during 2015/16)
- 242 of MARAC cases involved children and young people compared to 287 in 2015/16.

## CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION

“Professionals at all levels have a clear understanding of the risks of child sexual exploitation...” Hackney Ofsted report 2016

Tackling Child Sexual Exploitation (CSE) in Hackney is a priority for the CHSCB. The multi-agency work to tackle CSE, co-ordinated by the CHSCB CSE and Missing Working Group, continued during 2016/17 with the range of achievements set out later in this report. Over the course of 2016/17, there were 71 children & young people at risk of CSE being monitored through the Multi-Agency Sexual Exploitation meetings.

## CHILDREN MISSING FROM HOME, CARE & EDUCATION

“The local authority has a clear and detailed knowledge of whether children are missing from education. Local authority staff go to great lengths to identify and investigate children who are missing education and use data well to understand the key issues and monitor progress of these investigations.” Hackney Ofsted report 2016

Children missing from home, care and education is a priority for the CHSCB. Achievements made by partners in responding to missing children and young people are set out in more depth later in this report.

- 109 children missing from home
- 151 episodes of children going missing from home
- 75 children missing from care
- 558 episodes of children going missing from care
- In the 2016/17 academic year, the Children Missing Education Team (CME) received 1399 referrals, an increase on 1013 referrals received in 2015/16 and 617 referrals in 2014/15.



## ELECTIVE HOME EDUCATION

**“The local authority robustly monitors referrals for elective home education and those children being home educated. They constantly push the boundaries of their statutory authority to work extremely well and ensure that children have the education they need.” Hackney Ofsted report 2016**

As of July 2016, 281 children were registered as receiving elective home education. Numbers are showing year on year increases. A clear protocol exists between Hackney CSC and HLT to manage these arrangements. These arrangements remain subject to ongoing and robust scrutiny by Hackney Learning Trust and the CHSCB.

## BABIES

Research and experience tell us that very young babies are extremely vulnerable and that work carried out in the antenatal period to assess risk and plan intervention is essential to minimise future harm. At the Homerton University Hospital, weekly maternity psychosocial meetings continue to be held to oversee unborn (or very newly born) infants of vulnerable parents or parents to be. These multi-agency discussions act as a “safety net” to ensure that clear multi-agency plans are in place for babies and that these plans are understood and communicated to the relevant agencies.

The maternity psychosocial meeting is open for any health practitioner and student to attend and are able to bring cases for discussion. These meetings also provide group supervision with the view for an open and focused discussion to review the cases, organise appropriate referrals to community services as well as identifying areas of development for individual practitioners and areas to improve practice for individuals and as an organisation. During 2016/17, the number of cases considered at the psychosocial meetings increased from the previous year. Significantly, overall referrals from the Trust for all children and young people increased by 92%.



**A client, previously assessed twice by Hackney CFS regarding her older children, was re-referred with a third pregnancy. Midwives from Homerton University Hospital NHS Trust worked with the family to provide any care that the client was happy to receive, which was minimal. The midwives worked closely with the Health Visitor to assess risks when the family declined care that could compromise the safety and wellbeing of their baby, despite hostile reactions**

**and behaviour from the family. During the assessment by SWs, the professionals collectively escalated the case to the service manager to fully explore the concerns. This ensured that professionals had explored all avenues and possible ways of achieving the maximum amount of care to the children in the family, within the limitations of both statutory and non-statutory engagement.**

## PRIVATE FOSTERING

**“Work with privately fostered children and their carers is effective, and benefits from good oversight by the service manager. There is an effective private fostering strategy, which is increasing the appropriate identification of private fostering arrangements.” Hackney Ofsted report 2016**

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a





close relative for 28 days or more is privately fostered. As at the end of March 2016 there were 18 children in private fostering arrangements in Hackney (a decrease from 29 in 2015/16). 7 of these arrangements were new in 2016/17. Comparison with national and statistical neighbours has not been undertaken following the DfE ceasing to publish statistics on notifications and closing the private fostering data collection for local authorities



**Hackney's leaflets on private fostering for professionals, parents and carers and young people have been updated and are distributed on a regular basis to relevant groups including schools, GPs, children's centres, faith groups, housing offices and libraries. Lunchtime seminars for Children's Social Care staff on private fostering continue to take place on a quarterly basis, and multi-agency private fostering training events are organised through the CHSCB**

### YOUNG CARERS

Young carers are children and young people under 18 who provide regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances'.



**From April 2015 to March 2016, Hackney Young Carers Project, funded by Children and Young People's Services, worked with 209 young carers compared to an average of 154 in the previous year. The project provides a variety of support services which include group work, and one to one work with children in more complex situations.**

### CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

**“The board has rightly recognised and challenged the low number of children with disabilities subject to child protection plans and has undertaken a multi-agency audit.” Hackney Ofsted report 2016**

At the end of March 2017, the Disabled Children Service in Hackney was working with 253 children and young people. The Disabled Children Service manages low level safeguarding concerns although where there are increased concerns or it becomes evident

that a parent is unable to safeguard their child from harm; Hackney CSC will investigate the concerns. The Disabled Children's Service remains involved throughout. 2.1% of Child Protection Plans involved a child or young person with a disability at the end of 2016/17.

### YOUTH OFFENDING

The young people who are involved with Youth Justice in Hackney often have complex needs requiring significant support both in and out of custody.

- For Hackney in 2016/17, there were 114 new entrants into the criminal justice system compared to 103 in 2015/16. This reflects the growth in crime across London and a growth in the number of teenagers aged 13-15.
- At the end of March 2017, Young Hackney had worked with 192 young people through out-of-court disposals (youth caution and youth conditional cautions) and community orders compared to 171 at the end of March 2016.
- There has been a reduction in re-offending (75 in 2015/16 to 68 in 2016/17), although the number of re-offences per re-offender has increased slightly (from 3 to 3.1) reflecting a small cohort of young people with complex lives.





### CHILDREN'S MENTAL HEALTH

The Child and Adolescent Mental Health Services (CAMHS) in City and Hackney are provided by Homerton University NHS Foundation Trust (First Steps and the CAMHS disability team, a joint service with the ELFT CAMHS); Clinicians employed by London Borough of Hackney's children's social care and the Specialist Service is provided by the East London NHS Foundation Trust (ELFT). ELFT CAMHS provides the specialist (tier 3) community based service, the CAMHS provision within the Young Hackney Service and a service for adolescents with more complex mental health needs, for example, first onset psychosis and complex eating disorders. East London NHS Foundation Trust also provides the inpatient service (tier 4) and the out-of-hours service for City and Hackney.

Referrals to ELFT CAMHS increased during 2016/17 to 1255 from 1098 in 2015/16, although caseload average reduced to around 600 (from an average of 700 over previous years). The level of referrals to specialist CAMHS also increased from 1195 to 1269. The number of presentations by children and young people at A&E for self-harm remained roughly at the same level (41) for 2016/17 from the previous year. Over the last few years there has been a noted reduction in A&E presentations, but a pattern of increasing non-emergency self-harm referrals. This has been evidenced at a greater rate over the last year.

For 2016/17 the total number of young people receiving inpatient care remained consistent at 31 cases. This was consistent with the previous year's total admissions (32). This group are supported by the Adolescent Team who provide an assertive outreach, home treatment model of intervention in order to prevent young people from being admitted to inpatient (Tier 4) services and provide the support for them to be treated at home.

### CHILDREN & YOUNG PEOPLE AT RISK OF RADICALISATION

A key part of the Prevent programme is to stop people being drawn into supporting terrorism. In Hackney a multi-agency Channel panel, chaired by the Head of Safer Communities, works at the pre-criminal stage to support vulnerable individuals where a risk of radicalisation is assessed and a plan of action devised. There were 6 subjects referred to Hackney Channel Panel in 2016/1017 financial year. Three of these referrals involved young people under 18. Further details on the partnership's response to extremism / radicalisation are set out later in this report.



### MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively.

Across London in 2016/17, there were 5955 Category 1 'Registered Sex Offenders' (RSOs), 3670 Category 2 'Violent Offenders' and 21 Category 3 'Other Dangerous Offenders'. Further information is available in the [MAPPA Annual report for 2016/17](#) for London.

### ALCOHOL & SUBSTANCE MISUSE

Young Hackney provides specialist treatment for young people affected by substance misuse – either directly or because a family member is using drugs. The service also has a dedicated officer who provides support and interventions for young people in contact with youth justice. In 2016/17, the Substance Misuse Team worked with 216 people on a targeted basis (an increase from 118 young people in 2015/16) and delivered outreach sessions that attracted 3199 attendees. Alcohol and substance misuse featured as a factor in approximately 18% of all statutory social work assessments.

### MENTAL HEALTH

The prevalence of severe mental illness in Hackney and the City of London remains higher than that in comparable local authorities and significantly higher than the England average. In 2016/17, 1003 of the 3422 statutory assessments undertaken by Hackney CFS featured parental mental health as an issue (an increase from 826 in 2015/16 and 694 recorded in 2014/15). These statistics reflect the ongoing importance of this issue to children and young people living in Hackney and the rationale behind the focus of partner agencies in developing a number of flagship projects to cater for mental health needs.

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# Progress in Hackney



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# Unregistered Settings

## BY THE INDEPENDENT CHAIR OF THE CHSCB



In my last two annual reports, I have highlighted the significant concerns existing about children and young people attending unregistered settings in Hackney. Last year, I noted that despite the best efforts of local agencies and Ofsted, insufficient progress had been made to provide the level of safeguarding reassurance that we, as a CHSCB, seek. I am disappointed to be yet again prioritising this concern.

Whilst acknowledging the continued effort of CHSCB partners and the initiation of a review by Hackney's Children and Young People's Scrutiny Commission, attempts at change, in my view, continue to be frustrated by the lack of proactive response from government.

During my four years in this role I have been deeply impressed by the leadership of the Mayor and Chief Executive of Hackney Council, the Group Director of Children, Adults and Community Health and her teams in education and children's social care. These dedicated professionals consistently invest in resources and training provision to equip frontline staff with the skills and tools they need to help make children safer. However, it is my considered opinion that the Local Authority, partners and the children they seek to safeguard are being let down by government's continued failure to meaningfully address the issue of unregistered schools.

Large numbers of children in Hackney are attending these settings, primarily Yeshivas and as such remain outside the line of sight of safeguarding professionals. We have no direct mechanism to ensure that the premises within which these children congregate are safe; that the infrastructure is sound; environment appropriate or that contemporary safer recruitment practices are being applied to those working frequently and routinely with children.

The Local Authority leadership team are increasingly being placed in an unenviable position whereby they are having to use alternative and lawfully audacious tactics to locate premises and identify the inherent failings within. This activity has been driven

by best intentions, an unswerving focus on what is best for children and by using health and safety fire and other associated regulations. This position is untenable and easily undermined by a range of simple tactics. Premises move or the 'purpose' for which they are used is misrepresented.





In my experience the problem has been one of definition. These settings are not formally considered schools and therefore do not fall within the remit of Ofsted nor do they have to comply with the range of safeguarding practices and audits expected in regulated settings.

The scale and complexity of this issue, its links to faith, culture and tradition have resulted in an understandably measured and sensitive approach. This approach has, however, failed to make the progress required and in my opinion has achieved little impact. The fact remains that substantial numbers of children are routinely congregating in unregistered settings, some of which are likely to be unsafe and in which safeguarding policy and practice is not reassured.

This is not a new problem and we have worked with every conceivable partner including local citizens and community representatives, statutory and non-statutory agencies and central government. During a meeting hosted by the Mayor of Hackney in December 2014, I made the point to colleagues from the Department for Education that this matter could most appropriately be addressed by drafting a specific and focused legislative instrument. The law needs to establish that premises designated by Ofsted (or the LA) as a school must thereafter be treated as a school and comply with the regulations and expectations applied to all registered schools.

If this issue is not addressed within an appropriate legislative framework, partner agencies will be forced to continue operating in an unsafe environment using tactics 'adapted' rather than designed for the specific task. This will only ever achieve limited reassurance in a minority of the unregistered settings. Government know what the problem is but continue to prevaricate on the issues rather than accepting the reality, mitigating the risk and providing the system with the tools it needs to deal with this matter effectively.

My primary concern is the children at the centre of this issue and the fact they are not being afforded the same level of protection that we expect for every other child in the UK. The Government statutory guidance 'Keeping Children Safe in Education' is fundamentally undermined if it only applies to certain children who happen to attend a certain type of education. This two-tier approach to safeguarding children is

unacceptable and reflects an approach that suggests government is only interested in keeping some children safe – not all of them.

I want to put it on record that I am simply not prepared to wait for the next scandal to happen (as seen in Australia and the USA) before this issue gains the traction that it warrants. When something goes wrong, as it inevitably will, people will understandably want to know who knew what and who did what.

Both the ability and accountability for taking action right now remains firmly with central government. Whilst the Local Authority leadership team and partners will continue to do what is within their power, this power is not sufficient to ensure effective safeguarding arrangements in these settings and this need to changes.





‘There is an extensive range of early help services, both in-house & commissioned, that are available to families when needs are first identified. These are helping to improve outcomes for children at an early stage.’

### EARLY HELP

Children and young people in Hackney continue to have access to and benefit from an extremely wide range of early help services that are sharply focused on meeting the diverse needs of local communities. These services are delivered by the Hackney Children and Families Service, Hackney Learning Trust and a range of partners, including 74 schools, a network of 21 children centres delivering a range of services and working closely with schools, GPs and health colleagues as well as other local service providers, including the community and voluntary sector.

The framework supporting early help in Hackney has remained consistent since this inspection. The range of services available to children, young people and their families are set out within the Hackney Resource Guide and these continue to adapt and evolve based on the needs of the local population. The progress and impact of a range of local early help services are set out below:

### THE FIRST ACCESS AND SCREENING TEAM (FAST)



“Decision making in the FAST team is, in the vast majority of cases, taken swiftly and cases are appropriately passed through to assessment teams for further work.” Ofsted 2016

The First Access & Screening Team (FAST) acts as a single point of contact for referrals to Children’s Social Care in Hackney and provides responsive screening activities. All contacts with FAST are immediately progressed as a referral to Children’s Social Care if the threshold for a statutory assessment is met. Related signposting activity requires

staff in FAST to have a continually updated knowledge of local services at their fingertips coupled with a sound understanding of the Hackney Child Wellbeing Framework.

The FAST ensures children are quickly allocated resources to meet their needs or safeguard their welfare, working to a principle of right service, first time. Like other Multi-Agency Safeguarding Hubs (MASH) across London, FAST works alongside co-located





partners from Hackney CFS, police, probation and health services to share information, jointly risk assess and promote access to services. This joined up approach enables proportionate and timely decisions about the type and level of services children need and facilitates timely access to resources. The FAST development continues to be co-ordinated by a multi-agency steering group of key partners. Hackney's FAST also supports children and young people to access universal and targeted early help provision including support via the allocation mechanisms of the Children's Centre Multi-Agency Team (MAT) meetings and the Children and Young People's Partnership Panel (CYPPP).

## CHILDREN'S CENTRE FAMILY SUPPORT & MULTI-AGENCY TEAM (MAT) MEETINGS



**“Multi-agency meetings drive forward family support plans. Cases that are referred to early help are effectively tracked via the multiagency team (MAT).....” Ofsted 2016**

Family support in children's centres seeks to improve parenting capacity, protect children from harm and neglect and improve outcomes for young children. Family support is part of the early help Universal Partnership Plus offer to families with children predominantly but not exclusively, under 6 years and is coordinated by the MAT (Multi-Agency Team meetings), underpinned by the Common Assessment Framework (CAF) early help assessment.

MAT meetings have continued to occur fortnightly in each of the 6 strategic Children's Centres in Hackney. Chaired by a qualified social worker employed by Hackney Learning Trust, MAT meetings are attended by a range of professionals including midwives, health visitors, Children's Centre family support teams, speech and language therapists and First Steps. Early help interventions delivered include: parenting programmes; individual and small group work to address family relationships and dynamics; support with: housing; finance; child behaviour; sleeping; toilet training; routines; and the transition to nursery and school.

- **415 children were subject to a CAF and MAT intervention in 2016-17 (271 new referrals). A slight reduction from numbers in 2015/16.**
- **244 cases were closed during this period**
- **44 cases were stepped down from social work intervention, a decrease from 61 in 2015/16**
- **58 'Hand-offs' from the FAST to the MATs to engage families in the CAF process.**

## MULTI-AGENCY PANEL (MAP)

MAP meetings occur once per term in each school. Chaired and led by the school, MAPs focus on school and individual pupils who require additional support. MAPs are attended by a range of professionals. As part of Hackney's Common Support Framework, Pupil Support Plans (PSPs) are used as CAF-compliant assessments.





## THE CHILDREN & YOUNG PEOPLE'S PARTNERSHIP PANEL (CYPPP)



**“Multi-agency meetings drive forward family support plans. Cases that are referred to early help are effectively tracked via the ..... children and young people’s partnership panel (CYPPP).” Ofsted 2016**

The CYPP has continued to meet weekly, borough-wide. The CYPPP focuses on the most complex and difficult cases where children and families require or are receiving coordinated packages of support. The CYPPP is attended by senior professionals from a range of different agencies. During 2016/17, 455 children and young people were referred to the CYPPP to determine the most appropriate, multi-agency support required to prevent the escalation of needs and/or risk. This is a significant increase from the 236 children and young people number considered in 2015/16 and reflects the increasing challenges in responding to a growing cohort of adolescents with identified vulnerabilities.

## SOCIAL WORK IN SCHOOLS PROJECT (SWIS)

The Children in Need Service launched the Social Work in Schools Project (SWiS) in eight Hackney schools in November 2014 in order to provide effective family intervention to children and families at the earliest signs of difficulties to prevent children from becoming subject to child protection processes or becoming looked after. In September 2015, the project expanded into a further 4 schools in Hackney. SWiS worked to strengthen family functioning and protect children where necessary, as part of the school community with a greater understanding of the child’s whole context. Experienced frontline social workers were co-located in schools and worked with teaching staff to reduce risks to children in need and respond without delay to children who needed to be protected through child protection processes or become looked after.

In March 2017, it was agreed that the project would draw to a close. It had been hoped that funding could be secured to continue SWiS into 2017 and beyond, but this was unsuccessful, and staff seconded to the project have returned to their substantive posts in the Children and Families Service. All open cases continue to be supported by early help, social care or schools to ensure families’ needs are being met. Families that are identified as requiring support by schools previously part of the SWiS project are now referred to FAST in the usual way. Learning and strengths from the SWiS project are being taken forward through wider work to develop and evolve the Children and Families Service.





### FAMILY NURSE PARTNERSHIP

A Family Nurse Partnership (FNP) for City and Hackney was commissioned in November 2013 by LBH, on behalf of NHS England and began providing support to young first time mothers and their partners in Hackney in May 2014. The Family Nurse Partnership (FNP) service supports young families by providing them with one-to-one support and advice from pregnancy up until their child turns two. The programme is delivered by intensive and specially trained nurses, from a variety of backgrounds such as midwifery, health visiting and school nursing, who visit the family in their own home. The service, provided by Whittington Health, has a strong evidence base around improving a child's health and providing valuable support to parents. The nurses work together with families and cover areas such as preparing for their new baby, looking after baby, their health, relationships, education and other services available to them. The programme targets young families who most need the support. Women must be aged 19 and under, less than 28 weeks pregnant and live in Hackney or the City of London. It is a voluntary programme offered to young mothers having their first baby. The FNP worked with 32 clients in 2016/17.



**M was 18 and leaving care when her midwife referred her to FNP. M had a difficult relationship with her mother and had gone to spend some time with her father who lived abroad. She fell pregnant to an older man and the relationship involved a high level of domestic abuse. M returned to England and joined the FNP when she was 25 weeks pregnant. Children's Services conducted an assessment because of concerns around the safety of the unborn child. The family nurse visited M at home, at children's centres and had a joint visit with M's midwife to ensure she felt supported. The family nurse forged a therapeutic relationship to ensure M felt safe and encouraged her to discuss positive aspects of her relationship with her mother to use as building blocks for her own transition to parenthood. The family nurse helped M to draw upon friends and family for support, provided resources and advice for parenting, and liaised with her social worker. Several months after the birth of her baby, M remains fully engaged with the FNP programme. She has attended all health appointments and is providing a warm and loving environment for her baby. M is no longer being assessed by Children's Services and plans to attend college next year.**

### THE PEMBURY CHILDREN'S COMMUNITY

"Pembury, our beacon in Hackney, will be a vibrant and aspirational place to live, because it is safe and attractive, a community that is ambitious and a place where children achieve



and are surrounded by positive role models.” The Pembury Children’ Community is an ambitious 10 year programme led by **Peabody** and Hackney Council in partnership with schools, health services and the voluntary sector. It aims to significantly improve the life chances of families, children and young people living on the Pembury estate in Hackney.

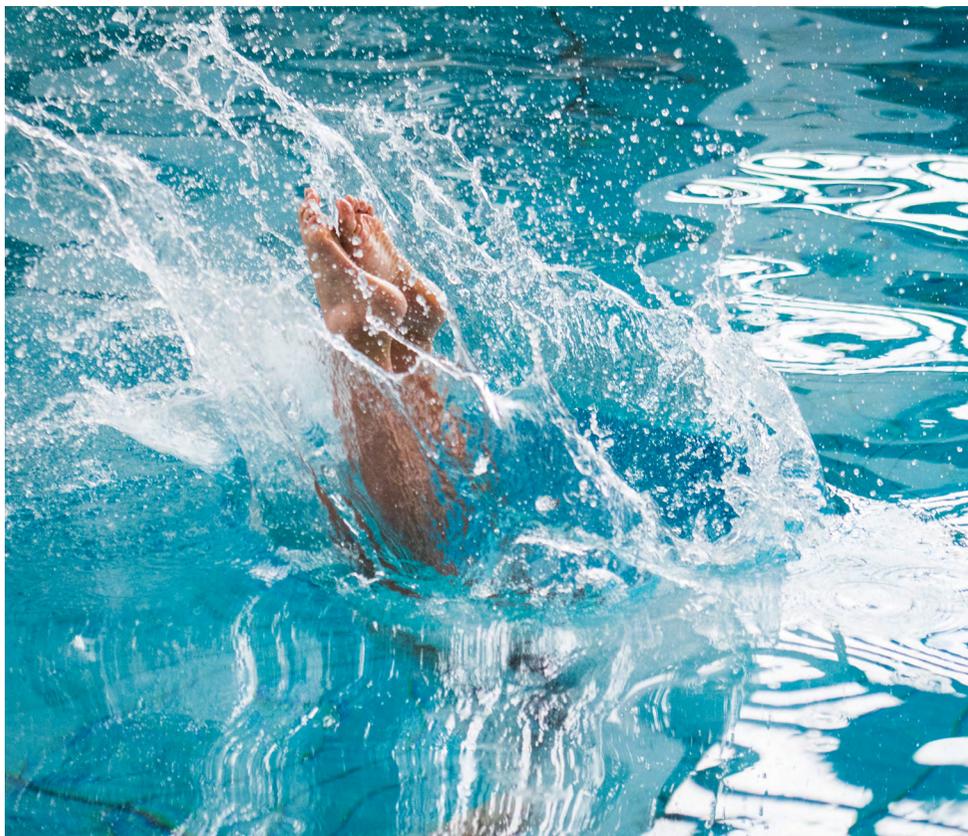
Peabody and Hackney Council are developing an approach inspired by the [Harlem Children’s Zone](#) in New York. In Harlem, they sought to create a ‘pipeline’ of services to ensure every child and young person has the opportunity to thrive and achieve success. The programme has three work streams 1) Getting things right early, 2) Support to young people in secondary school and beyond and 3) support for parents. Evidence of local impact and the progress made to date can be found [here](#).

## THE PAUSE PROGRAMME

Pause works with women who have experienced or are at risk of having children removed from their care. By providing intensive individual support, the model which is being rolled out across a number of areas of England, is being found to improve the lives of those it works with by increasing engagement with other service including healthcare and complex needs services as well as tackling issues such as self-esteem, emotional well-being and trauma and most significantly, reducing the number of children needing to go into care. Additionally, the issue of women who have numerous short interval pregnancies that result in the removal of their children into care through legal proceedings has become the focus of [academic research](#), including that undertaken by Karen Broadhurst and colleagues at Lancaster University.

During 2016-2017, Pause has continued to grow and develop both locally within Hackney as well as number of other areas in London and England, following the Department of Education awarding Pause a further £6.8 million to further increase its scale and spread nationally. Pause Hackney was involved in a new pilot during this period in providing intervention to women who had only had one child removed from their care and were part of testing this approach along with the Royal Borough of Greenwich. Pause Hackney also took part in a comprehensive evaluation carried out by OpCit Research on behalf of the Department of Education (DfE) Children’s Social Care Innovation programme which looked at the experience of 125 women including those supported by the Hackney practice who took part in Pause over an 18 month period. The evaluation found Pause to be extremely effective in reducing the number of pregnancies resulting in significant projected savings to local authorities.

Pause Hackney has continued to grow in strength and effectiveness in the borough and is located within the Public Health team. During this period, there have been some staff changes including the appointment of a new practice lead who has significant experience working with adults with complex needs and a strong interest in research and evidence based practice. Pause Hackney brings together skills from clinical therapy, counselling, homeless outreach, substance misuse and criminology and the staff team is one practice lead, a coordinator and 4 practitioner. Each practitioner holds a case load of between 6-8 women during an 18 month period of intensive, bespoke intervention tailored in accordance with the needs identified by the women and supported creatively by her practitioner with a strong emphasis being on the vital importance of relationship and strength based practice.





**“Every woman Pause works with we see as an individual and unique: we do not define them by their difficulties. Our relationship-based approach works, as this evaluation shows. We are extremely proud of the results we are seeing in our Practices across the country, and to have this independent evaluation of the impact we’re making is great.” Sophie Humphreys, Founding Chair of Pause**

Successes and developments during the year have included developing individual support plans and a Post Pause offer for women who transition from the 18 month programme, enhancing local multi-agency partnerships within children and adult services as well as the voluntary sector and increasingly contributing to system change within the borough in relation to pathways and service provision. Pause Hackney has also been a part of a growing national organisation, taking part in a wide range of learning activities which have brought practices together from across the country. Pause Hackney will also be participating in a new pilot during 2017, providing support to care leavers who have had children removed from their care, working closely with colleagues from children’s social care.

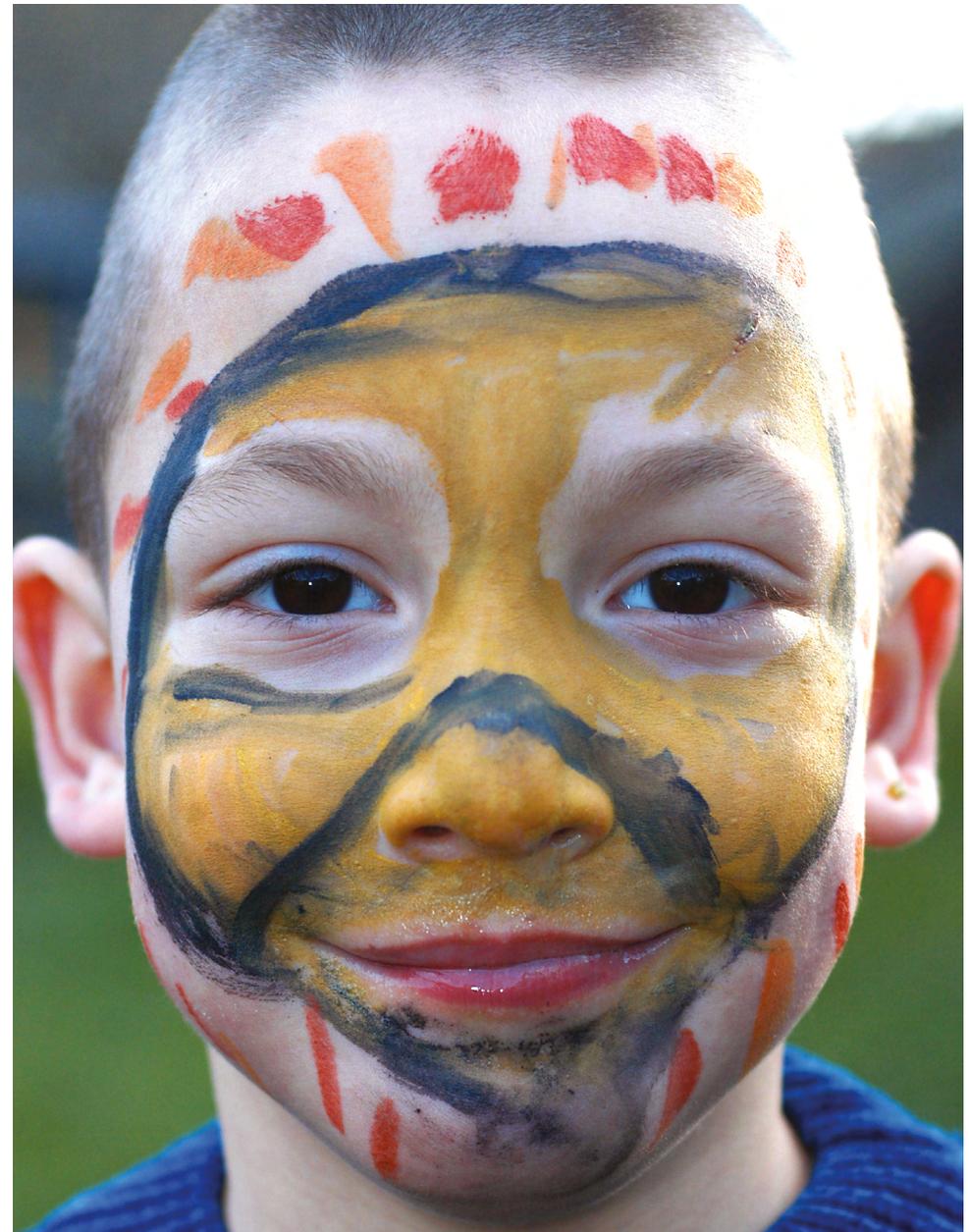


**“Pause helps women put in place strong foundations on which they can build a more positive future for themselves. Pause has supported 137 women – without the intervention of Pause, this group of women would have been likely to have had 27 more children taken into care per year at a cost of over £1.5 million a year to the taxpayer. Pause is helping to break some of these trans-generational cycles as well as giving vulnerable women a sense of self-worth with significant improvements on tackling substance abuse, domestic violence and mental health, as well as improving contact with children and access to services, housing and training.” Pause Chief Executive Jules Hillier**

For more information on Pause in Hackney and nationally visit: [www.pause.org.uk](http://www.pause.org.uk)

#### Priorities going forward:

- Early Help remains a strategic priority for the CHSCB going forward into 2017/18.
- The CHSCB will continue to evaluate the effectiveness of early help services through the use of its Learning and Improvement Framework and robust scrutiny and challenge at Board level.





# Children and young people who are exposed to domestic violence and abuse can grow up in a vacuum of what is expected in terms of a positive and healthy relationship. This can create additional vulnerabilities and/or harmful behaviours.

## DOMESTIC VIOLENCE AND ABUSE

It is estimated that in the past year 7.1 per cent of women and 4.4 per cent of men have experienced intimate violence. Applying these figures to local populations would suggest that 6,400 women and 3,900 men in Hackney have experienced intimate violence in the past year. In Hackney, domestic violence and abuse accounts for one in five violent crimes, which is the second highest reported rate in London. Responding proactively and in collaboration with the Community Safety Partnership remains a key priority for the CHSCB, recognising both the short and long-term impact on the safety and welfare of children and young people. The CHSCB is represented on Violence Against Women and Girls operational and strategic panels, which is comprised of statutory and voluntary sector organisations.

The partnership in Hackney progressed its ambition to move from a strategy based on tackling DV to one that aims at a wider approach responding to all forms of VAWG. This development follows national and regional policy and aims to embrace all forms of violence that are committed against women and girls as they have a number of commonalities and therefore suggest a linked approach. Progress and impact during 2016/17 has included the following:

## HACKNEY DOMESTIC ABUSE AND INTERVENTION SERVICE

In 2016/17 a new model of service delivery was implemented with the launch of the

Domestic Abuse Intervention Service. This new service encompassed the following 3 key changes.

- **Intervention Officers not Advocates.** The Intervention Officer posts allow for the recruitment of social workers, former police officers, probation officers as well as qualified domestic abuse advocates. This will build a service with a mix of skills and backgrounds who are experienced in assessing and managing risk
- **Perpetrator interventions.** This model integrates allows for the flexibility for staff to engage with perpetrators directly as needed to deliver a responsive, holistic and victim-focused risk management service
- **Operational and strategic management.** Managers are responsible for operational case work and for strategic / partnership working. This differs from the usual model whereby a 'VAWG co-ordinator' role sits separately from the delivery of risk management services working with clients

From April 2017, the Domestic Abuse Intervention Service (DAIS) joined the Children and Families Service as part of the Early Help and Prevention Service. DAIS works with anyone experiencing domestic abuse who is living in Hackney, aged 16 or over, of any sex and gender, and of any sexual orientation. The service assesses need; provides information



and support on legal and housing rights; supports service users with court attendance; supports service users to obtain legal protection; and works with service users and other professionals to address their needs. The service also works with perpetrators of domestic abuse to try to reduce risk. Information about the DAIS will be included in next year's annual report.

- During 2017/17, DAIS received 1054 referrals. This is a 28% increase from 2015/16.
- 26.5% of referrals came from Hackney Children & Families Service – this is almost double the number made in the previous year.
- The second largest referring agency was the police at 22.2%.

- Encouragingly, self-referrals have risen to 25%.
- The most credible hypothesis for the increase in referrals is likely the more apparent visibility and accessibility of the team to both professionals and public alike.



***In November 2016, partner agencies in Hackney supported the Council taking '16 days of action' as part of the UN's campaign to help eliminate gender-based violence. Starting with an event on the steps of Hackney Town Hall, the campaign included events for young people at Youth Hubs and in schools along with free public film screenings and talks. More information is available [here](#).***





## MARAC

The number of cases considered at MARAC (multi-agency risk assessment case conference) was in line with 2015/16 and continues to reflect a robust response to providing multi-agency support to victims and children at risk of domestic violence and abuse.

	2012/13	2013/14	2014/15	2015/16	2016/17
Number of cases referred to MARAC	304	308	422	506	497

The Hackney MARAC continues to meet fortnightly and is chaired by Police and Hackney Council Safer Communities. In approximately 49% of cases (242 of the 497 cases heard) there were children in the household (an increase from 41% in 2015/16).

MARAC case numbers are higher in Hackney than [SafeLives](#) guidance based on the number of adults in the borough. 2016/17 saw 497 cases discussed when the recommended level for Hackney is 400 – roughly 25% more than expected. The MARAC Steering Group conducted an audit exercise in April 2016 to complement its annual self-assessment in November 2015. 11 cases were audited by MARAC Steering Group member agencies and findings were fed back in a discussion forum with group members. The findings were generally positive regarding inter-agency working though communication was found to not always be consistent.



***Following a successful pilot in the Homerton the MARAC (Multi-Agency Risk Assessment Conference) Liaison Service was funded recurrently from 1st April 2017 by City and Hackney CCG. The primary aim of the service is to improve information sharing between general practice and the MARAC about adult patients who are victims of domestic abuse.***

## THE SPECIALIST DOMESTIC VIOLENCE COURT (SDVC)

The SDVC is a joint initiative between Hackney Council and the London Borough of Tower Hamlets. A SDVC sits two days a week, with a specially trained judiciary and wrap-around support for victims/ witnesses. It is a partnership approach to domestic abuse by the police, prosecutors, court staff, probation, local authorities and specialist support services for victims. Agencies share information to identify and risk-assess cases, support

victims and their families and bring offenders to justice. It has resulted in an increase in prosecutions and convictions, and victim satisfaction rates are also improving. Just over half of the cases going to the specialist court are Hackney cases. On a regional performance, London has the lowest conviction rate of all regions and is 10% behind the national average of 75%. The key challenges appear to be around victim non-attendance and securing more guilty pleas.

## DOMESTIC VIOLENCE INTERVENTION PROJECT

From April 2016, following a procurement exercise, [RISE-CiC](#) was commissioned to work with families attached to the Troubled Families Programme under the ‘family violence’ criteria. RISE-CiC sits alongside the Family Unit offer and contributes to domestic violence/perpetrator interventions and Troubled Families outcomes. Going forward, Hackney DAIS will be bringing the perpetrator assessment and intervention work in-house from 2018.

## IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY (IRIS) PROGRAMME

[The Identification and Referral to Improve Safety](#) (IRIS) programme was established in 2007 in response to evidence indicating a high prevalence of domestic violence among women attending GP surgeries. The programme trains primary health care professionals to identify domestic violence and abuse and creates a mechanism so women can be referred to specialist domestic violence services. An evaluation reported that all women felt safer and 88 per cent had a greater awareness of their options following referral to IRIS. Hackney is the top performing area nationally in respect of IRIS. The CCG Designated Nurse is working with Public Health to develop a specific set of DV outcome measures for this project. Since July 2014, all City and Hackney GPs have signed up to the service, which is delivered by Nia, a voluntary sector organisation.

### Priorities going forward:

- The CHSCB will monitor the implementation of the revised service structure and hold the CSP to account for their progress in respect of any actions relating to the safety and welfare of children and young people.
- Progress updates are scheduled into the CHSCB forward planner for 2017/18





# ‘Risks are appropriately identified in the vast majority of cases.’ Ofsted 2016

## NEGLECT

The impact of neglect on children and young people is enormous, yet it can be difficult to define and research shows that it often co-exists with other forms of abuse and adversity. It is also one of the most common reasons for child protection plans in the UK. Neglect can be a catalyst to future vulnerabilities for young people, for some who have experienced Neglect there are additional risks of harm as they grow up.

The CHSCB identified neglect as an area of priority reflected through the initiation of two multi-agency case reviews, where chronic neglect had been the key issue. The learning from these reviews have been detailed in previous annual reports, more details on Child E can be found [here](#) and learning from Child K [here](#). Whilst neither case had arisen in the City, learning is equally relevant. Key themes include:

- that children should be **seen, heard and helped**, with the importance of conducting **home visits** and seeing children in different environments
- the need to identify and name **Neglect as a potential concern**
- when working across children and adult services remembering to **“Think Family”**
- the additional vulnerability of **children with disabilities**
- the duty to respond and **escalate concerns**.

The CHSCB partnership work in responding to Neglect continued into 2016/17 with a summary of key achievements including:

- **The CHSCB Neglect strategy and action plan was agreed and signed off providing a clear focus on associated vulnerabilities and local context.**
- **To make the action plan more accessible to frontline practitioners CHSCB held consultation sessions in April / May 2016 with local practitioners to identify what services are currently in place and what practical actions could be implemented to respond to neglect on a local needs basis. This was included in the refreshed action plan**
- **Materials from learning reviews have been disseminated and uploaded on the**

CHSCB website to support and enable agencies to share the key themes and learning from local reviews locally and wider. These included review briefing sheets and the training power points.

- **Neglect is incorporated into single and multi-agency training programmes and available to all practitioners.**
- **The staff survey in 2016 reflected an increase (93%) of Hackney Staff, as being high in confidence as to their awareness of identifying neglect**
- **Safeguarding presentation took place at Hackney Private Landlord Forum to an audience of private landlords and estate agents, raising awareness of neglect and role of the private landlord**
- **Following learning from local review Child E, Hackney housing has now trained up seven ward based safeguarding champions, tasked with providing local support where operatives have a safeguarding query.**
- **Recognising the number of families housed in the private rented sector, a meeting was set up with the housing private sector from Hackney and City to consider the most effective way to engage the private sector in the safeguarding agenda**
- **Continued to develop and promote specific CHSCB resources to help remind staff of the importance of home visiting – “Visit me at Home”**
- **The CHSCB delivered bespoke training to a range of housing officers and operatives (plumbers / gas fitters) and tenant resident association members (TRAs) to raise their awareness of Neglect and their responsibilities– this has led to referrals being made by housing operatives**

### Priorities going forward:

- Ongoing promotion of the CHSCB website hosting an online tool-box providing a “one-stop” platform for agencies to support the identification and response to neglect. Amongst a range of relevant tools, it includes a threshold assessment, agreed chronology template and posters.
- Plan for the CHSCB annual conference 2017/18 on the topic of Neglect.



# ‘Children who are at risk of child sexual exploitation, including those who are looked after, receive good-quality multi-agency planning and support that helps the majority to reduce risk.’ Ofsted 2016

## CHILD SEXUAL EXPLOITATION AND HARMFUL SEXUAL BEHAVIOUR

In February 2017, government issued a revised definition of Child Sexual Exploitation (CSE):

“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.’ DfE 2017

Understanding the nature and prevalence of child sexual exploitation (CSE) and harmful sexual behaviour (HSB) and ensuring that partner agencies provide appropriate safeguarding responses and interventions remains a priority. In September 2016, the City and Hackney Safeguarding Children Board (CHSCB) CSE and Missing Working Group’s remit expanded to address the needs of ‘vulnerable adolescents’ more broadly, which include child sexual exploitation and harmful sexual behaviour, missing children, mental health, radicalisation and gang and youth violence. It was identified that the complex vulnerabilities of young people frequently intersect and overlap and agreed that approaching these as separate needs is less effective than considering the complexity of a young person’s needs as a whole.

A vulnerable adolescents and action plan is currently being developed to replace the previous CSE and Missing Children Strategy and Action Plan. The HSB action plan, developed through the HSB Task and Finish Group, is being incorporated into the vulnerable adolescent’s strategy and action plan.

## OFSTED CASE STUDY: HIGHLY EFFECTIVE PRACTICE



Young people in Hackney experience workers who are respectful and appropriately persistent in keeping in contact, even when young people are reluctant to engage. They have contact with a multi-agency group who go to considerable lengths to understand the young person’s experiences, their background, and most of all their sense of identity. A shared multi-agency understanding of the local context in terms of the risks young people face supports front-line workers to assess and manage risk well. Young people’s experience of multi-agency working in cases seen was based on a thorough and shared understanding of their specific needs around culture, religion, sexuality, gender and age. Workers went to great lengths to ensure that children and their families have the services that meet need. Young people were seen to engage well with professionals, especially when they are consulted about the pace of work and about whom in the multi-agency group they know best so that tasks can be shared in a way that made sense to the young person. As a result, in many cases, risk was reduced. Young people particularly appreciate the flexible and creative approach that is used to engage them. For example, building young people’s confidence by engaging them in activities they enjoy and involving them in the development of services for young people who have had similar experiences and difficulties.



During 2016/17, [Barnardo's](#) launched a new CSE early intervention service for boys and young men in Hackney funded by [The City Bridge Trust](#). This specialist intervention will provide young people with the skills and know-how to understand CSE and how their vulnerabilities could lead to exploitation by others. The service will also raise awareness of CSE within the Voluntary and Community Sector.

### THE HACKNEY CSE AND HSB PROFILE

A detailed and comprehensive CSE and HSB dataset has been developed for the MASE (Multi-Agency Sexual Exploitation group) by the Vulnerable Adolescents analyst which is being updated and analysed on an ongoing basis. The development of this dataset is in recognition of the ever-changing profile of CSE and HSB and acknowledges that traditional, periodically retrospective datasets, do not provide sufficient analysis of the current picture. The ongoing analysis of Hackney's dataset will enable identification of emerging themes which can inform service improvement. These themes are reported at the regular MASE meetings and actions are implemented as a result.

Analytical research has been undertaken to interrogate data relating to CSE and HSB and to identify emerging themes and trends which inform service development. Research has drawn on referral data from FAST, Police data and on data gathered at CSE and HSB MAP meetings. This research has explored the overlap with the missing children cohort and started to quantify emerging themes such as domestic violence and parental drug misuse and to identify any reoccurring locations and patterns around dates and times of incidents. The research has highlighted three broad CSE profiles in Hackney:

- **CSE risk resulting from peer-on-peer abuse (sexual offences/exploitation against one or more victims and usually perpetrated in a group setting)**
- **CSE risk from an adult perpetrator (typically a young person believing themselves to be in a 'relationship' with an adult after being introduced to them by a normally vulnerable friend, or through online contact)**
- **Exploitation via social media (inciting or encouraging a victim to take and send explicit images of his/herself)**

During 2016/17, there were 70 Multi-Agency Planning (MAP) meeting referrals, of which 50 met the threshold for a MAP meeting to be held to identify the level of risk and develop an intervention plan for young people at risk of CSE or displaying HSB.

### MULTI-AGENCY SEXUAL EXPLOITATION MEETINGS

Operationally, monthly Multi-Agency Sexual Exploitation (MASE) meetings have enabled partner agencies to develop their understanding of the extent and nature of CSE through sharing intelligence and identifying local themes and trends. Attendance at the MASE is good and reflects the strong and long-term commitment given by all agencies to tackling CSE. The Hackney CYPS analyst has been a major asset to the work on CSE.





## EMPOWER - THE SAFER LONDON FOUNDATION

Commissioned by Hackney Council, The Safer London Foundation has continued to work closely with partner agencies; raising awareness of CSE and directly supporting young people experiencing or at risk of sexual violence and exploitation. During 2016/17, it has provided a range of services in Hackney. Evidence of the impact delivered by Safer London is available [here](#).

## AWARENESS RAISING

- The Metropolitan Police has continued its Operation Makesafe campaign. This campaign, led by the Met in partnership with London Boroughs and the City of London Police, continued to raise awareness of CSE within the business community including hotels, cab companies and licensed premises. It aims to identify potential victims of CSE and, where necessary, deploy police officers to intervene before any harm occurs to the young person.
- In response to the National Child Sexual Awareness Day, which takes place on 18th March and aims to encourage everyone to think, spot, speak out and adopt a zero tolerance attitude towards CSE, the CHSCB ran a social media campaign to raise awareness.
- The CHSCB Tusk briefings in May, August and November 2016 all featured important information relating to vulnerable adolescents:

## SAY SOMETHING OF YOU SEE SOMETHING

As part of the CHSCB's strategic response to CSE, it was recognised that direct engagement with those at risk of CSE was essential to developing a contemporary, credible and relevant awareness raising campaign. A 'Say Something if You See Something' (SSIYSS) time limited task and finish group was set up specifically for this purpose, extending the work driven by the Operation Makesafe campaign.

During conversations with young people it became apparent that most young people do not see themselves as being sexually exploited or as being at risk, but they were more likely to recognise it in others. A large number also cited that they would not seek support from a person in a position of authority but would speak anonymously via a helpline. As a result of this information and the strong views of young people, the campaign re-focused and the targeted audience became the friends of young people who were at risk of CSE.

Collaborating closely with the Hackney Safer Neighbourhood Board (SNB), the CHSCB

was able to successfully access funding from the Mayor's Office for Policing & Crime (MOPAC). This would not have been achieved without the energy and commitment of young people from the Hackney Youth Parliament who shared their views on why there was a need to raise awareness amongst their peers. Since 2015/16 there has been a continuation of one of the projects due to demand.

The Chelsea Choice play by Alter-Ego has received positive reviews and provides schools with an opportunity to discuss relationships and explore relationships in the context of whether they are healthy or unhealthy / safe or unsafe. Now in its second year and with funding secured for 2017/18, the SNB and CHSCB continues to support and promote awareness amongst young people.



**The re-dissemination of a Peer education project where young people developed and produced a short film on the risk of CSE. SSIYSS Video – continues to be viewed. In 2016/17, there were an additional 700 views taking the total to 1700**





The CHSCB training focussing on CSE, missing children and harmful sexual behaviours was attended by 317 professionals and volunteers during 2016/17. A recommendation arising from a pilot inspection in late 2015 was for improved uptake of training by the Metropolitan Police. Swift action by both the CHSCB and police resulted in an immediate increase in participants to the CHSCB training sessions in the first quarter of 2016/17 – rising from 10 in the whole of 2015/16 to 26 attendees.



In November 2016, the Children and Families Service in partnership with the University of Bedfordshire submitted a bid to the Department for Education (DfE) Children's Social Care Innovation Programme. In March 2017, the bid to implement a contextual safeguarding framework to work with vulnerable adolescents was successful. The contextual safeguarding project seeks to introduce systemic change that will radically shift the focus of social work with adolescents and build on research, practice evidence and feedback from young people using services.

Contextual safeguarding draws upon theories of situational crime prevention and multi-systemic practices to recognise the relationship between child development, relational safety and environmental risk factors. As part of this initiative, social work intervention models that address peer and contextual relationships will be developed and piloted, including group work, multi-family therapy and interventions informed by models of detached youth work, social pedagogy, community psychology and restorative justice. Policies, procedures, tools and training are being implemented to ensure contextual safeguarding factors are addressed in each aspect of the child's journey. This includes the development of assessment models and IT systems that capture peer and environmental factors as well as information about the individual young person and their family context. Meeting structures are being developed in which groups of young people or locations of concern could be considered and plans formulated, together with all relevant agencies and organisations to address the specific needs arising from the identified contextual issues. After a period of two years, it is anticipated that there will be a cultural shift across the borough and contextual safeguarding will be fully embedded into everyday working practices within the Children and Families Service and across the multi-agency partnership.

#### Priorities going forward

- The CHSCB will continue to oversee performance and the actions required to support the multi-agency response to CSE as part of a wider strategy focussing on Vulnerable Adolescents
- This strategy will develop a closer alignment of the work involving CSE, missing children and other risks facing adolescents to ensure the inter-relationships with a range of vulnerabilities are robustly addressed.
- Maintain the improved training attendance rates for professionals attending multi-agency training on CSE.





# ‘There are effective multi-agency arrangements in place in Hackney that provide a coordinated response when children go missing from home, care or education.’ Ofsted 2016

## CHILDREN MISSING FROM HOME, CARE AND EDUCATION

Ensuring that partner agencies provide the most appropriate safeguarding response for children who go missing from home, care and education remains a priority for the CHSCB. In 2015, the London Safeguarding Children Board updated the London Child Protection Procedures and Guidance and agreed a protocol for children missing from care, home and education. Hackney agencies agreed to adopt these procedures as the local protocol.



The Police lead on all children who go missing from home or care and a coordinated response takes place with Hackney CFS working closely with the child’s parents or carers. For those young people who repeatedly go missing this co-ordinated response often involves a lead professional from education, Young Hackney, Youth Justice Service and the Integrated Gangs Unit. Hackney CFS has led on strengthening the partnership’s understanding of and response to children and young people who go missing from home and care. Missing episodes are considered as part of a broader spectrum of vulnerabilities effecting adolescents which include CSE, harmful sexual behaviour (HSB), radicalisation and gang and youth violence.

In order to ensure young people who frequently go missing are supported and that the Director and senior managers are kept informed, fortnightly missing children meetings are convened whereby practitioners provide an overview of the risk in relation to the child, the circumstances around the current missing episode and actions being taken to address risk.

When a young person returns from an episode of going missing, they are offered an independent return home (IRH) interview by the Children’s Rights Service. The most prominent themes in reasons children and young people have been going missing is ‘difficulties at home or school’, with overcrowding being highlighted in a number of cases. Mental health and emotional wellbeing was also a key precipitating factor for missing episodes and additional learning needs whereby young people became confused with how to get home or made poor decisions due to peer influences.



Dominant and reoccurring themes for young people who persistently go missing continue to include the following:

- Parental conflict around boundaries and risky peer groups
- CSE & Gangs
- School Pressure
- Safe Space
- Migrated children
- Contact arrangements

The HLT Children Missing Education (CME) Team continues to ensure that Hackney Council is meeting its statutory responsibilities in regard to the identification, monitoring and tracking of children missing or not receiving a suitable education. This includes liaison with FAST when there are safeguarding concerns. The work of the CME team fits closely with other strands of work to support vulnerable pupils including supporting schools and

families to prevent poor school attendance, truancy, exclusions and supporting schools and families to get children back to school once absence has occurred. The team liaises closely with HLT Education Attendance and Admissions services.

### MISSING FROM CARE

Number of children missing from care:



Number of episodes of children going missing from care:



### MISSING FROM HOME

Number of children missing from home:



Number of episodes of children going missing from home:



### MISSING FROM EDUCATION

Whilst robust referral and tracking procedures are in place, children continue to leave the borough without a known destination. The majority of these cases are tracked and traced by the Children Missing Education Team (CME) of Hackney Learning Trust within a 6 week period.

In the 2016/17 academic year, the Children Missing Education Team (CME) received 1399 referrals, an increase on 1013 referrals received in 2015/16 and 617 referrals in 2014/15.



The data suggests that in Hackney, a pupil is most likely to be referred as missing if male, in Key Stage 3 and from a white background. With increased scrutiny, the CME team identified a number of children attending the independent sector, mostly boys from the Orthodox Jewish community. In addition, the Team has increased the identification of pupils attending illegal schools or Yeshivas' as part of the off-roll notification process. The majority of pupils referred to the CME service either moved out of the borough or remained resident in the borough but transferred to an out of borough school.

### INDEPENDENT RETURN INTERVIEWER (IRI)



An Independent Return Interviewer (IRI) is appointed in Hackney to conduct independent return interviews with children who have recently returned after being missing from home or care. This is in line with statutory guidance published by the Department of Education in 2014. Children who go missing from home or care should be offered an independent return home interview within 72 hours of returning from a missing episode. The IRI receives referrals from FAST and CSC social work units and ensures a collaborative approach to return interviews whilst maintaining independence from the case holding units. The IRI assesses the vulnerability of young people who return from missing episodes, including consideration of whether they may be at risk of child sexual exploitation, gang affiliation or other vulnerabilities associated with patterns of going missing. The Independent Return Interview Service has worked in closer collaboration with social workers to increase the support offered to children who are known to Children's Social Care and who go missing from home or care. In 2016 the Independent Return Interview Service strengthened links with the development of a new Children's Rights Service to ensure a consistent approach to children who go missing and may also require advocacy support

- For children who have previously been hard to engage with services, the interview can provide a 'supporting bridge' into voluntary engagement with services such as Empower, CAMHS or Young Hackney.
- Demonstrating to children and parents that going missing is dangerous and needs



to be taken seriously. This is particularly important where going missing has become 'normal' or where parents are struggling to maintain their authority.

- Providing children with a space to reflect on what is often a range of complex unmet needs, wishes and feelings. Children gain greater understanding about what they were expressing through going missing and are encouraged to think about safer solutions making them less likely to 'act out' their problems through going missing in future.
- Providing brief restorative mediation between parents/teachers/other professionals and children so that all feel they understand each other's perspective.
- Offering a safe space for young people to talk about situations where they feel unsafe or unhappy so that appropriate safeguarding referrals can be made via FAST.
- Providing parents with a containing and supportive space at what is often a time of great distress so they feel more equipped and confident to prevent further missing episodes.
- Offering an effective process for joint working with professionals already involved with a child who goes missing. Some professionals have described feeling more empowered to talk to the child about their reasons for going missing following the interview process.

As part of the Ofsted inspection in 2016, it was identified that the CHSCB did not have a robust oversight on the performance of the Local Authority in how many return from missing interviews were being offered in a timely way. This absence attracted the following recommendation for the CHSCB which will be actioned in 2017/18. **“Review the existing data set to ensure that it includes the timeliness of return home interviews to enable the board to maintain effective oversight of this critical provision for vulnerable children.”** Hackney Ofsted report 2016

#### Priorities going forward

- The CHSCB will continue to oversee performance and the actions required following the 2016 Ofsted inspection to support the CHSCB strategy on missing children.
- The CHSCB to better understand the reasons why children go missing through the intelligence gathered via the IRI role.
- A closer alignment of the work involving CSE and Missing children will occur with other vulnerabilities facing young people



## FEMALE GENITAL MUTILATION AND HARMFUL PRACTICES



# ‘There is a clear strategy regarding female genital mutilation, and an accompanying action plan, which are leading to an increase in referrals.’ Ofsted 2016

In April 2014, it became mandatory for NHS healthcare professionals to record Female Genital Mutilation (FGM) in a patient’s healthcare record, if they identify that a woman or girl has had FGM. In September 2014, it also became mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients who have had FGM to the Department of Health. A new mandatory duty to report female genital mutilation (FGM) came into force on 31st October 2015 under the Serious Crime Act

(2015). Regulated health and social care professionals and teachers in England and Wales, including those working in private education and healthcare, are now required to report known cases of FGM in under 18-year-olds to the police. This is a personal duty (i.e. the responsibility is that of the individual not the organisation) and requires social workers to report a disclosure of FGM from a girl or young woman to the police, with failure to report meaning the professional is subject to disciplinary measures.

In 2016/17, the FGM steering group continued to coordinate the FGM Strategy and associated action plan to ensure there was strong progress made on this issue. Working closely with Public Health, partner agencies and the Health and Wellbeing Board, the CHSCB continued to influence and monitor the effectiveness of the partnership response to FGM.

## FGM IN HACKNEY

- Over the three year period April 2014 to March 2017, 281 female and unborn children were identified in FGM related referrals.
- Of the children identified in 2016/17, 89% of cases did not meet the threshold for statutory involvement & no further action was taken by the First Access & Screening Team (FAST), besides providing advice and guidance in the majority of cases.
- Less than 10% of children were progressed for assessment. There is no easily accessible data on how many of the assessments involved a medical examination.



**Two children came to the attention of Hackney CFS after their mother informed a professional that her elder daughter had been cut as a baby in the country they immigrated from. The mother reported that the girl (aged 11) was not aware that she has been subject to FGM and had no recollection of this due to her age at the time it was done. Their second daughter (Child 2) was born in**





the UK and has never travelled to a country where FGM is performed. The parents stated they had no intention of subjecting her to FGM. The parents had been educated about FGM since arriving in the UK, understood it is illegal in the UK and acknowledged the impact this can have on girls. Both parents consented to police/network checks and a medical examination. Health checks with the GP revealed no health concerns and a CP Medical was arranged.

The doctor at the CP medical decided to not conduct an intimate examination on either of the girls. The rationale was provided in relation to the length of time that had passed and Child 1's lack of awareness of having been subject to the practice. This was in order to protect Child 1 from having any differences in her genitalia highlighted and subjecting Child 2 to what was deemed an unnecessary and distressing intimate examination since there was no evidence to suggest that she had been subjected to FGM.

The social worker discussed this with their Service Manager. It was decided not to challenge the decision due to the FGM being historical, the parents' engagement in education around FGM and stated regret for having had Child 1 cut, willingness to consent to all medical and other checks, the GP having reported no health concerns, the family not planning to return to countries where FGM is routinely practiced, and there being no ongoing concerns for the children's safety or wellbeing.

#### PROGRESS IN 2016/17

- In January 2017, the CHSCB and CHASB approved the [City and Hackney FGM Protocol](#) which was disseminated to partners
- In February 2017, the FGM protocol was launched to coincide with the [International Day for Zero Tolerance to FGM](#) and FGM Awareness Week
- Newly created information/referral cards, which encourage people to become aware that FGM is still happening & what to do if they suspect someone is at risk were disseminated during the awareness week & uploaded on CHSCB [FGM page](#).
- To mark Zero Tolerance to FGM, there are a number of events happening across Hackney
- HAWA Trust and Hackney Women's Haven held a day of activities to raise FGM awareness
- Rise Community Action held an event during the week featuring an FGM Awareness workshop, a talk on community engagement towards achieving zero tolerance to

- FGM and personal testimony by FGM
- During 2016/17, the CHSCB promoted awareness of FGM through dedicated training and through its TUSK briefings.
- Social media campaign #EndFGM
- GPs have a mandatory coding for FGM and this is shared with midwives and health visitors.
- The CPA continued his membership in the Home Office FGM Advisory Partnership Group and maintained his availability to consult with and provide expert advice to City staff if required.

Hearing the voices of survivors has significantly helped the CHSCB further the understanding about the needs of women and girls affected by FGM and this has assisted in developing the main themes of the FGM strategy. Reflecting the CHSCB's commitment to engage with our local communities, the Independent Chair also led the way in working in partnership with a group of survivors, voluntary sector organisations and a local Imam to produce a [video](#) aimed at increasing awareness of FGM.

#### AWARENESS RAISING BY THE CHSCB

- All the TUSK briefings have a link to CHSCB training – which has included training on FGM supported by the Community Partnership Advisor.
- TUSK September 2016: Responsibility of Local Authorities now required to send a serious incident notification where a child is known to have suffered FGM in England to Ofsted.
- TUSK August 2016: Free FGM e-learning course (provided by Home Office) has been updated.

#### Priorities going forward:

- To monitor the implementation of the FGM action plan in Hackney, holding agencies and the Hackney Health and Wellbeing Board to account for further driving the partnership response to this issue in terms of awareness, recognition and response.





# ‘The board closely monitors the local authority’s ‘Prevent’ duty and holds agencies and the Community Safety Partnership (CSP) to account for driving the response, including awareness raising and recognition.’ Ofsted 2016

## PREVENTING RADICALISATION

As part of this, the legal duty and statutory guidance expects Local Authorities to assess the threat of radicalisation in their areas and to take appropriate action. The Community Safety Partnership (CSP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. The CHSCB is represented on the Prevent Partnership Group, which is comprised of key community and statutory services. The Prevent Strategy is a key part of the Government’s counter-terrorism Contest strategy. It aims to stop people becoming terrorists or supporting terrorism and has three objectives:

- Challenging ideology
- Supporting vulnerable individuals
- Working with sectors and institutions

The Counter Terrorism and Security Act received Royal Assent on 12th February 2015. Prevent was placed on a statutory footing in July 2015 to ensure all specified authorities in local areas, as a minimum, understand the local threat and take action to address it, assess if local frontline staff need training to recognise radicalisation, and to ensure that all of those who need to work together to deliver the programme do so in the most effective way. Hackney has been classed as a Tier 2 Prevent “priority” area and receives funding from the Home Office for a local Coordinator and for funding Prevent projects.

Aligned with the statutory duty, a strategic priority for Hackney’s Prevent work is to ensure the safeguarding of children and young people to prevent them becoming drawn into supporting terrorism. The following activities have taken place to embed Prevent safeguarding:

- **Dedicated Prevent leads identified for each council directorate to act as a single point of contact for embedding Prevent safeguarding**
- **Representation on Channel Panel includes expertise in relation to both youth offending and safeguarding.**
- **There is an agreed referral process for Prevent referrals involving children and young people.**
- **Support provided to Hackney Learning Trust lead officers representing schools, early years, Citizenship leads, to understand the Prevent agenda and signs of radicalisation/ extremism in terms of safeguarding.**
- **In February 2017, the Counter Extremism Unit allocated LBH funding to employ a Community Engagement Coordinator post, with the role to support building more resilient communities and tackling the harms extremist cause.**
- **Faith school youth workers, foster carers and childminders have attended dedicated Workshops to Raise Awareness of Prevent (WRAP)**
- **WRAP sessions delivered to faith schools, academies and free schools and assistance to update existing safeguarding policies and protocols to include**



### Prevent safeguarding.

- **WRAP sessions delivered to Early years and CFS social workers**
- **Prevent community event held in May 2016**

### CHANNEL PANEL

A key part of the Prevent programme is to stop people being drawn into supporting terrorism. In Hackney a multi-agency Channel Panel, chaired by the Head of Safer Communities, works at the pre-criminal stage to support vulnerable individuals where a risk of radicalisation is assessed and a plan of action devised. There is a defined process for agreeing whether a Channel referral will be accepted by the Panel as a Channel case.



**Mental health was highlighted as a relatively consistent feature in cases presented to the Channel Panel. Challenge by the CHSCB Hackney Executive about the absence of a representative from mental health services led to agreement that the East London Foundation Trust become a permanent member of the panel.**

### PREVENT SAFEGUARDING REFERRAL PROCESS

Hackney has in place clearly agreed referral mechanisms to raise a Prevent safeguarding concern. A Prevent related referral form is accessible on the Council's and the Hackney Learning Trust Prevent dedicated webpages. Equally, the Prevent referral form has been widely communicated across Hackney key sector partners and community representatives. Where appropriate the referral process has been integrated within key sectors safeguarding policies including schools, early year's settings, sixth form colleges, NHS Homerton and across council services. Assessments are undertaken on all valid referrals.

The Channel referral process is aligned to existing referral mechanisms, to avoid duplication, for all referrals raised concerning a young person or where a young person resides in a household of an individual, this is referred to Hackney Children and Families Service to undergo Children and Young People – FAST assessment.

### THEMES

Case referrals identified to date cover a wide range of behaviours/ situations including:

- **Sharing of extremist online material**
- **Use of extremist language that harbours a sense of injustice**
- **Abusive household including, neglect, substance misuse or violence**
- **Association with extremist groups**
- **Referrals have been across a range of extremist activity including far right.**





## TRAINING / AWARENESS RAISING

The duty to promote Fundamental British Values is closely entwined with the preventing extremism agenda and is now being inspected by Ofsted. Supporting Hackney educational providers meet this requirement as a priority. Funding of £29k was received from the Home Office to deliver the following projects:

- 28 workshops in Hackney Schools.
- Families Against Suffering Stress Trauma workshops – an online platform based on a short film featuring the voices of three families who have been affected by family members having travelled to Syria. The film provides a basis to hold a facilitated workshop around issues including extremism and terrorism.
- Mentivation Services – delivering 5 x one hour workshops about radicalisation and exploitation, looking at the “casual” link between gang culture and terrorism. Aimed at educational settings, parent groups and community organisations.
- Equaliteach – Delivered in primary and secondary schools. Overall objective is to provide a safe space for pupils to debate, challenge prejudice, hate and extremism. The project aims to reach 500 students.
- Supported by HLT, work is underway to identify students and teaching staff alike to take up this training offer through structured capacity building work with educational institutions.



**To develop a better understanding by senior leaders, condensed Prevent training was delivered to Board members at the City and Hackney Executives**

### Priorities going forward:

- To monitor the implementation of the Prevent strategy and response to radicalisation in Hackney, holding agencies and the Hackney Community Safety Partnership Board to account for further driving the response to this in line with the CHSCB’s agreed priorities.





# ‘Allegations against professionals working with children referred to the designated officers within the local authority are responded to appropriately.’ Ofsted 2016

## The Management of Allegations against Staff and Volunteers Working with Children

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer of the Local Authority (known as the LADO) should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. The governance of the LADO post sits under the management of the Safeguarding and Learning Service within Hackney CFS. **The new arrangements are fully compliant with the revised guidance** and supported by the publication of LADO operational guidance for staff in Hackney.

### Summary

- **226 referrals.**
- **An increase of 29% since 2015/16**
- **There has been a year on year increase in the number of referrals since 2010/11.**
- **The upward trend in referrals to the LADO service remains encouraging and continues to reflect a system constantly evolving and improving in its ability to identify and refer issues of concern involving those who work with children**
- **A significant proportion of the ‘advice only’ cases resulted in extended guidance and support from the LADO and may therefore have required as much time as formally investigated LADO cases and on occasions more.**
- **Most typically these cases were with regards to allegations made against school or nursery staff, whereby the allegation was not viewed as serious enough to meet the threshold of harm for an AAP meeting and involve the police, but did however require the agency to undertake an internal investigation.**
- **126 (75%) of ‘advice only’ cases related to schools and early years settings.**
- **The LADO continues to offer advice and support to these settings in conjunction with HLT to help them deal with undertaking internal investigations. In the last**

academic year HLT also provided training sessions on investigating allegations for both early years and schools staff.

- **There were 54 cases reaching LADO threshold for an Allegations Against Professionals (AAP) Meeting.**
- **With regards to the outcomes of those cases, 17 were substantiated, 22 were unsubstantiated, 10 had an ‘unfounded’ outcome, 2 ‘false’ allegations and three are ongoing/awaiting actions**
- **An AAP meeting was held in seven cases where sexual abuse was alleged. The allegation was substantiated in one of these cases. Following conclusion of the investigation, the staff member was dismissed.**

### Categories of Concern

- **The category of physical abuse remains the largest in terms of overall numbers**





(48%) which mirrors previous years (49% for 2015/16) and there was a reduction in the category of 'behaviour which questions the person's suitability' (19%) when compared to 2015/16 (26%).

- **The percentage of sexual abuse allegations increased again in 2016/17**, accounting for 10% of primary categories in 2016/17, compared to 6.8% in 2015/16. When the sexual abuse element is calculated including multiple categories this increases to 12.7%. There has been an increased public awareness of high profile sexual abuse cases, particularly within the sporting field, which is likely to have an impact on reporting.
- All sexual abuse allegations are now routinely cross-referenced with information held by the Multi Agency Sexual Exploitation (MASE) Forum so that patterns of grooming/abuse can be identified if present.
- **Six staff have been dismissed during the year following investigations.** Two of these were escort drivers for children with special needs who were dismissed for emotional harm/unsuitability. Two people were dismissed following allegations of sexual abuse (one school staff and one leisure centre staff), one member of school staff was dismissed following an allegation of physical abuse and a nursery staff member was dismissed following an allegation of neglect.
- **Allegations against teachers and school support staff continues to be the largest category** of referrals to LADO, comprising 52% of all referrals in 2016/17 and remained the same percentage as 2015/16. The overall numbers increased to 117 in 2016/17, compared to 91 in the previous year (29% increase). This reflects a sustained and improving level of awareness across the school community regarding their responsibilities in this area. HLT have worked closely with education establishments to ensure they contact the LADO for advice where they have concerns that may need to be escalated
- Referrals with regards to early years staff (predominately nurseries) continue to be the second highest category, comprising of 20% of referrals. The overall number of allegations increased by 15 in 2016/17 compared to 2015/16.
- **The number of allegations against foster carers has slightly increased** from 12 in 2015/16 to 16 in 2016/17. Six of these were identified as Hackney foster carers and in all cases there was no role identified for the LADO. One was referred to Enfield. One incident was a historical allegation of abuse dating back 27 years which was referred to Waltham Forest.
- There were 5 allegations made against taxi drivers and escorts, up from 2 in 2015/16. This particular area was identified as requiring further scrutiny by the CHSCB as part

of the strategy to tackle Child Sexual Exploitation and Section 11 compliance work in 2015.

- **Notable inclusions this year are 'childminder/Nanny', 'Saturday School' and 'Private Tutor'**

#### Themes/strengths and areas of focus

- The review of the LADO cases in 2016/17 determined that the outcomes were





- appropriate given the evidence available.
- In a majority of cases, **it is evident that professional agencies in Hackney have a good understanding of the role of the LADO.** This is particularly the case with regard to schools in Hackney and could be attributed to the joint working between the LADO service and the Hackney Learning Trust.



- Agencies that do not frequently contact the service sometimes demonstrate uncertainty about the functions of the role and how it could support them, but are open to discussion
- One of the challenges of the LADO service has been the delay in receiving updates from police during their investigations. This could in part be attributable to the investigation process itself, for example when evidence from forensic laboratories are awaited
- Where allegations have been made against police officers it was unclear what procedures should be followed, i.e. whether the police make use of their own procedures or whether they would be subjected to LADO investigation. The LADOs from Hackney and City of London met with the police to develop focussed training for the police as a result.

#### Awareness Raising

- The LADO has co-facilitated a number of introduction/awareness raising events and training sessions throughout 2016/17.
- The Safeguarding in Education Team run an extensive training programme throughout the year including Safeguarding and Child Protection training for HLT staff, Designated Safeguarding Leads for schools, Colleges and Early Years, whole School and college staff, Governors, Early Years and Childminders. All of their training covers safe practice and the procedures dealing with allegations against adults who work with children and young people.
- The Safeguarding in Education Team also ran specific training dealing with managing allegations for managers in the early years and school sector
- There is an allegations management section on every shared responsibility and designated leads course run by CHSCB.



**Quality assurance of the LADO role is provided through observations of practice and audits of LADO case files undertaken by the service manager. This continued in 2016/17 with a Peer audit undertaken with the City of London LADO. Feedback has been offered by employers and partners in various individual cases and this has primarily been very positive. A more formal feedback process on the conduct of AAP meetings was introduced in 2016/17.**

- As part of Ofsted's inspection, the oversight and monitoring of the outcomes and timeliness of investigations was identified as not being sufficient to secure clear



strategic understanding regarding the effectiveness of this role. Hackney has CFS responded proactively as follows:

1. Continue awareness raising of LADO activity through multi-agency training, CHSCB communications and direct awareness raising by the LADO service.
2. The LADO to attend a fostering service team meeting in order to discuss allegations best practice, encourage enquiries/ referrals and identify any specific training areas for staff.
3. Consideration in LADO service meetings/ fostering service meeting of the merits of establishing a separate database/ monitoring process for allegations made against foster carers and residential staff for children placed outside of the borough.
4. Develop and evaluate a formal feedback process for AAP meetings to ensure that the views and experiences of other agencies are included in service development. This will be in line with the 'family feedback programme' which begins in October 2016.
5. Hackney and City LADOs to undertake in-depth peer audits - 5 cases per year.
6. LADO service to undertake a qualitative analysis of ten cases with an 'unsubstantiated' outcome for the 2016/17 period.
7. LADO service to further develop a method/ process by which the timeliness of cases from initial referral to closure can be monitored in order to guard against unnecessary delay. This to include a fixed agenda item during DO service meetings - to go through recent referrals and identify and address any delays.
8. LADO service to undertake a review of the Hackney LADO guidance in accordance with the revised 2016 London Safeguarding Children Procedures.
9. From 1st September 2016, LADO to record all new referrals on Mosaic and utilise the 'contact and referral' workflow.

### Priorities going forward

- Continue to undertake themed audits within the Children and Families Service
- Continue to undertake peer audit sessions with City LADO
- Focus on timely outcomes of investigations.
- Raise awareness of the role to external organisations and offer training and advice where requested.
- Undertake a review of Hackney LADO guidance in accordance with the revised London Child Protection Procedures.
- Develop and evaluate a formal feedback process for AAP meetings to ensure that the views and experiences of other agencies are included in service development.





# Learning & Improvement



The Board

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Hackney

Progress in Hackney

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# ‘Learning and practice improvement are systematically cascaded to frontline staff through a wide range of creative and highly effective opportunities.’ Ofsted 2016

Working Together 2015 states that “Local Safeguarding Children Boards should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.”

Since implementing a revised framework in 2013/14, there has been significant activity undertaken across both the City of London and Hackney. A range of lessons have been identified leading to tangible impact and improvement across the safeguarding system. To identify lessons, the CHSCB applies a focus on the following areas:



## THE VOICES OF THE CHILD, FAMILY AND COMMUNITY

### THE CHILD'S VOICE

“Board members are proactive in engaging with children who have experienced services, and from a wider group, to inform practice developments. As a result, children’s views are central to improving safeguarding practice.” Ofsted 2016

CHSCB partners have a strong ethos of engagement with children and young people, ensuring they are seen, heard and helped and that their voices influence both their own outcomes and that of how partners better safeguard children. Practitioners from all agencies gather the views of children and young people on a daily basis, from a home visit by a social worker to comments made to a teacher in the classroom. Taking a wider overview of wishes, opinions and feelings, the CHSCB and partner agencies also undertake a range of activities to ensure the child’s voice is central to our collective approach to learning and service improvement. The CHSCB has, however, been clear that it does not wish to replicate existing structures within which children and young people are already engaged and wants to add value by hearing the authentic voice of children and young people who might not ordinarily be part of those forums. This is an area the CHSCB is continuing to strengthen going forward through the work of the Community and Engagement Sub Group.

Alongside directly engaging CYP, the CHSCB learning and improvement framework also includes schedules for organisations to report on their engagement with CYP and communities, the work undertaken and the difference made. This allows the CHSCB to keep oversight that such engagement is ongoing, that children and young people are being seen, heard and helped and that their voices are considered in practice and used to help shape service development.



Whittington Safeguarding School Nursing Service randomly consulted children and young people during their health assessment. Use of a pictorial feedback form has increased the number of responses and engaged those with low literacy levels. When asked about their level of service satisfaction, 90% of children and young people recommended the service, 70% felt they were involved in the decision about their care or treatment, 92% felt they were treated with kindness and compassion by the safeguarding school nurse, **83% had confidence and trust in the safeguarding school nursing caring for them** and 96% were able to express their satisfaction with the amount of information they were given.



Action for Children carried out the Annual Service User Survey among children and young people supported by the City of London Corporation. A simplified survey was also undertaken for children aged 5 – 9. Compared with 2015, findings **showed significant improvements in satisfaction rates among children and young people**. There has also been a significant improvement in the number of young people who have contributed to the survey due to improved systems in collating the data. Areas of development identified the need to support young people in tackling bullying; social integration into the community where they live and support around finances and financial planning.



NHS Go is a new health mobile app and website to help young people take greater control over their health from an early age; make healthier choices and get advice and information on health issues from a trusted source when they don't know where to go. **The resources have been developed by young people working with the Healthy London Partnership**. NHS Go uses content from the NHS Choices website that has been adapted to suit a younger audience.



Hackney Children & Families Service launched a new approach to Looked After Children Reviews in September 2016 called 'Our Reviews, Our Choice: Child-Centred Looked After Reviews'. The aim of this creative approach was to empower children and young people to contribute to and lead their review if they wish. Hackney Gets Heard (HGH) was consulted throughout the development of this new child-centred approach. **Members of HGH took part in mock LAC Reviews and tested out activities. One young person chaired their own meeting, which they reported to really enjoy**. Feedback from HGH was provided to the Service Manager and HGH also approved the literature that accompanied the launch of the new LAC review process,

ensuring that it was child and young person friendly.



Young people from Hackney Gets Heard (HGH) have been consulted about semi-independent accommodation and the transition for care leavers moving to independent living. The key themes discussed included how young people can be better prepared before moving into semi-independent living, the role of key workers, safety and security, and living conditions. **Following the focus group, HGH suggested the development of an independent living charter for providers to adhere to, which would be approved by the young people involved and HGH**. They plan to undertake youth inspections on the services to ensure providers are adhering to the charter. The Placement Management Unit also plans to make a video in collaboration with HGH to show to young people moving towards semi-independent living to demonstrate what to expect. HGH is planning to start holding meetings outside of the borough to involve more children and young people who are placed outside of Hackney. They continue to work on increasing the number of attendees and raising the profile of the group.





Homerton Hospital uses Optimum Technology to obtain real time feedback from children, young people and their families when they are seen in children services across the Trust. Age appropriate icons have been developed i.e. Little Paws and Monsters for children and young people aged 0-8 and 8-18 years respectively which are used to give their response to a specific question. **Feedback indicates that 96% of children aged 0-8 and 94% of young people aged 8-18 felt safe, and 96% and 94% (respectively) felt that staff talked in a way that they could understand.** 92% of 8-18 year olds also felt that they had been involved as much as they wanted in decisions about their care.



### Priorities Going Forward

- Accelerate the pace of engagement with children and young people by the CHSCB through the work of the Community Engagement Sub Group.

### THE FAMILY'S VOICE

The CHSCB and partner agencies also continued to listen to the views of parents and carers about the quality of services and any matters impacting on their ability to provide good enough parenting. In addition to individual agencies engaging with families at a practice level, the CHSCB scrutinised a range of activities aimed at learning from parents and carers about how services could improve for children and young people. Where appropriate, the CHSCB actively engages parents in Serious Case Reviews and local case reviews. Their voices are reflected in the content of the report and their views used to inform related recommendations where necessary.



**One of the ways the NHS City and Hackney CCG Patient and Public Involvement Team engage with children, young people and their family members is through NHS Community Voice. This is an outreach project commissioned by the CCG and delivered by Healthwatch Hackney with the aim of engaging, informing and consulting a wide range of local patients and residents with particular focus on seldom heard groups. During 2016/17 a total of 11 engagement events were delivered by the service with 450 participants in attendance. Out of these events, two had a specific focus on children and young people.**



**The City of London completes audits on all the cases that are open to the Children and Families team every year, in 2016 as part of the audit process feedback forms were sent out to parents/ carers and children (where age appropriate) to establish their views. These feedback forms were also followed up in some instances with telephone calls from the independent auditors. The feedback in the majority of the cases was positive, even where parents had initially been resistant to social work intervention.**



**Foster carers in Hackney requested that they be consulted in relation to new policy developments in the Fostering Service and this has been incorporated into the policy process, with members from the Hackney Foster Carer Council (HFCC) meeting with the Fostering Service Manager on a regular basis.**



**Following engagement by the Inclusion Team at Hackney Learning Trust, parents of pupils with visual and/or hearing impairment positively reported on the service, noting that they felt supported and learnt useful activities.**

**Parents requested sign language classes for deaf parents and these have been emphasised in the team plan going forward.**



**The Secondary Advisory teacher for Travellers and the Teaching Assistant meets every parent of Year 7 Traveller pupils in Hackney on a half termly basis in school. Discussions include how their children are getting on, their views on the school and their aspirations for their children's futures. Future plans include engaging parents of Year 8 and 9 Traveller pupils. Children are also engaged on regular basis.**

#### Priorities Going Forward

- Strengthen the multi-agency case audit process to seek direct conversations with families and use these experiences to test the impact of practice improvements previously identified.

#### THE COMMUNITY'S VOICE

Both the City of London and Hackney have a vibrant community and voluntary sector (CVS) that continues to support the safeguarding of children and young people and the promotion of their welfare. In addition to the new Lay Members and Community Partnership Advisor playing a strong role in representing the voice of the community, the CVS sector demonstrated its capabilities at being able to ensure the voice of the community was heard by the CHSCB and that there was positive and meaningful engagement.

#### CITY OF LONDON VOLUNTARY SECTOR FORUM

Partnership for Young London (PYL) was commissioned by The City of London Corporation to pilot a network across the Voluntary and Community Sector (VCS). This was a partnership development between the CHSCB and PYL to support the effective engagement of the VCS in safeguarding children and young people and followed a successful event “**Safeguarding in the City**” held in January 2016.

Partnership for Young London set up an ongoing platform whereby groups can receive communication about the City's priorities, opportunities on offer and regular briefings. In

2016/17, ten monthly bulletins were sent reaching 1220 members. The mailing is also sent to Council for Voluntary Services (CVS) in surrounding boroughs to encourage those who deliver services in the City to join.

Quarterly network meetings are held where VCS groups can engage more effectively with each other and key partners. These meetings have included safeguarding themed activities, for example holding a consultation on neglect in the City.

In November 2016, a Community Champions training session was held jointly with Hackney to create a general level of safeguarding awareness in key local community groups and develop a mechanism whereby safeguarding messages can be distributed out to the local community.

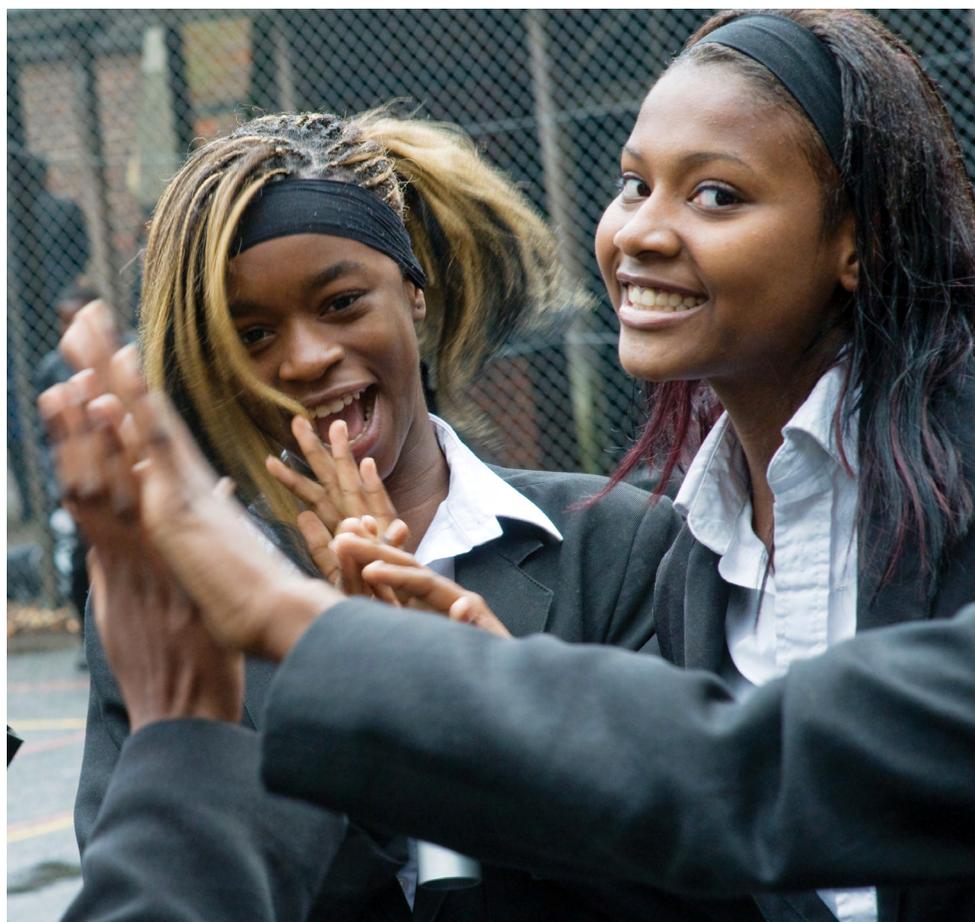




## HACKNEY CVS

Hackney Council for Voluntary Services (HCVS) is a member of the CHSCB and is Hackney's leading voluntary and community sector support agency. Supporting hundreds of people to run successful voluntary and community sector organisations, HCVS provides access to the key skills, knowledge and resources necessary to respond to the needs of local people, especially those most in need.

The Head of Safeguarding for HCVS supports safeguarding community champions, promotes parents involvement in children's education and raises safeguarding awareness



mental health, Female Genital Mutilation (FGM), Domestic Violence (DV) & abuse awareness at neighbourhood level and within Black, Asian Minority Ethnic and Refugee communities.

HCVS key themes this year have been:

- **Supervision and support for VCS** organisations working with children – A programme was put in place to enable them to receive training on mental Health First Aid. Hackney CVS has also co-ordinated weekend Group Case work Supervision sessions which were delivered by Off Centre and Mighty men of Valour. Hackney CVS has delivered taster and regular group supervision sessions which enable frontline workers to increase understanding of children's mental health.
- **Supporting Parent Champions** - Four parent champions' have continued to deliver safeguarding awareness sessions in community settings, Faith, Supplementary schools, estates and BAMER Communities.
- **Young people's Mental Health peer support** - Hackney CVS has supported inspirational leaders from THE MOVING ON UP project to better understand how to support each other with mental health matters by working with peers groups and connecting parents with ELFT.

HCVS supported local VCS organisations to better understand how to complete the CHSCB section 11 audits. Hackney CVS has also continued to coordinate the Children & Young People's Provider Forum, supporting local organisations to have a dialogue about key issues such as; children's mental Health, workforce training and group supervision for frontline staff.



**"Hackney CVS echo the principle that safeguarding is everybody's responsibility. The charity sector welcomes working with CHSCB board partners". Kristine Wellington, Head of Safeguarding Children and Families.**

### Priorities going forward

- Over 2017/18 the CHSCB will build on its work to develop a more comprehensive understanding of the needs of Hackney and City communities through the Community Engagement Sub Group.
- The CHSCB will remain engaged in all related work that seeks to ensure children and young people being taught in unregistered settings are safe and secure.



## REVIEWS OF PRACTICE



“Serious incident notifications are thoroughly scrutinised by board partners through the joint SCR subgroup. This leads to appropriate and timely recommendations that are reviewed and endorsed by the chair. The National Panel of Independent Experts has validated these decisions, commending the clear and analytical correspondence and the inclusion of children’s voices in the process.” Ofsted 2016

Serious Case Reviews are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. The CHSCB must always undertake a Serious Case Review (SCR) when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations.

- (a) *abuse or neglect of a child is known or suspected; and*
- (b) *either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.*

Where the SCR criteria has not been met, the CHSCB can also undertake smaller-scale multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements. During 2015/16, the time taken to complete reviews was acknowledged as an ongoing concern in the CHSCB risk register. This has not held up the implementation of learning/actions however much tighter timescales are now being set for the completion of reviews to avoid drift and encourage a much faster response from engaged agencies.

- **During 2016/17, the SCR Sub group met on six occasions.**
- **Two SCRs were commissioned.**
- **One SCR was published (Child H).**
- **One joint Domestic Violence Homicide Review and SCR was published (Child D).**
- **Learning from one multi-agency case review was published (Child L).**
- **All children were Hackney residents.**
- **A range of learning events were held to disseminate the key findings and lessons from the completed reviews.**
- **Learning is also disseminated via the monthly CHSCB ‘[Things You Should Know](#)’**

briefing and an update provided to the Training, Learning & Development Sub-Group and Trainers Forum to ensure relevant lessons are being shared through the CHSCB training sessions.

- **Comprehensive tracking of the impact that the reviews have made on front-line practice was maintained by the SCR Sub Group.**

All decisions made by the Chair were communicated with and agreed by the National Panel of Experts.

Full details of all the reviews published by the CHSCB are available [HERE](#).

### SERIOUS CASE REVIEW - CASE FC

Full details on the review can be found in the [CHSCB Annual Report 2015/16](#) and the published report can be found online [HERE](#). Over the course of 2016/17, CHSCB continued to challenge and escalate the report recommendation to review the guidance on disclosure of soft intelligence available to the MPS.

### SERIOUS CASE REVIEW - CHILD H

Child H was a baby girl who lived with her mother and father at the home of the maternal grandparents. Child H died at the age of six weeks. Medical advice indicated that the death had been caused by inflicted injuries. Child H’s parents were arrested but subsequently no charges brought. No one has been held to account for Child H’s death.

#### Key areas of learning identified

- Parental learning difficulties v disabilities.
- Think Family.
- Management Oversight and Supervision.
- Understanding of Psychosocial Meetings.

#### Impact

- Learning disseminated via TUSK briefing.
- 3 learning seminars held in the City and Hackney – 64 attendees.
- 95% attendees considered the event will help them safeguard children more effectively.
- CHSCB progresses recommendations arising from the learning seminars to check that agencies have contingency plans in place for both parents should they become





parents again (i.e. intelligence held via health and GP systems) – CCG ensure details included on father's records in other LA area.

- Think Family briefing / web-page subsequently produced by the CHSCB in partnership with the CHSAB.
- The effectiveness of management oversight and supervision in this case were queried by the SCR author. As a result, the defined arrangements for management oversight and supervision in Hackney CSC were considered in detail by the CHSCB. Whilst reassurance was provided regarding the framework in place, it is relevant to note that the Ofsted inspection identified similar issues as identified by the SCR author and this area will be subject to ongoing scrutiny by the CHSCB.

### JOINT SERIOUS CASE REVIEW & DOMESTIC VIOLENCE HOMICIDE REVIEW - CHILD D

Child D and her mother were murdered by mother's ex-partner (father of Child D). No significant multi-agency involvement prior to deaths, although mother reported concerns regarding domestic violence to police and their response has been subject to separate investigation by the Independent Police Complaints Commission (IPCC).

#### Key areas of learning identified

- Professional curiosity.
- Accurate risk assessments.
- The need for agencies to work together effectively.
- Robust supervision.
- Sufficient resources being made available for front-line staff to do their jobs effectively.

#### Impact

- Learning disseminated via TUSK briefing.
- 3 learning seminars held in the City and Hackney.
- Improved quality assurance activity of the MPS electronic 'notebook' and DASH risk assessment.
- Attendance by front-line officers at Professional Development Days with inclusion of domestic abuse, missing persons, child neglect themes and local learning from this DVHR and other SCRs.
- Continued daily review by the Public Protection Desk of all domestic abuse investigations to ensure that all incidents where children are named as a potential victim, witnesses or living in the household, generate a Merlin.





## LOCAL MULTI-AGENCY CASE REVIEW – CHILD L

Child L was a 17 year old male who was fatally stabbed. The assailants (who were found guilty of murder) were of a similar age and were known to Child L. Child L came to the attention of statutory services in the months before he died. On two occasions he was reported missing to the police and had been arrested or had contact with the police on at least seven separate times for drug offences in a number of cities across the UK - including in the period when he had been reported missing.

### Key areas of learning identified

- Seeing beyond criminal behaviours to consider if a young person, in particular young men, are potential vulnerable or at risk of harm/exploitation.
- Responding to the under 18s arrested for drug offences.
- Recognition of the increase vulnerability of young people who move across geographical areas as there is greater risk of them falling through statutory service gaps.

To help identify learning and cross cutting themes/challenges, findings were considered by the SCR Sub-Group alongside a thematic [NSPCC briefing](#) and other local and national reviews involving young people in similar circumstances. All the reviews identified key themes for professionals to consider, with particular relevance for those staff who come into contact with young people involved in criminal activities

## AUDITING

### SECTION 11 / SECTION 157/175 AUDITING



**“A comprehensive section 11 audit process engages all partners. Returns are rigorously analysed by the quality assurance sub-group. Bespoke training to support agency participation and peer reviews provides the board with assurance that agencies are meeting their safeguarding responsibilities.” Ofsted 2016**

The Section 11 (S11) Audit is the CHSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with reassurance that agencies are doing what they can to ensure the safety and welfare of children and young people. Section 11 (S11) of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. On a bi-

annual basis, the CHSCB undertakes an audit of statutory, commissioned and voluntary sector organisations to establish reassurance that they are compliant with these expected safeguarding standards. Schools also have a statutory obligation to comply, under sections 157 and 175 of the Education Act 2002.



**In 2016/17, 337 organisations participated in the CHSCB's auditing programme. This is an increase from 289 that engaged in the 2014 audit. These included 27 statutory agencies, 86 commissioned organisations, 14 non-commissioned VCS organisations, 84 early years' settings, 83 schools and 43 GP surgeries.**

- Comparison with the 2014 report indicates that statutory agencies are generally in line with previous assessments and maintaining compliance or progressing actions as required.
- For GPs, the pattern of responses demonstrates an improving trajectory in meeting the standards.
- Overall, further improvement is required in respect of training standards.
- Early Years settings in Hackney require training on local thresholds.
- Commissioned agencies in both the City and Hackney require further improvement on training and safer recruitment.
- In schools, the monitoring and supervision of Designated Safeguarding Leads was only 50% 'fully met' in The City and 61% in Hackney.

### S11 PEER REVIEW

In 2015-16, the CHSCB introduced a Peer Review process for Section 11 audit returns to help partner agencies reflect on and improve safeguarding services for children and young people. In 2016/17, two organisations participated in the process.

A Peer Review Team consisting of the Senior Professional Advisor (or Board Manager), a Board Member and a Lay Member reviewed the audit returns submitted by the only GP Surgery in City of London (June 2016) and a VCS organisation in Hackney (July 2016). Documentary evidence was scrutinised and on-site visits undertaken to meet key members of staff, followed by a 'walkabout' to directly engage front-line staff.

The full reports are available on the [auditing](#) webpage.



## MULTI-AGENCY CASE AUDITS



“Learning from audits is carefully fed back to staff and findings are incorporated into additional courses in the training and development offer.” Ofsted 2016

The CHSCB multi-agency case auditing has identified numerous examples of positive safeguarding practice being undertaken by the partnership. Lessons have also been identified that have led to tangible improvements. Systematic [multi-agency case auditing](#) allows the CHSCB to deliver one of the best learning opportunities for front-line workers; directly engaging them in a process that reflects upon, assesses and measures the quality of professional practice. The CHSCB continues to operate a consistent and regular 6 monthly multi-agency case file audit process, which is carried out across the City of London and Hackney. Due to Ofsted Inspection, CQC inspection of Health in City of London and the Probation inspection, one round of multi-agency case auditing was held in 2016/17 on the theme of special education needs with disabilities. Three cases were reviewed in City of London and five in Hackney.

All audits result in an outcome focussed action plan that the QA Sub Group use to track and evidence improvements in front-line practice. Learning is also disseminated to agencies/front line staff via the [Things You Should Know \(TUSK\)](#) monthly briefings.

## CITY OF LONDON MACA – SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

### STRENGTHS

- Good packages of respite support.
- Good multi-agency working with 6-8 weekly Team around the Child (TAC) meetings held.
- Agencies knew families well and take a whole family approach to their needs.
- Evidence of a trusting relationships between family and professionals.
- Evidence of homes visits.
- Evidence of the voice of the child and child centered practice.

### KEY LESSONS FOR PROFESSIONALS

- **Financial Pressures** – Case 1 highlighted the additional financial pressures faced by families in caring for children with disabilities.

- **Use of Solicitors** – Case 1 highlighted the risk of an inhibited professional response when parents use or route communications through solicitors. Parents may use this method when frustrated or perceive a lack of power in their lives.
- **Awareness of Family Responsibilities** – Case 1 highlighted that parents, although presenting as positive and engaging, will ordinarily have significant family and personal responsibilities. Professionals should be mindful that the picture a parent or carer portrays may not always be realistic so they should regularly check in with other agencies with regards to how well a family is coping.
- **Think Family** – Case 1 highlighted the need to ‘Think Family’ and consider the impact on parents who provide long term care. Professionals are reminded of the potential impact for children if their parents are struggling to provide care.
- **Transition Planning** – Case 1 reminded professionals to plan early for young people who will be transitioning into adult services in the future.
- **Information Sharing** – Case 1 reminded professionals of the importance of ensuring information ‘follows’ the family to ensure appropriate services are identified and accessible.
- **Communication across the Partnerships** – Case 2 highlighted the importance of good communication across the partnership. It was noted that GPs should be engaged in review meetings and sent a copy of the minutes.
- **Flexible working** – Case 2 highlighted the number of meetings that families might be asked to attend. Professionals were reminded that flexibility can be applied where appropriate (i.e. non-statutory meetings), maintaining a proportionate response if progress is positive.
- **Supporting Parents** – Case 2 highlighted the need to support parents to develop realistic expectations for the future, especially for children or young people with degenerative diseases.
- **Families who live on edge of local authority boundaries** – Case 3 highlighted issues around the provision of services especially when families live on the edge of local authority boundaries and receive services outside of the local area.



## HACKNEY MACA – SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

### STRENGTHS

- Occupational Health provision from the Virtual School for Looked After Children - This additional provision allows services or equipment to be put in place quickly for children who have experienced trauma or may have additional needs.
- Good multi-agency working and information sharing – Seen throughout the child protection process and a strong assessment by Hackney CSC that captured the issues well.
- Timely Referral - Made by Hackney CSC to the Domestic Violence Intervention Project (DVIP).
- Assessments – Strong assessment by Homerton Emergency Department evidenced the young person's views being taken into account.
- Evidence of GPs using the HARK - A Domestic Violence assessment tool (also referring in a timely manner to East London NHS Foundation Trust).



### KEY LESSONS FOR PROFESSIONALS

- **Access to services** - Case 1 highlighted that short breaks provision had not been accessed due to immigration status. This could have been escalated earlier by frontline professionals to their manager for resolution.
- **Information Sharing and Communication** – Case 1 identified that there hadn't been direct communication to GPs about the plans developed for Looked After Children (LAC). GPs do not attend LAC Reviews and improved information sharing needs to take place between Health attendees attending reviews and GPs.
- **Case Recording** – Case 2 illustrated the importance of explicitly recording the wishes and feelings of children and young people.
- **Safeguarding children with complex health needs** – Case 2 illustrated that the complex health needs of a child (or sympathy for their parents) must never override the need to respond proactively to any safeguarding concerns.
- **Children who witness Domestic Abuse** – Case 2 highlighted need to ensure services are available for children who have witnessed domestic abuse.
- **Holding difficult conversations** – Case 2 highlighted the need for professionals to engage parents in difficult conversations, routine enquiry and challenge where necessary.
- **Transitioning into Adulthood** – Case 2 highlighted the need for early transition planning for young people who will be accessing adult services.
- **Disguised Compliance and Chaotic Families** – Case 3 highlighted patterns of engagement and non-engagement (or disguised compliance) from the parents. Professionals need to remain alert to the dangers and potential drift that can arise as a result.
- **Chronic Neglect** – Case 3 - highlighted the need for professionals to remain alert to indicators of neglect.
- **Keeping focus on safeguarding** – Case 3 highlighted that since diagnosis, interventions had been focused on Child's disability. Diagnosis can be a potential distraction and professionals need to maintain their focus on the needs of children and young people and keeping them safe.
- **The voice of the child or young person** – Case 4 highlighted that although health needs were being met, there was not much sense of the young person voice. Using communication tools (such as Makaton) can helpfully inform assessments.
- **Transition planning** - Case 4 highlighted that a holistic view is needed when transition planning for young people moving into adult services. Professionals should consider both medical and social elements.



- **Non-compliant parents** – Case 5 highlighted parents who give mixed messages, demand agencies do not speak to one another, use legal frameworks and ‘hop’ between services in order that professionals are unable to get a grip on the needs of the child.
- **Non-attendance at services** - This case demonstrated the impact of parental hostility towards professionals. This can sometimes result in the child not accessing services. Managing such relationships are essential in terms of a child’s needs being met.

### SINGLE AGENCY CASE AUDITS AND LEARNING

Partner agencies of the CHSCB have continued to operate a variety of single agency quality assurance frameworks to maintain oversight on safeguarding and promoting the welfare of children and young people. Over 960 audits were carried out on cases during 2016/17.



**Whittington Health – Safeguarding School Nursing Service** - Review of quality of recording in records for children and young people who have attended the Emergency Department and were deemed vulnerable at the Homerton Psychosocial meeting.

**Example Audit Outcome:** Development and use of the ‘Fill in the Spaces’ tool kit for assessing child’s emotional well-being. Tool was trialled in schools settings and feedback has further developed the tool.



**Hackney Children and Young People’s Services - 677 audits completed**

**Example Audit Outcomes:** Following the Ofsted inspection, it was recognised that in some cases the timeliness and quality of case recording could be improved. A working group was established to address this issue, and mandatory training on recording for all Children and Families staff took place. Continued monitoring is scheduled into the audit programme for 2017/18.



**Homerton NHS Foundation Hospital – Thematic auditing.**

**Example Audit Outcomes:** After evaluation of primary care engagement in the Multi Agency Risk Assessment Conference (MARAC), the MARAC protocol was updated to ensure that all GP’s receive feedback irrespective of any identified actions for their practice. The MARAC Liaison Nurse will also work with the IRIS project to deliver Domestic Abuse training to GP’s.



**City of London – Children and Families Team – Audit of CIN cases.**

**Example Audit Outcome:** Audits have highlighted cases where there is potential drift and Team Manager has been pro-active in getting the case reviewed by the Independent Reviewing Officer. Consideration of future development of a protocol in cases of limited progress.



## PERFORMANCE DATA



'The data set is clear. It represents all agencies' contribution to safeguarding, and fully supports an understanding of effective practice across the whole partnership.' Ofsted 2016



### Hackney – Agency Attendance at Child Protection Conferences and Core Groups

The introduction of agency attendance at CP Conferences and Core Group reports by Hackney CYPS has enabled monitoring and challenge both within the QA Sub-Group and within member agencies. The November 2016 report showed an increase at initial conferences; reports produced by GPs increased from 6% to 94% (Q4 2015-16 to Q2 2016-17) and attendance by the Police Officers increased from 68% to 98% over the same period.



**Hackney – Referrals from Hackney Homes:** In May 2016, it was reported to the QA Sub-Group that 7 referrals and 2 private fostering notifications had been made to Hackney CFS. These are significant as in direct response to the safeguarding training provided to Housing Operatives (following recommendation in the Child E local Review). Previously staff would not have been alert to the risk factors and this highlights importance of regular refresher briefings to keep safeguarding in the minds of operatives.



**City of London – Increase in Strategy Discussions:** The QA Sub-Group noted a further rise in strategy discussions from 10 in 2014-15 to 27 in 2015-16 and 48 in 2016/17. The number of s47 investigations did not rise accordingly with numbers dropping from 11 to 10 across the same period. The narrative provided by City of London noted an increase in LAC missing episodes and police notifications regarding all interventions with under 18's. There have also been some instances involving out-of-borough children, where the City has decided to conduct joint strategy discussions with the home borough.



**Hackney and City of London - Substance Misuse figures:** Following review of Public Health data for Q3 2015-16, the QA Sub-Group noted hidden harm figures (referrals for children of parents or carers who have substance misuse issues) appeared low. In line with the CHSCB focus on 'Think Family', it was agreed to engage Westminster Drugs Project to provide data from an adult services perspective. This inclusion has ensured a holistic review and cross reference of data.

## FRONT-LINE INTELLIGENCE

The CHSCB staff survey in 2016 focused on professional practice and confidence in identifying thematic risks such as CSE, Radicalisation and Social Media. The survey was targeted at staff working directly with children and young people and first-line managers.

### City of London

- 118 from City of London and
- 45 working cross-borough.
- 42% increase in respondents.
- Nearly 1/3 of respondents felt that their workload was unmanageable.
- 89% had access to good quality supervision and support.
- 57% knew how to access and use the City of London Thresholds of need tool.



- 87% knew when and how to make a referral to the City Children and families team.
- 91% knew how to respond if they disagreed with another professional about their actions or decisions.
- 88% were confident about what to do if concerned about the behaviour of a professional working with or having access to children and young people.

Findings show professional confidence in sharing information and identifying risks associated with neglect, domestic abuse and CSE. Less confidence was expressed with identifying risks in respect of FGM, radicalisation and risks relating to technology and social media.

### Hackney

- 233 from Hackney.
- 45 working cross-borough.
- 36% decrease in respondents from the 2015 survey.
- Just over 1/3 of respondents felt that their workload was unmanageable.



- 78% had access to good quality supervision and support.
- 62% knew how to access and use the Hackney Wellbeing Framework.
- 91% knew when and how to make a referral to the Hackney FAST.
- 79% knew how to respond if they disagreed with another professional about their actions or decisions.
- 71% were confident about what to do if concerned about the behaviour of a professional working with or having access to children and young people.

Findings show a similar pattern to City responses with there being high professional confidence in sharing information and identifying risks associated with neglect, domestic abuse and CSE. Less confidence was expressed with identifying risks in respect of FGM, radicalisation and risks relating to technology and social media.

### Priorities going forward:

Recognising the increasing pressure on front-line staff, our most valuable asset in safeguarding children and young people, the CHSCB will apply a clear focus on the health of the multi-agency workforce over the next two years.

### EXTERNAL LEARNING

The CHSCB is a learning organisation and is constantly looking outwards to identify relevant learning opportunities that may help assist in its role of co-ordinating and ensuring the effectiveness of the safeguarding systems across the City of London and Hackney. Over 2015/16, a number of national reviews and inspection reports were considered by the CHSCB, with Board members reflecting on their relevance to local safeguarding arrangements. Links to NSPCC thematic briefings and wider learning from other LSCBs continued to be disseminated to front-line staff via CHSCB training and TUSK briefings. One specific examples that illustrates this approach is set out below:



**City & Hackney: In 2016/17, to help identify learning and cross cutting themes/challenges, findings from the Child L review were considered alongside a thematic NSPCC briefing and other local and national reviews involving young people in similar circumstances ([Croydon SCR - Child M](#)). The reviews identified key themes for professionals to consider, with particular relevance for those staff who come into contact with young people involved in criminal activities.**



# The Child Death Overview Panel





# ‘Arrangements for the review of child deaths are highly effective.’ Ofsted 2016

The Child Death Overview Panel (CDOP) is chaired by the Director of Public Health and enables the CHSCB to carry out its statutory functions relating to child deaths. The full CDOP Annual Report for 2016/17 can be found [here](#).

## CDOP FACTS AND FIGURES 2016/17

- 253 deaths of children and young people have been reviewed since April 2008
- 27 deaths of children and young people who lived in Hackney and the City (an increase from 21 in 2015/16)
- 16 unexpected deaths
- 18 cases were reviewed and completed by CDOP in 2016/17
- The rate of infant mortality (deaths of children under the age of 1) in Hackney has decreased to 5.4 per 1000 live births. (5.6 per 1000 2015/16)

The rate of deaths of children and young people aged 1-17 in Hackney decreased to 14.4 in 2016/17 – this remains above the national average of 11.9 per 100,000. This follows a decreased rate of 15.6 per 100,000 in 2015/16. As part of its functions, the CDOP is



required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be “modified” to reduce the risk of future child deaths. During 2016/17, the CDOP identified modifiable factors in only five (28%) of the deaths reviewed in this year. This is in line with the national average of [27%](#). The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process.

## CDOP IMPACT 2016/17



**Training:** The CDOP identified that further training in basic life support for school bus drivers would aid support in circumstances of ill health. Hackney Learning Trust have implemented this training.



**Care Plans:** The CDOP identified the need for robust and comprehensive care plans in schools with standardised quality to ensure appropriate care and support for children with long-term conditions. School nursing have developed guidance for schools to ensure health care plans are robust and relevant training is available for staff.



**Care of Next Infant (CONI):** The CDOP identified that CONI support is not always offered to parents. The CDOP now contacts the GP in each case to ensure this is being offered routinely.



**Partnership Working:** It was brought to the CDOP’s attention that some families face housing crises whilst dealing with the death of a child. The CDOP has made sure that links are strengthened with housing partners and priority is given to offering support to families who have recently lost a child and may need flexibility around housing.



# Training & Development





# ‘The board delivers a comprehensive range of training for managers and practitioners relating directly to multi-agency improvement priorities’ Ofsted 2016

The CHSCB remains confident that single and multi-agency training continues to be of high quality, is valued by participants and is helping contribute towards positive outcomes for children and young people. The training opportunities offered by the CHSCB are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people or adult family members. Supported by a [Multi-Agency Training Strategy](#) that was refreshed in early 2016, the CHSCB training programme focuses on areas of practice prioritised by the Board, with learning from local and national case reviews fully integrated into the training material.

## CHSCB MULTI-AGENCY TRAINING PROGRAMME SUMMARY 2016/17

42 Courses

3 Lunchtime seminars

1 Annual Conference

946 training places accessed

The number of recorded places taken up in the 2016 /17 period has decreased across most agencies compared to previous levels due to a reduced number of courses and learning seminars offered on the 2016 /17 Training Programme. Despite this overall reduction in attendance, the CHSCB has seen some gains in attendance from several key agencies.



The CHSCB continues to build on work undertaken in the 2015/16 period to support attendance of City of London agencies at multi-agency training. Gains made in 2015/16 in securing City attendance have been maintained in the 2016/17 period with the number of City based colleagues attending multi-agency training remaining at 14%.



Throughout 2016/17 the CHSCB period has continued close coordination with colleagues in the City of London and included trainers from within the City of London area so that the unique demographic of the City is recognised and provided for fully within CHSCB training.



In line with a reduced number of courses and training spaces available over the 2016/17 period, training numbers were down across most agencies. Despite this, the CHSCB has noted several important gains: namely an increase in attendance from Hackney Children & Young People’s Services staff and the London Metropolitan Police.

The 2016/17 period saw an increase in attendance to CHSCB training from Hackney Children & Young People’s Services staff at 127 up from 116 the previous year. Similarly, despite a reduced number of courses offered in 2016 / 17, a significant increase was seen in attendance from London Metropolitan Police, rising from 10 in the 2015/16 period to 24 in 2016 /17.



## AGENCY ATTENDANCE AT CHSCB MULTI-AGENCY TRAINING

Agency	2013/14	2014/15	2015/16	2016/17	Trend
CAFCASS			1	1	↔
CHSCB			18	3	↘
City of London Corporation	30	56	144	55	↘
City & Hackney Clinical Commissioning Group	7	18	18	6	↘
East London NHS Foundation Trust	19	75	79	69	↘
Hackney Learning Trust	53	50	146	51	↘
Health Other			14	8	↘
Homerton University Hospital NHS Foundation Trust	75	74	175	33	↘
Independent Sector	6	8	98	110	↘
LBH: Children and Young People's Service	298	286	116	127	↗
LBH: Housing	16	46	53	11	↘
LBH: Health & Community Services	11	36	19	3	↘
LBH: Other	2	79	1	30	↗
LBH: Public Health			22	5	↘
LBH: Schools & further education services	82	150	95	52	↘
London Metropolitan Police	1	13	10	24	↗
London Probation Service	19	16	11	6	↘

Voluntary & Community Sector	299	478	386	186	↘
Whittington Health			18	7	↘
<b>Total Attendance:</b>	<b>918</b>	<b>1385</b>	<b>1424</b>	<b>787*</b>	↘

\*To note: The Total Attendance figure excludes 159 delegates who attended the Annual Seminar and Learning Seminars.

### THE CHSCB ANNUAL CONFERENCE MAY 2016 – 'SAFEGUARDING THROUGH THE LENS OF SOCIAL MEDIA'

The CHSCB held its annual conference in May 2016 to explore the impact of social media on safeguarding and children and young people. The event welcomed attendance from 101 professionals from across the City and Hackney.

Feedback gathered from delegate evaluations was extremely positive overall. Evaluation data also confirmed a high degree of satisfaction with the quality of presentations, with the majority of attendees (55%) rating presentations and the workshop as excellent. Two sessions clearly resonated with attendees and were rated as excellent amongst delegates: **'It's all about people'** delivered by Jim Gamble QPM and **'A Parent's Perspective'** delivered by Lauren LaFave from [The Breck Foundation](#).

### TRAINING BY THE CHSCB COMMUNITY PARTNERSHIP ADVISOR 2016/17

In addition to the main [training programme](#), the CHSCB also deploys its Community Partnership Advisor to deliver bespoke learning opportunities to a range of different stakeholders. This enables the CHSCB to directly extend its reach and influence to further improve the effectiveness of local safeguarding arrangements. Although only in post for 6 months of 2016/17, the Community Partnership Advisor delivered training to 35 different organisations.

### EVALUATION AND IMPACT OF TRAINING



**"The board regularly monitors the effectiveness of its training courses. This includes observation of trainers, post-course evaluation, staff surveys and random telephone calls to participants and their managers to assess how learning has influenced their practice."**

Ofsted 2016



Supported by its [Training Evaluation and Analysis Framework](#), the CHSCB continues its practice in monitoring and evaluating the effectiveness of training, including multi-agency training, for professionals in the area. Work undertaken to review the quality of training in 2016 / 17 has enabled the CHSCB to gain important insight into the difference it is making towards improved outcomes for children and young people.

The recipients of CHSCB training are diverse, as are the operating environments they work in. In measuring the impact of learning on safeguarding practice and improved outcomes for young people, the CHSCB recognises that training is only one way in

which practitioners develop expertise, with learning often being the result of a complex set of experiences that include the quality of line management, effective and reflective supervision, peer support and self-learning.

Notwithstanding the above, based on evidence gathered during the 2016 /17 period, the CHSCB remains confident that the training programme continues to strengthen the partnership response to safeguarding; evidenced through the good practice seen in audits, direct front-line practice observations, the scrutiny of partnership performance data, feedback from children and families and comments from training participants themselves. A range of participant evaluations are set out in this report with the full assessment of the quantity, quality and impact of training being available in the CHSCB Multi-Agency Training Annual Report for 2016/17.

### SAME-DAY EVALUATIONS

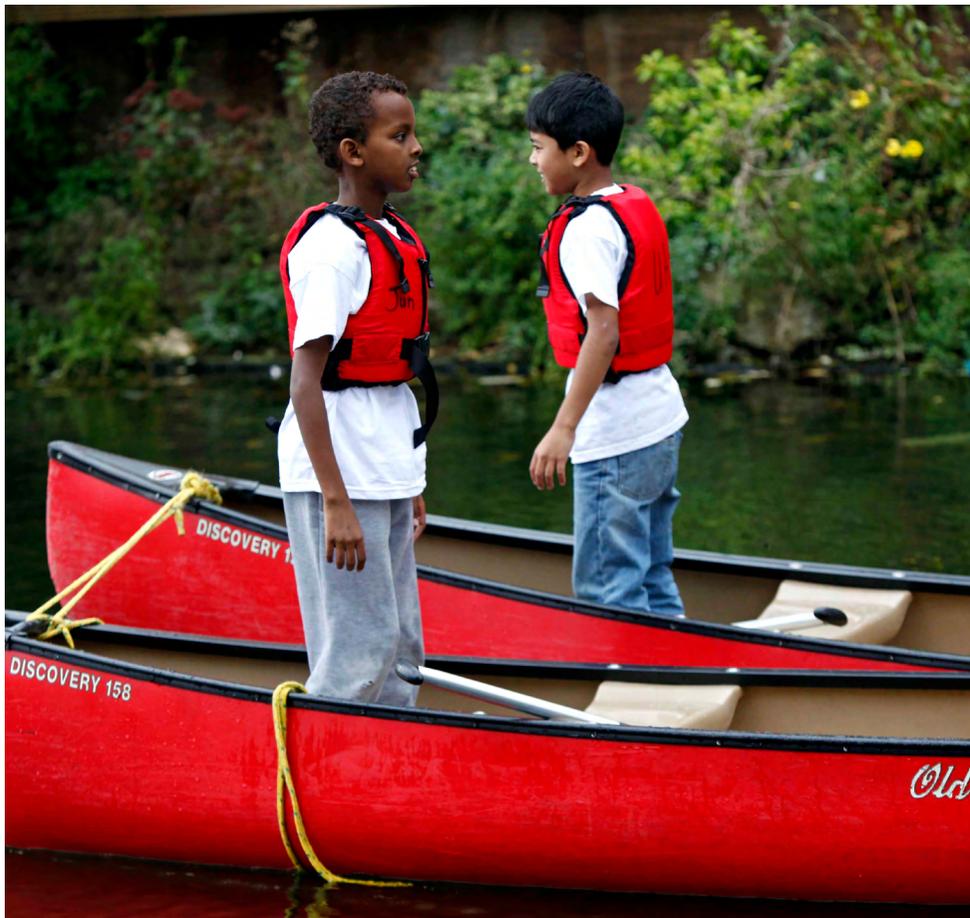
In line with usual practice, all attendees of training courses were asked to complete a same day course evaluation form. From the 787 places taken up on multi-agency training courses, a total of 590 forms were completed (72% completion rate). This represents a decrease from the 2015/16 period, and an identified area for focus in 2017/18. Same-day evaluations provide an immediate assessment on the courses delivered with questions covering areas such as content, style, venue and the quality the trainer. Importantly, the evaluation also asks participants to consider whether or not the training will impact on their ability to safeguard children and young people. 82% of those attending CHSCB training over 2016/17 considered that it would.



**“I will be better equipped to speak to parents whose children have engaged or are victims of Harmful Sexual Behaviours. I challenge assumptions and work with colleagues to share my learning.” NSPCC, Helpline Practitioner**

### POST COURSE EVALUATIONS

Continuing with its assessment of the impact of training, the CHSCB undertook a sample of post course evaluations to further test the impact and influence on outcomes for children and young people. These evaluations took place a number of months after the training had been received, with participants being asked to provide narrative evidence to support their response.





**“I have used the general information with my young people at risk of CSE. I have used some of the information about gang membership to see a patterns with one of my young people affiliated with gangs and his missing episodes.”**



**“I was made aware of who to refer onto and did this to ensure that a young person was safeguarded.”**



**“A 15 year old girl informed that she was in a relation with a male and that he takes her to parties and buys her presents. When she was asked where the boyfriend finds money to buy her presents, she stated that she did know. I used the skills learnt from my training as this already gave an indication that either the man was older and that the 15 year old would be at risk of CSE. She confirmed that that the man was actually 23 years and he was employed. A referral was made and work has commenced with the 15 year old to prevent further harm.”**



**“I was able to give more information to our Board of Trustees on Safer Recruitment Practices as we are in the process of recruiting a new CEO.”**

The CHSCB also contacted a sample number of delegates and their line managers to get feedback at both levels as part of its 3 Month Post Course Evaluation process. Managers were asked whether the training their staff attended in 2016/17 had influenced their practice in regards to safeguarding children and young people.



**“It has made her more aware of the issues which have related to a number of the young people she works with. It has heightened her understanding when receiving disclosure.”**

#### Priorities going forward

- Strengthen the training evaluation process - measuring of impact through standardisation in data reporting and performance measures and reducing duplication
- Strengthen oversight on single agency training.
- Increasing use of other training models (such as Masterclasses, e-learning/ Apps /

lunchtime learning).

- To utilise CHSCB communication channels to strengthen engagement across partners in multi-agency training and raise attendance numbers over 2017/18.
- Continue strengthening a Think Family approach in the procurement of training courses by capturing parental issues and courses highlighting focus on adolescents, including CSE, Adult Mental Health, and Impact of Neglect training.
- To strengthen the CHSCB pool of internal trainers to deliver core safeguarding courses on behalf of the Board.





# Technology & Social Media





# The board ‘robustly considers creative solutions to safeguarding or partnership challenges.’ Ofsted 2016

The CHSCB’s overarching aim is to ensure that children and young people are seen, heard and helped. Critically, that they are seen, heard and helped in the context of their lives in both the offline and online places and spaces that they occupy.

With the growing use of technology and social media, all professionals need to adopt a much more sophisticated approach to their safeguarding responsibilities. They need to reflect on the changing nature of communication and how this impacts on practice issues, particularly those focused on the identification and assessment of potential risk.

To do this successfully, professionals need to recognize that children and young people do not use technology and social media in isolation. Their offline and online worlds are converged and both need to be understood when trying to identify the type of support that a child, young person and their family might need. The importance of this escalates whenever there are concerns about children and young people suffering or being likely to suffer significant harm. In such circumstances, it is essential that both the offline and online risks are accurately assessed and effectively mitigated.

Over 2016/17, the CHSCB held its annual conference on this theme, with [Inege](#) developing a range of documentation to support professionals safeguard children in the context of their access to technology and their use of Social Media.

**The CHSCB Strategy** – sets out the CHSCB’s ambition to ensure that children and young people are effectively safeguarded in the context of their access to technology and use of social media.



**Handbook** – provides safeguarding professionals with a range of tools that can help identify and mitigate any risks arising from a child or young person’s access to technology and/ or use of social media.



**Appropriate Use Policy** – outlines the CHSCB’s minimum standards regarding the responsibilities of all staff and partners when using social media in a personal capacity.

**Authorised Use Policy** – authorised safeguarding partners are required to comply with this Policy when using CHSCB Social Media accounts.

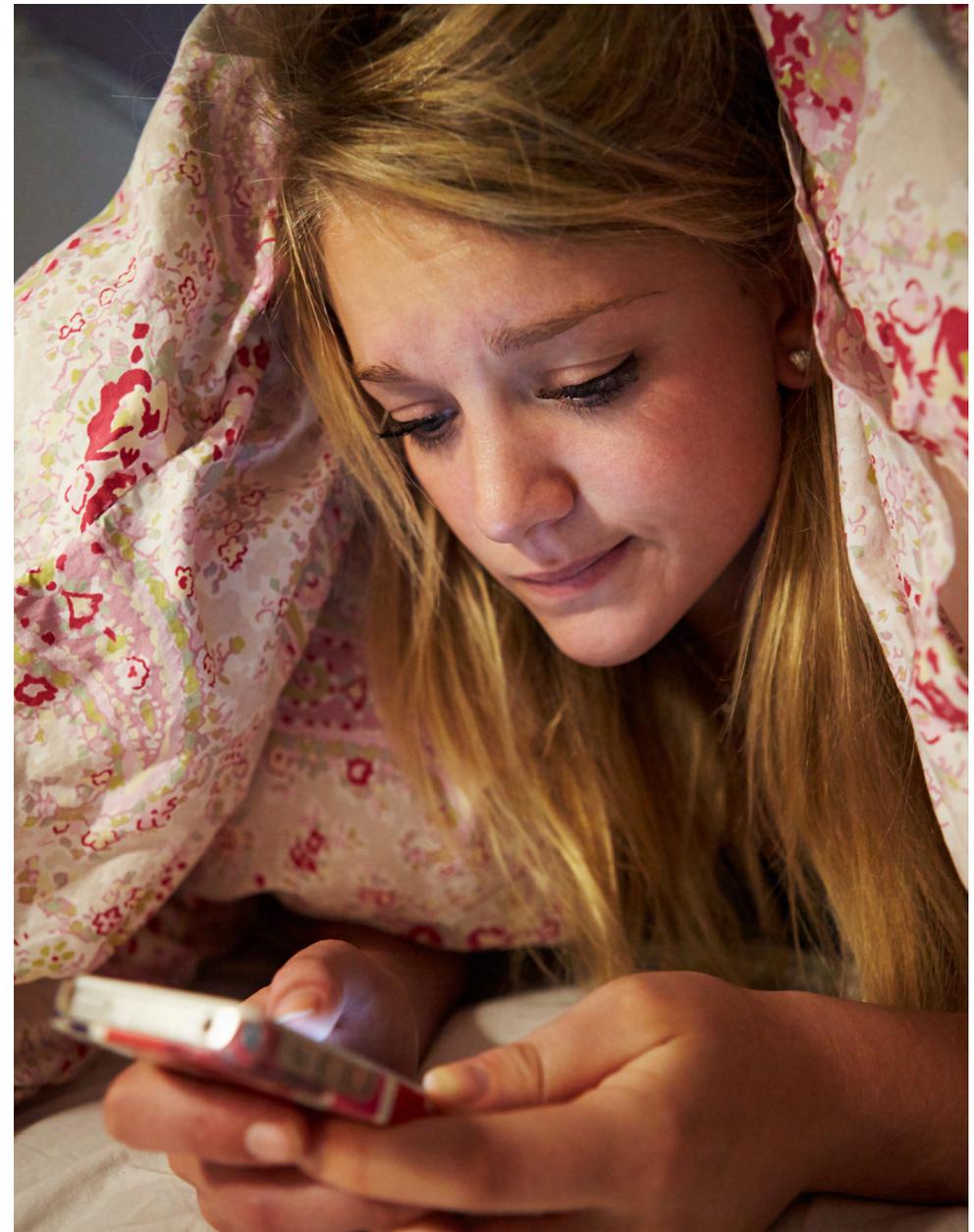


The Board’s commitment to innovation with regards to technology was key to the launch of the **Private Fostering App in the City London**. This App provides users with relevant practice guidance supporting the identification of private fostering arrangements, alongside “confidence tests” and a training module. The App produces digital certificates on the successful completion of training and will no doubt be a sustainable awareness raising tool and CPD resource for staff going forward.



Building upon a CSE Peer review undertaken between the City of London and Camden, a safeguarding briefing and skills development session was held for Independent Schools across London in March 2017. The session was hosted in the City, included all of the City’s schools and attracted over 90 participants from across the region. It was hosted by the Independent Chair of the Board, Jim Gamble, who also provided the key note presentation. The whole day event saw a series of talks and workshop style sessions delivered by a range of speakers that focused upon the following

- Common themes between child abuse, grooming, CSE & indecent images
- Emerging technologies: context, opportunities and threats
- Industry safer by design initiatives; settings, privacy, blocking & reporting
- Sexting; identification, engaging children and support pathways
- Sextortion; supporting victims, seeking help and managing aftercare
- Workshops interactive sessions involving discussion and decision making exercises





# What you need to know





 WEBSITE [WWW.CHSCB.ORG.UK](http://WWW.CHSCB.ORG.UK)

 FOLLOW US ON TWITTER [@LSCB\\_CHSCB](https://twitter.com/LSCB_CHSCB)

## CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for.
- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important.
- This is about you and we want to know more about how you think children and young people can be better protected.
- We want to talk to you more often and we want to know the best way to do this..... please help.
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to ChildLine on **0800 1111**

**childline**  
ONLINE, ON THE PHONE, ANYTIME

## PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help.
- Tell us what works and what doesn't when professionals are trying to help you and your children.
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face.
- You'll never get ahead of your child when it comes to understanding social media & IT – but make yourself aware of the risks that children and young people can face.

## THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. *If you see something, say something.*
- If you live in Hackney, call the **First Access Screening Team (FAST)** on **0208 356 5500**
- If you live in the City, call the **Children & Families Team** on **0207 332 3621**
- You can also call the **NSPCC Child Protection helpline** on **0808 800 5000**

## FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make sure children and young people are seen, heard and helped... whatever your role.
- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role.
- Be familiar with, and use when necessary, the Hackney Wellbeing Framework and/or The City of London Early Intervention Framework to ensure an appropriate response to safeguarding children and young people.
- Understand the importance of talking with colleagues and don't be afraid to share information. If in doubt, speak to your manager.
- Escalate your concerns if you do not believe a child or young person is being safeguarded. This is non- negotiable.
- Use your representative on the CHSCB to make sure that your voice and that of the children and young people you work with are heard.
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents.

## LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously.
- Councillors Anntoinette Bramble (Hackney) and Dhruv Patel (The City of London) are the lead members for Children's Services and have a key role in children's safeguarding – so does every other councillor.
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind.

## CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organization. When you talk, people listen – talk about children and young people.
- Your leadership is vital if children and young people are to be safeguarded.
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust
- Ensure your workforce attend relevant CHSCB training courses and learning events.





- Ensure your agency contributes to the work of CHSCB and give this the highest priority. Be Section 11 compliant.
- Advise the CHSCB of any organisational restructures and how these might affect your capacity to safeguard children and young people

## THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children.
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies.
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse.
- Ensure a strong focus on MAPPA and MARAC arrangements.

## HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with 'keeping children safe in education' (DfE, 2016)
- You see children more than any other profession and develop some of the most

meaningful relationships with them.

- Keep engaged with the safeguarding process and continue to identify children who need early help and protection.

## CLINICAL COMMISSIONING GROUPS

- CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations.
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

## THE LOCAL MEDIA

- Safeguarding children and young people is a tough job.
- Communicating the message that safeguarding is everyone's responsibility is crucial - you can help do this positively.
- Hundreds of children and young people are effectively safeguarded every year across the City and Hackney.
- **THIS IS NEWS.**





# Priorities for next year & beyond





# Children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together

Our strategic intent in making our collective vision a reality is set out in our [Business Plan for 2017/19](#), developed following a process of robust partnership dialogue across the City of London and Hackney. Within our plan, we have enhanced our focus on responding to the **priorities of children and young people** that live in the City of London and Hackney, based on what they have specifically told us matters most to them and what needs to happen to make them feel safer and be safer.

## PRIORITIES OF CHILDREN & YOUNG PEOPLE

**PRIORITY 1: HEARING AND ACTING ON OUR VOICES** - Children and young people have told us that often, they don't feel listened to and that adults don't act on the issues or concerns that they raise

**Outcome:** The voices of children and young people are better reflected in the CHSCB's business planning process and that actions taken by the CHSCB directly respond to issues and concerns raised by young people. Children and young people feel safer and are safer.

**Actions:** Implement a strategic framework that enables the CHSCB to systematically engage children and young people, identify key issues of concern to them - with the CHSCB coordinating and ensuring the effectiveness of the response to these issues.





**PRIORITY 2: SUPPORT FOR FRIENDS** - Young people have told us that they are concerned about mental health / emotional wellbeing of their friends - arising from a range of sources such as social media, school exams and friendships.

**Outcome:** Children and young people have access to effective support that helps them deal with a range of pressures arising from the different contexts in which they live their lives.

**Actions:** The CHSCB to facilitate engagement with children and young people to further explore the solutions that they see as applicable to this issue of how they can help support friends / peers in need.

**PRIORITY 3: STREET LIGHTING** - Children and young people have told us that they feel less safe in areas where street lighting is poor

**Outcome:** Street lighting in areas that children and young people feel less safe is improved – alongside ensuring there is a range of safe places and spaces that young people can go to learn and enjoy activities.

**Actions:** Engage with children and young people across the City and Hackney to identify geographic locations that are of concern and engage key agencies to develop improvements.

### PRIORITY 1: THE LOCAL SAFEGUARDING CONTEXT

**Outcome:** Children and young people at risk of specific vulnerabilities in the City of London and in the London Borough of Hackney are seen, heard and helped.

They are effectively protected from harm by robust and coordinated multi-agency intervention and support.

The CHSCB and partner agencies focus on how to safeguarding children and young people in the context of their lives and in the context of what matters most in the areas that they live – context is key

**Actions:** To work with partners to deliver comprehensive, multi-agency arrangements that tackle the identified safeguarding priorities set out below; and to evaluate their impact on children and young people.

- Safeguarding children and young people in the context of their access to technology and use of social media.
- Vulnerable Adolescents
- Special Educational Needs and Disabilities
- Safer Workforce





- Strengthening oversight and safeguarding interventions across the diverse communities of the City of London & Hackney

## PRIORITY 2: EARLY HELP & EARLY INTERVENTION

**Outcome:** Children and young people receive **effective early help** and appropriate interventions when needs are identified and/or problems arise.

**Actions:** Partners will further evaluate the effectiveness of early help arrangements across both the City of London and the London Borough of Hackney

## PRIORITY 3: STRONG LEADERSHIP & STRONG PARTNERSHIP

**Outcome:** The CHSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by children, young people and their families.

A key focus within Priority 3 is how the CHSCB and partner agencies commit to **Making the Invisible Visible**. This reflects the importance that the CHSCB and partner agencies apply to **ALL** children and young people living in the City of London and Hackney being seen, heard and helped.

**Actions:** In the context of the Children and Social Work Bill and the proposed abolition of LSCBs, partner agencies will continue to commit to engaging in robust arrangements that coordinate and ensure the effectiveness of how children and young people are safeguarded.

The CHSCB and partners successfully deliver against the Business Plan and associated work plans set for the CHSCB and its sub groups / working groups. Continue to strengthen the governance interface between the CHSCB and other key strategic forums and Chairs.

Maintain the CHSCB Learning & Improvement Framework; scrutinise & challenge

performance; identify, disseminate and embed lessons; engage with children, young people and families and evaluate the impact on outcomes.

To communicate and raise awareness about safeguarding to individuals, organisations and communities.

## PRIORITY 4: A HEALTH WORKFORCE

**Outcome:** In the context of reducing public sector funding, the CHSCB is reassured that agencies have in place effective arrangements to support their staff deliver high quality safeguarding practice.

**Actions:** The CHSCB sets up a task and finish group to lead on designing and implementing a thorough health check of the organisational arrangements in place to support effective safeguarding practice.





# The City & Hackney Safeguarding Children Board



The Board

The City of London

Progress in the City

Hackney

Progress in Hackney

Learning &  
Improvement

The Child Death  
Overview Panel

Training &  
Development

Technology &  
Social Media

What you need  
to know

Priorities

Membership

120



### Independent Chair

Jim Gamble QPM



### CHSCB Team

Rory McCallum  
Angela Bent  
Sandra Reid  
Leethen Bartholomew  
John Robinson  
Kerry Littleford  
Rosie Amies  
Sarah Seymour

Senior Professional Advisor  
Board Manager  
Business and Performance Manager  
Community Partnership Adviser (left Sep 2016)  
Training & Development Co-ordinator (left Sep 2016)  
CDOP Co-ordinator  
Board Co-ordinator (left Jun 2016)  
Board Co-ordinator (joined Oct 2016)



### Participant Observers

Cllr Antoinette Bramble  
Cllr Dhruv Patel

Lead Member for Children's Services, London Borough Hackney  
Lead Member for Children's Services, City of London Corporation



### Board Members

Ade Adetosoye  
Chris Pelham  
David Mackintosh  
Jeffrey Davies  
Anne Canning  
Sarah Wright  
Lisa Aldridge  
Pauline Adams  
Sian Davies  
Andrew Lee  
Steve Bending  
Jane Keeley  
Janice Thomas  
Simon Laurence  
Catherine Edginton  
Keith Paterson  
Stuart Cheek  
Charlotte Graves  
Penny Bevan  
Kristine Wellington  
Kim Wright  
Michael Scorer  
Jonathan Warren  
Tony Madden

Community and Children's Services City of London, Director  
Community and Children's Services- City of London, Assistant Director People  
City of London Community Safety, Team Leader  
City of London Police, Detective Chief Inspector  
Hackney Children Adults & Community Health, Group Director  
Hackney Children & Families, Director  
Hackney Children & Families, Interim Head of Service, Safeguarding & Learning  
Hackney Children & Families, Head of Service, Young Hackney  
Hackney Learning Trust, Interim Head  
Hackney Learning Trust, Assistant Director  
Hackney Safer Communities, Head of Service  
Haggerston School, Headteacher  
Sebright School, Executive Headteacher  
Metropolitan Police Service – Hackney Borough, Borough Commander  
Metropolitan Police Service – Hackney Borough, Detective Chief Inspector  
Child Abuse Investigation Team, Detective Chief Inspector (left Dec 2016)  
Child Abuse Investigation Team, Acting Detective Chief Inspector (joined Mar 2017)  
Hackney Homes, Chief Executive (Left Sep 2016)  
Public Health, Director  
Hackney Council for Voluntary Services, Head of Safeguarding Children and Families  
Hackney Neighbourhoods & Housing, Group Director (left Dec 2016)  
Hackney Neighbourhoods & Housing, Director of Housing Services (joined Dec 2016)  
East London NHS Foundation Trust, Director of Nursing  
East London NHS Foundation Trust, Director of Specialist Services



Tracey Fletcher	Homerton University Hospital NHS Foundation Trust, Chief Executive
Marcia Smikle	Homerton University Hospital NHS Foundation Trust, Head of Safeguarding Children
Clare Highton	NHS City & Hackney CCG, Chair
Carol McLoughlin	NHS City & Hackney CCG, Programme Director Children & Maternity (left Dec 16)
Pauline Frost	NHS City & Hackney CCG, Interim Programme Director Children & Maternity (joined Mar 17)
Mary Lee	NHS City & Hackney Clinical Commissioning Group, Designated Nurse
Vanessa Lodge	NHS England, Director of Nursing
Karen Miller	Whittington Health, Head of Safeguarding
Alison Blakely	London Ambulance Service, Quality Governance & Assurance Manager
Marcia Lennon	CAFCASS, Senior Service Manager
Douglas Charlton	London Community Rehabilitation Company, Assistant Chief Officer
Stuart Webber	National Probation Service, Assistant Chief Officer
Sally Glen	Hackney Lay Member
Shirley Green	Hackney Lay Member
Belinda Blank	City Lay Member
Mary Robey	City Lay Member (left Sep 2016)



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[www.chscb.org.uk](http://www.chscb.org.uk)