

Havering Safeguarding Children Board

Annual Report 2015-16



Having Safeguarding Children Board Chair Forward

The HSCB continues to be well supported by both statutory and non-statutory partners and I would like to thank all members for their continued support and commitment.

This year has seen changes in the leadership within the Local Authority with the appointment of a new Chief Executive and Director of Children Services. I wish to acknowledge the help and support to the board provided by the former Director and Chief Executive Joy Hollister and Cheryl Coppell, both were committed to safeguarding the children and young people of Havering and their support has enabled the board to develop and fulfil its statutory requirements.

The Multi Agency Sharing Hub (MASH) is now well developed and contact to referral level has increased evidencing improved agency engagement and decision making when determining the level of service required to respond to identified needs. This has also led to a significant increase in the number of contacts being referred to Early Help. There is now evidence of early intervention with children and young people and families requiring support being signposted to the appropriate service.

The past year has seen continued activity in respect of the multi-agency service response to child sexual exploitation (CSE) and missing children. This work has built on the past two years improvement in awareness and response and has seen Havering become one the top London Boroughs for its identification and intervention in CSE cases.

The board has also started to work closely with young people from the Children in Care Council (CiCC), the youth parliament and young carers. This interaction is at its early stages but their input to date has been exciting and very insightful for the board and individual agencies.

The board continues to work closely with partners. The agency section 11 statutory requirement reviews reflect the work being undertaken and the willingness of agencies to continue to identify and address risks and challenges.

There have been major changes in a number of agencies including the separation of the Probation Service and the introduction of the Community Rehabilitation Company and Children Social Care will during 2016-17 be introducing and exciting new programme Face to Face for social workers to be able to respond.

The 'Wood' review findings, the removal of a statutory requirement to have in place a Local Children Safeguarding Board, have been placed in the new Social Care Bill. This Bill has major implications for agencies and specifically Children's Social Care. I will work with the Chief Executives and officers of the three statutory agencies, to ensure that Havering is in the best position to implement the new legislation.

The impact of austerity and budgetary restraints continues to be a challenge that must be a focus of the board during this next financial year.

I am pleased to be in a position to support the development of a strong and effective multi agency safeguarding offer to children and young people during the upcoming year.

Brian Boxall

HSCB Independent Chair

Introduction

The purpose of this report is to fulfil the statutory requirement set out in Working Together to Safeguard Children 2015, which states that all Local Safeguarding Children Boards must publish an annual report on the effectiveness of safeguarding in their local area.

Working Together 2015 asserts that LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

Our Vision

The HSCB reviewed and amended its vision statement and strategic aims in January 2016.

Vision Statement

Keeping children and young people safe is the Havering Safeguarding Children's Board overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.

Our Six Strategic Aims

In order to meet our vision, the Havering LSCB has identified 6 strategic Aims

1. Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.
2. Monitor the effectiveness of the multi-agency early offer of help to children and young people in Havering.
3. Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.

4. Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning.
5. Assuring the quality of safeguarding and child protection to the wider community.
6. Ensure that partners learn lessons identified through local and national learning, and ensure that learning is acted upon and embedded in practice across all partner organisations.

This report will provide an overview of the following:

1. Summary of the HSCB response to 2014-15 annual report challenges
2. Overview of the 2015-16 safeguarding strategic aims.
3. Summary of the HSCB board sub group working and governance 2015-16.
4. Appendices: Each agency was asked to supply a summary of their responses to safeguarding in 2015-16. These reports are attached to the annual report in the appendix.

Summary Board Response to 2014-15 Challenges

The 2014-15 annual report identified a number of challenges for the HSCB. These were areas that needed to be addressed during 2015-16.

This section is a summary of progress made on challenges. The outcome of some of HSCB responses will be evidenced in the main report but the summary has been included here as it demonstrates how the HSCB has fulfilled its statutory responsibility to strengthen safeguarding of the most vulnerable children and young people over the past year.

Multi-agency dataset: The HSCB held a workshop in December 2015 to review its current dataset and consider the data required in order to

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strengthen the Board's capacity to understand the level of need in relation to the safeguarding and protection of children and the effectiveness and impact of the multi-agency service response to this to children across the continuum of need. A revised dataset was presented to the Executive and Operational Boards in January 2016, and formally agreed. The end of year figures submitted in the new format will be analysed at the Quality and Effectiveness working group meeting in July 2016. Q1 figures will be presented to the Quality and Effectiveness meeting scheduled for September 2016. The HSCB dataset will be reviewed and revised throughout 2016 to 2017 in order to ensure the HSCB has the data that is required to assure itself of the effectiveness of the service offer to children and young people within Havering. During the transition period CSC data has presented data specific to the service to the Operational Boards and Quality and Effectiveness working group meetings to allow the Board to continue to maintain scrutiny, oversight and challenge of the service offer to children and young people in need of safeguarding and protection.

Multi Agency Safeguarding Hub (MASH): A formal review of the MASH was commissioned during 2015 and a report was published in June 2015 regarding the effectiveness of MASH, which included the impact of adult safeguarding processes to the children's MASH. Findings from this review have been taken forward by Havering Council Children and Young People services with the support of MASH partners, resulting in a further review of MASH processes and a restructure to make business progression within MASH more streamlined. A pilot of MASH processes was implemented between January and March 2016, which has resulted in improvements within decisions and an improvement in timeliness of assessments. This may suggest that fewer families are being drawn through a statutory process unnecessarily and MASH is identifying families that need services more effectively.

Workforce stability: This is being monitored at an organisational level with exception reporting and discussion during Executive / Operational Boards. Workforce data is an area captured within the HSCB dataset, which will be presented to the Quality and Effectiveness working group in

July 2016. The impact of this is that strategic leads understand the importance of a stable workforce and are taking steps within organisations to develop processes that will lead to staff retention and stability within the workforce. A stable workforce has been found to improve worker satisfaction, which has been found to be more likely to deliver quality services to service users

Use of Police Powers: Havering continues to have a higher level of use of Police Powers in relation to national and statistical neighbour statistics. Meetings have been held between Children and Young People Services and Child Abuse Investigation Team Officers in order to address this. There was evidence of reductions in the use of Police Powers but Havering continues use this power at a higher level than statistical neighbours and nationally. This is being addressed at agency level between Police CAIT and Children and Young People Services.

LAC out of borough placements are appropriate and that the children are receiving good quality support: This action is held within the HSCB action plan and information will be submitted to the HSCB Operational Board in line with Children and Young People Services reporting schedule.

Timely completion of LAC health assessments: This action is being progressed within the HSCB risk register. The CCG put in place a new contract to ensure there is capacity to undertake initial health assessments. They have also made additional staff appointments to support the contract. This should ensure that there is capacity to respond to this statutory requirement in relation to LAC initial and review health assessments.

Private Fostering: CSC is leading and promoting awareness of this with simple messages. The Permanence Team has offered to provide briefings to multi-agency partners to develop awareness. To be included within safeguarding week October 2016

Early Help Assessments: The recently agreed dataset includes Local Authority data in relation to early help. 2015/16 saw a 13% increase in the number of Early Help Assessments completed, at 682 compared with 602 during 2014/15.

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Engagement with Children and Young People:

The Board has met with children and young people representing young carers, Havering Youth Council and the Children in Care Council. The information presented to the Board is being progressed and a plan to work with the young people on the issues the identified being progressed. The group will be participating within the Safeguarding week scheduled for 10-14 October. The Board will continue to develop the communication pathways between children and young people and the Board.

Disseminate local and national learning: The HSCB has developed and disseminated widely newsletters and briefing documents in relation to this Board challenge. The information is held within the HSCB website and is accessible to all.

Audit activity: The HSCB Quality and Effectiveness Working Group has undertaken an audit of MASH and an audit of LAC missing. The audits identified that significant information was not consistently captured across partner information systems and this is being addressed. There was not evidence of use of threshold when referring cases for a service. A further MASH audit will be carried out in October 2016 in order to ascertain how well the threshold document is understood and applied when referring cases to MASH.

LADO: The LADO annual report has been submitted for scrutiny during the Operational Board. Actions to improve the service response from the LADO have been taken following a SCR where gaps in the service were identified. These improvements are being implemented by the LADO overseen by the PSW and reported to the HSCB

HSCB Risk Register: The HSCB risk register is used to ensure areas of specific concern are known and action taken to mitigate risk at the earliest opportunity.

Board Challenge

The HSCB acknowledges that the challenges are not a quick fix and require partners to work collaboratively with a shared understanding of outcomes required so that improvements are achieved and sustained.

Section 1

2015/16 Strategic Aims

The Front Door

The front door to child protection services in Havering is the Havering Multi Agency Safeguarding Hub (MASH). This was designed to facilitate better decision-making and outcomes in respect of vulnerable people. The Havering MASH is a co-located, multi-agency team working in a single, secure hub that receives notifications about potential risk and need. The partners involved in the multi agency team include Police, Public Protection, Health, Housing, Probation, Adult Mental Health, Early Help Advisor, Missing Persons, and Independent Domestic Violence Advocacy.

Havering was one of the first London Boroughs to develop a MASH. It has developed and in June 2014 became the first borough to implement a joint children's and adult MASH.

MASH Referrals and Assessments		
Years	2014-15	2015-16
Contacts received.	6984	5856 (down 16%)
Contacts progressed to referral	1774 (25%)	1937 (33%)
Referrals progressed to Assessment.	1783 (95%)	1842 (81%)
Contacts progressed to Early Help.	964 (13%)	2156 (37%)
Contacts progressed to Early Help Assessment		391 (5%)
Repeat contacts to social care within a year (of total contacts received in Triage/MASH)		2045 (35%)

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The aim of a MASH is to improve the quality of information sharing and decision-making at the point of referral. Whilst the MASH has been effective it was identified that it was a victim of its own success. It was receiving a high level of contacts that were MASH'ed and progressed to assessments with a high proportion of assessments being concluded with no further action required.

In order to address this a review of business processes (LEAN review) was undertaken between January and March 2016. The aim of the review was to:

- Reduce the number of referrals resulting in a statutory assessment.
- Create a joint front door with Early Help and MASH to target the most effective service to children and families at the earliest opportunity.

The review findings have been implemented and the impact in the early stages have included:

- 69% reduction of contacts that are MASH'ed
- Early intervention and Identification in harm.
- 28% reduction in assessments ending in NFA
- An average of 44% of contacts each month undertaken by Early Help Service.
- 70% reduction in the time taken to allocate Early Help cases to family Support Workers.

Impact

Is the MASH making a difference?

Whilst the number of contacts have reduced the number of contacts progressed to referral have increased by 8% indicating an increased quality of contacts being submitted.

What needs to be highlighted is the significant increase in the number of contacts progressed to Early Help. This would indicate that more children and families are receiving early intervention and receiving the support they required at an earlier stage, reducing the possibility of requiring critical intervention at a later point in time.

A multi-agency audit of the MASH was undertaken in March 2016. The agencies that participated were North East London Foundation Trust (NELFT), Barking, Havering and Redbridge University Hospitals Trust (BHRUT), Havering Clinical Commissioning Group (CCG) and Children's Social Care (CSC).

Main findings

- The MASH decision was considered appropriate in all but one case reviewed.
- There was no evidence of the outcome of the referral being fed back to the referrer or Partners.
- There wasn't clear evidence of the threshold document being applied to evidence decision making / feedback to partners.
- Discussions between Management and Social Workers are not always clearly recorded even though they are taking place. Further streamlining of CCM is also required as many cases were difficult to navigate as information had been stored in several places.

These findings have been fed back to the team and performance will be reviewed during future audits of MASH which will continue throughout 2016 to 2017. Findings will continue to be presented to the HSCB Operational group.

Contact Sources.

The source of the contacts/referrals has remained consistent to previous years with the Police being the main referral source at 44 per cent (a drop from 65 per cent % 14-15). Schools have increased to 13% from 7 per cent 14-15 which is a good change of direction.

Health partners, comprising of acute and community settings, midwives, GPs and the London Ambulance Service, account for 8 per cent. This is a significant increase from the 3 per cent % 2014/15. Whilst this is to be welcomed this is an area of work that needs to be further examined to better understand why this is taking place.

In order to assist agencies identify and evidence referrals, The HSCB Threshold document was

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revised (March 2016). It is now much shorter and easier to use with regards to multi-agency involvement. The early indications are that it is being used by staff as this is being reflected in the MASH contacts.

Board Challenge

- To continue to monitor and audit the MASH to ensure that it is continuing to identify and provide early intervention and appropriate signposting.
- To ensure that the multi agency support currently within the MASH continues in the light of reducing budgets and agency restructuring.

Child Protection

Whilst the MASH acts as the front door and provides the initial direction, it is the effectiveness of the multi-agency response to referrals that impacts on the life of the child.

Category	2014-15	2015-16
Average Number of children on CP plan at the end of March.	178	290
Average Number of Children on CIN plan	171	193
Average Number of other LA children on CP plan	37	16
Average Number of new section 47 investigations	841	597

Does the intervention improve the child's life?

It was highlighted in the 2014-15 annual report that the introduction of the MASH directly impacted upon the significant increase in the number of section 47 investigations and the number of children who subsequently become subject to a Child Protection Plans. The past year has seen a decrease in the number of section 47 investigations. The previously identified work in the MASH will improved the multi agency information available in the initial referral, assisting effective informed decisions making.

Category	2014-15	2015-16
Emotional abuse	24%	31%
Neglect	55%	52%
Physical abuse	16%	8%
Sexual abuse	6%	5%

The monthly average of children on a CP plan has increased by 63 per cent although at the end of the year there are indications that this number is decreasing

Timeliness

The number of Initial Case Conferences has increased during the year from 131 in 2014-15 to 184 in 2015-16. The number of case conferences being held within the required fifteen day timeline has increase from 50 per cent 2014-15 to 58 per cent 2015-16.

Completion of assessments with 45 days is an area where CSC are still underperforming. The target for 2015-16 was 90% but by the end of March 2016 the figure was 49% for the whole year. There are indications that at the latter end of the year the % was increasing, with 83% and 86% of assessments being completed within timescale during February and March respectively, following the introduction of new ways of working as a result of the Lean Review and the successful development, piloting and roll out of a new, streamlined single assessment template. What needs to be noted is that there was a 65% increase of the number of assessments. This provides evidence of continued pressure on the workforce and the need to ensure that referrals to CSC are appropriate.

86 per cent of active CPPs during 2015 – 16 had been in place for twelve months or less and only 1% where in place over 18 months.

	0-6	7-12	13-18	19-21	over 21
Total children	103	168	40	2	0
%children 2014-2015	29%	50%	14%	0%	7%

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%children 2015/16	33%	53%	13%	1%	0%
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The continued use and development of the Family Group Conferences in the more complex and high need cases has proven to be an effective mechanism to facilitate better family engagement. This includes the identification of risks and the actions required to reduce them. This is helping to achieve positive outcomes for children and young people with improved family engagement.

Child in Need (CIN)

CIN plans have continued to increase over the year with March 2016 numbers being 80 per cent higher than the same month 2015. It is of note that there has been an increase in the number of white British children from 48% to 63% whilst children “ of any other mixed background “ have dropped from 14% to 6%.

The percentage of CIN cases that are linked to the “Toxic Trio” (Mental Health, Domestic Violence and substance abuse), has increased by 5% with the highest increase in cases related to domestic violence.

Children’s Social Care

During 2015-16 Havering Children’s Social Care under its new director formulated a new way of working.

The new *face-to-face* programme was launched in April 2016 and aims to support practitioners to spend more time working directly to support children and their families in Havering.

The programme features three key elements:

- A Systemic practice team to model and support evidence-based practice;
- A training programme for practitioners and their managers in an accredited Systemic Family Therapy course;



- And a set of measures to transform the environment in which practice takes place – removing system conditions that get in the way.

Audit and Performance Monitoring.

The board has been fully consulted on the new process, supported the launch seminars and fully supports the new exciting approach to working with and helping children and families. It is important to be able to identify the impact that the new Face to Face programme has on improved outcomes for children. The HSCB Q&E Group will deliver a ‘tracking framework’ to assess the effectiveness of the new programme by tracking twenty five families over a two year period. Each quarter, five cases will be sampled; these will be cases that have progressed through assessment team to social work allocation (CIN / CP / LAC) or are held by Early Help services. A sub group will be assigned to undertake a deep dive into these five cases.

During 2015-16 the CSC improvement board and the HSCB continued to audit and review cases.

This included the introduction of a ‘Practice Week’ during which CSC with involvement of staff reviewed 100 cases.

A number of issues were identified and placed on the HSCB risk register. They included:

- Health Visitors and School Nurses attendance at Core Group meetings.
- Non-attendance of police at ICPC and RCPC
- Lateness of CP reports to Conference.

The CSIB board identified some risks and challenges that were monitored over the year

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and will continue to be monitored over the coming year. In common with the observations outlined above, these include:

- ✚ Delays in completion of assessments (see above)
- ✚ The need to improve the quality of planning processes.
- ✚ The need to ensure a robust response to all CSE cases (see page 18)
- ✚ The need to improve outcomes for LAC (see below)
- ✚ Financial and resource pressures – The need to make significant savings coupled with rising numbers of LAC and child protection cases.

Board Challenge

To support the new programme and ensure that all agencies also aware of the programme and actively become involved.

In addition, multi-agency thematic audits will be conducted as and when required by the Board.

Staffing

One of the biggest impacts on effective responses to child protection is agency staffing levels and workloads. This continued to be of concern in 2015-16.

The HSCB has during 2015/16 monitored the work force across the agencies. Agency staffing levels now forms part of the HSCB data collection.

Social work staffing continues to be the most challenging with 29 % of the establishment covered by agency staff. This is being monitored and managed by the Local Authority through its Recruitment and Retention Strategy. In response to increasing demand on the service the Local Authority has employed a further 24 agency staff over the agreed establishment.

Whilst this is to be welcomed, the use of agency staff continues to be of concern: of the 517 cases open for a year or more 153 children had at least 3 changes of social worker over the year, 8 had 5 or more changes of social worker. Whilst this may be for legitimate reasons instability in the work force does not help the development of

meaningful relationships between children and their workers.

Board Challenge

- ✚ For the board to continue to seek information regarding workforce stability and assurance that staffing levels do not have an impact on the provision of services, and to challenge when necessary.

Looked after Children (LAC)

Looked after Children are vulnerable and the HSCB needs to be continually satisfied that they

LAC		
	2014/15	2015/16
Male	56%	54%
Female	44%	46%
0-4 Years	15%	16%
5-10 Years	26%	24%
11-15 Years	31%	36%
16-17 Years	29%	24%

are in receipt of timely support in a stable environment.

The end of year statistics March 2016 showed that there were 229 LAC, this is 11 lower than same period last year. There have been some changes in the spread of ages of our LAC population. The 5-10 age group has dropped from 26% to 24% with the 11-15s increasing from 31% to 36%. The older age group are more difficult to place and this may impact on the LAC placement budget.

In terms of ethnicity White British children have reduced to 61% from 70% with Black Caribbean and Black African showing a slight rise.

The levels of children starting to be looked after on Police Protection have shown a significant decrease with an end of year figure of 55 compared to 84 the previous year. This is a welcome reduction and is in response to the work undertaken by the CSC and the local police

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command and CAIT. It still remains higher than the statistical neighbours.

This was an area that has been reviewed regularly within the Havering Quality and Effectiveness (Q&E) working group.

During 2015/16, the local authority developed and agreed a new Corporate Parenting Strategy. The Council's "Pledge" to looked after children and care leavers has also been reviewed and an updated version has been co-produced with children in care.

Legal Status

The use of section 20 –still remains high. The use of section 20 will be subject of audit to ensure other forms of care order are not more appropriate for the LAC. This was an area of concern highlighted in one of our Serious Case Reviews.

	S31 Care Order	S38 Interim Care Order	S20 Voluntary Accommodation	S21 Placement Order
2014-2015	81	26	115	17
2015-2016	87	28	96	18

Placement Stability

Placement Stability meetings bring professionals from relevant agencies together to agree the most appropriate support package and placement for each LAC. The meeting predominantly focusses attention on children and people that are in long-term care.

All children require stability and continuity if they are to be given every opportunity to reach their potential. LAC have not experienced stability or continuity of care and it is crucial to provide this to them to help them to heal and to provide them with the best opportunity to achieve their potential. Significant effort has been put into placement stability and the 2014-15 position has been maintained. Year-end data evidenced that 10 per cent (23) of LAC experienced three or more placement moves within the year. Although this is an improving picture, this remains an area of concern for the HSCB.

LAC placement lasting two years or more has decreased from 83 per cent for 2014/15 to 70%. Whilst this is a reducing it is still above the national average of 68%.

The number of LAC who are placed outside the local authority area and more than 20 miles away from where they used to live has increased again for a second year to 16% against a target of 10%.

Missing

LAC children represent a high number of the missing reports taken and LAC children are more likely to be vulnerable and at risk of CSE. The board required assurance that the response to missing children and LAC in particular was appropriate and effective.

To that end a multi-agency audit session focusing on LAC Missing Children was held in November 2015. Agencies in attendance were Children Social Care (CSC), Barking, Havering and Redbridge University Hospitals Trust (BHRUT), North East London Foundation Trust (NELFT) and Havering Clinical Commissioning Groups (CCG).

Common themes identified during the audit meeting:

- ✓ A variety of support had been offered to young people in a timely way, although in most cases the young people were hard to engage and did not take up the services and support offered to them.
- ✓ When visits took place, in the majority of cases the young person's views were implicit.
- ✓ The placement was considered appropriate in all but one case reviewed by CSC. The other agencies did not hold enough information on the young person to be able to assess this.
- ✗ Return Home Interviews had not taken place at the required frequency.
- ✗ The quality and robustness of care plans needs to be improved.
- ✗ There is a clear need for earlier, targeted intervention to improve engagement.
- ✗ Evidence of multi-agency working across different systems in use needs to be improved.

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- ✗ The robustness of audits completed by NELFT needs to be improved

In order to address the highlighted issue of RHI the responsibility has now been returned to the Children Social Care. The initial findings on this development appear to show an improvement in timeliness. The board will continue to monitor this.

Health

There is a statutory requirement for all children to undergo a health assessment within 20 working days of becoming 'Looked After'. Thereafter children under 5 require review health assessments every six months and over 5 require review health assessments annually. In last years annual report this was identified as a risk as there were a significant % of LAC that were not in receipt of timely health assessments. Significant work has taken place during 2015-16 to rectify this situation and by the end of the year 91% of all LAC had an up to date medical recorded.

Education

LAC generally achieve more poorly within education than their peers. In response to this Havering council has established a LAC Education Panel to oversee the drive to improve educational amongst this group: HSCB will monitor the stability of education placements for LAC matched to their educational achievements during 2015 -2016. This will support the HSCB to identify whether an increase in educational placements impacts negatively on attainment.

Each LAC should have in place an up to date Personal Education Plan (PEP). By the end of the year there were 189 LAC of school age of which 121 have an up to date PEP (64%).

This was identified as an area of concern by the board. During the year the electronic version of the PEP was introduced which has enabled schools to update the PEP. The virtual head has reported that the up to date PEPs are now around the 80% mark.

A new measure is the number of former relevant young people aged 19-21 who were in higher education. It is currently 5%. The numbers are

low but the aim is to increase this over time with the work being provided to current LAC.

Non-Havering LA LAC

By the end of 2015-16 there were 329 LAC placed in Havering from other areas. They were placed by 35 different authorities across the country with biggest single placing authority being Newham with 47 placements. This is a high number and far more than Havering's own LAC.

Whilst Havering is informed of placements, when Havering requests more detailed information from the placing authority, this is not always provided. The HSCB chair has requested that he is supplied with details of these authorities so that he can escalate to the appropriate LSCB.

This large number of LAC children also places additional pressure on health and schools in Havering to complete the required assessments.

Board Challenge

- ✚ To continue the monitor use of Police Protection to ensure that its use is consistently applied and appropriate
- ✚ To ensure LAC out of borough placements are appropriate and that the children are receiving good quality support
- ✚ To continue to monitor the completion of LAC health assessments to ensure they remain timely.
- ✚ To continue to monitor the response to missing children and to ensure that RHI interviews are improved following the withdrawal of the Children Society.
- ✚ The Board will continue to monitor the LAC Improvement plan and the LAC education plan, which focus on placement stability, improving outcomes and increasing the numbers of LAC placed in family placements within the borough

Independent Reviewing Service

The Independent Reviewing Service is responsible for discharging the following statutory functions:

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- (i) Child protection – chairing child protection conferences and monitoring of the progress of child protection planning.
- (ii) Looked after Children – chairing reviews and monitoring the performance of the local authority in discharging its responsibility in the child's journey through care.
- (iii) Providing Business support for the above services.

The IRO is an essential element for ensuring that children and young people are safeguarded and as such their input to the board is essential.

Independent Reviewing Officers (IROs) in Havering

- Undertake the dual function of chairing child protection conferences and carrying out their responsibilities towards looked after children.
- IROs represent the Safeguarding & Service Standards Unit at the Looked after Children Panel within children's services, Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangement (MAPPA) Panels.
- IROs discharge their duties in relation to the revised Care Planning Regulations and Guidance which were introduced in April 2011. The responsibility of the IRO has changed from the management of the Review process to having a wider overview of the progress of a child's case including regular monitoring and follow-up between statutory Reviews. The IRO has a key role in relation to the improvement of Care Planning for Looked after Children (LAC) and for challenging drift and delay.

There has been a significant increase in the number of child protection conferences taking place and therefore an increase in the numbers of children being made subject to child protection plans during 2015-6.

- The decisions made to convene a child protection conference and commence a plan are appropriate and in line with Working Together thresholds. This needs continued monitoring
- Havering has a changing demography. Continued analysis of this is underway due to this continued and sustained increase in

numbers of children subject to CP plans. This will need to be monitored

- Timeliness of reports received continues to be an area requiring improvement during 2016.
- Ensuring permanence plans are in place for LAC by the second review is a priority area to be promoted by IRO and monitored through audit and practice discussion.
- Developing links with teams which are collaborative while challenging and critically appraising of practice is a key priority for the coming year.
- Developing meaningful partnerships with parents & carers to gain their views on the service we deliver and their input to making changes to service
- Ensure that children and young people participate in meetings and contribute to the plans made for them
- Supporting the move to a systemic model of practice in CYPS

Board Challenge

To ensure that agencies are represented at conference.

To ensure that agencies provide timely relevant information for conferences.

Private fostering

Private Fostering is still a major challenge. The number of registered privately fostered children remains low and has reduced over the past year despite extensive publicity and training. Action is being taken to address this situation and is led by Children Social Care. This remains a priority for the HCSB.

Board Challenge

- ✚ For the board to ensure that partners continue to promote and raise awareness of Private Fostering in order to ensure that such arrangements are identified and registered.

Early Help

Early help is the bedrock to improving outcomes for children and young people. Effective early help will improve outcomes and help reduce the need for more serious child protection processes.

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Early help is crucial in the 'step down' from child protection to child in need and child in need to early assessment processes. Thresholds for services must be fully understood and embedded if step down or step up transitions are to be smooth and supportive to families.

'Early help is better for children: it minimises the period of adverse experience and improves outcomes for children'

Eileen Munro March 2011

The Early Help Service offers some of Havering's most vulnerable families support in the following areas:

- ✚ Family intervention and support – under 12s and over 12s
- ✚ Children's centres
- ✚ Targeted Youth Support
- ✚ Employment Advice
- ✚ Adult mental health assessments
- ✚ Opportunities to volunteer with the LA
- ✚ Housing support and advice
- ✚ Support for victims of Domestic Abuse
- ✚ Family Group Conferencing
- ✚ Parenting Support – surgeries and programmes

There has been a 64% increase in the total number of 0-4 year olds that have registered within Havering in 15/16 compared to the same stage last year (March 14/15 - 1,382). This shows that Early Help are reaching a larger amount of families within Havering which is a positive outcome.

From January 16 all of the children centres within Havering received extra admin support at front of house; this has proved effective and there has been a large increase in the total number of registrations since.

Early Help has seen a 56% increase in the total number of contacts received by the Early Help Service in 15/16 compared to 14/15. Of which 73% were given Advice and Signposting. However, we have seen a 33% increase in the total number of cases that have progressed to an Early Help Assessment. This is good for the

Early Help Service as it shows that we are working with and reaching more families. Of the contacts received in 15/16 over 41% of these cases related to Domestic Violence (25.4%) and Socially Unacceptable Behaviour (16.1%) compared to 35.8% received in 14/15. The main concern however relates to Domestic Violence which has tripled in 15/16 compared to the previous year.

The Early Help Service has seen an increase in the total number of Assessments completed by 13% compared to last year (14/15). This indicates that they are reaching out to more families which is a sign of improvement. We have seen a slight decrease in the total number of assessments that have been completed by schools (1%) however this may be due to the nature of recording.

Team Around the Family (TAF) reviews are broken down into Internal and External reviews, Internal TAFs are completed by the family support workers within the Children's Centres, External TAFs are completed by the schools and sent through to Early Help.

There has been an 11.3% decrease in the total

number of TAF reviews completed in March 16 compared to February 16, however there has been a 220% increase in the total number of completed TAFs as at the end of 15/16 (768) compared to 14/15 (240).

During 2015 – 16 303 cases were stepped down from Children Social Care to the Early Help Service, with 59 cases being stepped up. This provides some evidence that Early Help services is helping to reduce the unnecessary escalation of early need.

Early Help Board Challenge

- ✚ ***To continue to monitor and be assured that early help is intervening at the earliest opportunity to improve the outcomes for children and their families.***

Community Safety Team

This team is responsible for the development and implementation of work to reduce crime and

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disorder, as well as the fear of crime, within the borough. It achieves this through both direct work and by co-ordinating strategic partnership working with the wide range of public, private and voluntary sector partners represented on the Havering Community Safety Partnership (HCSP) and the Safer Neighbourhoods Board. The following is a summary of the current situation in Havering.

Serious Group Violence:

- At present 93 individuals are being monitored under SGV, of which 45 are on the Police Trident Matrix and 6 are in custody.
- Following on from the Peer Review and the Local Assessment Process, Havering ran its first Serious Group Violence Conference on the 9th March 2016. The key speakers for the conference (Home Office, St Giles Trust, Spark2Life & CRC) are setting the pace in London and the UK in relation to SGV and Gangs. Its aim was to raise awareness around gangs, county lines and to make the links between Gangs, CSE and MISPERs very clear. The conference went very well. 90 people attended, 94% would attend again and 97% would like to attend further gangs training.
- The conference also provided a platform to promote the new Police Partnership Intel Sharing Form. This document gives the Police the opportunity to get valuable information from stakeholders and onto the Police Computer System (Crimint).

SGV Schools and Mentoring Projects

- The 1:1 Mentoring programme hit its target of 300 sessions. A total of 357 Sessions were carried out amongst 17 Nominals.
- The Schools Programme achieved its target of 88 sessions. A total of 89 Sessions were carried out amongst 12 schools. 6,811 school children were given gang prevention/awareness advice in the form of an assembly, small class work or 1:1.

SGV Gangs Awareness Training

In 2015-2016 82 frontline workers attended the basic Gangs Awareness Training. A good variety of services have been represented, and all have shown an increased confidence in identifying individuals at risk/ involved in a gang.

Level 2 gangs training is currently being designed, and we hope to start running these in Quarter 1 of 2016/2017. (Trying to source appropriate training venue). This will only be available to those professionals who have already been through the basic awareness training.

Havering DV MARAC

- There have been 250 referrals to the MARAC in the financial year 2015/16, a rise from 240 for the previous year 2014/15. There were 77 repeat cases in 2015/16, an increase of 51% from 51 cases in 2014/15.
- There has been a significant rise in the volume of children in the households referred, which may reflect the volume of referrals coming from Children's Social Care. There were 351 children in the household for the last year, up from 292.
- In terms of diversity data for 2015/16 compared to 2014/15,
 - BME cases increased from 29 to 45
 - There were 3 LGBT cases, whilst there were none in the previous year.
 - Disability cases increased by 1 to 5.
 - There were 13 male victims, with 10 in the previous year.
- There were 4 victims coming to MARAC aged 16-17.
- In terms of referrals data for the past 12-months,
 - IDVA's made the most referrals at 82 which is 14% up on 2014/15
 - Police made 59 referrals, a decrease from 72.
 - Children's Social Care, which includes Early Help, made 48 referrals, a 140% increase compared to two years ago (2013/14) when there was just 20.
- Referrals from Housing have declined by 80% from 18 in 2014/15 to 10 in 2015/16

DV Champions training

Currently we have a total of 89 trained DV champions working across organisations in the Borough

PREVENT

- Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of

their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. This short report gives details of what provisions the Council and other bodies have taken to ensure compliance with the Act.

- A multi-agency PREVENT plan has been developed and implemented
- PREVENT training (Workshop raising awareness of PREVENT, WRAP 3) is now run for all agencies through the LCSB hub that can be found at www.havering.gov.uk/lcsb. These are run once a month by Havering's Community Safety and Development team. So far about 300 staff across all agencies have been trained through this method. The Health Authority also runs regular PREVENT training and again many hundreds have been made aware of PREVENT. The workshops take the form of one hour workshops
- Workshops were also delivered at the Safeguarding Conference in October to raise awareness of PREVENT. This included WRAP3 training and an improvised 'ACT NOW' event where staff decided what actions to take in a simulated terrorism scene.

Junior Citizen

The London Borough of Havering's second Junior Citizens event was held at the Territorial Army centre in Romford in June-July 2015. The project was funded by MOPAC in order to provide safety advice to Primary School leavers the summer before they start secondary school.

A number of partners from the local authority and across partnership agencies came together to provide 2 weeks of scenarios aimed to providing a hands on approach to safety in situations they may encounter. The following agencies took part:

- KD Safer Schools Officers, Metropolitan Police
- Safer Transport Team, Metropolitan police
- Road Safety, London Borough of Havering

- StreetCare, London Borough of Havering
- Public Health, London Borough of Havering
- Community Safety Team, London Borough of Havering
- London Ambulance Service
- London Fire Brigade
- Youth Service, London Borough of Havering

Each partner provided a 10 minute scenario on a range of different topics. Within this report are breakdowns of each scenario, and how safe the participating students felt afterward.

The event hosted 1400 school children in 2015/16.

Board Challenge

To continue to monitor and react in Havering of VAWG especially in respect of children and young people of:

-  Female genital Mutilation
-  Forced Marriage
-  Honour based violence.
-  Child Sexual Exploitation and Trafficking.

To continue to increase awareness and understanding of the level of make-up of the gang structure in Havering.

Local Authority Education

Local Authority colleagues have continued to provide substantial and significant support to schools and early years providers as part of both their traded and statutory work. This includes support and training for governors, designated safeguarding leads, head teachers, provider leadership teams and education staff more generally. Additionally this year the focus has intensified around the PREVENT agenda, including CSE and CME and all providers have had specific input on FGM.

For the first time our School Improvement Team benefits from an officer devoted entirely to schools' safeguarding training and support. The officer is a qualified social worker who works alongside our school improvement officers to support schools with policy and practice issues. We regularly develop best practice advice based

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on national cases, so that policy is made live through understanding practice.

School safeguarding policies have been revised to include the requirements of Keeping Children Safe in Education 2016. There is regular training for schools and schools are using a variety of training sources, including online training from the NSPCC. All schools have had whole staff training within the 3 year period. As this requirement becomes annual in the next academic year, a range of training courses have been developed to meet this need, including FGM, CSE, online safety, WRAP, DV.

Schools continue to use a section 175 audit document; this covers the statutory elements of Section 175 Education Act 2002, Section 11 Children Acts 2004 and Keeping Children Safe in Education, May 2016. All schools audited are compliant, many have very well developed in school processes which support high quality recording of child protection issues, enabling timely and detailed referrals and on-going. Recommendations are made for developing best practice. These action plans have been commended by Ofsted in several inspections.

- 35 schools have had audits this year, a 26% increase on 2014/5
- 65 school training sessions have been delivered to 2000+ delegates

Briefing notes have been issued to schools on specific topics such as

- The LADO
- MASH and referrals
- Breast Ironing
- Online safety in Safeguarding

A resources page on www.haveringeductaionservices.co.uk will host these briefing documents, policy templates and further information from September 2016.

Early Years and school leaders report that the training provided to support them has been very helpful and they feel well supported. The new draft policies sent to providers have been adopted. The child protection conferences are well run and chaired by individuals with a high level of skill and knowledge. Our early years advisors have audited all providers and followed

up with targeted support where there are identified weaknesses.

Areas for development identified by education leaders within Havering's provision include improving the consistency of advice given by the MASH Team, better match with social workers' skills and the level of complexity of individual costs, handover agreements when social workers leave, and a more sensitive approach when police and social workers arrive to remove children.

Views of Children & Young People

There are number of process across agencies that capture the views of the children, young people and families.

LAC views are accessed via View point; the views of children subject to CP plan are also captured via View point.

Of the 623 looked after children/young people aged 4 or over that had a statutory review between 1st April 2015 to 31st March 2016, 611 (98%) communicated their views using a range of mechanisms including personal participation, written or electronic communication or independent representation.

The challenge is to ensure that each agency utilises the feedback so that services are improved to better meet the needs and requirements of children and young people.

The re-launch of the Children in Care Council provided an opportunity during 2015/16 to engage LAC young people in the work of the board. In November 2015 the HSCB chair attended a meeting with representatives from the Children in Care Council, the Youth Parliament and Young Carers. He spoke to them about the board and asked them to help inform the board by working together to identify the major issues in their lives that impact on them in respect of feeling safe.

They agreed to help and worked as a group during the first part of 2016 to prepare a presentation. The presentation to board members and members of the LA corporate parenting panel took place in May 2016.

Board Challenge

To improve the use of feedback to better inform board future board strategy.

Section 2

Learning and Improving Framework

Case Reviews

Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations that 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

Summary of Work Group Purpose

The purpose of the HSCB Case Review Working Group is to ensure that the statutory requirements contained in Chapters 3 and 4 of Working Together to Safeguard Children 2015 are embraced and delivered. The main statutory requirement is for the group to implement a learning and improvement framework where partner agencies are clear about:

- ✚ Their responsibility for contributing to the learning and improvement processes.
- ✚ Effective dissemination of learning.
- ✚ Making sustainable changes to services.

The local framework should cover the full range of reviews and audits including:

- ✚ Serious Case Reviews.
- ✚ Child Death Reviews.
- ✚ Management review of a child protection incident which falls below the threshold of a SCR to provide useful insights about the way organisations work together to safeguard and promote the welfare of children.
- ✚ Review or audit of practice in one or more agencies.
- ✚ Identify and drive improvements to safeguard and promote the welfare of children.

- ✚ Translate the findings from reviews into programmes of action to bring about sustainable improvement and prevention of future deaths/harm.

Activity 2014/2015

Serious Case Reviews.

Two serious case reviews have been progressed during 2015-16.

The overview report written in response to each review will be published once all processes have completed.

Learning Reviews

2015/16 saw the completion of one learning reviews. The recommendations from this review were added to the action plan being progressed in response to learning reviews completed previously. Implementation of actions has been overseen by the case review working group.

The case review working group reported concerns to the Operational Board in relation to the drift in implementing action plans developed following serious case reviews and learning reviews. This was addressed through the establishment of a biannual Executive Board Learning and improvement meeting. The purpose of the meetings will be to ensure that each organization is held to account for the way in which actions are implemented and how this has impacted on improved outcomes for service users.

Board Challenge.

- ✚ To incorporate national and local learning into briefings and to ensure that this is disseminated widely and understood by practitioners.
- ✚ To continue to ensure multi agency learning impacts on service delivery through focused audit and feedback

Child Deaths: The Child Death Overview Panel (CDOP) and Serious Case Reviews

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Working Together 2015 states:

The LSCB is responsible for ensuring that a review of each death of a child normally resident in the HSCB's area is undertaken by a CDOP. The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility.

The Havering CDOP is responsible for reviewing the circumstances of all child deaths within the borough.

Whilst the CDOP aims to complete its work as quickly as possible there are often delays due to factors such as securing post-mortem reports. This leads to some death reviews not being completed in the year (financial) that they occur.

Nine new cases were reported in 2015/16. This is consistent with the previous year. Four cases were closed in 2015/16 only 2 of these deaths occurred in year. The remaining 7 deaths reported to CDOP in 2015/16 remain open.

Concerns have previously been raised that some deaths may not have been reported to the CDOP. However, an audit has shown that the CDOP process in Havering identified all deaths known to the ONS (primary Care Mortality Database).

Due to the small numbers a view of deaths occurring over a 3 year period provides a better picture.

When considering deaths 2013 to 2016 a third of deaths occurred within a month of birth; a half within the first year of life.

70% concerned White British Children which is a similar proportion of White British children in Havering school.

For the purposes of CDOP, an unexpected death is defined as-

'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death'.

The final decision lies with the Designated Paediatrician. Just under half of child deaths where unexpected during this period.

Number of expected and unexpected deaths by category of death

	2013 - 2016			
	Expected	Unexpected	Total	%
Acute medical or surgical condition	0	2	2	7%
Chromosomal/genetic/congenital anomalies	3	3	6	20%
Chronic medical condition	1	0	1	3%
Infection	0	3	3	10%
Malignancy	4	0	4	13%
Perinatal/neonatal event	8	0	8	27%
Sudden Unexpected Death	0	3	3	10%
Trauma	0	3	3	10%
Grand Total	16	14	30	

Neonatal death or a known life limiting condition was recorded as cause of death in 2/3rds of cases. The next most frequent cause was 'other' including 3 case of infection/sepsis and Sudden Unexpected Death of an Infant (SUDI). There was also 1 case of drowning and two deaths as a result of a traffic accident.

Safeguarding issues

None of children considered by CDOP over the period 2013/14 to 2015/16 was the subject of a serious case review.

No deaths were categorised as deliberately inflicted injury, abuse or neglect.

The CDOP didn't identify safeguarding issues as a modifiable factor in any case.

One child had been the subject of child protection arrangements at some point, but not at the time of their death.

Board Challenge

- To review the future arrangements of the CDOP in light of the recommendations in the Wood Review.
- To work with neighbouring boroughs and in order to provide a greater picture over and increased population size.

Safeguarding in Employment

Working Together 2015 Chapter 2

Local authorities should put in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children to employers and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Local Authority Designated Officer (LADO) Role

The role of the LADO or 'Designated Officer' is set out in Working Together to Safeguard Children (2015) and is governed by the Local Authority's duties under section 11 of the Children Act 2004.

Chapter 7 of the London Child Protection Procedures outlines the process for managing allegations against all paid or unpaid staff and volunteers, including foster carers and approved adopters.

The LADO's role is to co-ordinate information sharing with the right people and monitor and track investigations with the aim to resolving them as quickly as possible in an independent, fair, proportionate and reasonable manner for all parties with a focus on ensuring the protection of children.

The role gives all agencies, whether from the statutory, private or voluntary sector a central point of contact to discuss and refer concerns falling within the above criteria. The LADO is involved from the initial phase of the allegation through to the conclusion of the case, whether or not a police investigation continues.

The LADO will provide advice, guidance and support for organisations in meeting its obligations under the relevant legislation where an individual has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

From April 2015 to March 2016, the LADO received 274 contacts which resulted in 194 referrals. This represents a 71% conversion rate from contact to referral. Comparatively with other neighbouring LA data such as Redbridge (23% conversion rate from 211 contacts for the same year), this indicates a better understanding of thresholds.

Feedback from Users of the Service

Year	Number of cases	Percentage increase/decrease year on year
2012/13	106	71%
2013/14	160	51%
2014/15	121	(24%)
2015/16	194	

Towards the end of this year, feed-back forms have been developed in order to better quality-assure the LADO process for users of the service. General feedback over the year has been mixed with agencies requesting more availability of the LADO for general enquiry and this has notably improved from the figures in the final quarter as outlined above. It is hoped that with the more formal request for targeted information from those agencies involved with the LADO process, accurate analysis of the information will be possible in the coming quarters.

Moving Forward

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The following areas of focus areas for development in the coming year for the LADO are as follows:

- Further outreach to low enquiry/referral sectors including faith, sports, private education providers.
- Continued links with LSCB to promote training and awareness.
- On-going work with BHRUT and NHS England to support LADO Process adherence.
- Further joint working with OFSTED Inspectors working in the borough to assist with Early Years settings.
- Improvement of resolution of cases where possible, minimising drift in cases.
- On-going positive work with CAIT Police and CYPS.
- Securing an amendment to the Child Protection Procedures as outlined above which will provide clarity of lead LADO role within the region with a view to expanding it nationally.
- Analysis of feedback from involved agencies.
- Data Protection issues to be explored with the relevant teams (Information / Legal). This may result in changes to LADO recording / notification practice.
- Referral Template and Database to be reviewed – this will ensure data capture is pertinent to on-going LADO need and referrals are succinct with the salient information required to progress referrals in a manner which is not laborious for referrers. This to be done in conjunction with feedback analysis.
- Close working in conjunction with Safeguarding in Education Lead to continue as a support for Educational Settings.
- Close working with Early Years Quality Assurance teams to support these settings including child minders.
- LADO to be regular attendee to the Schools Monitoring Group
- The development of a generic LADO training toolkit in conjunction with regional LADOs.

Board Challenge

- ✚ To monitor the LADO action plan and ensure that it receives multi agency support.

- ✚ To continue to highlight and challenge areas of concern.

Training & Development

HSCB has offered a range of training courses for the borough's multi-agency partners. This training is available to all agencies and individuals in the borough who work to protect children and young people.

During 2015-16 this period there were a total of 55 courses scheduled with a total of 1210 places available. Of these places available, 729 participants attended courses equating to 60% of capacity reached. The non-attendance fee that was implemented during the year generated £1,760.

Courses

In addition to the scheduled HSCB courses, a one hour Prevent Strategy course was introduced. This ran twice every month from September. During this period 21 separate courses were scheduled.

The most attended course was Introduction to Safeguarding with 93% attendance rate. This is the only level one course offered by HSCB and is accessible to a much larger delegate base who maybe non-specialist frontline staff for example, GP receptionists to SENCOs who are in need of a refresher course. This course will continue into the new year and will run four times.

The lowest attended course this year was Effective Supervision with a 20% attendance rate. This is the only two day course run by HSCB and a reason as to why the number is so low could be due to the fact it's over two days and finding availability for candidates could be an issue. This training was added to the programme as one of the Board priorities is to improve supervision processes across all agencies¹. A consideration needs to be given as to whether organisations are accessing this training within their own agencies or do Board members need to push this course within their organisations to encourage attendance. The impact of ineffective supervision is highlighted within a number of SCRs locally and nationally.

2016-17

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The money generated through non-attendance fees will help finance the Safeguarding Week planned for October 2016. A training fee will also be attached to agencies who wish to attend training that are not based within Havering and do not work directly with Havering children.

October 2016, will see the first annual Safeguarding Week. A series of events will provide safeguarding advice and awareness to professionals working with both adults and children. The annual Safeguarding conference will be held during the week and will include themes emerging from both adults and children safeguarding.

Havering has agreed to take part in the development of the London Training procedures that will form part of the London Safeguarding Procedures. The task and finish group will aim to develop the procedures that will be adopted by all London boroughs ready for 2017-18.

All training courses during 2016-17 will include information on escalation and threshold policies and where appropriate, how professionals respond to issues of disguised and partial compliance.

Introduction of Impact Analysis Process

During this year we introduced the process to evaluate the impact of training. Each candidate is required to complete the post-course evaluation 4-8 weeks post training to evaluate how the training has impacted the way in which they work with children and families. 158 evaluations have been received for this period to date, which is 22% of attendees. The drop in responses is likely to be due to the fact participants no longer receive a deadline reminder and are solely responsible for returning their evaluations within the allotted timeframe.

HSCB Newsletter

The HSCB newsletter is produced and distributed termly and held within the HSCB website, which was redesigned during this year.

SECTION 3

Board Sub groups ***Groups***

Child Sexual Exploitation and Missing (CSE) Working Group

The HSCB CSE and missing working group has been in place since 2009 with a remit to understand the prevalence of CSE within Havering Borough; to raise awareness of CSE and missing across the Borough; and to develop a consistent response to CSE within Havering.

Late in 2014 Havering participated within a London wide CSE peer challenge; the outcomes from this were used to drive the CSE and missing agenda forward from strategic direction to frontline practice.

A CSE briefing document was produced, which set out the next steps for Havering around CSE, and detailed a proposal to establish a 6 month pilot to develop a consistent and informed service response to CSE:

- To set up a small children social care CSE pod to receive referrals that evidenced CSE themes;
- Establish a multi-agency virtual team to consider cases referred to the CSE pod and agree multi-agency actions;
- Establish a CSE steering group to oversee the implementation of the pilot and report to the CSE working group.

The pilot was set up to improve the identification of CSE at the front door; develop a shared understanding of CSE categories across the partnership; improve understanding of agency responsibilities; improve information sharing processes across partnership agencies; improve the knowledge base of practitioners in place to identify and respond to CSE; and better understand the effectiveness of the service response to children and young people at risk of or suffering CSE.

Further activity was to strengthen the Multi-Agency Sexual Exploitation (MASE) Panel and review the Missing Panel processes to begin to establish a framework that would allow the partnership to understand the prevalence of CSE and target resources to consistently respond to CSE activity, emerging priorities and themes. This process was supported through the completion of a CSE problem profile, which was updated in November 2016.

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Points to note

- The activity that has been progressed since early 2015 has seen a significant shift in CSE understanding.
- CSE data indicates that CSE is identified within MASH/ triage: this was also confirmed through the CSE peer challenge
- Disruption tactics are used to deter CSE activity within Havering
- A problem profile is in place to support the development of services and inform front line practice responses.
- A body of expertise has been established within CSC and across partnership agencies, which has led to a shared understanding of CSE categories and a better understanding of agency responsibilities as it relates to CSE and missing.
- Missing processes have been strengthened and children missing are discussed during weekly CSE and missing virtual team meetings to enable a multi-agency response to risk and need.
- Data within the HSCB dataset includes CSE and will be reported to the board quarterly from April 2016.
- RHI have been identified as an area of risk and this is being responded to by children social care: RHI interviews remain on the HSCB risk register
- MASE is not yet in a position to provide strategic oversight of CSE within Havering: this is being addressed activity to improve process is reported to the CSE and missing WG.

CSE and Missing Prevalence

Over the past couple of years the HSCB has firstly raised the awareness for all agencies of CSE and then looking at the identification and responding to vulnerable young people

During 2015-16 there were 183 recorded CSE Contacts relation got 166 young people. This represents an 86% increase in the number for the previous year. Havering consistently in the top 2 London Boroughs for reports.

Of the 183 18 young people also appeared on the Missing register.

None of the CSE contacts related to LAC although 7 have now become LAC.

There were 1065 missing episodes recorded relating to 282 children and young people 209 where Havering residents. 32% had episodes of missing for more than 24 hours.

The Return Home interview (RHI) were conducted during 2015-16 by the Children Society. 34% of children had an independent RHI within 72 hour.

The RHI has now been transferred back to in house.

Quality and Effectiveness Working Group

1. Summary of Work Group Purpose

Working Together (2015) sets out the requirement for each LSCB to have in place processes to monitor and challenge the effectiveness of the safeguarding offer to children across the spectrum of need:

In order to fulfil its statutory function under regulation 5 a LSCB should use data and, as a minimum, should:

- ✚ assess the effectiveness of the help being provided to children and families, including early help;
- ✚ assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
- ✚ quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- ✚ monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Working Together 2015

CYP Quality & Effectiveness sub group

The working group provides overview and scrutiny to the work undertaken by the HSCB partners to safeguard children within Havering. The objectives of the group as set out within the HSCB Business Plan 2015-2018 are:

- Monitor and analyse performance against defined HSCB targets and objectives utilising learning from key strategic drives including

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MASH, Early Help processes, Alcohol reduction strategy, HWBB, JSNA, CSP, VAWG strategy, Serious Youth Violence strategy, CSE strategy.

- Collate data to inform HSCB priorities
- Monitor safeguarding practices and systems through an annual self-assessment audit of s11 (CA2004) compliance.
- Identify and provide robust evidence for performance improvement
- Develop a multi-agency audit programme and undertake multi-agency audits and report findings to Havering LSCB
- To receive reports on single agency audit activity and scrutinise findings.
- Report on the effectiveness of inter-agency working re safeguarding

The group has been extremely active in promoting the objectives identified above. A highlight of the group's activity is set out below:

Audits completed by multi-agency partners:

CSE audit following the peer review: the findings from this supported the direction of CSE activity within Havering

LAC missing audit as previously discussed.

MASH multi-agency audit

Some observations / questions from the audit activity were:

- Is feedback sent to the referrer and is this recorded? CSC noted that feedback had been given however for the two cases where the GP had completed the MARF, CCG noted that feedback had not been received.
- There was no evidence of the outcome of the referral being fed back to the referrer or Partners.
- There wasn't clear evidence of the threshold document being applied to evidence decision making / feedback to partners.
- SW making the MASH decision and Group Manager reviewing Discussions between the Managers and Social Workers are not always clearly recorded even though they are taking place.

The audit of MASH was undertaken prior to changes that were made to MASH processes following the lean review and the subsequent MASH review. The audit was a helpful benchmark to assist the partnership to better understand the impact of changes made within MASH on improved processes when delivering services and working effectively with partners. A further audit of MASH to include the uptake and application of threshold when referring cases to MASH will be undertaken in September 2016

Group activity

A dataset workshop was held in December 2015 and a HSCB dataset was agreed by the partnership: this will be implemented in April 2016 and reported biannually. All partners have agreed to contribute to the agreed performance pack. The Q&E group will oversee implementation of this and ensure all agencies provide data as required.

The group has focussed on Child Protection processes and how best to ensure the correct practitioners attend conferences and core groups to ensure that all information known about the child is discussed, and that professionals do not attend with little knowledge of the family. This continues to be a focus for the group and updates are provided by NELFT and the Principal Social Worker regarding the impact on improved outcomes in relation to changes made.

Self-Harm has been an area of scrutiny for the group: The group requested BHRUT provide information regarding children and young people that present to A&E with symptoms of self-harm. This is on-going and is being progressed by BHRUT and CCG.

LAC children medicals has identified as a risk and action to address this is being led by CCG with support from C&YP services

Priority areas for the group over the next six months

Develop and agree an audit programme for 2016-17 that is achievable and is focused on the key priorities of the HSCB in order to support the Board to understand the effectiveness of the partnership in safeguarding children and young people.

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To continue to oversee the effectiveness of CP processes, identifying areas of strength and areas that require change / further scrutiny to improve the process so that it is meaningful and effective.

To receive and analyse data in relation to safeguarding and report to the Board regarding the effectiveness of the partnership in safeguarding children and young people in Havering

To progress the actions identified within the HSCB action plan 2016-17 on behalf of the HSCB Executive.

Three positive achievements since last report.

- New HSCB dataset agreed
- Health participation within CP processes streamlined
- Performance reports and data used to challenge and support partners in improving safeguarding processes. This has included A&E activity and LAC health assessments.

Long and short term risks and priorities

The group is extremely busy with all delegates balancing competing work pressures and demands. In order for the group to be effective, the work plan must be achievable and focused on themes that will provide meaningful and relevant information to partners in order to assist to understand the impact of services on outcomes. Once agreed, partners must commit time and resources to progressing the audit programme

- The revised HSCB dataset will require information from all partners to ensure that the data agreed as relevant and necessary by partners is submitted in a format that can be understood with clear narrative to assist the group to understand and analyse the information.
- Balancing national and local priorities in an environment that can at times be politically driven, **so that any change in direction is not reactive but considered and thought through.**

Future action to address these.

- The work plan will contain four multi-agency audits plus one audit that is longitudinal to follow families through child protection processes. This will be embedded within usual business processes of organisations to limit the impact of additional workloads.
- Open and transparent discussion will assist to identify gaps or pressures that may impact on the timely submission of data so that action can be taken to address this in a timely way.
- The group must be led by the Operational and Executive Boards whilst reporting information to assist the board to agree the direction of travel. Emerging themes and priorities must be considered by the Executive and Operational to reduce the likelihood of the group reviewing vast amounts, which may reduce the level of positive impact on the outputs from the group.

Timescale.

- There will be a concerted effort to agree realistic timeframes for audits and requests for data with partner agencies and an agreement that these will adhered to.

Exceptions due to competing priorities will be taken into account

Section 4

Agencies statutory responsibilities

Section 11 statutory requirements

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Working Together 2015

Havering Safeguarding Children Board (HSCB) during 2015 undertook an audit of section 11 compliance.

Each agency completed a section compliance report covering each statutory requirement. These were supported by comprehensive single agency action plans that will be subject to regular monitoring by the board.

The following are the overarching conclusions and actions.

Submissions evidenced that there was good strategic understanding of section 11 responsibilities across the partnership. All submissions identified some elements within standards that were not fully met: these have been included within agency action plans. Although some elements within some standards were not fully met, overall all standards were being complied with.

Agency actions have been amalgamated and are set out within the action plan held at the end of this report.

The previous S11 report identified a need for a co-ordinated response to S11 across Havering council's services: the 2015 submission provided a thorough understanding of the council's compliance with S11 responsibilities across all services of the council.

The HSCB received three submissions from the Health Economy covering the commissioning, community and acute health areas: Clinical Commissioning Group (CCG); North East London Foundation Trust (NELFT); and Barking Havering Redbridge University Hospital Trust (BHRUT). The CCG is responsible for commissioning services within BHRUT and NELFT. The three reports evidenced clarity of roles across the organisation that provided consistency in response when reporting on s11 compliance. This evidenced a good understanding of role and responsibility across the health economy in relation to S11.

HSCB did not receive a submission from NHS England, which has responsibility for the

commissioning of General Practitioners. This was identified as a gap within the last S11 self-assessment audit of compliance and will be formally addressed by the HSCB chair.

Since the last s11 self-assessment was undertaken the London Probation Trust has experienced significant organisational changes. Probation service responsibilities are now served through two separate bodies:

London Community Rehabilitation
Company LTD (CRC)
National Probation Service (NPS):
London Division

Both services evidenced that s11 responsibilities had been understood and included within usual business processes.

Standard 1: Senior Management have commitment to the importance of safeguarding and promoting children's welfare

This standard was fully understood by all partners with each response evidencing that there was a clear line of accountability within the organisation that was held within job descriptions and understood throughout the organisations.

As within the previous S11 self-assessment audit, agencies referenced internal audit processes as evidence of compliance with S11 standards. This audit activity has not been consistently submitted to the HSCB Quality and Effectiveness working group for challenge and scrutiny.

Action from Standard 1: all SCB partners to submit reports and actions regarding single agency activity to the HSCB quality and effectiveness group once the reports have been formally signed off by agency quality assurance business processes. Each agency to submit their safeguarding audit programme to the quality and effectiveness group annually so that there is a thorough understanding of each agency's quality assurance processes.

Standard 2: There is a clear statement of the agency's responsibility towards children and this is available to all staff

Each submission evidenced that processes were in place to ensure that all staff at all levels of

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each organisation were aware of their safeguarding responsibilities.

The returns provided evidence of the growing importance of working together to strengthen the multi-agency response to safeguarding. This included MASH processes, multi-agency audit processes and multi-agency meetings. The submission from Havering Council noted that better processes had allowed agencies to identify more accurately the families in need of services, which has allowed a better targeting of services. This was identified to have led to a reduction in the number of families being subjected to agency scrutiny unnecessarily.

All s11 returns noted that S11 requirements were embedded within contracts if commissioning was undertaken by the agency.

The 2013 S11 returns identified a need to continue to strengthen the work being progressed in relation to capturing and responding to the views of services. This area continues to be a focus of organisation business so that the views of services users are utilised to support the development of services.

Standard 3: There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare

All s11 returns identified that this standard was met despite an increase in the workload of all agencies in relation to safeguarding. Each agency has clear lines of accountability within their organisational structures and these are freely available to staff.

As previously stated, agencies provided assurance that staff were aware of their responsibility to act if a safeguarding concern was identified regardless of their role or core responsibility.

Supervision processes have been embedded across all organisations and additional supervision capacity is being added to meet the increasing demands of staff.

Standard 4: Service development takes into account the need to safeguard and promote

welfare and is informed, where appropriate, by the views of children and families

There was evidence of considerable activity across partnerships in improving the multi-agency service response to this standard. All s11 returns provided assurance that the views of service users were sought and taken in to account when developing and delivering services.

The change to probation service process has allowed more autonomy when developing a service response: this has led to a more 'think family' approach to service delivery.

The returns from both NELFT and Havering Council discussed a number of new and emerging activities that had been developed to provide processes to assist in capturing the views and opinions of children, young people and their families.

The CCG noted that both NELFT and BHRUT provided the CCG with evidence that this standards was understood and implemented.

Standard 5: There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

All agencies reported that an induction programme was in place for staff joining the organisation. Each s11 response referenced a single agency training programme that was in place to ensure that staff were provided with the correct level of training to support them in their role within the organisation.

All audit returns provided assurance that each organisation understood the importance of training to equip staff to identify and respond to possible signs and symptoms of harm.

Evidence of the impact of training on improved outcomes was the identified increase in reporting of concerns notably in relation to CSE, FGM and domestic violence.

Standard 6: Safer recruitment procedures include vetting procedures and those for managing allegations are in place.

- a. Organisation has safer recruitment & selection procedures in place in line with statutory guidance.

All agency returns provided assurance of compliance with this element of the standard.

- b. Organisation can demonstrate that agencies commissioned to provide services have safer recruitment in place

Havering Council provided assurances that commissioning processes included a requirement for service to provide evidence of compliance with all s11 standards. Compliance with contract requirements is monitored by Havering Council within usual business processes.

The CCG response provided a level of assurance that services commissioned directly by the CCG were required to comply with the standard and to provide evidence of this. The CCG does not have oversight of management use of recruitment agencies: there is an expectation that the recruitment agencies used by BHRUT and NELFT are part of the NHS Buying Solutions Framework with an expectation that they comply with s11 standards. Although not explicitly noted within S11 returns, both NELFT and BHRUT confirmed that they comply with CCG expectations when using recruitment agencies.

- c. Safer recruitment training is in place for managers involved in recruitment

All returns provided assurance that training was available to all relevant staff to ensure compliance with this element of the standard.

- d. Organisation has managing allegations procedures in place

All returns provided assurance that processes were in place to respond correctly when a safeguarding allegation was made against a professional.

- e. A senior manager has been identified for the managing allegations process & knows who the LADO is and when to contact them

All s11 submissions provided assurance that a designated professional was in place to manage allegations and to support staff through this

process: This was not explicitly stated within the LCRC return; however written confirmation of compliance with this standard was submitted separately.

- f. Support is available for staff who are subject to allegation

All s11 submissions confirmed that there were appropriate services in place within the organisation to support staff when an allegation is made against them.

- g. Audit processes are in place to monitor safer recruitment & managing allegations

All returns provided assurance that processes are in place to monitor processes at an organisational level.

Standard 7 the response to this standard evidenced a commitment to ensure effective multi agency working across the continuum of need. The evidence supports a commitment to multi agency safeguarding hub processes, information sharing and embedding early assessment processes.

The number of early help assessments completed in year 2014-15 was 396, which is an increase on previous years but still suggests a low take up when considering the high level of tier 4 CSC assessments completed that result in no further action.

Uptake and completion of early help assessment processes will be required to be reported quarterly to the HSCB Quality and Effectiveness working group for scrutiny and challenge. The newly implemented early help service will help to improve take up of early help assessments and will provide support to those initiating early help processes.

Standard 8 returns from all agencies and service areas evidenced a good understanding of information sharing processes and protocols. Single and multi agency training was identified as a key to embedding good practice.

Conclusion

There is evidence of a strong commitment across HSCB partners to ensure section 11 standards are complied with. The s11 audit has provided

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assurance to the HSCB that all agencies required to comply with S11 understand their duty and are committed to ensuring compliance with processes.

The returns indicated that there was a comprehensive audit programme embedded across all services reporting with the exception of the Metropolitan Police: Metropolitan Police quality assurance processes are progressed through daily 'Grip and Pace' where senior managers review cases and determine timelines as appropriate. KPIs are scrutinised during regular performance meetings. Risks are escalated through agreed internal escalation pathways and, when necessary, escalated to the HSCB.

The quality assurance work undertaken at single agency level is not routinely reported into HSCB quality and effectiveness group. Audit reports including actions to address emerging issues should be reported quarterly to the HSCB Quality and Effectiveness working group for challenge and scrutiny.

The impact of training on improved outcomes has not always been easy to determine. The impact of learning on improving knowledge and understanding is evidenced within post course analysis: an increase in referrals regarding CSE and FGM may also be indicative of improved understanding of this area of work.

The s11 self-assessment audit provided the HSCB with assurance that S11 requirements have been priorities across statutory partners during structural and transformational organisational changes. Partners have identified gaps within standards and identified action to ensure that each element within the standards are embedded.

The section 11 audit tool requires agencies to report on compliance biennially. The HSCB will need to determine whether an annual self-assessment audit of compliance should be completed to allow the HSCB to fully understand agency commitment to these standards during this time of austerity and shrinking resources.

Recommendations:

1. Each agency to implement their agreed action plan and report to the quality and effectiveness group quarterly and by exception.
2. Single agency audit activity to be reported to the HSCB Quality and Effectiveness group at quarterly intervals.
3. HSCB to consider whether to initiate a further section 11 audit in 2016

Education

Section 175 Education Act 2002 requires the governing body of a maintained school to make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils of the school.

The Havering Education Services conducted a 175 self-audit. The audit tool was shared with all 92 Havering schools- LA Maintained, Academies and Independent Schools.

This was backed up if requested by a supported audit undertaken by the HES Quality Assurance Inspector. The findings were reported to the HSCB in February 2016.

36 schools requested a supported audit in 2015 compared to 7 the previous year. These audits showed that:

- All schools were 95% compliant most 100%.
- All schools had whole staff training within last three years. Some schools now have annual training.
- All schools had up to date Safeguarding policies and Managing Allegation policies.
- Head teachers' present a safeguarding report to the full governing body of the school

The HSCB did intervene on behalf of the HSE with one Academy School in respect of DBS checking of staff. As a result the Academy agree to comply with Havering requirements re 3 year checking.

Board Challenge

To continue to work with schools to improve their knowledge.

Board Governance and structure and finance

Governance

The HSCB is chaired by an Independent Chair; the appointment was made by a panel of HSCB members, which was chaired by the Chief Executive. The Independent Chair holds regular meetings with the Lead Member for Children Safeguarding, the Chief Executive and the Director of Children, Adults and Housing. The purpose of each meeting is to hold the Independent Chair to account for the effectiveness of the HSCB and to provide space to ensure open and honest discourse between the Director of Children Services and the Independent Chair regarding the service activity as it relates to children's safeguarding within Havering.

The Nurse Director, Barking & Dagenham, Havering & Redbridge CCG is Vice Chair to Havering SCB; regular discussion is held between the Independent Chair and the Vice Chair.

All statutory partners are represented at the HSCB at an appropriate level and actively participate within the business of the Board.. There has been difficulty in securing / maintaining regular attendance from NHS England and CAFCAS. The impact of this has meant strategic insight in to NHS England priorities and direction of travel specifically in relation to GPs is missing from Board discussion. CAFCAS is significant because of its work with the most vulnerable children within Havering and the knowledge it holds from both local and national perspective.

The structure of Havering's SCB was reviewed during 2015 in order to strengthen governance processes to support the Board to manage business priorities more effectively as the Board's responsibilities increased.

Structure

Executive Board

The Executive Board is chaired by the Independent chair; it has a small membership consisting of the strategic leads from all statutory partners and holds ultimate responsibility for the effectiveness of the multi-agency safeguarding offer to children and young people in Havering.

The Executive Board formally agrees

- Business priorities of the board and the business plan
- The annual report
- Final overview reports and recommendations from SCRs
- Action plans to respond to SCR / LR recommendations
- Actions to respond to Board risks and the responsible working group / partner organisation to progress the actions.

Operational Board

The Operational Board is chaired by the Independent Chair and has senior staff with links to practice within the membership. All members actively participate within the discussions and this is evidenced within minutes of meetings. The Operational Board's agenda includes both children and adult priorities to ensure that cross cutting priorities are considered by both strategic boards.

The Operational Board is in place to provide overview and scrutiny of the progress of HSCB / SAB Business plan priorities and to provide assurance to the SA / SC Executive Boards in relation to the progress of business plan objectives. Concerns that are identified by the Operational board and HSCB working groups in relation to the effectiveness of the safeguarding offer are added to the HSCB /SAB risk register, monitored by the Operational and reported to the Executive Boards.

Progress of the HSCB action plan is monitored by the Operational Board. The Operational Board drafts the Executive Board agenda to ensure that it is appropriately focused on relevant areas of business.

Operational Board minutes are circulated to Executive Board to allow for scrutiny and challenge of business activities.

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Working group activity is overseen by the Operational group

- **Quality and Effectiveness Working Group**
The Q&E group is chaired by a member of NELFT's SMT and all organisations except CAIT are represented. All members participate fully within meetings, identifying areas of risk and areas that require further scrutiny. These are progressed by the group and also raised at the Operational / Executive level
- **Case Review Working Group**
The Case Review Working group is chaired by a member of NELFT's SMT and all partner organisations are represented at the meetings. The group has considered and progressed SCRs and LR and overseen the implementation of action plans. Drift in progress of actions has been escalated to the Executive and a decision made for the Executive leads to hold responsibility for the progression and implementation of action plans.
- **CSE working group**
This group is chaired by the Director of Children and Young People Services and has representation from all key partners who actively participate within discussion and decision making.

HSCB risk register

The HSCB risk register holds the areas identified by the Board as requiring oversight in order to progress actions quickly to reduce risks. The risk register is owned by the Executive and activity progressed through the working groups and operational board. The risk register is rag rated to include impact of activities agreed to mitigate risk and is a standing agenda item at every HSCB group meeting and is used by the Independent chair to inform discussions held with the lead member and meetings with senior strategic leads from the partnership.

Annual report

The HSCB publishes an annual report. The report is presented to the Havering H&WBB and Overview and Scrutiny by the Independent Chair. The report is sent electronically to MOPAC, Chief Executive and London Councils and held on the HSCB website.

Multi-agency training programme

The annual training programme is developed by the Training and Development officer with engagement and oversight from the all working groups. The training programme is agreed by the Executive board each year.

Points to note

- The HSCB structure was revised to allow partners more time to provide overview and scrutiny of partner activity to assure the board of effectiveness
- The Independent Chair is held to account by senior leads within Havering Council at regular meetings.
- The HSCB Executive and Operational Board considers performance information as well as information emerging from the JSNA / Problem Profiles / Annual reports to ensure that local needs are considered within the activities and priorities of the Board.
- The Independent chair has developed a culture of openness and challenge during all Board business, which includes activities progressed within working groups
- The structure has enabled the partners to be open and regarding organisational issues, identify risks and to work together effectively to resolve / mitigate the risks posed.

LSCB Financial Contributions

HSCB is funded under arrangements arising from Section 15 of Children Act 2004. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HSCB's functions include determining how the resources are provided to support it.

During the financial year 2014-2015 the largest proportion of the budget was spent on:

Staffing £108,519

Havering's independent chair £17,835.

Multi-agency training programme £25,000, which included classroom based learning and a conference.

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The budget agreed for 2015/16 was comprised of contributions from the key partner agencies represented on the Board and in all cases except Havering Council, which increased its contribution, is the same as the previous three years.

Name of Agency	Contribution 15/16
Havering Council	£121,640.00
Police	£5,000.00
CCG	£28,706.49
BHRUT	£4,778.33
NELFT	£4,778.33
National Probation Service	£1,000.00
The London Community Rehabilitation Company LTD	£1000.00
CAFCASS	£562.15
Totals	£167,465.30

The projected contributions from partner agencies total £167,465.30. This budget excludes the additional contribution required to finance The Child Death Overview Panel (CDOP) statutory requirements. The CDOP was funded by contributions from Health and Children Social Care and covers all CDOP processes. CDOP costs for the year were £44,465

The HSCB had a carry forward from the previous year of £10,000.

Staffing and support

Board staffing has remained stable over the year. A business manager, training and development officer and an administrator are in place to assist the board in achieving agreed priorities. The Board is chaired by an independent person.

APPENDIX

Single agency successes and areas for further improvement

In preparation of this annual report each agency represented on the board except Havering Council Children and Young People Services, which is intrinsically incorporated throughout the body of this report, were requested to submit a report setting out their individual successes and areas for future improvement.

This section will set out the agencies identified risks and challenges and their actions and priorities for the year 2015 to 2016

Metropolitan Police Child Abuse Investigation Team (CAIT)

1. Introduction and Summary of Service Provided

The Metropolitan Police Service (MPS) has a dedicated Sexual Offences, Exploitation, Child Abuse Command (SOECAC). The Child Abuse Investigation Team (CAIT) functions are crime prevention, crime detection & to provide risk assessments. Whatever the function, **THE WELFARE OF THE CHILD IS PARAMOUNT** is always the primary consideration in any decision or action undertaken.

All allegations of crime within the scope of 'child abuse' (victims under 18) are recorded & investigated in co-operation with Local Authorities and other appropriate agencies.

Intra-familial abuse - This includes family and extended family defined as aunts; uncles; cousins; siblings including step, fostered, half brother and sister, grandparents, step grandparents, step mothers/fathers, long term partners in established relationships.

Professional abuse - Working in a child focused environment who abuse paid positions (e.g: teachers; sports coaches; youth workers; ministers; caretaker of a school; school cleaner; prison staff).

Other carers - Act as a carer with some responsibility for a child at the time of the offence (e.g: babysitters; voluntary groups like scouting, unpaid sports coaches, close personal family friends).

Non recent allegations - Adult victims if the abuse occurred whilst a child (under the circumstances described above).

Parental Abduction - Outlined in Section 1, Child Abduction Act 1984.

SUDI investigations - Sudden Unexpected Death in Infancy (children under 2 years old).

2. Review of Safeguarding Activity

The MPS has standing operating procedures that dictate how CAIT deal with safeguarding concerns. Havering CAIT has a strong working relationship with other safeguarding partnership agencies (Child Social Care, Education, Health etc). They

also have a dedicated team of Police Staff deployed to represent the MPS at child protection case conferences and to produce reports for them.

All investigations are subject to risk assessments with comprehensive research conducted. This ensures any direct or potential risk to children can be managed and strategies implemented.

The Metropolitan Police Service attends and supports relevant Serious Case Reviews. This ensures any potential agency failings and any organisational learning is disseminated to all staff.

The Continuous Improvement Team & Professional Standards Champion continues to evaluate the Command's contact with children, parents & carers to inform best practice and service delivery. Listening to children culminated in every MPS interview suite being upgraded in regards to the equipment installed and them being furnished in a child friendly way. All suites now minimise any anxiety experienced by young people whilst furnishing their evidence & also optimise the quality of evidence recorded.

Havering CAIT are set MPS key performance indicators to prioritise safeguarding as core to their business. The figures below relate to Havering and Barking/Dagenham as this is a brigaded team.

1st April 2015 to 31st March 2016

	<u>Offences</u>	<u>Detections</u>
• All Offences	984	239 (24.3%)
• Rape	54	13 (24.1%)
• Serious Sexual Offences	90	21 (23.3%)
• Violence with Injury	235	45 (19.1%)
• Neglect	263	112 (42.6%)
• The crimes not listed above include less impact offences such as common assaults and other crime related incidents.		
• Initial Child Protection Case Conferences	-	66% attended.
• Review Child Protection Case conferences	-	16% attended.
• Strategy Discussions	-	1028 of which 650 were conducted within 24 hrs (63.2%)

A further 49 offences resulted in Community Resolutions being administered as positive outcomes.

The Detection rate for all offences and individual offences exceeded the targets set.

Over this reporting period there has been an 11.6% annual increase in offences.

This is largely attributed to a spike in Havering's population. This also illustrates the public's increased confidence to report current & historical offences in light of high profile cases such as the Saville Inquiry.

3. Havering SCB Vision Statement & Strategic Aims

- 1) CAIT staff are required to complete the Specialist Child Abuse Investigators Development Programme (SCAIDP) and Achieving Best Evidence (ABE) training. All non detectives are required to pass a national exam & complete the nationally

accredited Initial Crime Investigator Development Programme (ICIDP) to develop their skills and confidence. This ensures staff are knowledgeable regarding legislation, current policy and procedure. All investigations and child conferences are monitored and supervised by Detective Sergeants. More serious investigations are also reviewed by Detective Inspectors to ensure an exemplary service is being delivered.

- 2) Agency referrals to CAIT require a strategy discussion between Police Sergeants & Children's Social Service (CSC) managers. Police always respond in tandem with an approved social worker when conducting home visits or speaking to children. Such joint investigations are underpinned by strong working relationships between both agencies. The effectiveness of multi-agency working is scrutinised at various SCB Sub Groups and the strategic SCB. This is further monitored within various audits conducted which CAIT support. CAIT supplied a comprehensive Section 11 audit in June 2015 to enable all partner agencies to hold the MPS to account.
- 3) Initial strategy discussions are timely and actions are set to match the risk accordingly. The most vulnerable children will be protected by Police Officers taking them into Police Protection. CAIT ensure the best interests of the child are considered which includes asking the child their wishes. If the risk is significant, children are placed into foster care to protect them. These decisions are continually reviewed. Police will always arrange intermediaries to further support very vulnerable victims.
- 4) Police have implemented Operation Limelight involving officers from CAIT, aviation & security, and Border Agency staff. This is to tackle the emerging prevalence of FGM. Staff engages with passengers travelling to & from countries with a high incidence & culture of FGM. This is to target suspects involved in this practice, protect children at risk and to raise awareness about FGM.
- 5) CAIT has a dedicated Partnership Team which is centrally based. They visit schools, agency professionals, faith groups and community groups. Their aim is to inform, educate and engage with hard to reach communities. This ensures the wider community are aware of legislation regarding issues such as FGM & forced marriage and further seek to prevent these crimes occurring.
- 6) CAIT tailors its response from any learning disseminated from local & national Serious Case Reviews. All relevant agencies engage in these reviews which ensure agencies' priorities and procedures are adapted when necessary. Any change in policy then becomes part of our standing operating procedures which staff are held accountable to.

4. Risks & Priorities

Priorities in both the long & short term are set by the Command for all pan London CAIT's. These targets are set to ensure children are safeguarded. These are centred on detection rates, adhering to the Victim's Code of Practice, strategy discussions, case conference attendance & acquiring Sexual Harm Prevention Orders.

Risks continue to also be the same in both the short and long term. This is to meet the challenge of acquiring additional staff to cater for the year on year rise in reported offences.

5. Actions to Address the Risks & Expected Impact on Outcomes

Priorities are scrutinised during daily 'Grip & Pace' meetings to ensure resources are devoted to the most serious investigations and vulnerable children. There are also monthly performance meetings where all Detective Inspectors & Detective Chief

Inspectors are held to account by the Senior Leadership Team. MOPAC monitor CAIT performance in all areas of core business.

Risks are currently being addressed with a recruitment campaign to fill vacancies. A SOECA review is currently being conducted regarding workloads & staff numbers within all areas of business. Once this is completed a further review is expected regarding the distribution of staff within each CAIT to cater for current workloads and anticipated demand.

A key area for Havering CAIT is to develop case conferencing by phone link to improve CAIT input within conferences. CAIT and partnership agencies have seen a marked increase in demand of their services. CAIT continue to try and meet the challenge of case conference attendance by finding an effective way to improve CAIT input and engagement.

6. Example of an Effective Emerging Practice

Operation Limelight has identified various items used to perpetuate witchcraft/spirit possession. These operations have also identified various words and language used within communities when referring to this practice. This has enabled the MPS to better assess intelligence when information is reviewed. This has in turn led to various addresses being searched throughout London to safeguard children at potential risk of this practice. Project Violet is SOECA's continued commitment to tackle spirit possession.

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT)

Work Undertaken/Developments in Safeguarding Children

Barking Havering & Redbridge University Hospitals NHS Trust (BHRUT) continues to ensure that it is doing everything it can to fulfil its requirements that as a Local Safeguarding Children's Board (LSCB) partner agency member, in meeting its commitment as required under Section 11 of the Children's Act 2004 and Working Together 2015.

BHRUT has established robust systems and processes to ensure there is a timely and a proportional response when safeguarding concerns are raised when a child/children are considered to be at risk or likely to be at risk of "Significant Harm".

This has been achieved as follows:

Safeguarding Team

The Safeguarding Children's Team was fully established during the reporting period, and comprises of:

Full time Named Nurse

Full time Named Midwife

Named Doctor for Safeguarding Children (3 PAs)

Full time Paediatric Liaison Nurse/Child Death Co-ordinator

Full time Team Secretary

The Deputy Chief Nurse, Safeguarding and Harm Free Care line manages the Named Nurse Safeguarding Children, on behalf of the Chief Nurse, who is the Trust's Executive lead for safeguarding.

Safeguarding Children's Training

Safeguarding Children's Level 1, 2 and 3 training compliance is monitored at the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups. Compliance levels are reported quarterly at the Havering Local Safeguarding Children Board meeting.

A Safeguarding Children's Training Needs Analysis (TNA) and Strategy for 2015/16 was approved at the Trust's Safeguarding Children's Operational Group on the 27th April 2015. The TNA reflects the legislative changes as per Working Together to Safeguard Children (2015).

In addition, all staff requiring Level 1 training have the option of either completing training via e-learning, or reading an information flyer and confirming in writing that have received this. In March 2016 a Safeguarding Children flyer was included in all staff's payslips, thereby ensuring 100% Level 1 training compliance for all relevant staff. The Corporate Safeguarding Team deliver a mandatory session of 30 minutes on the bi-monthly Registered Nurse Induction programme which includes Prevent awareness. An e-learning Level 2 training programme was developed in March 2016, and will be launched in April 2016.

Safeguarding Children's Policies & Procedures

The Trust's Safeguarding Children's Policy Version 2 was approved at the Safeguarding Children's Assurance Group on 27th April 2015 and was accessible to all staff during the reporting period. This has been published and disseminated to various departments/wards and is accessible on the Trust intranet and website and relevant information remains available in folders in the clinical areas for ease of access. The Safeguarding Named Nurse, Named Midwife and Named Doctor continue to promote awareness of Safeguarding issues via the Trust communication portal, and at the Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group meetings.

The following policies have been implemented/reviewed during the reporting period:

- A Child Sexual Exploitation Policy was devised and ratified in June 2015
- A Female Genital Mutilation Policy was devised and ratified in March 2016
- A Prevent Policy was approved in February 2015 and ratified in March 2015
- Managing Allegations against Staff/Volunteers who work with Children & Young People Policy was revised in March 2016
- A Child Protection Pathway for Emergency Department (including all specialities) was devised in March 2016, and is due for approval in April 2016
- A Safeguarding Children Escalation Protocol was devised in March 2016, and is due for approval in April 2016
- A Domestic Abuse Policy was developed in January 2016 and approved in March 2016

Safeguarding Children's Supervision

The Trust's Safeguarding Children's Supervision Policy (Version 3) has been revised and was approved at the Safeguarding Children's Operational Group in June 2015. Safeguarding Children's Supervision has been embedded in the Trust in Paediatric, Midwifery and Reproductive and Sexual Health Services since June 2013. Progress on compliance is monitored at the Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups.

Safeguarding Children Audits

A rolling programme of Safeguarding Children audits has been in place during the reporting period.

Audit results are presented at the Safeguarding Children's Operational Group and exceptions are reported to the Safeguarding Strategic & Assurance Group.

Section 11

The Trust is compliant with Section 11 requirements, as set out in Working Together (2015). The Trust provides quarterly updates to Havering Local Safeguarding Children's Board.

Partnership Working

BHRUT continues to be an active member of Havering Local Safeguarding Children's Board and related sub groups.

A Liaison Social Worker and an Early Intervention Worker (EIW) from Barking & Dagenham are based within the Safeguarding Children's Team at Queen's Hospital, providing advice and support for Emergency Departments, Maternity and Paediatric Inpatient areas.

Maternity Partnership meetings are held monthly, to share information and ensure pre-birth plans for vulnerable families are in place and updated prior to birth. The meetings are chaired by the Named Midwife and are well represented by Health Visitors and Social Workers from the three local boroughs.

Psychosocial meetings are held weekly to discuss children with safeguarding concerns and families with vulnerabilities that attend through the Emergency Departments or other areas, where children are admitted to Paediatric wards/NICU, during the preceding week.

The purpose of the meeting is to ensure that all children/young people who have accessed BHRUT services have been referred or supported appropriately where there are identified concerns. The Group is chaired by a Named Safeguarding Professional. In attendance at the meetings are Consultant Paediatrician/Named Doctor Child Protection, Named Nurse, Safeguarding Children, Children Social Care representatives from B&D, Havering and Redbridge; CAMHS (represented by Interact), Out Reach Drug and Alcohol Teams from B&D and Redbridge, NELFT Health Visiting Liaison Service and from relevant BHRUT medical and nursing staff.

In this reporting period BHRUT has worked in partnership with the London Borough of Barking and Dagenham, London Borough of Redbridge and London Borough of Havering to implement the Child Protection-Information Sharing (CP-IS). The Trust has established a Task and Finish Group and has developed a CP-IS Protocol and trained staff in utilising the CP-IS system, in readiness for when the Trust's three local boroughs 'go live'.

Serious Case Reviews (SCR)/Individual Management Reviews (IMR)

During the reporting period BHRUT has been involved in three Serious Case Reviews for the London Borough of Havering and one Case Review which the Threshold for Serious Case Review was not met (May 2016).

Safeguarding Annual Work Plan

During the reporting period the Trust's Safeguarding Annual Work Plan (2015-2016) workstreams were monitored at the Safeguarding Children's Assurance Group. All actions were delivered within the agreed timeframes.

Common Assessment Framework (CAF)

The CAF is now in use within the Midwifery Department and is also used by Sexual Health and Paediatric staff.

Trust staff are provided with CAF training as part of Level 2 and 3 Safeguarding Children's training. BHRUT continues to be supported by an Early Intervention Worker from a neighbouring Local Authority who contributes towards provision of tier two services and supports staff in completing CAFS with carers consent. The Early Intervention Worker also assists Social Workers where a case is linked to the hospital.

Safeguarding Children Multi Agency Referrals (MARFs)

The Trust has a process in place for the collection of information regarding child protection referrals made by BHRUT staff. This process was implemented in April 2014. Multiagency Referral Forms (MARFs) are used to refer child protection concerns to Children Social Care.

Child Sexual Exploitation (CSE)

The Trust's Named Nurse, Safeguarding Children is the Trust's Champion for Child Sexual Exploitation. The Trust continues to have quarterly CSE Lead meetings to advance this agenda.

Child Sexual Exploitation awareness is incorporated within the Trust's Level 1, 2 and 3 Safeguarding Children's training programmes. In February 2016 the Level 2 and 3 training programmes were updated with case scenarios on CSE. Initial feedback from staff has identified that this approach is useful and aids learning

All staff have access to a new Intranet Child Sexual Exploitation Web page which contains key information relating to this subject. The Trust's Named Nurse Safeguarding Children attends Tri-borough Multi Agency Sexual Exploitation (MASE) meetings, and supports information sharing for children identified at risk of CSE. The Named Nurse, Safeguarding Children is an active member of the Havering Child Sexual Exploitation Steering Group.

The Trust has endorsed the Pan London Child Sexual Exploitation Operating Protocol (March 2015 2nd Edition) within a newly developed Trust Child Sexual Exploitation Policy.

Since 1 January 2016 the Named Nurse Safeguarding Children maintains a confidential log of all children discussed at Tri –borough Multi Agency Sexual Exploitation (MASE) meetings and this is cross referenced against cases discussed at Psychosocial Meetings. This enhances detection of children who may frequently present to the Emergency Departments and admitted to the Paediatric Wards.

Female Genital Mutilation (FGM)

Mandatory reporting for FGM is undertaken by the Trust in all relevant areas.

The Trust's Named Nurse Safeguarding Children is the Trust's FGM Champion, and as such holds quarterly FGM Divisional Lead meetings.

The Trust's FGM Policy was approved in March 2016.

FGM audits are undertaken as per the Trust's Safeguarding Children's audit schedule.

Maternity Services

Maternity Services have a clear process in place to ensure that vulnerable families are identified; risk assessed and referred promptly in pregnancy and that appropriate support and pre-birth planning is implemented. Care plans are monitored and entered on the electronic system (E3).

Main Achievements and Areas of Strength

- **Staff Awareness of Vulnerable Groups**

The Trust has seen an increase in staff's awareness of vulnerable groups i.e. Children and Young People affected by Domestic Violence (DV), Child Sexual Abuse (CSA), Looked After Children (LAC). In Quarter 4 2015 - 2016 there was a 50% increase in completion of Multi-Agency Referrals identifying risk to children and young people. The Trust actively promotes awareness of vulnerable groups i.e. Children at risk of Sexual Exploitation, against Women and Girls including Female Genital Mutilation, Modern Day Slavery and Trafficking.

There is also an increased awareness of DV in key clinical areas with additional training and posters, and visibility, supported by Independent Domestic Violence Advocate (IDVA) based at Queen's Hospital.

The Trust has produced a Domestic Violence Policy during the reporting period which replaces the Maternity DV Guideline.

- **Implementation of Child Protection Information Sharing System (CP-IS)**

In this reporting period the Trust established a Task and Finish Group to oversee the implementation of CP-IS. The Trust is ready to 'Go Live' at the point that all three local boroughs that it serves are ready to implement the system.

- **Safeguarding Policies and Procedures**

All related Safeguarding Policies have been updated during the reporting period in line with National Changes. In addition, three new policies (FGM, CSE and Domestic Abuse) have been developed and implemented.

- **Safeguarding Supervision Compliance**

The Trust achieved 85% compliance in implementing Safeguarding Supervision in Maternity, Sexual Health and Home Care Team. Safeguarding Supervision has also been embedded within the Emergency Departments at Queen's and King George Hospitals.

- **Redesign of the Child Protection Web Pages** (internal and external).

All safeguarding topics of interest are available for staff to access via the intranet and internet.

- **Children and Young People are Valued as partners**

There is evidence to demonstrate that staff consult with children so their views are heard and included in care provision.

During the reporting period audits have identified that:

- More children & young people will recommend BHRUT
- Evidence that BHRUT is providing a calming and comfortable environment for children
- Evidence of BHRUT providing more information to children, and reducing the elements of fear and worry
- Evidence that BHRUT is better with our provision of pain relief
- Evidence that BHRUT is better about providing more information about tests and results during hospital admissions
- Evidence that BHRUT has improved on providing information about medication side effects
- Evidence that with help of play specialists, children say their non-clinical time has been more enjoyable during their stay in hospital

- **Learning Lessons**

Learning lessons from Serious Case Reviews and safeguarding children cases is undertaken in a number of forums which include the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups. Shared learning also takes place at the Trust's multi-professional Patient Safety Summits.

Examples of BHRUT's Contribution to HSCB Six Strategic Aims

Strategic Aim	Contribution / Evidence
Ensure that the partnership provides an effective child protection service to all children and young people ensuring all statutory functions are completed to the highest standards.	Section 11 compliance - quarterly progress reports are presented at the Havering Local Safeguarding Children's Board.
Monitor the effectiveness of the multi-agency early offer of help and young people in Havering.	The number of Pre CAFs that are completed are reported at the Trust's safeguarding groups.
Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.	Members from partnership agencies are members of the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups. The Trust's Safeguarding Team attend 'professionals' meetings, strategy meetings, LADO meetings, core group meetings, pre-discharge planning meetings, Local

	Havering Safeguarding Board meetings and related sub-group meetings. The Trust contributes in multi-agency audits.
Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning	Representation at relevant meetings include: Multi Agency Child Sexual Exploitation (MASE), Violence against Women and Girls (VWAG), Multi-Agency audit meetings, Case Review meetings/Serious Case and External Training Events.
Assuring the quality of safeguarding and child protection to the wider community	The Trust's compliance against Section 11 (Children's Act, 2004) is reported regularly at the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups.
Ensure that partners learn lessons identified through local and national learning , and ensure that learning is acted upon and embedded in practice across all partner agencies	Learning lessons from Serious Case Reviews and safeguarding children cases is undertaken in a number of forums which include the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups. Shared learning also takes place at the Trust's multi-professional Patient Safety Summits.

Example of Effective and Emerging Practice

In January 2015 the Trust held a tri-borough meeting, to discuss collaborative working, and to assist in the development of a tri-borough pathway for responding to FGM. It was agreed that routine referrals to Children Social Care in the three boroughs should be made where there is a maternal disclosure of FGM and where there are girls under the age of 18 years in the household.

In April 2015 a meeting was held with Services Leads in Sexual Health, Obstetrics and Gynaecology, and Urology to review data collection and recording to ensure the Trust is supporting the work of the Department of Health on FGM, by submitting an Information Standard (1610 FGM Prevalence Dataset). All Division complete a proforma and submit data of cases to the Trust's Information Department which in turn submit UNIFI returns to the Health and Social Care Information Centre.

An FGM Policy was devised to replace the Maternity FGM Guidelines.

All women booked for maternity care at BHRUT are asked about FGM and this information is recorded electronically.

In addition to the above Integrated Sexual Health Services also routinely screening for FGM and this is embedded within an Integrated Sexual & Reproductive Health Proforma

A quarterly Divisional FGM/CSE Leads meeting has been established by the Trust's FGM Champion (Named Nurse, Safeguarding Children).

BHRUT has also supported the development North East London Foundation Trust FGM Multi-Agency Strategy.

Key Areas for Development

During 2016/17 the following will be implemented:

- Continue to embed the Female Genital Mutilation, Child Sexual Exploitation, and Domestic Violence agenda locally
- Establish Safeguarding Children Summits, whereby learning relating to children's cases and serious incidents will take place
- Develop a Safeguarding Children's Dashboard
- When launched in the three local boroughs, the Trust will implement and embed the new Child Protection Information System

Conclusion

The Safeguarding Children's Team continues to make significant progress in ensuring that the Trust executes its duties and safeguarding responsibilities and maintains focus on the welfare of children. This is evidence based by interagency working and improved inter-hospital and external working relationships with Havering Local Safeguarding Children Board members and related subgroup members.

North East London NHS Foundation Trust (NELFT)

1. **Brief summary of service as it relates to safeguarding children: S11 compliance will be drawn from the S11 audit of compliance and resultant action plan completed June 2015**
 - *NELFT provides an extensive range of mental health and community health services for people living in the London boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering, and community health services for people living in the Basildon & Brentwood and Thurrock areas of Essex. It also provides an Emotional Wellbeing Mental Health Service for the 0 – 18 year olds across Southend, Essex and Thurrock.*
 - *NELFT has Named Doctors and Named Nurses who provide advice, guidance and support to staff across the Trust on safeguarding children issues. Roles and responsibilities for these roles are clearly outlined in the job descriptions.*
 - *All of NELFTs individual employee's responsibility for safeguarding vulnerable children are stated in the "Safeguarding the welfare of children policy" and outlined in all job descriptions at appraisals and in all safeguarding training.*
 - *In accordance with the obligations of the children Act 2004, NELFT (Havering) has completed a Bi-annual Section 11 Audit and Action plan that is monitored locally by Havering Directorate Integrated Safeguarding Group.*

- *NELFT is registered as a provider with the Care Quality Commission (CQC). As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.*
- *The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent.*
- *The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and together with the Associate Director of Safeguarding and LAC supports the management oversight of safeguarding issues in relation to vulnerable adults and children.*

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2. Review of Safeguarding Activity 2013-2014

- *What has your organisation done in terms of your own agency safeguarding priorities?*
- *Safeguarding children priorities are highlighted in the NELFT safeguarding children annual report. NELFT has an overarching Safeguarding Strategy action plan and safeguarding services work plan that has been progressed over the year 2015/2016.*

This report:

- *provides an overview of the progress of the safeguarding agenda within the Trust in relation to children and adults with care and support needs over the past 12 months; 1st January 2015 to 31st December 2015. It sets out the key developments and progress both internally and with NELFTs partners and also describes the progress and current position in relation to the Looked After Children (LAC) Service.*
- *Outlines NELFT's response to key national and local safeguarding priorities including Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM). It also highlights activities in relation to our response to the Harmful Practices of Honour Based Crime, Forced Marriage and Modern Day Slavery which impact on the safeguarding of adults and children.*
- *Has described the implementation of the new safeguarding service delivery model, including the introduction of the safeguarding children enquiry duty desk in July 2015.*
- *Has taken account of the serious case, domestic homicide and other learning reviews which were commenced during the reporting period.*

- *How has your agency utilised the views of children, young people, parents and carers to improve services?*

- *Listening to and responding to the voice of child is integral to practice and embedded in training and audit processes. NELFT has a service user engagement programme in place which includes seeking the views of children, young people and their families in relation to their experience of our services. Their views are considered and used to inform improvements in service delivery.*
- *The extension of young people's forums to actively engage and seek the views of a cross section of children and young people receiving both targeted and universal Children services is an area of service development across NELFT. Further to this, it is anticipated that there will be a CAMHS user group progressed within Havering*

3. How has the organisation contributed to the Havering SCB vision statement and strategic aims?

Vision Statement

- Keeping children and young people safe is the Havering Safeguarding Children's Board overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.

Six Strategic Aims

1. Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.
 2. Monitor the effectiveness of the multi-agency early offer of help to children and young people in Havering.
 3. Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.
 4. Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning.
 5. Assuring the quality of safeguarding and child protection to the wider community.
 6. Ensure that partners learn lessons identified through local and national learning, and ensure that learning is acted upon and embedded in practice across all partner organisations.
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- *There has been NELFT representation at all the Local Safeguarding Children Board meetings and sub-groups in the last year.*
 - *The Case Review Working Group of HSCB has been chaired by the Named Nurse Safeguarding Children from November 2014 to date and the AD Children's Services is deputy Chair of the Quality and Effectiveness subgroup. NELFT's on-going involvement in the sub groups has ensured that safeguarding actions are pertinent across the partnership and that any potential obstacles are identified and reduced.*
 - *The LSCB's multiagency audit programme forms part of NELFT's systematic programme of quality assurance. The Safeguarding Children Team and members of operational services, from both Community Health Services and Mental Health services, have participated in the LSCB Multi-agency audit programme. Outcomes from these audits are communicated back to the organisation through the safeguarding governance arrangements and integrated into training delivered by the Safeguarding Children Team.*
 - *The Safeguarding Children Team and NELFT practitioners have actively participated in both SCR and Learning Together reviews. NELFT has worked in partnership with HSCB to look at lessons learned from the cases and implement actions arising from these reviews.*
 - *The early identification of emerging needs of children, young people and their families is embedded in practice. This is further supported by safeguarding children supervision, training and audit.*
 - *NELFT monitors and reports on the number of Early Help referrals. Performance improvement in relation to the number of NELFT generated Early Help referral continues to be a challenge. Practitioners continue to support other services, for example children Centre and schools to make their referrals. Staff then support the integrated response to identified needs.*
 - *The implementation of the Safeguarding Children duty desk has further supported practitioners to understand thresholds and make early help referrals as appropriate.*
 - *NELFT as a provider of both community and mental health services is well placed to ensure that the THINK family approach is embedded in practice to ensure a coordinated approach to domestic violence, mental health and drug and alcohol abuse across children's and adults services. The Safeguarding adults and children's teams work collaboratively to identify risk and to protect adults with care and support needs and children.*

4. Long and short term risks and priorities

- *The Health offer to 0-19 (Health visiting / School nurse provision) has been identified as a risk. The transfer of commissioning responsibilities from Health to Public Health held no reduction in funding, but no increase either. The availability of this early help provision is not considered to be sufficient to meet the needs of Havering residents. NELFT is complying with contract obligations; however there continues to be a gap between need and service availability.*
- *There was a backlog of LAC Initial Health Assessments (IHAs), which has been raised as a risk by CSC, CCG and NELFT. The position at the end of Q4 was that there are no outstanding IHA's In Havering and they will be carried out by a paediatrician, as opposed to by GPs ,going forward.*
- *There is need for formal audit evaluation of the duty desk and user satisfaction survey by the end of June 2016.*
- *The Safeguarding children team will strengthen the arrangements for agile working to support a further increase in the visibility of safeguarding team members in frontline staff settings by June 2016.*
- *The Safeguarding children team will undertake an evaluation of training provided by the safeguarding team in order to assess the impact on practice and outcomes for children /young people and adults with care and support needs by September 2016*

5. Actions to be taken to address the risks and the expected impact on outcomes

- *NELFT to continue to review and challenge its arrangements to support safe and consistent practice to ensure that children and young people are appropriately safeguarded.*

6. Example of Effective/Emerging Practice (can be a sentence or two.)

- *The implementation of the new service delivery model which included the safeguarding children's enquiry duty desk was introduced July 2016 and has resulted in an increase in Safeguarding enquiries from practitioners working in Havering services.*

Named GP Safeguarding report for the Havering LSCB annual report

2015-16

Dr Richard Burack Named GP for Safeguarding children

Introduction and description of area of work

Context

The Assurance Framework (2013) acknowledges the critical role performed by the Named GP in local leadership and early family engagement. Safeguarding children training has been a compulsory requirement (since 2010) for all General Practitioners and, as such, has to be included within all appraisal / re-validation documentation by all individuals. The Named GP is available for advice and support to general practice to help them meet their responsibilities to safeguard children. The Named GP works alongside the Designated professionals and the strategic lead for safeguarding children across the area they serve.

(i) Role: Leadership & Advice

- To work closely with the organisation's Board (governing body) executive lead for safeguarding and support and to advise the organisation about safeguarding/child protection in general practice.
- To advise on safeguarding children practice guidance, policies and audit, to advise and support local GP practices and Lead GPs, ensure advice is available on the day to day management of children and families where there are safeguarding concerns. This includes signposting, legal processes, key research and policy, preparation for inspection by regulators.
- Offer advice and support on the development and provision of safeguarding children training for GPs and their staff
- Support local GP practices and CCGs on establishing and monitoring governance, planning and strategy
- To advise on practice guidance and policies in relation to the assessment, treatment and clinical services for all forms of child
- To work with the Designated Professionals to advise CCGs and Area Teams on deficiencies and vulnerable areas, priorities and areas of risk
- To support the Designated Professionals to actively engage in multi-agency strategic partnerships for Child Protection and Looked After Children within the CCG areas to influence the multi-agency agenda
- To participate in serious case reviews/case management reviews/significant case reviews, and individual management reviews/ individual agency reviews in relation to primary care / out of hours services.
- To participate in and support General Practices in the child death review process

(ii) Role: Governance

- To support and have oversight of general practice safeguarding/child protection policies and procedures in line with legislation, national guidance, and the guidance of the Havering LSCB
- To encourage case discussion, reflective practice, and the monitoring of significant events at a practice level

(iii) Role: Policies & procedures

- To contribute to the development and review of policies and procedures relevant to safeguarding children, including implementation of new government or agreed local policies and recommendations across GP practices.

(iv) Role: Training

- To work with specialist safeguarding/child protection professionals across the health community and with the training sub-groups of the Havering LSCB to agree and promote training needs and priorities
- To contribute where possible to the delivery of training for health staff and inter-agency training
- To evaluate training and adapt provision according to feedback from participants
- To tailor provision to meet the learning needs of participants
- To work with the CCG to identify training needs for the Named GP and GP Practice Leads through appraisal, reflective supervision and audit
- To take part as appropriate in the design & delivery of multidisciplinary & multi-agency training programmes for health professionals and professionals in other relevant agencies.

6. Safeguarding support to and by Primary Care: April 2015 – March 2016

- i. All GPs are encouraged to achieve their expected Level 3 Safeguarding through a blended learning scheme of training which will include Large group protected time initiatives (PTI) at monthly CCG sponsored educational events; smaller local group workshops; local Havering LSCB training opportunities; London and/or national based conferences and meetings; IT and e-based learning platforms and from self directed reading and learning
- ii. In 2015-16, specific topics covered during Havering PTI sessions included Child Sexual Abuse (CSA) and Exploitation (CSE); Female Genital Mutilation (FGM) and the recognition of Radicalisation (PREVENT).
- iii. Since 2014, Havering practices have had a local Safeguarding Primary Care Handbook for use and reference. This has compiled key information and combined latest National guidance with local implementation flowcharts and provided further information and resourced references to enable local practitioners to remain active and current in their management of safeguarding concerns and their statutory responsibilities and duties. This is updated annually and presented to Havering practitioners (January 2016) and disseminated to every practice / practitioner for their use.
- iv. Further guidance about e-learning opportunities, Mandatory FGM reporting and PREVENT training updates and initiatives, produced by NHS England, have been circulated to all practices.
- v. Training is also provided by the Havering LSCB for multidisciplinary training in a variety of topics associated with the safeguarding children spectrum and is offered to all practices and health staff. Access is via the Havering LSCB website.
- vi. The Named GP has made himself fully and unconditionally available by phone or e-mail for any local GP for advice and support on safeguarding and child protection. Several GPs have made use of this over the year for advice and individual support.
- vii. The Named GP has produced supportive documentation / policy templates for all GP practices to help them prepare for their personal CQC inspections. This will hopefully assist practices with regards to having in place all necessary Safeguarding processes and pathways and assuring CQC of robust safeguarding practices.

7. Quality and Effectiveness of Safeguarding Arrangements and Practice

- i. The Named GP is commissioned to provide services for an average of two sessions weekly with flexibility required to vary the weekly time commitment as and when required, to cope with IMR or SCR chronology tasks and deadlines as and when required. Effective time management and an ability to prioritise from the large list of required skillsets.
- ii. The availability and ability to contact the named GP is 24/7 by e-mail or phone.
- iii. Through on-going training, the Named GP has attended several Level 3 & 4 training events and has exceeded the number of hours required to fulfil obligations for personal professional development and accreditation requirements.
- iv. The Named GP is also the Honorary Secretary of the Primary Care Children's Safeguarding Forum (PCCSF), an independent National body providing on-going support and a network for over 100 other Named GP's within the UK.
- v. The Named GP attends safeguarding meetings with the other named and designated clinicians (nurses and doctors) facilitated by the CCG nursing Directorate and via the Local safeguarding assurance network and committee.
- viii. The Named GP attends the NHS England (London) Named GP forum (quarterly) and receives all minutes and correspondence from their meetings and actively participates in the on-line fora and support.
- ix. The Named GP has robust links with the local Havering LSCB CDOP team and the MASH unit to ensure effective on-going communications.

- x. The Named GP meets bi-monthly with the CCG's leads responsible for children's services, including the newly appointed Director of Children's services to ensure Safeguarding priorities are addressed and triangulated effectively.
- xi. The Named GP attends operational board meetings of the Havering LSCB to support local safeguarding triangulation, sharing and discursive networking.
- xii. A directory of GP safeguarding leads, their deputies and the practice manager associated with each and every practice has been compiled. This will also be shared (and used) with other local safeguarding agencies / organisations including Children's Care, MASH and NELFT.

8. Main achievements and areas of strength

- i. Good communication network between Named and designated professionals and GP practices and better communication and collaboration between all named and designated health professionals through quality assurance meetings facilitated by the CCG and Nursing Directorate.
- ii. Responsive training and education provision for GPs, based on surveys and feedback and including case histories and interactive and reflective discussions.
- iii. Updated register of named leads in SG for each practice with contact numbers to ease prompt and correct contacting of personnel at each of the Havering practices.
- iv. Excellent attendance and feedback from GP's at PTIs when the named GP has lead Safeguarding training, assisted by the Designated Nurse.
- v. Improved communication between GP and MASH units for information sharing, both in what information is shared and the timing of responses.
- vi. A comprehensive, annually updated, Primary Care Safeguarding handbook as a resource for all practices and associated staff, with local and national priorities and information available, including contacts, report templates etc.
- vii.

9. Main areas of concern and issues for development in relation to safeguarding

- i. Continued challenges for timely and regular communication between social care and primary care.
- ii. Reporting to aid case conference discussions and attendance by GPs at conferences remains low.
- iii. Sporadic cases of GP practices not fully responding or delayed responses to statutory reporting requests on safeguarding requests.
- iv. Explain the action being taken to address these and militate against any risks
- v. No administrative support for the named GP to carry out any contact or dissemination of updates, information or mailshots to all GPs / practices.
- vi. More emphasis on engaging and involving practices in SG audit, collaborative audit and work and the dissemination of SCR/IMR outcomes and recommendations for Primary Care to hear, acknowledge and reflect and implement.

10. Key areas for development and future action

- i. Consideration of forming a practice GP Safeguarding leads forum to develop SCR/IMR feedback, reflection and impact plus to gain further feedback on areas of priority support from other lead GPs
- ii. Discuss and come up with a proposal to improve reporting and attendance (where possible) for case conferences and Child Protection review meetings where GPs are invited or asked to submit an update paper.
- iii. Consider a local audit on report submission and Case Conference attendance.

11. Key messages / recommendations for the HAVERING LSCB

- i. This report demonstrates that GPs remain engaged and aware of the safeguarding agenda in their day-to-day work and priorities.
- ii. That the named GP has a wide remit of opportunity and challenge to keep children's Safeguarding firmly on the agenda and high in the awareness radar of all practices
- iii. More collaboration between Primary Care and other services, health and non-health related to develop a better understanding of everyone's key role in the Safeguarding growing agenda.

Havering Clinical Commissioning Group (CCG)

1. Brief summary of service as it relates to safeguarding children: S11 compliance will be drawn from the S11 audit of compliance and resultant action plan completed June 2015

- 1.1 Since Havering Clinical Commission Group (CCG) was established on 1 April 2013, there has been developmental work to; establish systems and processes for safeguarding children, establish clear lines of safeguarding accountability, have robust safeguarding governance arrangements and secure the expertise of designated safeguarding professionals. The Section 11 audit was used as a benchmark for improvement.
- 1.2 In 2014/15, the CCG continued with the development and embedding of safeguarding systems and processes, but the focus was on maintaining and strengthening partnership working with the Local Safeguarding Children Board and informally through our local safeguarding professionals' networks. Work continued to ensure progress made is embedded within the CCG business plan in discharging their duty to safeguard children and young people residing in Havering.
- 1.3 Therefore in April 2015 – March 2016 the report covering this period will show the CCG developmental work on safeguarding systems and processes is now embedded and that partnership working with the local safeguarding children board is firmly established.
- 1.4 The overall accountability for safeguarding remains with Barking and Dagenham, Havering and Redbridge (BHR) CCGs' Accountable Officer and the responsibility for adherence and delivery of our statutory functions is discharge through the Nurse Director who takes overall leadership responsibility for BHR CCGs' safeguarding arrangements. The Nurse Director is supported by the Head of Safeguarding and the BHR CCGs' designated safeguarding professionals. The Chief Operating Officer for Havering CCG remains the operational lead for ensuring the implementation of safeguarding functions and is supported by the Havering CCG designated safeguarding professionals. This model of matrix working across our central and borough teams enables us to have a strong system where there is a culture that supports staff in raising concerns regarding safeguarding issues.
- 1.5 BHR CCGs have explicit and defined governance arrangements that are made up of internal safeguarding governance arrangements, external systems and provider compliance monitoring arrangements and formal partnership structures.
- 1.6 There are four specific functions within the internal governance arrangements; 1) to provide assurance to the CCG governing body that the health commissioning system is working effectively to safeguard children at risk of abuse or neglect, 2) to provide assurance that the CCG is compliant with safeguarding training and that safer recruitment processes are adhered to, 3) to have robust processes in place to learn lessons from serious case review and 4) to have clear policies that set out the CCG commitment and approach to

safeguarding, including arrangements for dealing with allegations against people who work with children and young people. All these functions are delivered within the Safeguarding Assurance Committee that meets monthly and the minutes and reports from the meetings are submitted to the CCG Quality and Safety Committee for scrutiny.

- 1.7 External assurance of safeguarding arrangements is carried out through scrutiny of compliance with the safeguarding NHS standards contract with our commissioned health care providers using key performance indicators. The clinical quality review meeting (CQRM) is the CCG's formal contractual monitoring meeting where the CCG obtains assurance on compliance with the contract. CQRMs take place every month with our two main providers Barking, Havering and Redbridge University NHS Hospitals Trust (BHRUT) and North East London Foundation NHS Trust (NELFT). Safeguarding is firmly on the CQRM agenda and both providers are required to produce reports / audits to provide assurance. The CCG also conducts assurance site visits and scrutinises providers' section 11 audits, ensuring action plans are carried out and embedded within their organisations.
- 1.8 The CCG participation in the formal partnership structures led by Havering Safeguarding Children Board provides a platform where partners, including the CCG, are held to account for each other's safeguarding arrangements, that they are effective and in place, in order to discharge their safeguarding duties.
- 1.9 BHR CCGs' safeguarding arrangements were scrutinised by an NHS England deep dive exercise in Nov 2015. Evidence was provided against the key line of enquiry and a small but strong team headed by the Nurse Director was interviewed by NHS England. Evidence submitted included Havering CCG section 11 audit and the actions taken to ensure compliance, the CCG safeguarding structure, safeguarding policies and an example of good practice. The example shared demonstrated how the CCG promoted and supported the implementation of the national programme for Child Protection Information Sharing (CP-IS) for BHR CCGs. The outcome for Havering CCG safeguarding children arrangements was reported as good and the report was shared with Havering Safeguarding Children Board.

2. Review of Safeguarding Activity 2014-2015

What has your organisation done in terms of your own agency safeguarding priorities?

- 2.1 The Havering CCG safeguarding team was fully established in this reporting period. There is a full-time designated nurse for safeguarding children, a designated doctor for safeguarding children, a Named GP, a designated doctor for LAC (BHR CCGs) and a designated nurse for LAC (BHR CCGs). This team participates and contributes to the BHR CCGs' safeguarding assurance committee process.
- 2.2 The BHR CCG Safeguarding Assurance Committee (SAC) process is firmly embedded within the CCG business process. The SAC has met monthly chaired by the Nurse Director or the Head of Safeguarding. Reports submitted by the designated safeguarding professionals contain information of their work with their local area, highlighting issues on serious incidents, serious case reviews, child deaths, safeguarding training, providers Section 11 action plans, commissioning matters and risks. The outcome of discussions including action plans are recorded and the minutes are submitted to the Quality and Safety Committee for monitoring. Risks and safeguarding issues identified at SAC against the two main providers are also escalated via the CQRM process.
- 2.3 Havering CCG has participated and contributed to establishing strong partnership working with Havering Safeguarding Children Board. The CCG is represented in the Executive and Operational Safeguarding Children Board and participated in appropriate working groups such as quality and effectiveness, case review, child death overview panel, child sexual exploitation and missing and Local Authority Designated Officer (LADO) process, providing

the health safeguarding expertise support to these groups. In particular, the LADO process for managing safeguarding allegations staff working with children and young people was undergoing change of personnel and the designated nurse had work closely with each LADO to help achieve closure for some cases.

- 2.4 There were two serious case reviews (SCRs) in this reporting period and the Designated Nurse was a member of both SCR panels. The SCR of the neglect case was completed and the action plan for the two major healthcare providers involved were to embed the escalation process within their safeguarding process. NELFT had an additional action to develop a policy for managing Faltering Growth which is not completed. The CCG is monitoring this delayed action via the SAC process.
- 2.5 There were two multi-agency audits carried out within this period, Missing/CSE and Multi Agency Safeguarding Hub (MASH) referrals. The CCG had participated in both audits through collating information from individual GP practices to complete the audit and sharing outcome at audit meetings. These audits provided an opportunity for the designated nurse to build working relationships with GP practices and to raise the GP profile.
- 2.6 The Havering CCG arrangements for the provision of the designated child deaths doctor function is discharged through the BHRUT paediatric consultants (shared between two consultants). These consultants chair the rapid response meetings that take place after a Havering child death and are members of the ***Child Death Overview Panel*** (CDOP). To provide an additional level of scrutiny and expert support at the rapid response meetings, the designated nurse has attended all the Havering rapid response meetings held within this reporting period and has carried out this function effectively.
- 2.7 In 2015 NELFT had proposed a new streamlined safeguarding team and support structure which had raised concern. The CCG discussed their concern with NELFT and NELFT agreed to facilitate monthly safeguarding CCG/NELFT meetings providing a forum to review progress and share learning/success from this new structure. Following some initial hiccups, these meetings continue to take place and have helped to build a stronger working relationship with NELFT. The new safeguarding structure appears to be working well and there are audits conducted to support this. Anecdotally, the Named Nurses seem satisfied with this process and seem well supported.
- 2.8 The designated nurse continued to provide safeguarding supervision to the NELFT Havering Named Nurse, BHRUT Named Nurse and Named Midwife. The designated nurse meets with them individually every 2 – 3 months. During these sessions, complex cases were discussed and specific safeguarding supportive work also took place. For example, additional time was spent with the NELFT Named Nurse to consolidate the learning from case reviews into themes and assign the recommendations to appropriate agencies. The designated nurse also supported the Named Midwife to achieve a good outcome for a challenge she raised on a specific BHRUT maternity issue in a learning review report.
- 2.9 The designated nurse was invited to attend the BHRUT safeguarding assurance meetings where BHRUT safeguarding activities are reviewed and received assurances from the safeguarding team. The designated nurse provided scrutiny, advice and support to this process. Previously there were safeguarding operational meetings where operational leads were invited to attend but these meetings were subsequently cancelled.

How has your agency utilised the views of children, young people, parents and carers to improve services?

The CCG has worked with children in care council to develop LAC health passports for all children leaving care. The LAC health passports are issued to children following their health assessments and reports from the children were positive. The CCG continues to meet with

parents and young people at their forums to understand their views around safeguarding and support services and the outcome of these conversations continues to influence and shape our thinking.

How has the organisation contributed to the Havering SCB vision statement and strategic aims?

Vision Statement

Keeping children and young people safe is the Havering Safeguarding Children Board's overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.

The CCG commitment to this vision statement was evidenced by their continuing participation and contribution to the Havering Safeguarding Children Board meetings, working groups and through their commissioning role ensuring commissioned healthcare providers have met their safeguarding standards and are also held to account for their safeguarding arrangements to the board.

Six Strategic Aims

3.1 *Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.*

Section 11 audits serves as benchmark to ensure the highest standards are met in providing an effective child protection service. Therefore, the CCG ensured that their own Section 11 audit and the Section 11 audits from the two major commissioned healthcare providers are completed, reviewed and actions taken to ensure full compliance was embedded into practice. Monitoring of this process was carried out via the SAC process.

3.2 *Monitor the effectiveness of the multi-agency early offer of help to children and young people in Havering.*

The CCG monitors the effectiveness of the multi-agency early help through SAC reports of continued engagement work by designated safeguarding professionals with NEFLT and BHRUT.

3.3 *Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.*

An interim Designated Clinical Officer (DCO) for Havering was appointed by the CCG to support the SEND agenda. The joint children's commissioner works closely with the DCO to ensure that children and families who require services such as therapies for children, short breaks, including respite care, are being delivered. The DCO also provides a report to the SAC for monitoring purposes.

3.4 *Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning.*

The designated safeguarding professionals provide reports, briefings of emerging themes and progress of SCRs and the subsequent action plans are reported to and discussed at the SAC and safeguarding team operational meeting.

3.5 *Assuring the quality of safeguarding and child protection to the wider community.*

The CCG utilises the section 11 audit and the CQRM process as a basis of seeking assurances. These in turn are communicated to our GPs, our wider staff via the staff e-newsletter and meeting the community at patient forums

3.6 *Ensure that partners learn lessons identified through local and national learning, and*

En

ensure that learning is acted upon and embedded in practice across all partner organisations

The designated nurse is a member of the case review working group and a panel member of the two SCRs. Her reports to the CCG SAC meeting include progress of SCRs and subsequent action plans for CCG as well as the two major health care providers. This will ensure SCRs and action plans are monitored and any delay in implementation of action plans is identified. Actions needed to deal with the delay will be taken.

In respect of the completed SCR of the neglect case, an action for Havering SCB was to produce an escalation policy. The CCG had disseminated the policy to Havering CCG staff and GPs and ensured that the policy was also embedded within its safeguarding children

Long and short term risks and priorities

There was an ongoing risk with the initial review of health assessments for looked after children which were not completed within the statutory requirement time frame and there were concerns regarding the quality of the assessments that were carried out. The CCG has addressed this risk through having a robust recovery plan and the CCG has achieved a real improvement in this area. All outstanding health reviews are now completed and the completed health assessments are quality assured by a Paediatric Consultant. Going forward the CCG is ensuring that the contractual service level agreement for this process is robust.

5. Actions to be taken to address the risks and the expected impact on outcomes

The Designated Doctor and Designated Nurse for Looked After Children will ensure progress made is maintained and that the contractual service level specification is agreed, signed and delivered.

6. Example of Effective/Emerging Practice (can be a sentence or two.)

The Havering CCG designated nurse has provided the steer to support the implementation of Child Protection Information Sharing (CP-IS) by health services that provides unscheduled care and the three local authorities. Joint meetings with the CP-IS leads from all three local authorities and unscheduled health care providers such as BHRUT, PELC - which provides GP out of hours services and Walk-in-Centres - have shown agencies' commitment to implementing this national programme within their own agency.

London Ambulance Service (LAS)

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

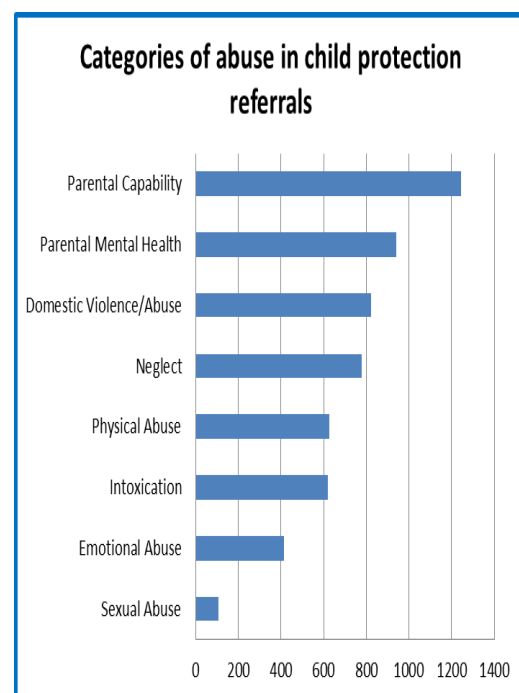
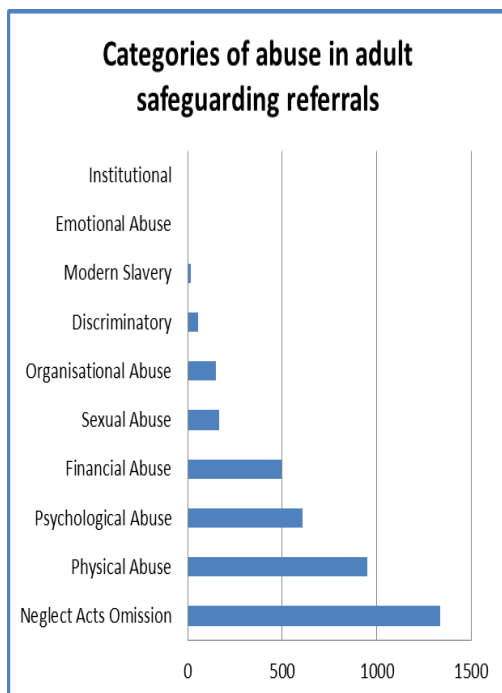
Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year.

4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

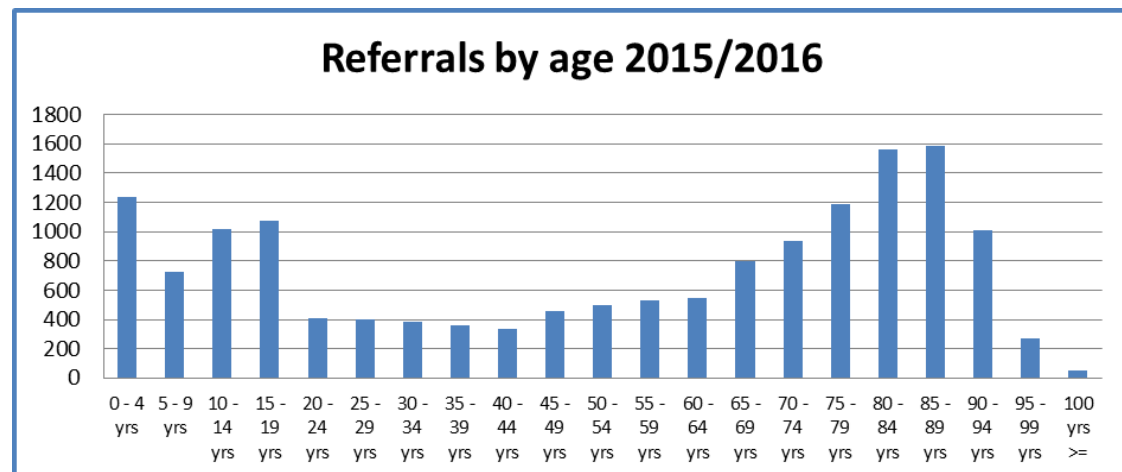
	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
LAS	4331	8440	4561	17332	1.66%
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
Croydon	262	458	343	1063	2.26%
Ealing	174	319	183	676	1.70%
Enfield	132	267	217	616	1.62%
Greenwich	137	274	220	631	1.93%
Hackney	128	238	113	479	1.67%
Hammersmith and Fulham	89	176	63	328	1.48%
Haringey	123	238	134	495	1.59%
Harrow	80	136	92	308	1.28%
Havering	148	205	116	469	1.42%
Hillingdon	148	260	150	558	1.32%
Hounslow	165	330	152	647	1.98%
Islington	129	240	91	460	1.53%
Kensington and Chelsea	72	155	39	266	1.42%
Kingston upon Thames	75	152	69	296	1.63%
Lambeth	185	327	188	700	1.65%
Lewisham	149	348	194	691	2.07%
Merton	108	171	111	390	1.80%
Newham	143	232	182	557	1.38%
Redbridge	121	237	125	483	1.46%
Richmond upon Thames	90	203	62	355	1.92%
Southwark	191	313	166	670	1.62%
Sutton	128	223	108	459	2.00%
Tower Hamlets	111	194	141	446	1.35%
Waltham Forest	160	309	136	605	1.96%
Wandsworth	153	238	141	532	1.67%
Westminster	98	256	58	412	0.95%

Categories of abuse



Referrals by age

Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The chart below shows staff directly employed by the LAS as well as voluntary responders and private providers who we contract to work on our behalf.

Training required	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained
Level One																			
Induction	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209		
E Learning	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%
Level Two																			
New Recruits	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689		
Core Skills Refresher	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%	
EOC Core Skills Refresher	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
EOC new staff	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154		
PTS/NET	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%	
Bank staff	390	annually	58	390	N/A	N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A	154	39%	54%
111	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%
Community first Responders (St John)	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%
Emergency responders	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%	
Level Three																			
EBS	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%	
111	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%
Local leads	various	3 yearly		various	6	5	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	N/A	36		
Specific training																			
Prevent- clinical staff	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%	
Prevent- Non clinical	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
Trust Board	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%	
HR/ Ops managers	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36		
Private providers	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%
Other safeguarding	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203		
Nil = no figures provided																	8399	total	
N/A= no course planned this month																			

Emergency Operations Control (EOC) staff have safeguarding training planned for quarter 1 2016.

Patient Transport Staff (PTS) are also receiving safeguarding training in quarter 1-2 2016.

Bank staff position is currently under review by LAS Executive Leadership Team.

Trust Board training is arranged for May for those outstanding safeguarding training.

All non-clinical staff will undertake Prevent awareness in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the Trusts website.

Alan Taylor

Head of Safeguarding

National Probation Service (NPS)

Brief summary of service as it relates to safeguarding children: S11 compliance will be drawn from the S11 audit of compliance and resultant action plan completed June 2015

The NPS has a statutory duty to safeguard children and promote their wellbeing. At the first point of contact with an offender we explore their social and family circumstances. In line with the Service Delivery Model, there are instances where information requests can be made to Children's Social Care (CSC) Departments as part of fulfilling our safeguarding statutory duty. Given our presence in the Courts, NPS is well placed to identify children that may be at risk and offenders who pose a direct risk of serious harm to them.

Review of Safeguarding Activity 2013-2014

- What has your organisation done in terms of your own agency safeguarding priorities?
- How has your agency utilised the views of children, young people, parents and carers to improve services?

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NPS London revised its safeguarding children policies and procedures in March 2015 and the NPS National Partnership Framework (LSCBs) was published in February 2016. Practitioner friendly processes and documents have been created with a child-centred approach. NPS's (London Division) policy and procedures also make it clear that all children have equal rights to safety and protection from harm. The final policy and procedures are being reviewed by NOMS and a National Policy is expected shortly.

NPS has a network of safeguarding children champions, locally and pan-London that are the first points of contact for advice and support for practitioners working with cases where there are safeguarding or child protection concerns. There will be bi-monthly seminars , which have commenced, for this group of staff with multi-agency involvement highlighting specific safeguarding perspectives such as FGM, CSE, Modern Slavery, Child trafficking; we will also keep abreast with new safeguarding policy developments, learning/feedback from SCRs, outcomes of case audits and service provision in MASH.

NPS will continue to work with statutory and other partners to develop effective pathways in offender engagement. We have a bespoke pathway for women offenders, we continue to embed

the think family approach and will liaise with service user councils where appropriate to ensure that we hear the voice of the child.

How has the organisation contributed to the Havering SCB vision statement and strategic aims?

Vision Statement

- Keeping children and young people safe is the Havering Safeguarding Children's Board overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.

Six Strategic Aims

7. Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.
8. Monitor the effectiveness of the multi-agency early offer of help to children and young people in Havering.
9. Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.
10. Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning.
11. Assuring the quality of safeguarding and child protection to the wider community.
12. Ensure that partners learn lessons identified through local and national learning, and ensure that learning is acted upon and embedded in practice across all partner organisations.

The NPS engages with a number of local partnership working arrangements and have agreed protocols relating to participation and information sharing. The NPS is also a key statutory partner with Local Safeguarding Children's Boards. One of our key priorities as part of that board is to comply with Section 11 (Children Act 2004) which places duties on Probation to ensure our functions and any services that we contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. This includes appropriate vetting levels of all staff and ongoing safeguarding training. We continue to remain committed to this agenda.

The NPS play an active role in contributing to the MARAC, MASH, MASE and the troubled families agenda. We remain committed to ensuring that staff are fully trained in managing domestic abuse cases and high risk domestic abuse perpetrators. A probation officer is seconded one day a week into the local MASH and a part time Probation officer is seconded into the local YOS.

The NPS does not work directly with children, but Probation staff do come into contact with children and families during the course of their work with Offenders. Evidence indicates that outcomes for children of offenders are often not as good as those of their peers. Through our work with a parent/carer to support desistance from offending we are improving the life chances for their children. Probation Officers are encouraged to undertake more home visits and to get to know the family to embed the "think family approach".

Any child safeguarding concerns are promptly followed up; Probation Officers can make valuable contributions to the effective assessment of a child's needs. NPS can represent the Statutory sector, given its regular contact with parents convicted of criminal offences.

The NPS remains committed to working with partnerships to improve outcomes for children, safer recruitment principles and the professional development of the workforce.

The HMIP inspection in 2014 reinforces areas of improvement, to undertake routine checks with CSC, incorporate actions into offenders' sentence plans and be more proactive in assessing the likely impact on children of any change in an offender's circumstances. This will be integral to NPS's pan London Business Plan.

NPS's current priorities both locally and nationally include delivering ongoing training for practitioners and managers. To embed effective quality assurance processes, implement a new audit tool and contribute to the development of the National Performance and Improvement framework on safeguarding children.

All performance and quality work surrounding safeguarding children continues to be via our senior leadership team meetings and performance and quality sub groups.

7. Long and short term risks and priorities

- Pre-Sentence Report delivery, change in report format and need for speedier Police and Children's Services checks.
- Developing the workforce: utilising local training provision from partnerships and internal NOMS training packages.
- Leaving Probation officers on the periphery of the child protection network - we must be fully integrated in the team around the child.
- Developing practitioners confidence in making appropriate referrals and improved understanding of thresholds continues to be a challenge. In addition, effective identification and assessment of safeguarding issues when the index offence is not related directly to children is also an area needing further development. It is hoped that closer liaison with the Referral and Assessment and Early Help teams should assist with this.

8. Actions to be taken to address the risks and the expected impact on outcomes

- Continued participation in MASH and appropriate information sharing will assist in improving outcomes for all children. We also need to constantly revise and refresh our quality assurance processes to ensure that we fully capture the practitioner's experience and equip accordingly for best practice.
- Improving attendance : NPS / NOMS mandatory training and any appropriate multi-agency training run by the local SCB
- We need to get better at using other community resources provided by our partners such as family contact centres.
- NPS is keen to create and maintain exchange days/shadowing opportunities between Probation officers and social workers. This will raise awareness for both agencies about the roles which each respective agency does and also manage expectations. This will also assist in enhancing the integrated approach in future multi-agency working across boroughs.

9. Example of Effective/Emerging Practice

10.

NPS has made improvements to case management systems to encourage more detailed and accurate recording of safeguarding concerns. This improved data will be used locally to focus resources and assist staff to identify cases requiring additional support and a multi agency approach. It will also provide more meaningful and useful data to the NPS LSCB rep to be able to comment upon and contribute towards future strategic consultation and development.

Havering VI Form College (HSFC)

1. Summary of Service

Havering VI Form College in Hornchurch, are a provider of qualifications comprising of 56 different A levels and 14 vocational subjects. We have 2714 full time students.

In terms of Safeguarding, S11 compliance is checked against the 'Section 175 Education Act Audit Tool' and regular reviews of relevant legislation is undertaken.

Review of Safeguarding Activity 2015-2016

What has your organisation done in terms of your own agency safeguarding priorities?

- Two audits to ensure compliance – external completed April 2016, Borough audit undertaken June 2016.
- Annual Safeguarding Policy review and annual report to governors.
- 6 weekly report to Executive (Senior Leadership Team)
- Full staff & governor training in Safeguarding & 'Prevent'
- Partnership focus – representation at HSCB, BAP Pastoral Strategy group (SG leads from local schools) and the Serious Group Violence Strategy Group; links with FE providers both in and out of Borough to share best practise; Information Sharing Agreement with Met Police; working relationship with Prevent Coordinator.

2. How has your agency utilised the views of children, young people, parents and carers to improve services?

Parents:

Information is gathered via:

- Open communications policy – email/phone
- Parents invited to attend Principal & Deputy Principal's talk in September
- Verbal feedback during the interview process
- Staff survey

These forms of feedback are used to inform course Quality Improvement Plans and form a part of the College Self-Assessment Process.

Students:

- Student Survey (annual) - actions feed into the College Quality Improvement Plans and Self-Assessment process. These then inform the College Strategic Plan.

3. How has the organisation contributed to the Havering SCB vision statement and strategic aims?

Strategic Aim 1:

Representation at HSCB, annual review of Safeguarding Policy, annual report to Governors, 6 weekly report to HSFC Executive, to ensure compliance to statutory responsibilities.

Strategic Aim 3:

HSFC partnership focus (as highlighted in part 2.5 above)

Strategic Aim 5:

Partnership work with Police, partner schools & Havering FE College to ensure risk of young people becoming NEET is minimal, whilst ensuring Safeguarding/CP risks are controlled as far as practicable.

Strategic Aim 6:

BAP group

Membership of NAMMS (National Association for Managers of Student Services)

Membership of both groups helps us identify and share operational and strategic practises in response to local and national issues.

4. Long and short term risks and priorities

- 'British Values' awareness raising / training for staff & students – not yet fully embedded
- CSE awareness training to be fully embedded for both staff and students
- Staff opportunity to reflect on and contribute to, Safeguarding Policy and practise to be embedded.

5. Actions to be taken to address the risks and the expected impact on outcomes

- Staff training on 'British Values' & CSE awareness to be undertaken in June – thereby meeting HSCB strategic objective 1
- British Values and CSE awareness training for students to begin in the next academic year, via a mix of tutorials (similar to PHSE) and various communication methods.
- June meeting with Executive Team on how to fully embed staff feedback into Safeguarding practise and policy.

6. Example of Effective/Emerging Practice

- Partnership work developing with similar institutions out of Borough, to assist in meeting HSCB strategic aim 1.
- Actively seeking 'Prevent' training opportunities, to be in a position to more readily train staff and meet statutory responsibilities under the 'Prevent' Agenda, without reliance on external agencies.

- Seeking to embed Safeguarding reflective practise in the College appraisal process, enabling staff to reflect upon their practise and contribute to future development and policy.