



city & hackney
safeguarding
children board

City and Hackney Safeguarding Children Board

Annual Report 2012-2013

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List of Abbreviations

CAF	Common Assessment Framework
CAFCASS	Child and Family Court Advisory and Support Service
CAIT	Child Abuse Investigation Team
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CEO	Chief Executive Officer
CHSCB	City & Hackney Safeguarding Children Board
CoL	City of London
CPA	Community Partnership Advisor
CPP	Child Protection Plan
CRB	Criminal Records Bureau
CTB	Children Trust Board
CYPSP	Children & Young People Strategic Partnership
DAAT	Hackney Drug and Alcohol Action Team
DCS	Director of Children's Services
DHR	Domestic Homicide Review
DWP	Department of Work and Pensions
ECM	Every Child Matters
FGM	Female Genital Mutilation
HCVS	Hackney Council for Voluntary Service
LAC	Looked After Children
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
LBH	London Borough of Hackney
MPM	Management Planning Meeting
NHS	National Health Service
PCT	Primary Care Trust
PSHE	Personal Social Health & Economic
SCR	Serious Case Review
SCIE	Social Care Institute for Excellence
SLAC	Safeguarding & Looked After Children
VCS	Voluntary and Community Sector

Introduction from the Independent Chair

The City and Hackney Safeguarding Children Board represents a diverse team of professionals committed to working together to deliver the best possible service for children and their families. The geography, population, social and economic divergence between the City and Hackney is very different and each faces their own challenges. However, I believe that together we create an almost unique opportunity to blend and consolidate expertise, build mutually beneficial initiatives and accrue improved outcomes for the young people we seek to safeguard.

I am convinced that this opportunity arises thanks to the great work of our existing partnerships and the leadership provided by the outgoing Independent Chair Fran Pearson and Professional advisor Sophie Humphries. Fran and Sophie have much to be proud of and I would like to take this opportunity to thank them for their leadership, sense of direction and the strong foundation they helped build.

Looking back over this annual review, it is hard not to be impressed by the board's progress, work done and the difference partner agencies and their respective teams have made. I hope you take the time to read it in full. Whilst it outlines many of the challenges we have faced and the success achieved, I am particularly impressed by those initiatives that gave children a voice. Events like the 'Safeguarding Youth Conference' run by and for young people is just one such example. The child's voice is critical, we are listening and we will seek to do more with and for them.

Looking forward board members and their respective agencies face a range of budgetary and operational challenges. Some are leading significant organisational and structural change whilst many are managing shifting responsibilities. The impact of new commissioning procedures and an increasing number of service providers will require even greater levels of communication and effective support by and between all agency leads. The Executive Group recognised as a 'particularly strong feature' by Ofsted, is now well established and I believe it will provide a forum for flexible and timely oversight of such transitional and emerging issues.

The board's focus on specific areas including domestic violence and child sexual exploitation has, and is helping, develop our collective understanding of these issues. Our commitment to these and other areas continues, but we recognise the need to ensure we balance our focus. In keeping with this we will commission other work including that which will help us better understand the levels and impact of neglect and maltreatment.

Moving forward we are committed to encouraging the professional curiosity and challenge so crucial to improved safeguarding and will work hard to identify and apply lessons learned here or elsewhere. We will seek to accelerate board engagement with potential problems at

the earliest possible opportunity through active dialogue with partners, the public and the young people we seek to protect.

Personally and professionally I look forward to working with the board as we strengthen our collaboration and further develop the levels of independent scrutiny expected of us.

Jim Gamble

Independent chair of the CHSCB

Context for 2012/13 Report

The Children Act 2004 requires Local Safeguarding Children Boards (LSCBs) to publish an annual report on the effectiveness of practice to safeguard and promote the welfare of children within a local area. Because CHSCB is a joint Board, the 'local area' comprises both the London Borough of Hackney and the City of London.

Working Together to Safeguard Children, revised and republished in March 2013 in response to the Munro Review of Child Protection (2011), spells out in more detail what an annual report is expected to do:

*"The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify weaknesses, the causes of those weaknesses and the action being taken to address them as well as other proposals for action."*¹

This report is set against a context of organisational restructure, in response to the government agenda for change and the requirement for the public sector to streamline resources and maximise efficiency. Much of 2012/13 for the health sector in particular was taken up with planning for the transfer of budget holding responsibility between primary care trusts and the newly formed Clinical Commissioning Groups (CCGs). Public health services were also in transition and in April 2013 moved from NHS North East London to become part of the local authority. The Metropolitan Police Force are making adjustments to working practice to take account of reduction in levels of central funding; some areas of work are being realigned – such as the transfer of responsibility for child sexual exploitation to the Child Abuse Investigation Teams. At the time of writing two London boroughs are piloting how this will work in practice.

There has also been change in significant personnel over the year: Fran Pearson, the independent Chair of CHSCB for the last seven years, moved on at the end of March 2013, although her relationship with the Board will continue as she takes up the position of interim Chair of the Safeguarding Adults' Board for City & Hackney. Jim Gamble, the CEO of Ineqe and ex-CEO of Child Exploitation & Online Protection, replaces her. Joy Hollister, Director of Community & People for the City of London, took up a new post in the London Borough of Havering. She has been replaced by Ade Adetosoye, previously Assistant Director Children's Social Care in Lambeth. Chris Pelham joined the City of London from Newham earlier in the year as Assistant Director, People and chairs the City of London sub-committee.

Ofsted led a multi-agency inspection of Hackney services in February 2013 as part of the pilot for their then new joint inspection process. They judged the overall effectiveness of multi-agency arrangements for the protection of children and young people to be 'Outstanding'. While there is obviously still and always will be work to be done this was an endorsement both of the quality of leadership and of partnership working and also the fact that our work

¹ Working Together to Safeguard Children 2013, 3.17

is appropriately child-focussed. It was an indicator of Hackney's progress since their Safeguarding & Looked After Children (SLAC) inspection in May 2012, when the overall judgement of effectiveness was 'Good'.

This Annual Report is split into five sections:

- Part 1 focuses on Governance and Accountability Arrangements.
- Part 2 examines the different ways in which the Board fulfils its statutory function to co-ordinate.
- Part 3 is an evaluation of the effectiveness of practice to safeguard and promote the welfare of children in Hackney, including sub-sections specific to priority areas of focus: domestic violence and child sexual exploitation.
- Part 4 is the summary annual report from the Child Death Overview Panel.
- Part 5 is an evaluation of the effectiveness of practice to safeguard and promote the welfare of children in the City of London.

Part 1

Governance and accountability arrangements

1.1 Changes to Board Structure & Membership

1.1.1 The City & Hackney Safeguarding Children Board covers the London Boroughs of Hackney and the City of London. This partnership arrangement was agreed because the City of London and Hackney share the East London & City NHS Trust, now City & Hackney Clinical Commissioning Group (CCG).

1.1.2 The independent Chair for the last 7 years, Fran Pearson, left at the end of March 2013. The new Chair, Jim Gamble, formally took up his post at the beginning of April 2013 but was able to conduct a number of introductory site visits in March to meet key partners.

1.1.3 The membership of the CHSCB was reviewed in January 2012 to ensure both its continued appropriateness and to reflect planned or actual governance changes to partner organisations, such as the City & Hackney Clinical Commissioning Group (CCG) - replacing NHS East London & City Primary Care Trust in April 2013 - and Hackney Learning Trust - integrated into local authority provision in August 2012. As at March 2013 representatives sit on the Board at a senior level from the following agencies :

- Children and Family Court Advisory and Support Service (CAFCASS)
- City of London Corporation
- East London NHS Foundation Trust
- City & Hackney Clinical Commissioning Group (CCG) + Named GP
- Hackney Council for Voluntary Service
- Hackney Learning Trust

- Homerton University Hospital NHS Foundation Trust
- Hackney Children's & Young People's Service – Children's Social Care & Young Hackney
- Hackney Health & Community Service (Adults)
- London Probation Service
- Metropolitan Police Service - Borough and Child Abuse Investigation Team (CAIT)s
- Schools

1.1.4 A by-product both of staff changes and review of membership meant that there were representatives new to the Board in 2012/13 from CAFCASS; City of London Corporation; Hackney Learning Trust; Health & Community Services and the Police CAIT. Neither the CCG nor schools had previously been directly represented – the former because it did not exist prior to 2012.

1.1.5 NHS City & Hackney CCG became responsible for safeguarding within the services that it commissions from April 1st 2013. Prior to this and over the period covered by this report, the Designated Nurse & Named GP were employed by NHS North East London and the City Cluster PCT.

1.1.6 Hackney's Director of Children's Services is an active Board member and the Lead Member for Children's Services, Councillor Rita Krishna, continued in her role as 'participant observer'. Cllr Krishna is also chair of the Children's Trust Board, and will continue to chair the Children's Health & Wellbeing Partnership when it is formally established in 2013. Cllr Krishna also chairs the Corporate Parenting Board.

Effective Practice example:

The independent Chair and the Professional Advisor to the Board hold annual review meetings with every Board member as a means of holding individuals to account for their responsibilities

1.2 CHSCB supporting structure

Sub-Committees

1.2.1 A range of multi-agency sub-committees support us to do our work. Each sub-committee has met on schedule this year. Chairing arrangements have been consistent. A breakdown of the membership of each group and attendance rates is included in this report at Appendix 4.

1.2.2 The roles of the individual sub-committees are outlined briefly below and the work of each sub-committee is highlighted throughout this report:

- CHSCB Executive – chaired by the independent CHSCB Chair. It holds the sub-committees accountable for their work (membership includes the Chairs of each sub-committee) and sets the agendas for the main Board. Its oversight of the detail of governance and financial processes enables the Board to engage more in reflective practice;
- Child Death Overview Panel – chaired by the Deputy Director of Public Health, it reviews all child deaths and ensures that learning points are acted upon;
- City of London sub-committee – chaired by the Assistant Director - People, it monitors effectiveness of multi-agency safeguarding arrangements in the City of London and keeps the City partnership abreast of new developments;

- Finance sub-committee – chaired by the Head of Hackney Learning Trust, it recommends a budget to the Board, agrees partnership contributions and monitors spending;
- Quality Assurance sub-committee – chaired by the Chief Nurse Homerton Hospital NHS Trust, it monitors the effectiveness of safeguarding arrangements across the CHSCB partnership. Links to operational and task groups, such as the Child Sexual Exploitation Working Group;
- Serious Case Review sub-committee – chaired by the independent CHSCB Chair, it commissions serious case and other case reviews and oversees the ongoing implementation of action plans resulting from the learning;
- Training and Development sub-committee – chaired by the Assistant Director Children’s Social Care, it oversees the delivery and development of the multi-agency training programme and evaluates the impact of this together with the training provided by individual agencies;
- Operational Practice Group – chaired by the Professional Advisor to CHSCB, it is a multi-agency group of operational managers. Its main purpose is to enable the sharing of information to and from the frontline and to be a forum for debate around learning generated by audit and case reviews.

Effective Practice example:

“The operation of the LSCB Executive Group is a particularly strong feature. The group is effectively driving systematic improvement in many key areas of multi-agency work which is leading to sustained improvements”

Joint inspection of multi-agency arrangements for the protection of children, March 2013

1.2.3 Intelligence about frontline activity is communicated through sub-committee members, who themselves link out to a range of operational fora. A programme of frontline activities was introduced this year, through which members of the Executive attend and observe frontline practice in different settings. A report summarising the feedback from this will be included in next year’s CHSCB Annual Report.

Strategic and Operational Task Groups

1.2.4 Multi-agency Task Groups supplement the support structure to the Board whenever a detailed focus is required to address a specific Board priority. This is in line with our function to co-ordinate multi-agency safeguarding activity.

1.2.5 The Sexual Exploitation Working Group is currently one such group, with a focus on the strategic development of an effective multi-agency service to address child sexual exploitation in Hackney. It is chaired by the Children’s Social Care Head of Safeguarding. Feedback about the work of the Group is a standing item on the agenda of the Quality Assurance sub-committee. Attached to the strategic Group is a multi-agency operational group engaged in profiling actual cases. See section 3: Focus on...Sexual Exploitation for an evaluation of work in this area in 2012/13.

1.2.6 Another multi-agency Task Group established in 2012 is addressing the development of a local strategy to work with children who go missing from home or care. This is chaired by a Group Manager, Children’s Social Care Safeguarding & Learning.

Board Support Team

1.2.7 The work of the Board and its sub-committees is supported by a small team of officers:

- The Professional Advisor has a specific function around multi-agency liaison at senior level, providing advice, intelligence and analysis to both Directors of Children’s Services, the independent Chair and to elected Members. Part of the brief of the job is to provide an independent perspective on all aspects of safeguarding across the partnership.
- The Board Manager manages the overall delivery of the Board’s work programme.
- The Business & Performance Manager has particular responsibility for the detail of the daily business and for oversight of the operation of the Training Programme and the s.11 audit programme. The post supports the operation of the Quality Assurance and Finance sub-committees.
- The Community Partnership Officer provides advice, consultancy and training both externally to community and faith groups but also internally to practitioners to increase their awareness of cultural and faith-based harmful practices.
- The Training Co-ordinator is responsible for the daily operation of the multi-agency training programme and for the processes through which we evaluate its impact.
- The Board Coordinator supports the Chair and Professional Advisor and the work of the sub-committees.

Effective Practice example:

The stand alone role of Professional Advisor reinforces the Board’s capacity for the provision of expert safeguarding advice and independent challenge. The Advisor acts as the professional advocate for the protection of children and young people.

1.3 Business Planning

1.3.1 We are currently working to a two year Business plan. It was agreed last year following a process of self assessment using a nationally recognised tool² that was structured around best practice standards for multi-agency working. The Plan sets milestones that are linked to strategic objectives; a more detailed work programme for the year sits alongside it and includes targets and timescales for subcommittee activity.

1.3.2 It is important that the Business Plan is relevant to both Hackney and to the City of London – two authorities that which are different in size, demography, and volume of work on the ground. Despite their difference they share challenges. The child population of both is ethnically diverse- around 85% of school children are from a black or minority ethnic group³. The most recent Index of Multiple Deprivation reported Hackney as the second most deprived borough in England, with 11 wards in the top 5% of deprivation nationally. A 2012 report noted that Hackney as having the second highest rate of domestic violence reporting in London per 1000 per population, when compared with the 9 most similar boroughs⁴; levels of reported domestic violence are increasing in the residential population of the City of London. For this reason domestic violence remains a key practice focus for the Board, along with the sexual exploitation of young people and the interface between children’s and adults’ services.

1.3.3 The Business Plan for 2012/14 is available to download from www.chscb.org.uk

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² Morrison & Horwath Self Assessment & Improvement Tool

³ Child Health Profile City & Hackney March 2012

⁴ Hackney Chief Executive’s Directorate, Policy and Performance Team, June 2010

Effective Practice example:

Our Business Plan priorities are rooted in a self evaluation of our overall effectiveness and on intelligence from frontline practice

1.4 Relationship to other Strategic Boards

- 1.4.1 The independent CHSCB Chair is a member of the Children’s Trust Board (shortly to become the Children’s Health & Wellbeing Partnership) and provides a challenge by ensuring safeguarding is on the agenda in the planning, designing and delivery of services for children and young people in Hackney. The Chair, Cllr Krishna, sits on the CHSCB as ‘participant observer’. The Board Manager attends the City of London Children’s Executive Board.
- 1.4.2 Along with the Director of Children’s Services, the Lead Member for Children & Young People has been able to ensure that safeguarding is an agreed priority for the shadow Health & Wellbeing Board of which they are both members.
- 1.4.3 CHSCB has direct links with Hackney’s Local Strategic Partnership and Safer, Cleaner Partnership; core members of the Board and Executive either chair or are represented on the four partnership sub-groups for Domestic Violence, Drugs & Alcohol, Safer Young Hackney and Performance Co-ordination.

1.5 Relationship between DCS and Independent Chair

- 1.5.1 *Working Together to Safeguard Children 2013* makes it the responsibility of the local authority Chief Executive to appoint or remove the independent Chair and to hold them to account, drawing on other LSCB partners. The performance of the independent Chair is quality assured by the Director of Children’s Services (DCS) for Hackney in bi-monthly meetings. The DCS for the City of London joins these meetings on occasion.

1.6 Other relationships

- 1.6.1 The CHSCB is represented on a number of other strategic groups, both locally and regionally. The independent Chair is a member of the London and national independent chairs network. The Professional Advisor to the Board sits on the Hackney Children’s Resource Panel, the Homerton Hospital Safeguarding Regulatory Group and the CCG steering group. The CHSCB Manager is a member of the London Safeguarding Children Board Business Managers’ Forum. Both the Professional Advisor and the Board Manager are accredited by the Social Care Institute of Excellence (SCIE) in the *Learning Together* model for case reviews. The CHSCB Community Partnership Advisor (CPA) represents us on the Hackney Refugee Forum, HCVS Children and Young People Provider Forum, the Orthodox Jewish Community Health Forum, the NSPCC Muslim Children Safeguarding Group and the national Female Genital Mutilation (FGM) Safeguarding Advisory Group. The CPA is a core member of the London Safeguarding Children Board sub-committee for Faith and Culture. The Training Co-ordinator attends the London SCB Training Network.

1.7 Financial Arrangements

1.7.1 The CHSCB pooled budget is managed by the London Borough of Hackney. We are funded jointly by partner agencies and contributions for 2012-13 were agreed as set out below:

Organisation	Contribution
London Borough of Hackney	£186,929
Homerton Hospital NHS Trust	£24,000
East London NHS Foundation Trust	£12,000
The Learning Trust	£24,000
East London & City NHS Trust	£24,000
City of London Corporation	£24,000
Hackney Borough Police	£7,000
London Councils (Metropolitan Police Authority)	£5,000
London Probation Services	£2,000
CAFCASS	£1,100
Total	£310,029

Final outturn figures for 2012-13 are:

CHSCB Annual Report 2012/13			
EXPENDITURE	BUDGET	FORECAST OUTTURN	FORECAST VARIANCE
Staffing	198,278	243,143	44,865
Expenses			
Independent Chair	26,751	20,280	(6,471)
Independent consultants	33,000	20,780	(12,220)
Training	50,000	50,000	0
underspend b/f from 10/11			
	308,029	334,204	26,175
Not Included above			
Misc Expenditure	2,000	24,660	22,660
Misc Income		(350)	(350)
Munro grant		(34,125)	(34,125)
Rolled over balance		(14,360)	(14,360)
Total	310,029	310,029	(0)

1.7.2 The Finance sub-committee ensures that we are properly funded; partner contributions are fair and spending is overseen so that finances are used effectively and efficiently. The sub-committee normally only meets twice per year - once to oversee the year-end spend and to ensure the funding for the following year is sufficient and once to monitor spend mid-year and agree virements to ensure the CHSCB's priorities can be implemented.

1.7.3 The Finance sub-committee is not proposing an increase in budget next year but continues to balance the need to achieve value for money looking at ways of reducing expenditure in order to ensure that priorities can be funded.

Part 2 Local work to safeguard and protect the welfare of children: Co-ordination, Communication, Training & Development

The CHSCB holds a statutory responsibility to 'co-ordinate' work to safeguard and protect children, which in essence is about supporting people to do their job to the best effect. We do this by:

- Producing local **procedures and practice guidance** to guide work in particular areas, sometimes highlighted as needing improvement by audit or case review
- Establishing Task Groups to **coordinate multi-agency work on a particular topic** for a period of time
- Improving the knowledge and skill-base of practitioners through the provision of **multi-agency learning opportunities** covering different aspects of child protection work; at the core of which is our multi-agency training programme
- Supporting **the wider community** in all its cultural diversity to understand the laws that protect children from harm and helping smaller voluntary and community groups operate in a way that is safeguarding aware
- **Hearing from children, young people and parents/carers** about the kind of challenges they face and how we can better support them
- **Getting the views of frontline staff** and supporting their work in a complex and ever-changing landscape

2.1 Local procedures & practice guidance

- 2.1.1 Although all CHSCB partners sign up to and are guided by the pan-London Child Protection Procedures there is sometimes a need for explicit local protocols and/or guidance around specific multi-agency practice issues.

Mental Health Joint Protocol

- 2.1.2 The joint protocol between Adult Mental Health services and Children's Social Care was reviewed and updated in 2011 to reflect changes to organisational structures. The development and implementation of the original Joint Protocol was a recommendation of a 2008 Serious Case Review - specifically that the 'City and Hackney LSCB should review multi-agency working with respect to parents with mental health problems, so as to ensure that joint working protocols reflect the need for multi-agency involvement, even if the children are not currently living with the parent with mental health problems.'
- 2.1.3 The protocol was revised again in 2012 to take account of organisational changes and to ensure clarity of message around the undertaking of joint risk assessments. It is annually reviewed to ensure that it remains accurate and up to date.

Children Missing from Home and Care

- 2.1.4 Feedback from inspectors during Hackney's Safeguarding & Looked After Children inspection (Ofsted May 2012) was that the multi-agency response to missing children was good overall, but that responses were more reactive than guided by a local strategic approach. Practitioners have been working to the London-wide supplementary procedure, '*Safeguarding Children Missing from Care & Home*', but felt there was value in producing a local procedure to outline the detail of the multi-agency response.
- 2.1.5 The CHSCB Executive Group agreed the creation of a multi-agency task group to steer this work in October 2012. The group has all but completed a local procedure and at the time of writing is putting the finishing touches to it. They are working to an Action Plan, which has drawn on Ofsted's February 2013 thematic inspection of missing children, to think through objectives. The inspection report can be downloaded from <http://www.ofsted.gov.uk/resources/missing-children>
- 2.1.6 The steering group is also engaged in ongoing work to track children and young people who are frequently reported missing, identifying links to parallel work on child sexual exploitation. A status report on this work will be included in next year's annual report.

Effective Practice example:

CHSCB is appropriately reactive in the way that it establishes task groups to focus on particular areas of work and makes good use of operational intelligence to inform a strategic response

Challenges and priorities for 2013/14

- Evaluate the effective implementation of the Joint Mental Health Protocol;
- Agree an overarching strategy for work with children who go missing from home and from care
- Agree a model for conducting return interviews with young people in order that we understand more about the reasons that they go missing

2.2 Communication, Training & Development

CHSCB Training & Development Sub-Committee

2.2.1 The Training & Development Sub-Committee met 6 times between April 2012 and March 2013. The Sub-Committee has continued to be chaired by Sheila Durr, Assistant Director of Hackney Children's Social Care. The sub-committee works to a clear workplan linked to Business Plan milestones.

Membership includes adult mental health safeguarding leads and the DAAT.

City & Hackney Safeguarding Children Board Website – www.chscb.org.uk

2.2.2 The CHSCB website has been live since August 2010. To ensure continuous improvement in communication the Annual Report 2011/12 prioritised the introduction of a news bulletin, the development of mechanisms for direct feedback from site users and a refresh of the existing design to enable clearer access to publications.

2.2.3 In the autumn of 2012, the CHSCB Operational Forum and Quality Assurance sub-committees agreed a proposal to update the website structure. The rationale was to provide a more user-friendly website that gave practitioners easier access to timely and relevant information. Key changes were the inclusion of information on the Child Death Overview Panel (CDOP) and the creation of a stand alone 'Learning and Development' sub-section to house training-related information.

2.2.4 The CHSCB support team started an online news bulletin in April 2012, which is sent out to partner agencies and individual members on the CHSCB mailing list. The newsletter links to the website with the aim of increasing its visibility and publicising current areas of work. Partner agencies are invited to contribute items to further promote inter-agency awareness. Although the bulletin started as a monthly 'event' it has settled into a pattern whereby we publish every two months – more effective in terms of the potential for new information and internal capacity to produce.

2.2.5 Comparison of the number of hits on web pages this year as opposed to last indicates that whilst the website is still receiving substantial attention, figures are beginning to go down. Data comparing overall page views is highlighted in Figure 1 and a breakdown by top viewed pages is in Figure 2 below:

Fig 1 Comparison of overall page views

		<i>1st April 2012 – 31st March 2013</i>	<i>1st April 2011 – 31st March 2012</i>	<i>Increase/decrease</i>
1	Page views	42,331	45,958	-7.98%

Fig 2 Comparison of top viewed website pages

	Web page	<i>1st April 2012 – 31st March 2013</i>	<i>1st April 2011 – 31st March 2012</i>	<i>Increase/decrease (%)</i>
1	Welcome page	6,822	7,080	-3.64
2	Training calendar	5,724	7,091	-19.28
3	Training application submission	1,642	1,958	-16.14
4	Training programme	1,449	2,420	-40.12
5	CHSCB members and partners	1,169	874	33.75
6	Policies and Procedures	1,100	1,062	3.58
7	Serious Case Reviews	1,059	1,094	-3.20
8	About the CHSCB	952	996	-4.42
9	Contact us	949	1,010	-6.04
10	Professionals	600	556	7.91
11	How to keep your children safe	586	396	47.98
12	CHSCB team	570	679	-16.05
13	Publications	530	626	-15.34
14	What to do if you are worried about a child?	530	522	1.53
15	Lunchtime seminars	528	771	-31.52

The training calendar and programme continues to be among the most-viewed pages on the website; however the numbers are falling here too. A possible explanation for this is that applicants for courses are accessing the course booking page directly from a link sent by the Training Coordinator rather than looking at the training calendar before booking a suitable course, but at this stage this is just a hypothesis. We will continue to gather information in order to determine the degree to which this is a trend.

Priorities for 2013/14

- The sub-committee will conduct an analysis of website use by practitioners
- The sub-committee will research the pros, cons and feasibility of using different forms of e-technology to communicate particular messages to particular audiences

CHSCB Multi-agency Training Programme 2012/13

2.2.6 As well as providing learning across key areas of safeguarding practice, CHSCB's multi-agency training courses are an opportunity for practitioners across the partnership to learn from each other and about themselves. Our trainers encourage people to consider how their own personal values, experiences and beliefs shape their responses to the families that they work with and their relationships with colleagues. The demography of the City of London and Hackney is diverse; practitioners can use these courses to reflect on how they can work positively and respectfully with difference whilst maintaining clarity about the types of belief systems and practices that are harmful to children. Similarly, practitioners are encouraged to respect and value difference within multi-agency groups whilst also being confident in constructively challenging the views and practices of colleagues when they feel that these are unhelpful.

"I attended the Parental Substance Misuse course on 7th February 2013. I wish to say that I thoroughly enjoyed my day. The trainer was excellent and I learnt so much not only from her but from the other participants". - excerpt from an evaluation form

Attendance

2.2.7 CHSCB courses are targeted at different levels of learning need. Group A is a foundation level - for anyone whose work brings them into contact with children and families. Group B targets practitioners who work directly with children and families and who as a consequence will have some degree of safeguarding responsibility. Group C is intended for anyone with supervisory or designated responsibility for safeguarding work.

2.2.8 A total of 44 one and two day training courses were delivered between April 2012 and March 2013 – an average of almost four a month (no courses are run in the month of August). In addition to this we ran eight two hour lunchtime seminars. If we combine the data for regular training with that for lunchtime seminars, a total of 1,251 people attended multi-agency training between April 2012 and March 2013. Even if we take into account that some of these will be the same people attending different courses, the overall numbers are still good.

Fig 3 Overall attendance on group A, B and C training courses:

Training Group	Course Title	Attendance
A	Safeguarding Children - a shared responsibility	136
	Communicating within children in a safeguarding context	17
	Working with diversity in safeguarding children	34
Total		187
B	Working with resistant and uncooperative families	42
	Working together to safeguard children - sharing responsibility	57
	Impact of abuse and neglect on the development of children and young people	24
	Applying systemic theory to child protection and multi-agency working	38
	Risk assessment, analysis and decision-making	40
	Working with cultural and economic diversity in safeguarding children	13
	Impact of domestic violence on children and young people	36
	Impact of parental substance misuse on children and young people	25
	Communicating and listening to children through play	17
	Impact of Parental Mental Health on Children and Young People	19
	Safeguarding disabled children	16
	Supporting parents to develop parenting skills to safeguard children	26
	Overcoming dangerous dynamics in professional practice	11
	Impact of parental learning disability on children and young people	26
	CFAB - Introduction to International Social Work Issues	22
	Responding to sexually harmful behaviour by children and young people	21
	Working with child sexual abuse	8
	Working with sexual exploitation	11
	Safeguarding in a digital world	25
	Total	
C	Managing allegations against professionals working with children	29
	Training for designated and named safeguarding children officers	36
	Safer recruitment	9
Total		74
Other	Cultural Awareness session - Orthodox Jewish Community	95
	DV workshop- Safety planning and access to services	15
	DV workshop - How to work with intimate partner violence	20
	DV Workshop - How to identify children and families at risk	21
Total		151
Grand Total		889 2011/12 (877)

"I have been on safeguarding training before but this was the best. Facilitator very clear and clearly has a lot of knowledge and experience. All questions were answered fully. Brilliant." an excerpt from an evaluation form

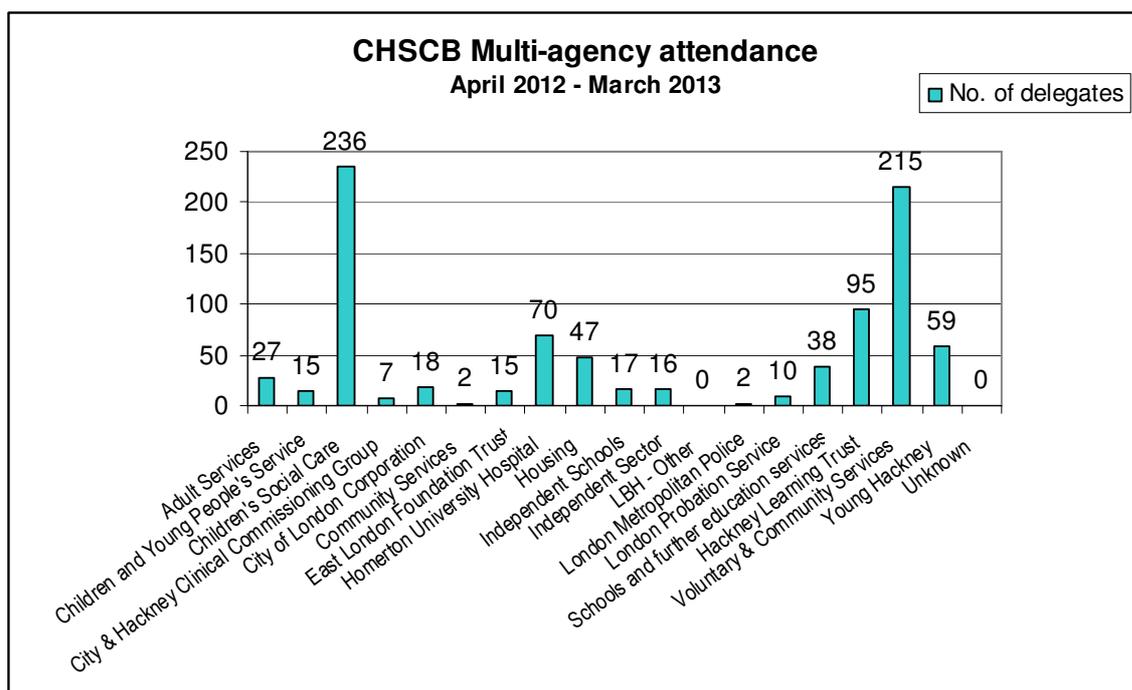
2.2.9 The distribution of attendance by agency is interesting although the way that the information is automatically generated does not allow for easy identification of particular roles within an organisation. The tool therefore does not allow for detailed analysis without additional follow up: the Homerton Hospital NHS Trust, for example, covers community health provision as well as hospital-based staff across a range of disciplines - the return includes

health visitors, midwives, school nurses, paediatricians, nursing staff etc. Similarly, the way that data is currently collected means that Children’s Centres are included within the Hackney Learning Trust cohort.

2.2.10 It is also worth taking into account that the strong figures for the Voluntary & Community sector includes nationally registered charities, commissioned domestic violence and substance misuse services and a range of community organisations.

2.2.11 Figure 4 below shows the distribution of attendance:

Fig 4 Breakdown of number of attendees from different agencies:



2.2.12 It is important to take into consideration other factors that might affect the degree to which individuals from particular agencies might attend multi-agency training. Some organisations, such as the Metropolitan Police, provide a high quality central training programme for their staff. Because of the nature of their work and increasing pressure on resources, officers find it difficult to attend training that is additional to this for a full day. In acknowledgement of this, CHSCB have offered bespoke training at the police station for the Child Abuse Investigation Team (CAIT). The first of these sessions was an introduction to abuse linked to faith and culture covering learning from a Hackney case review where a child had died as a consequence of a belief in spirit possession. A similar bespoke model was introduced for the City of London this year (see section 5).

2.2.13 Other organisations, such as East London NHS Foundation Trust, might straddle more than one LSCB area, meaning that adult mental health workers can also access multi-agency training via Tower Hamlets or Newham LSCBs. Nevertheless, their attendance figures have more than doubled from last year. Attendance levels from Children’s Social Care and Hackney Learning Trust continue to be healthy.

- 2.2.14 Last year’s annual report noted concerns over levels of attendance at training from schools and GPs. School attendance is still lower than desirable, but we need to triangulate the multi-agency data with that held by Hackney Learning Trust and by schools themselves, in order to know the degree to which this is a problem that needs solving or whether schools are commissioning their own training from elsewhere. The number of GPs attending CHSCB day courses has fallen. Again, we need to triangulate this with data from the Named GP about attendance at the training she provides before forming a judgement.
- 2.2.15 Both school and surgery staff have attended lunchtime seminars which fit more easily into their schedules.

Lunchtime Seminars

- 2.2.16 Our programme of lunchtime seminars is one way in which we can demonstrate our responsiveness to intelligence from front-line practice and from the findings of audit and case review. The format allows us to focus in on particular elements of child protection and safeguarding practice that might only be signposted within a course with a broader focus. Seminars have been prompted by issues highlighted in discussions with the CHSCB Operational Practice Group, from findings as they emerge from serious case and case reviews and which reflect CHSCB priorities.

Effective Practice example:
A major strength of CHSCB training is the way that learning from case audits and reviews feeds directly back into the content of training courses, joining up learning and QA processes

- 2.2.17 362 delegates attended lunchtime seminars in comparison to 459 the previous year. The reason for the drop in numbers is unclear at this stage considering we held one more seminar this year. In some cases the number of advance bookings was much greater than the actual number who attended on the day. Our hypothesis is that this probably relates to capacity issues once the commitment to attend becomes ‘real’. The Training & Development sub-committee will continue to monitor uptake of seminars going forward, highlighting any issues as they arise so that analysis can be more immediate.

Fig 5: Lunchtime Seminars that took place in 2012/2013

Date	Seminar Title	Attendance
25.05.2012	Safeguarding in a Digital World	32
08.06.2012	Understanding and working with problematic sexual behaviour	47
21.06.2012	Belief in Spirit Possession - Harmless or Harmful?	68
05.07.2012	Somebody else’s child – Understanding Private Fostering	22
17.12.2012	Safeguarding Adolescents, Challenging Professional Perceptions	35
29.01.2013	Understanding mental illness	43
11.02.2013	The case of Child P – Learning from a systems review	32
01.03.2013	Hackney Domestic Homicide Review & linked ‘Learning Together’ Focussed Review	83
Grand Total		362

Cultural Awareness

2.2.18 Learning about the Orthodox Jewish Community

Hackney has the largest Orthodox Jewish population in the UK. In order to help professionals better understand the community's context and to develop and deepen cultural awareness, CHSCB commissioned The Interlink Foundation to deliver workshops for multi-agency staff groups. The workshops were run three times over the year to reach as wide an audience as possible and focussed on subjects such as the origins of the community, family structure, social norms and challenges.

2.2.19 Feedback indicated that delegates valued the workshops and felt that they gained a general awareness of the community. Attendance figures for the workshop are detailed in Figure 3 above.

2.2.20 Following the success of this model, CHSCB has commissioned a series of workshops in 2013-14 focussing on cultural awareness of the Roma/Irish Traveller community.

Helping the Orthodox Jewish Community learn about safeguarding

2.2.21 The Interlink Foundation delivers child protection training for voluntary groups and schools within the Jewish Orthodox community. CHSCB funds the delivery of a proportion of these and this year initiated doing so in conjunction with Haringey LSCB – since the community straddles both Hackney and Haringey, there is little point in different training content being delivered to different geographical parts of the same community. Training content is regularly reviewed with Interlink to ensure that safeguarding guidance and local contact and process information is up to date and clear.

2.2.22 Interlink provided 11 training sessions in 2012-13. A total of 140 delegates were trained; 51 delegates attended advanced level training and 89 attended basic safeguarding awareness.

"I am satisfied with the course, have learnt from the course and it's a good idea to have courses like this"
"It has changed my perspective on how I deal with children"

Intelligence from Interlink about the demand for training is encouraging – where previously the need for it has had to a degree to be 'sold' to the community, groups are now beginning to seek it out proactively.

Evaluation: how does the Board assure itself that training is of an appropriate standard and that it is having a positive impact upon practice?

Review of training programme

2.2.23 The Training & Development sub-committee agreed a review of training options in January 2013 to make sure that the multi-agency programme:

- meets the diverse needs of professionals

- reflects Board priorities in relation to child protection work as well as underpinning more generic core skills, and
- includes learning from audit and case review as part of an ongoing learning and improvement cycle.

Prior to this review the programme had grown such that while a multiplicity of topics were offered, a consequence of this was that several were only available once in a training year, with a limited ability therefore to impact more widely upon practice.

2.2.24 The 2013/14 programme is built around a 'core group' of generic courses to improve practice around recognition and response to risk, assessment, planning and review – pitched at different levels of learning need. Beyond this, the programme focuses particularly on domestic violence (including more specialist targeted training on effective planning and on adolescents involved in violent relationships) and on sexual exploitation (ranging from awareness raising to direct work with young people). Lunchtime seminars introduce additional variety.

Evaluation of Training delivery

2.2.25 Externally commissioned trainers are contracted to provide a service. The CHSCB Manager and Training Co-ordinator have annual contract review meetings with providers, both to flag any issues that might have emerged from the feedback of participants but equally to hear concerns/positives from the trainers themselves. Trainers are asked to complete their own evaluation forms following each course, so this is an opportunity to pull all the information together – and to update trainers in terms of any changes to local arrangements or particular learning needs.

2.2.26 All training materials, whether the trainer is commissioned externally or provided by a partner organisation, are submitted to the CHSCB Training Co-ordinator before a course is run and new materials go to the Training & Development sub-committee for a wider discussion. This is partly to quality assure the content but also to ensure that the trainer is integrating local information such as referral pathways and findings from case reviews.

2.2.27 Members of the Training & Development sub-committee attend courses as observers, triangulate their observations with the immediate reaction of participants and then feedback their views to the sub-committee.

Immediate feedback from trainees

2.2.28 Every delegate has to complete an evaluation form at the end of a training course in order to receive a certificate of attendance. The information from these is collated after each course and then circulated to the trainers and brought to the sub-committee for noting. The process of collation is a laborious one for the CHSCB Training Co-ordinator, so we are considering different ways of generating feedback from participants that will not compromise on the volume and quality of information.

Evaluation of longer term impact on practice

2.2.29 Evaluating the on-going, longer-term impact that a training course has on an individual is a challenge to do with any measure of robustness. The most regular process for testing change in professional understanding is through management supervision processes – but not every agency uses these in the same way. There are various models around that rely on ‘testing’ through feedback immediately following a course and then by follow up, generally by some form of questionnaire, a few months later. We will be trialling one of these on domestic violence and child sexual exploitation courses in 2013/14 to see whether or not it adds value. The examination of practice through audit and case review tells us more about practitioners’ understanding, but the numbers of people involved are small and data must be triangulated with their training records to make any sense in this context.

Evaluation of effectiveness of single agency training

2.3.24 The Training & Development sub-committee tasked its members with completing an annual training return this year. Part of the rationale for this was to establish whether, to whom and how regularly safeguarding training is provided; who the training is delivered by; and how it is monitored and evaluated. We have established that all partner agencies provide a level of safeguarding awareness training and the vast majority provide this as part of induction training to new staff. A s.11 audit in 2011 identified child safeguarding awareness as a gap for adults social care staff and Hackney Homes and a programme of training has been introduced this year and last in response, run by the CHSCB Community Partnership Advisor.

Priorities and forward plans

- The sub-committee will get smarter at interrogating the attendance data by identifying what it says about the proportion of staff in each agency who are appropriately trained.
- *Working Together to Safeguard Children 2013* makes clear the expectation that LSCBs are required to monitor and evaluate the effectiveness of training provided by organisations to their own staff in addition to multi-agency training. The sub-committee will agree processes by which this can be done most effectively.
- Monitor and evaluate the impact (if any) of changes to the way Hackney Learning Trust targets delivery of safeguarding training into schools.
- Continue to trial methods for evaluating the longer term impact of training on practice – in relation to domestic violence and child sexual exploitation
- Test the possible reasons for apparent reduction in attendance at lunchtime seminars by direct follow up with applicants.

2.4 Hearing from children, young people and parents/carers

2.4.1 Creating an ethos where young people feel that they are active agents in making the decisions that affect their lives and adopting a participatory environment are vital safeguarding ingredients. Therefore, listening to the voices of young people and providing them with opportunities to be heard is a key factor in ensuring that their welfare is safeguarded. This is in line with Article 12 of the UN Convention on the Rights of the Child, which asserts that children have a right to express their views in relation to matters affecting them.

Youth Conference 2012

2.4.2 CHSCB established a working partnership over 2012 with Hackney Youth Parliament and the Children in Care Council Our Voice Our Choice (OVOC). Young people, supported by CHSCB and Young Hackney, held two conferences in one day in June 2012; one targeted at young people and the other at professionals. The conference theme was a follow on from the Safeguarding Youth Project undertaken the previous year where a group of young people from Hackney Youth Parliament consulted other young people about safeguarding issues affecting their lives and produced a DVD which focused in particular on domestic violence, honour based violence and forced marriage. The aim of the conference was to disseminate the learning from the youth project to young people and professionals and to provide a safe environment where young people could discuss issues around domestic and gender based violence.

Conference organisers

2.4.3 The conference was organised by 12 young people, some who had been involved in the original project plus new members of the Hackney Youth Parliament and OVOC. These young people were supported by staff from Young Hackney and the CHSCB. The group identified the speakers that they wanted to address the young people, they created the activities and facilitated the workshops. Both conferences were chaired by a young person.

Focus of the day

2.4.4 The conference focused on the key points featured in the young people's DVD - ethnicity and culture, domestic violence, honour based violence, forced marriage and gender-based violence. These terms were given a "modern" twist to encourage and stimulate discussions amongst the young people and included:

- Me, myself and the work: Culture vs Identity
- Sex and the Inner City
- Male/Female behaviour and social expectations
- Respect yourself-keep yourself safe

2.4.5 The conference was open to all young people in Hackney between the ages of 13 to 21 years. It was attended by 48 young people. The second conference for professionals had 20 participants. Given that it took place on a Saturday and it was raining, the turn out was better than we had expected.

What the young people said they learnt?

2.4.6 In total 32 evaluations were completed. 70% of young people identified that domestic violence was the thing they learnt about the most. Comments included:

- *I learnt about definition of domestic violence*
- *I learnt that domestic violence does not only include physical violence*
- *I learnt about domestic violence statistics*
- *I learnt that domestic violence happens everywhere*
- *I learnt the meaning of honour based violence*
- *Abuse happens both ways 'male-female and female-male'*

"I would like to congratulate the young people and your service for this very valuable work. It is a very impressive DVD and it will be very useful in many ways for DERMAN and other service providers and the communities in Hackney. I thought this DVD would play an important role to build a bridge between young people and the service providers and parents to create a safer Hackney for children. To see these very insightful children producing and participating in such a powerful piece of work on safeguarding made us feel hopeful for the future". Derman Turkish Women's Advocacy Project

2.4.7 Although the work on the DVD ended in 2011 it has continued to have a positive response from professionals across the country. It has been disseminated to organisations within London and more widely and there have been continued requests for the DVD to be featured at events.

Effective Practice Example

Following the completion of the Safeguarding Youth Project 3 of the young people presented the findings and premiered the DVD training tool at the London Safeguarding Children Board annual conference in December 2012. The work received a 'good practice' credit at the London Safeguarding Children Awards on the same day.

Ongoing consultation with young people

2.4.8 In order to hear the voices of specific groups of young people within the community, the DVD was also shown to a group of 40 young people from the Kurdish community. The discussion with the group focused on domestic violence, honour based violence and forced marriage. These issues were uncomfortable for the young people to engage with as there was an initial denial of the issue. The consultation identified a need to increase awareness of these issues with young people from these communities.

2.4.9 OVOC led a programme of Youth Inspections took place in 2012, recruiting nine Youth Inspectors to take part in an inspection of Hackney Pledge – a set of promises the Council, as corporate parents, have made to looked after young people and care leavers. The young inspectors considered 'communication' to be the main area that could be further improved and an action plan is being taken forward in the Corporate Parenting Service. Children's Social Care also implemented a family feedback programme in this year, in the course of which feedback was received from 116 children, young people and parents or carers. Over two thirds of parents and 88% of children and young people were positive or neutral about their experience.

2.4.10 Engaging with parents/carers

The importance of early intervention is not only of significance to professionals but also includes helping parents to be aware of their role. Parents need to: be aware of the issues that affect their child's health and development; know where to seek support; and know how to engage confidently with services. For particular groups of parents overcoming these obstacles requires tenacity.

2.4.11 Helping parents to acquire the knowledge needed to safeguard their children through working in partnership with children's centres continues to be an effective approach,

especially as it allows access to “hard to reach” groups. The CHSCB Community Partnership Advisor (CPA) delivered a total of 7 sessions to Ann Tayler Children’s Centre, 2 sessions at Millfields Children’s Centre, 3 sessions at Mapledene, 2 sessions at Gainsborough, 2 sessions at Morningside, 2 sessions at Wentworth and 1 at Sebright. A total of 122 parents benefited from attending these sessions and they chose some of the themes which included:

- Safeguarding children - a shared responsibility for parents
- internet safety
- domestic violence
- private fostering
- smacking
- abuse linked to faith & culture
- child trafficking

2.4.12 The parents came from a wide range of backgrounds and the majority were Black and Minority Ethnic. The sessions were targeted at all parents but the groups accessing the session were ESOL classes, Turkish parenting groups, parents training to be teaching assistants, NVQ Social Care students, those attending parenting classes and those attending drop-in groups. The majority of the parents were female.

-“Would like to do more training about Domestic Violence”

-“More about teaching good things to our children and train more around this programme”

-“More about recognising and reporting abuse, more safeguarding training”

Feedback from parents at Ann Tayler Children’s Centre

2.4.13 Turkish Parents’ Support Group

The Turkish Parents’ Support Group has been running weekly at Ann Tayler Children’s Centre since 2008. It aims to engage parents from the Kurdish and Turkish Community to meet and share parenting tips, as well as benefiting from the input of different professionals to enable parents to support their children to achieve better outcomes. 14 parents attended the CPA training and a translator was used during the session to translate but also support parents completing the evaluation form due to their poor literacy skills.

2.4.14 Orthodox Jewish parents

Following a session delivered to a non-Orthodox Jewish community organisation one of the participants who was Orthodox Jewish requested that a modified version of the training be provided to a group of parents. The session could not be advertised as the participants were concerned about repercussions from the community by attending. The CPA delivered the training with a member of the Metropolitan Police Partnership Team as the participants had requested the presence of the police. Discussion with the parents centred on corporal punishment within schools, sexual abuse, consequences of reporting abuse to statutory services and what they perceived to be the lack of community leadership to improve safeguarding practices within the community.

Effective Practice Example:

CHSCB employs a full-time Community Partnership Advisor to forge links with children and young

people, parents and voluntary community organisations and advocate on their behalf in different settings.

2.5 Faith and Belief

- 2.5.1 The national agenda on safeguarding children linked to faith and belief was given renewed urgency this year following the publication of the 'National Action Plan to tackle child abuse linked to faith or belief (2012)'. The plan encourages local authorities to adopt a four pronged approach which focuses on: Engaging Communities, Empowering Practitioners, Communicating Key Messages and Supporting Victims. The areas of focus covered within the action plan are areas of work the CHSCB has been engaged in for several years.
- 2.5.2 Under the specific theme of Engaging Communities in December 2012 the CHSCB - in partnership with the Hackney African Forum - delivered a seminar for the community entitled 'Our Role in safeguarding those in our community at risk of witchcraft branding and spirit possession'. The seminar was attended by 42 participants mainly from an African background and covered issues around engaging with the police, available support for victims and developing effective partnerships with communities. The presenters included a faith leader, Metropolitan Police Project Violent and AFRUCA.
- 2.5.3 The debate on this issue has often excluded the voices of young people and when it is heard, it is through the voices of adults who work with them. Therefore, in order to rebalance the debate and help the community to obtain a perspective that is influenced by the voices of young people the seminar included a presentation in the form of drama. This was delivered by a Congolese drama group which focused on the role of faith leaders, disability and parenting.
- 2.5.4 Participants highlighted the need to raise further awareness within the community and outlined the importance of monitoring faith leaders who use the internet and television to propagate messages.
- 2.5.5 A similar session was organised in partnership with the Congolese Family Support Project, Family Action. The session was specifically for the Congolese community and highlighted the links with mental health, parenting and support services.
- 2.5.6 Professional awareness-raising on the broad theme of faith-related abuse is addressed in the CHSCB training programme and in the consultancy service provided by the CPA. Specific examples include a lunchtime seminar on the Child D case review (following the killing of a child by her mother in the belief that she was *djinn* possessed). This was delivered in June 2012 and was attended by 68 participants. A local Imam delivered a presentation from an Islamic perspective. The engagement of key faith leaders is important to addressing this issue as they are able to influence their followers. A follow-up session was delivered to the police Child Abuse Investigation Team, and following a case consultation between the CHSCB CPA and the Named Doctor at the Homerton Hospital, a similar presentation was delivered to doctors based at Hackney Ark.

- 2.5.7 The CHSCB CPA also helped deliver sessions to partners out of borough which included teachers in Barking and Dagenham, churches in Camden and Lewisham, and the Private Fostering Co-ordinator's forum organised by BAAF.

Effective Practice example:

Constructive links have been forged with local Imams following a case review where the predominant learning concerned the possible tension in the Muslim community between a manifest belief in spirit possession and an emerging mental illness.

2.6 Engagement with the Community and Voluntary Sector

2.6.1 Our work with voluntary and community organisations continues to be an area of strength and in some respects this has been due to our partnership with Hackney CVS (HCVS). Our approach has targeted awareness raising within the sector in three ways:

- Provision of training to voluntary and community organisations, encouraging direct contact and communication with grassroots organisations and thereby fostering a better working relationship;
- Attending HCVS One Stop Advice Surgeries to offer advice on development of child protection policies and the law;
- More reactive training delivery in response to agencies' self-assessed shortfalls in s.11 audits and/or intelligence from operational practice such as the work of the Local Authority Designated Officer (LADO).

2.6.2 The CHSCB Community Partnership Advisor delivered training to 27 individual organisations in 2012/13. Some of these were refresher sessions – a sign that these organisations both recognise the need to safeguard children and of their commitment to engage with the national agenda.

2.6.3 On the back of the full s.11 audit of 2011 the CPA has been actively engaged in raising the awareness of Tenant Resident Associations (TRAs) and Local Authority commissioned organisations such as youth groups and taxi companies. Work with TRAs included a contribution to the safeguarding section of the new Hackney Homes Tenants Residents Association Handbook.

Hackney CVS Safeguarding Communities Project

2.6.4 CHSCB funded Hackney CVS this year to run a project to capacity build the voluntary and community sector network around awareness that 'safeguarding is everybody's business'. Network leads were identified to become 'Safeguarding Champions'. They have received training in a variety of areas to equip them to be able to convey key messages back to their networks. Champions were drawn from different environments, and included: Housing (Tenants' Resident's Associations); Parents' support groups; Play groups; Refugee Association; the African community and the Turkish/Kurdish community. Training has covered topics that ranged from safe-recruitment to domestic violence and the impact of

bullying; from the development of child protection policies to the role of the voluntary sector in inspections. A total of 323 'learners' have benefited from the Project over the year.

- 2.6.5 Officers from Hackney CVS represent the sector on the main Board of CHSCB and on different sub-committees. Priorities for CVS going forward are:
- Increasing cultural awareness in context of safeguarding;
 - Raising awareness around dealing with bullying
 - Raising awareness around domestic violence
 - Supporting the voluntary and community sector to achieve compliance with s.11 audit standards

2.7 Hearing from frontline staff

2.7.1 CHSCB Executive Group Frontline Activities

2.7.2 The Executive Group agreed early in 2012 that its members would attend and observe different operational meetings and/or events across the Partnership, in order to give senior managers a direct and realistic view of practice on the ground; the challenges faced by practitioners and a snapshot perception of effectiveness.

2.7.3 Twenty such observations took place over the year, including settings such as the Children & Young People's Resource Panel, Child Protection Conferences, the MARAC and MAPPA risk management meetings; psychosocial maternity meetings at the Homerton Hospital; police Senior Leadership Team meetings; Children's Social Care Unit meetings; and participation in multi-agency audits.

2.7.4 As well as providing useful and positive insights about the nature and quality of professional response, a number of potential systemic issues were identified as a consequence of this exercise and are being raised strategically – one example being the lack of a formal process for co-ordination of care for under 18 year olds with mental health problems who are pregnant.

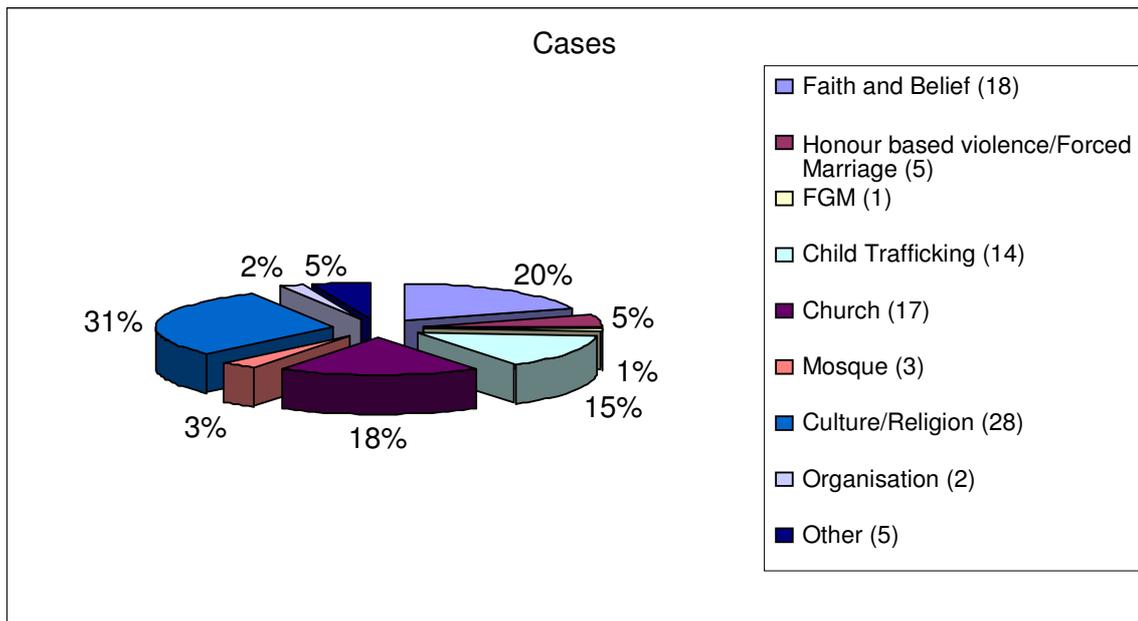
2.7.5 Community Partnership Advisor professional consultancy

81 cases were referred to the Community Partnership Advisor for advice in 2013/14 - 6 cases more than the previous year. The support provided by the CPA included advice to staff and conducting joint home visits and office interviews with parents and children (see Fig. 6 below for a breakdown of the cases by type). The provision of this kind of consultancy around cases where there are concerns about cultural or faith-based abuse gives the CHSCB the opportunity to learn both about levels of professional understanding and quality of practice and about volume and trend patterns, which in turn helps with the planning of training. It also identifies any gaps in partnership working which can then be strategically addressed.

2.7.6 In a similar trend to last year the majority of cases involving honour based violence and forced marriage concerned Bangladeshi females. Kurdish families also featured highly. Consultation was provided on a single case involving Female Genital Mutilation (FGM). This involved a father, who had presented to a hospital requesting FGM be performed on his daughter. The cases involving faith and belief mainly concerned parents who believed that

their circumstances and/or that of one of their children were being affected by someone inflicting them with witchcraft. These families were either Christian or Muslim, except two involving Sikh families. Children were vulnerable largely as a consequence of disability, parental mental illness and the presence of domestic violence.

2.7.7 There has been a marked increase in practitioners seeking advice on how to work with different cultures and religions. Most of these relate to staff wanting to understand how culture and the religious views of the family impact upon their understanding of the abuse that is taking place. There is also an increase in practitioners wanting to explore within an assessment whether or not previous concerns have been raised about a particular religious establishment.



Community engagement – forward plans

- Hackney CVS will continue to capacity build the sector through the use of Safeguarding Champions
- The CHSCB Community Partnership Advisor will scope the number and nature of newly formed churches in both Hackney and the City of London and target them for awareness-raising around all abusive practices and those that are faith-based
- The CHSCB Community Partnership Advisor will develop a project to work with young men, particularly in the Turkish and Kurdish communities, around perceptions of violence
- Continue a programme of awareness raising to housing providers and adult-focussed services

Part 3 Monitoring and evaluating the effectiveness of what is done to safeguard and promote the welfare of children

We carry out our core responsibility to MONITOR THE EFFECTIVENESS of work to safeguard and protect children and young people by:

Using a **variety of quality assurance mechanisms** to form a view as to what is working well, what is working less well and what the challenges are for every day practice. These include the following:

- Oversight of **data about the volume and type of work** coming through our front door and whether or not we are processing it in a timely way (quantitative information that can highlight broad trends)
- Measuring the degree to which our partners comply with statutory safeguarding requirements through regular audits against s.11 Children Act 2004
- Multi-agency **case file audits** that can pick up the detail of work on a case
- Multi-agency **case reviews** (that don't meet the serious case criteria) **that allow practitioners reflective space** to think about casework
- **Serious case reviews** that drill down to the reasons that a particular child or children die or end up badly harmed
- The collection and analysis of information about the **allegations that are made about professional misconduct** in a safeguarding context – the work of the LADO;
- The collection and analysis of information about the **deaths of all children resident in the City of London and borough of Hackney**, to identify any matters of concern about agency responses or concerns around general public health or safety.

3.1 Quality-assurance activity

Background and remit of Quality Assurance (QA) sub-committee

- 3.1.1 The QA sub-committee is a formal sub-committee of the CHSCB. Its overall responsibility is to ensure that the quality of safeguarding practice within and across agencies is monitored and evaluated to support a learning cycle of continuous improvement. The sub-committee meets bi-monthly; chairing responsibilities were held in 2012/13 by the Chief Nurse and Director of Governance, Homerton Hospital NHS Trust.
- 3.1.2 A focus for the sub-committee this year has been on refining the data that we collect about performance to ensure that it adds value to our overall understanding of the effectiveness of practice. In addition to the collection and monitoring of intelligence such as this, the sub-committee commissions and oversees a programme of s.11 and practice audits. It also is the forum through which the Child Sexual Exploitation Working Group is accountable up to the Board.

3.2 What do the statistics tell us?

- 3.2.1 The CHSCB, through its QA sub-committee, needs to have oversight of the work flow from point of referral to the close of a case. This represents the child's journey through the child protection system and although statistics alone tell us very little about the quality of work with an individual child, they are useful for picking up trends and spotting differences, which can then trigger further enquiry. All this helps to form an overall view of the effectiveness of practice.

Context

- 3.2.2 Hackney was selected as one of a small group of local authorities to work closely with the Munro Review of Child Protection in 2010. Processes were identified in the course of the review which might hinder rather than help social work practice and government agreement was given to piloting the delivery of services without certain statutory processes:
- Removal of the distinction between initial and core assessments. A single assessment process is undertaken, tailored to the needs of the child (this has now been taken forward as standard in *Working Together to Safeguard Children 2013*).
 - Removal of timescales for completion of assessments so that practitioners spend the necessary time to ensure an accurate assessment is carried out (*Working Together 2013* includes a timescale of 45 days). The average length of time to complete assessments in 2012/13, using this dispensation, was 40 days.
 - No statutory timescales for core groups held when a child is subject to a child protection plan. Members of the core group will agree the anticipated frequency of these meetings at the child protection conference and review this at subsequent core group meetings.
- 3.2.3 This process has been closely monitored and is discussed regularly with practitioners, management and the Department for Education. Hackney continues to work with the government as a trial authority for further changes to statutory guidance that are being considered and have been granted additional flexibilities for 2013/14:

- Where a decision is taken at a strategy discussion to initiate enquiries under section 47 of the Children Act 1989, the lead social worker should determine the date on which the initial child protection conference is to be held
- If the child becomes the subject of a child protection plan, the lead social worker will determine when the first meeting of the core group should take place

Children and Young People in the Child Protection System

NOTE: The data in this section is Hackneys and is produced by every local authority in response to national performance indicators. Data relating to activity in the City of London is included in Section 5 of this report.

3.2.4 Numbers of children on Child Protection Plans/Duration of Plans

A Child Protection Plan is made following a multi-agency Child Protection Conference and assessment that a child is at continuing risk of significant harm or impairment of health and development. It is therefore also an indicator of the effectiveness of multi-agency work with a family within the structure that a Plan provides and is measure of a Plan's effectiveness in eliminating or significantly reducing the risk of harm.

3.2.5 The proportion of Hackney children on plans for longer than two years has decreased from 8% at 31 March 2012 to 3% at 31 March 2013. 54% of cases remained on Child Protection Plans for less than six months, which on one level is evidence that children and families are moving through the child protection system in a timely manner. Performance in this area is close to but not quite in line with the national average and is closely monitored in order to test that the re-referral was not a consequence of any shortcomings in assessment and step-down planning at the point of coming off a Plan.

Number of Children on Child Protection Plans				
31/03/09	31/03/10	31/03/11	31/03/12	31/03/2013
220	241	128	190	226

Rate of Child Protection Plans per 10,000 (31 March 2012)

Hackney 33.5

Statistical neighbour average 41.1

England 37.8

3.2.6 The number of children on Child Protection Plans has increased over the last 18 months. However, as of 31 March 2012 our rate of Child Protection Plans per 10,000 remained low when compared to Inner London Local Authorities and the average most recent figures across England.

3.2.7 Hackney's lower than average rate of children subject to child protection plans is an indication of the strength of early help services. Early intervention systems were commended by Ofsted in the 2012 Safeguarding and Looked After Children inspection, and in the pilot inspection of Multi Agency Arrangements for the Protection of Children as being effective, well-coordinated and contributing to fewer referrals to Children's Social Care.

Percentage of Review Child Protection Plans in timescale

3.2.8 It is important that all Child Protection Plans are reviewed through multiagency case conferences to ensure that they are being implemented and that they remain appropriate to a child's needs and assessed risk of significant harm. Child Protection Plans must be reviewed within 3 months of the initial case conference and within (at least) six monthly intervals thereafter. For this performance indicator, a high score is indicative of good performance. In

2011/12 100% of reviews were held within timescale. Data for 2012/13 is undergoing validation and is expected to be close to 100%.

3.2.9 Children in Care

Overview of care population

3.2.10 Our objective to date as a Board has been to ensure sufficient focus on the effectiveness of our child protection service provision, both collectively and individually. Working Together 2013 is now clear that our lens should include all aspects of a child's journey through safeguarding systems, including our provision to children who are in the care of the local authority. Enabling the Board to gain an informed view of this while at the same time applying detailed scrutiny to aspects of work will be a key challenge going forward. Next year's report will therefore examine the experience of vulnerable children and young people receiving early help and those in care in more detail and we do not attempt to give more than a general overview here.

3.2.11 One of our key principles is that children are best cared for within their families wherever this can be safely achieved. We are getting better at knowing which children need to come into care and identifying which children's outcomes will be improved by entering the care system. We continue to have significantly lower numbers of children in care per 10,000 population under age 18 than our statistical neighbours (other Local Authorities with similar profiles).

	Children looked after per 10,000 population aged under 18		
	2010/11	2011/12	2012/13
Hackney	52	54	55
Statistical neighbour average	87	77	Not yet available

	Numbers of Looked After Children as at 31 March		
	2010/11	2011/12	2012/13
Hackney	265	305	320
Statistical neighbour average	447	437	Not yet available

3.2.12 The number of young people receiving support as care leavers has also increased. At the end of March 2013, 216 young people were receiving support as care leavers, compared to 189 in May 2012. New admissions to care increased year on year in the 16 and 17 year age groups, both in actual numbers, and as a percentage of the overall cohort of children starting to be looked after each year. This is attributable to the acceptance of young people with housing needs as looked after and the correlation with an increase in the use of Section 20 (CA 1989) accommodation. This also provides an explanation for the increased numbers of care leavers in 2012/13, as older children entering the care system last year become care leavers on their 18th birthday.

3.2.13 There has been a recent trend in unaccompanied asylum seeking males aged over 17 years presenting for services. Of all the 17 year olds who started to be looked after in 2012/13,

71% were male. The number of children leaving care during 2012/13 was 173. Of these, 40% returned home to live with parents, relatives or another person with parental responsibility. A further 34% left care due to turning 18, 13% left care due to Special Guardianship Orders or Residence Orders being granted, and 6% were adopted.

Private Fostering

- 3.2.14 A child under the age of 16 (under 18, if disabled) who is cared for, or proposed to be cared for, and provided with accommodation by someone other than a parent, person with parental responsibility or close relative for 28 days or more is privately fostered. A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family who is willing to privately foster a child. They may also be from extended family such as a cousin or great-aunt.
- 3.2.15 Local authorities do not approve private foster carers, but are required to assess and say whether or not they agree and accept a private fostering arrangement to ensure that the welfare of privately fostered children is being safeguarded and promoted. This necessitates a proactive approach in partnership with other agencies and other key professionals in raising public awareness of requirements regarding notifications of private fostering arrangements. Under LSCB Regulations (2006) , LSCBs have a statutory function to develop policies and procedures in relation to the safety and welfare of children who are privately fostered. These are included within the pan-London Child Protection Procedures to which we sign up, but we also monitor activity on the ground by means of reporting.

Overview of Activity 2012/13

- 3.2.16 As of March 2013 there were 12 children identified as being cared for in private fostering arrangements in Hackney, an increase of a third from the same time in the previous year. Of these, 10 were new arrangements which began during 2012/13.
- 3.2.17 Children's Social Care carried out an audit of all private fostering cases in February 2013 and timeliness of visits to privately fostered children was identified as an area for improvement. This was flagged again by Ofsted in the pilot joint inspection of child protection in March 2013, and it was recognised that actions are in place to address the issue. Visits are closely monitored by the strategic lead for private fostering and a further review will be undertaken later in the year to track progress.
- 3.2.18 The content of our multi-agency Foundation level (Group A) training includes private fostering and we supplemented this with a lunchtime seminar in July (see Section 2 of this report). Bespoke training on private fostering for social workers is scheduled for later this year. Formal training has been supplemented by presentations to all key staff delivered by the private fostering strategic lead in Children's Social Care to ensure that they have information about the notification requirements and the assessment process for all private fostering arrangements in the borough. The First Response Team also delivers safeguarding training direct to partner agencies, which includes information on private fostering and the CHSCB Community Partnership Adviser also promotes private fostering responsibilities in tailored training sessions to parents, faith groups and the voluntary sector. Information about private fostering is available on the CHSCB website.
- 3.2.19 Hackney continues to have a low rate of notifications about private fostering arrangements compared with comparator boroughs, particularly in the context of the high numbers of children and young people living in the borough (a quarter of the total population). Plans are in place to take further steps to raise awareness of private fostering including re-issuing of publicity materials, more frequent re-distribution of information to partner agencies and

public access points, and continuing the rolling programme of training to staff, partners and voluntary and community sector groups. CHSCB will monitor the impact of this through annual reporting into the Quality Assurance sub-committee.

3.3 Quality assurance of organisations through “section 11” Audit

- 3.3.1 ‘Section 11’ is a reference to s.11 of the Children Act 2004, which imposes a duty on named statutory organisations to be mindful of the need to safeguard and promote the welfare of children in the work that they do. The audit measures the degree to which organisations comply with this duty, against a set of standards covering governance and accountability arrangements, training, safe recruitment processes, effective multi-agency working, information sharing - and whether and how organisational development is informed by the views of children and young people.
- 3.3.2 A full s.11 audit is an effective way for organisations to measure how well they are adapting their practice to changes in legislation and/or guidance in a safeguarding context, but because of the amount of detail within the audit tool, is time-consuming to do. The CHSCB practice is to target different areas for a full audit at different times and to conduct a full audit of statutory partners every three years – unless a legislation change makes it necessary to do something sooner. Where an organisation has failed to meet particular standards we build in six-monthly follow ups. A full audit of statutory partners was conducted in early 2011, with a follow up in early 2012. The next full audit will be in 2014/15.
- 3.3.3 The Quality Assurance sub-committee’s focus of attention in 2012/13 was on the single s.11 standard around safe recruitment – drawing on intelligence linked to the LADO process to identify a cohort of agencies and their HR leads to participate:
- Schools
 - Early years settings
 - Local authority commissioned services, including youth groups and taxi firms
 - Health – GPs, health consultants, mental health trust employees
- 3.3.4 The majority of agency leads used the standard safe recruitment checklist recommended by the NSPCC sponsored Safe Network on a dip sample of organisations. Schools and the local authority commissioning team used their own bespoke tools. Each lead visited agencies directly to conduct the audits – those organisations that participated were briefed beforehand as to the purpose, which was primarily supportive and intended to help them to make sure that the people who work for them are competent, confident and safe to work with children and young people.
- 3.3.5 A briefing about the audit and its outcomes is going to the CHSCB Executive in July 2013 and detail will be included in next year’s annual report. Headlines at the time of writing are unsurprisingly that large organisations with HR team support are fully compliant with the standards expected of them; the practice in smaller organisations varies much more. It is also not as common as it should be to find safeguarding responsibilities specified within job descriptions and a concern is emerging about small, private organisations where work with children is a small part of their daily operations.

s.11 Audit process forward plans

- 3.3.6 There will be a follow-up to the safe recruitment audit in January 2014 for those organisations that fell short of the required standards.
- 3.3.7 In January 2013 CHSCB agreed a further s11 audit to target schools, following the previous full audit of schools in 2009/10 and to capture the changing profile of schooling in Hackney. This will be done in two stages, targeting independent and free schools initially and following up with maintained schools later in the financial year.
- 3.3.8 The City of London will start a full audit of partners in September 2014.

3.4 Allegations against professionals: Report of the Hackney Local Authority Designated Officer (LADO)

- 3.4.1 The LADO for Hackney is part of the team that supports the City & Hackney Safeguarding Board. Placing the LADO responsibility squarely within the structure of the Board allows for oversight and quality assurance of the process to feed directly into Board business. It is a very transparent embodiment of the Board's statutory responsibility to co-ordinate and monitor the effectiveness of practice, relating here to organisational culture, safe recruitment processes and identification of training need and delivery.
- 3.4.2 For the majority of the year responsibility for LADO functions rested with the Board Manager, while referrals that were serious enough to warrant multi-agency Management Planning Meetings (MPMs) were chaired by members of the Independent Review Unit on the LADO's behalf. Ofsted, in their Safeguarding & Looked After Children inspection report of May 2012, highlighted the work thus:

"The Local Authority Designated Officer (LADO) process and procedures provides a speedy and effective response to allegations made against individuals working with children and young people, with good examples of training and awareness-raising work undertaken with a range of voluntary organisations, community and faith groups. LADO cases sampled by inspectors demonstrated timely and safe intervention and that the views of children were effectively gathered".

- 3.4.3 Nevertheless there is an inbuilt potential for variance in a single process with a number of different leads, in relation to consistency of approach in case management. At the time of writing, we are piloting use of a dedicated LADO covering all functions, still under CHSCB line management.
- 3.4.4 In addition to the Independent Review Unit in 2012/13, the Hackney LADO is supported in their task by a multi-agency network comprising IRU administrators, HR officers from Hackney Learning Trust, Safeguarding leads for schools and early years from Hackney Learning Trust, Hackney First Response Service and the police Child Abuse Investigation Team.

3.4.5 A total of **99** referrals were made to the LADO in this period, prompted by concerns about the behaviour of adults who work with children. This was five more than the previous year. As would be expected the majority of referrals relate to adults who work *directly* with children. Allegations were made against:

42 Teachers (incl. 17 teaching assistants) (41.5% of total - *30% in 2012/13*)
17 foster carers, including 1 partner of a carer and 1 son of a carer (17% of total – *15% in 2012/13*)
9 early years workers (9% of total – *14% in 2012/13*)
3 Care Workers (3% of total - *4% in 2012/13*)
2 adopters (2% - *new*)

3.4.6 One allegation was received concerning each of the following: volunteer; youth worker; social worker; house mother; commis chef; nurse; kinship carer; key worker in supported housing; photographer; scout leader; childminder; Arabic tutor; mosque leader and a sports tutor.

3.4.7 Teachers, teaching assistants and non-teaching school based staff together accounted for nearly half of all allegations.

The nature of the concerns

3.4.8 **Physical abuse was the main concern in 58 (57%) of cases.**

3.4.9 **19 referrals (19%) were prompted by concerns about behaviour** in the person's private life and what this might indicate about their suitability to work with children. Examples of the kind of things that gave rise to concern included: someone's own children being subject to child protection plans; someone being subject to criminal proceedings for neglect of own children; reported domestic violence at home.

3.4.10 The concerns in **13 cases related to possible sexual abuse/sexual harassment.**

3.4.11 Overall 42 referrals resulted in at least one Management Planning Meeting (MPM). The remainder were dealt with by the employer following discussion with the LADO and HR professionals. Very few allegations that progressed to a planning meeting resulted in a criminal charge being brought, although one is currently in the court arena. Two were referred to the Independent Safeguarding Authority who judged the evidence insufficient to bar them from work with children.

Commentary

3.4.12 The total number of referrals in 2012/13 is slightly higher than it was in previous years. This figure does not represent the total number of calls to the LADO, but the calls that resulted in a single agency investigation and/or multi-agency MPM process. As such there is still no conclusion to be drawn in terms of trend information from numbers alone; numbers are increasing, but doing so unremarkably.

3.4.13 The majority of allegations were about concerns about physical harm caused to a child by a professional responsible for their wellbeing. Very few children showed any evidence of actual injury or backed up the allegation once it was investigated. Very few resulted in a

criminal investigation. The vast majority of allegations made about staff in the context of faith-based educational settings have been about inappropriate physical chastisement.

- 3.4.14 Although numbers are small, there was also an increase in historical abuse allegations in the year – a possible indicator of the increased confidence felt by those making disclosures that they would be taken seriously in the wake of the Jimmy Savile investigation. One such investigation has resulted in a criminal charge being brought.
- 3.4.15 Relatively few allegations were substantiated and a smaller number resulted in criminal convictions but it is nevertheless important that the benefit of the process itself is recognised. A substantiated allegation that results in the dismissal of a member of staff is a very visible outcome, but there are hidden gains for organisations that are involved in the majority of cases where outcomes are unsubstantiated or unfounded. Involvement in the process helps organisations become more thoughtful about the way they conduct business and recruit safely.
- 3.4.16 A significant number of concerns relate to the adult's behaviour in his/her private life. All adults working with children have responsibility for maintaining public confidence in their ability to work safely with children. It is therefore expected that they follow high standards of conduct in their private life as well as their working life.
- 3.4.17 The Child Abuse Investigation Team, Hackney First Response, Learning Trust HR and the LADO have worked well together on receipt of referrals. The LADO meets regularly with the Learning Trust HR Team to discuss progress of cases and between September 2012 and March 2013 the Safeguarding & Attendance Manager, Hackney Learning Trust provided a valuable additional support around managing allegations that were specific to schools.
- 3.4.18 The Safeguarding Duty Service and individual Child Protection Co-ordinators in the Independent Review Unit have provided good support to the LADO function through the co-ordination of Management Planning Meetings from the initial point to the closure of a case.

Forward Plans

- 3.4.19 The interim dedicated LADO will report on the pros and cons of a uniform approach to case management in the autumn of 2013.
- 3.7.20 Improve the facility for recording and for automatically generated reporting of LADO work via the new social care information system being rolled out in Hackney Children's Social Care from July 2013.

3.5 Quality assurance of multi-agency practice

- 3.5.1 CHSCB have a visible and long-standing commitment to multi-agency audit and review as a means of testing the quality of practice. An important additional outcome from each audit is what the exercise tells us about the audit process itself; as a consequence our multi-agency audit process evolves over time and is continually adapted to ensure that the process itself is of maximum benefit to staff who participate and to organisational learning.
- 3.5.2 Multi-agency audit is an integral part of the Board's learning and improvement cycle and an opportunity for the Board to get a deeper view of the quality of practice in a particular area – be that a stage of a child's journey or a 'type' of case. Over 2012/2013 we have been

working with SCIE to develop and test a model of multi-agency audit using the ‘Learning Together’⁵ methodology for case review. The theme selected for the audit was domestic violence; a priority focus within the Board Business Plan.

3.5.3 The headline learning from the audit process is covered in the *Focus on...Domestic Violence* section of this report which follows. In terms of the process, it had four key stages:

- Stage 1: The selection by CHSCB of a particular theme to audit
- Stage 2: A multi-agency ‘real-time’ audit of multiple case files; randomly selected against specified criteria from the most recent point of referral into the system
- Stage 3: Selection of 2 of these cases to represent features of the larger sample and that would be interesting to look at in relation to systemic learning
- Stage 4: a one day workshop for frontline practitioners involved in each case. This involved learning directly from the people involved about how they saw the case at the time, drawing out any contextual factors that influenced them and highlighting indicators of wider systemic learning about underlying strengths and weaknesses in the way organisations work together.

3.5.4 The Stage 2 multi-agency audit day was planned by a steering group drawn from the CHSCB Quality Assurance sub-committee. The group defined the criteria for case selection, which were fairly simple: the trigger for each referral had to concern domestic violence; be ‘handed off’ via Partnership Triage to ‘Universal Plus’ services whether Children’s Social Care were involved or not; the children who were subjects of referrals had to reflect different age ranges, from unborn to 18 years; and, no trigger referral should be more than 18 months old. A total of 22 cases were selected to these criteria.

3.5.5 Auditors came from a range of agencies and represented different tiers of responsibility above that of basic grade frontline workers (children’s social care, police, health – Health Visitors and midwives, Young Hackney, Hackney Domestic Violence Team, Hackney Learning Trust and a consultant from SCIE). The CHSCB Independent Chair also attended.

3.5.6 This was an exercise conducted by agencies together to look at multiple cases over the course of one day – a total of 14 cases were looked at over a 5 hour period. Other Children’s Social Care-led multi-agency audits took place in the year linked to the inspection process with the difference that they were conducted by agencies in parallel and in relation to a single case.

3.5.7 On the spot feedback from practitioners who were involved in the themed Learning Together workshops was very positive and the days worked well as opportunities to reflect back on practice, both individually and as a group.

3.6 Serious Case and Case Reviews

3.6.1 City & Hackney SCB’s Serious Case Review sub-committee met six times during the year. A standing item on the agenda of meetings considers the rapid response to unexpected child deaths – both newly commenced and on-going investigations. The sub-committee is chaired by the independent Board Chair. Cases of concern are discussed here in order to establish

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⁵ SCIE ‘Learning Together’ Fish, Munro & Bairstow

whether or not they meet the criteria for a serious case review, and if not, whether there might be value in conducting another form of case review for the purposes of learning.

- 3.6.2 No Serious Case Review (SCR) was commissioned in 2012/13, but the Board did participate in a Domestic Homicide Review (DHR) and elected to conduct its own focussed case review linked to this using SCIE's *Learning Together* methodology. The DHR was independently chaired and authored by Anthony Wills, Chief Executive of '*Standing Together*' Against Domestic Violence. Anthony was also part of the Review Team for the CHSCB focussed Review and the author of that and the independent CHSCB Chair were part of the DHR Panel. DHRs typically focus on the professional interface with adult victims and perpetrators - the rationale for commissioning the additional focussed review was to capture the more child-focussed learning in relation to multi-agency work with the young baby who was on a child protection plan when her mother was murdered.
- 3.6.3 Key learning points from these reviews are considered in the *Focus on....Domestic Violence* section below.
- 3.6.4 One other case review was active during the year - a joint review with the London Borough of Croydon to look at multi-agency practice both within and cross-borough with a young woman who had been killed by one of her peers. The learning from this review will be noted in next year's annual report, but a key feature was early and severe sexual and emotional damage and the professional challenge in working with the behavioural impact of this.
- 3.6.5 A further review was initiated late in the year, learning from which similarly will be noted in next year's annual report. This was a cross-borough review involving 6 London boroughs and following the murder of a 15 year old boy believed to have been possessed by evil spirits by his sister and her partner.

3.7 FOCUS ON.....Domestic Violence (DV)

- 3.7.1 The City & Hackney Safeguarding Children Board (CHSCB) Business Plan for 2012-2014 identifies domestic violence as a priority area of practice on which to focus. The trigger for this, aside from the volume of routine casework in which domestic violence features as a risk factor, was a Domestic Homicide Review (DHR) commissioned at the start of 2012, following the murder of a young mother by her boyfriend. The theme of domestic violence has therefore anchored the development of a Learning and Improvement Framework over the course of 2012/13. This uses different levels of quality assurance activity to identify key learning points for partner organisations – both individually and collectively – which are then transferred to the content of training courses and other types of learning activity.
- 3.7.2 In addition to the core DHR, in which the Chair and Professional Advisor to CHSCB participated as members of the Review Panel, CHSCB commissioned a *Learning Together* focussed systems review as an addendum – specifically to focus on child welfare practice, 9090

⁶ SCIE Learning Together methodology for conduct of case reviews

since the victim had a young baby at the time of her death who was subject of a Child Protection Plan.

CHSCB Learning & Improvement Cycle

Framework to support quality assurance & learning
around an area of practice, such as domestic
violence



and with seeming contradictions: a violent person can also be assessed as having the capacity to be a 'good' or a 'safe enough' parent.

- 3.7.6 Both the DHR and the focussed review addendum brought out this complexity and the learning was discussed with CHSCB commissioned trainers as part of the review of the training programme in 2013 (see section 2). Both also highlighted the ease with which two protective processes with different organisational 'masters' – the MARAC (adult victim-focussed) and the Child Protection Conference process (child-focussed) could operate in parallel rather than together at the expense of co-ordinated safety planning. The focussed review exposed the real challenge that practitioners face when an agreed and formal arrangement for no contact in the interests of protecting both victim and child can so easily be undermined by a text message.
- 3.7.7 Turning the learning from both these reviews into positive outcomes requires cultural change and will not be a quick process, but immediate actions have been taken to improve the way agencies work together. These include:
- The commissioning by CHSCB of *Learning Together* multi-agency audits on domestic violence – both to test the evidence base further and to benefit more widely from the opportunity for reflective practice that the methodology gives. The report highlighting the audit Findings will be considered in next year's annual report, but early learning reinforces the need for all agencies to do more work around enabling practitioners to understand the complexity of work in this area, while response to incidents and early risk assessment is generally good;
 - The Deputy Chief Executive of Hackney Council is heading up a review of the way that domestic violence support services operate across the partnership;
 - MARAC representation from Children's Social Care is now via an identified and experienced Single Point of Contact and deputy, who is responsible for researching the cases on the agenda and for feeding back information into the child protection system following the meeting;
 - The embedding of workers from the Domestic Violence Intervention Project (DVIP) within the Children's Social Care Children in Need Service has provided the opportunity for direct and expert consultation on work with perpetrators;
 - Requests for information made by social workers to other agencies follow a standard template and include enough contextual information to help people understand why the information is needed;
 - CHSCB and individual partners have reviewed the content of domestic violence training with the trainers commissioned to deliver it and increased the amount of training available to practitioners, both on a level of awareness-raising and more specifically targeted at direct work around assessment and safety planning.

Domestic Violence in Teenage relationships

- 3.7.8 Mindful of the need to respond to the change in definition that makes domestic violence a crime for 16 and 17 year olds, a half-day event to consider agency responses to violence in teenage relationships was held on 29th January 2013. The event was jointly organised by the Domestic Violence and Safer Young Hackney sub-groups of the Safer Cleaner Partnership, the

City and Hackney Safeguarding Children Board and Hackney Children and Young People Services. Approximately 40 people attended the event from a broad range of agencies, with a mix of practitioners and strategic leaders.

3.7.9 A number of presentations were made including:

- Learning from the Domestic Homicide Review recently completed in Hackney
- Outcomes of a Teenage Domestic Violence Project undertaken by the Police
- Screening of a DVD made by young people in the Borough for a CHSCB project on cultural issues in relationship violence

3.7.10 Participants worked in groups to consider what work was already being done in this area, what could be done differently and what messages they wanted to put back to strategic leaders. Areas identified as strengths included the Sex & Relationship Education project being run in schools (see 3.7.7); and the co-location of services such as Partnership Triage and DVIP - and the benefits of this in terms of information sharing. Awareness of the issue among practitioners and young people themselves was considered to be increasing.

3.7.11 Areas that people felt could benefit from a different approach broke down loosely into a desire for more of an emphasis on early intervention – through direct work with primary schools and with parents – even though and perhaps because the term ‘domestic violence’ is not necessarily one that children and young people recognise as applying to them. There was also more of a perceived systems issue in relation to information held in different agencies on databases that could not communicate with each other; and a need for clarity around referral pathways for 16 and 17 year olds.

3.7.12 In terms of messaging upwards, people wanted support to enable them to gain a deeper understanding – of the local profile (including gender difference); of the differences between violence in teenage and violence in adult relationships; of the threshold for specialist support and the nature of resources. The need for a common language was raised – if we share a definition we are more likely to measure outputs and outcomes that communicate across agencies.

Multi-agency learning

3.7.13 CHSCB commissioned a series of workshops to run alongside the DHR process in 2012 aimed at increasing the awareness levels of services providing early help for children and families in Hackney. Three main areas were identified for development across the practitioner workforce:

- how to identify children and families at risk of DV
- how to support safety planning
- how to work with intimate partner violence in adolescent relationships

Learning from the Hackney Domestic Homicide Review and the *Learning Together* addendum was fed back to practitioners in a well attended lunchtime seminar and the core multi-agency training course ‘*Impact of Domestic Violence on Children and Young People*’ ran once a term over the year.

3.7.14 Delegate feedback following the training indicates that the series of workshops was immediately effective in engaging the multi-agency audience. After training, delegates noted that they:

- had developed a real understanding of the impact of DV on children
- felt confident liaising with DV services for consultation
- felt competent to support families in the immediate, short and long term
- would share knowledge and information on community support groups with colleagues and build into supervisions with practitioners
- could use the resources and tools provided (e.g. power and control wheel)
- could undertake better risk assessments, and
- were more inclined to share information with social workers and other agencies.

3.7.15 It is more difficult to consistently evaluate the longer term impact of any training although regular audit can give an idea of the degree to which practice is changing. Consistent change also relies upon a relatively stable workforce. The Training & Development sub-committee is trialling a method to measure the longer term impact of training on individuals and is doing this through follow up of domestic violence training specifically.

Single agency training

3.7.16 Partners have responded immediately to the need to improve practitioners' understanding of the complexity of domestic violence work in their own context and training in this area is well evidenced:

- DVIP ran four training courses for social work and Young Hackney staff on different aspects of work with perpetrators. Other courses included one exploring the reasons that women stay in abusive relationships and one on working with cultural difference in the context of DV;
- The Metropolitan Police targeted training at Community Safety Unit (CSU) Officers that covered cultural and more community rooted honour crimes and forced marriage. A specialist interviewing course was run for CSU Investigators. Regular team meetings address the impact of any legislative changes;
- The Council's Domestic Violence Team is widely used to train health staff in acute and community settings. Nia were commissioned to train GP practices and 69 health professionals received a combination of training on screening, risk assessments, the IRIS project and making appropriate referrals
- The East London Foundation Trust supported mental health practitioners across Hackney, Tower Hamlets & Newham to develop their understanding of the links between mental illness and domestic violence. A three month pilot was conducted between December 2012 and February 2013 to determine whether routine enquiries made of established Care Programme Approach users and new user assessments would increase disclosure. Disclosures were indeed found to increase in response to direct enquiry, particularly where practitioners had received training.

Forward Plans

3.7.17 There is no doubt that the local focus on domestic violence has paid dividends in terms of the investment in learning and improvement. Where specialist services have worked alongside

practitioners, such as DVIP with social work Units in Children's Social Care, individual practice has benefited. The scale of the challenge - in terms of the volume of work coming through the front door, the aspects of relationships that remain hidden from view to practitioners, the links across to mental illness and substance use, the alignment of systems and processes that have tended to run in parallel rather than together, the difficulty in bringing a criminal case to a conviction – remains big. From the CHSCB perspective, we will:

- Contribute to the DV Project Board overseeing the local transformation of domestic violence services
- Support learning and improvement activities around early help and work with 16 and 17 year olds
- Focus on better understanding the impact of training on practice in the longer term and improving the means by which we can measure this

See also section 2.4 Hearing from children, young people and parents/carers

3.8 FOCUS ON.....Child Sexual Exploitation (CSE)

Co-ordination

- 3.8.1 CHSCB is committed to understanding and addressing Child Sexual Exploitation - tackling CSE is a Business Plan priority. This is evident in the changing status of the CSE task group set up in 2011; in November 2012 the Board agreed to the creation of a CSE Operational Group to sit behind a realigned CSE Working Group, which now has strategic ownership of the work. Most agencies now have an identified lead for CSE.
- 3.8.2 The CSE Working Group met six times in 2012/13. Group membership is broad and appropriate, covering both statutory and voluntary sector partners - an indicator of the importance with which agencies take this area of work and of a solid ownership for it. The Forum is chaired by the Head of Safeguarding, Children's Social Care. Full membership details are included in Appendix 4.
- 3.8.3 The reporting line between the CSE Working Group and the CHSCB Executive and main Board is currently via the Quality Assurance sub-committee, but such is the importance and increasing profile of the work nationally, the line of accountability is likely to become more direct.
- 3.8.4 The Operational Group has been engaged in mapping and profiling activity for much of the year, in order to improve our understanding of the prevalence of sexual exploitation locally and the needs of those young people who are either directly involved or at risk of becoming so. The focus to date has been on young people who are known to be at risk - over 50 have been identified in Hackney to date. The group is also monitoring the effectiveness of the professional response through case tracking and feeding this information through to the strategic Working Group.
- 3.8.5 In the interests of improved co-ordination of response to cases, Children's Social Care and the police – both borough and CAIT leads - have introduced regular joint meetings where

roles, responsibilities and intervention plans can be clarified on particular high risk cases. The success of these in terms of direct communication has been such that they are likely to continue as a component part of a local CSE strategy

Reach of support services from early intervention to protection

- 3.8.6 The range of targeted work that agencies are providing to support young people has increased this year, including services aimed specifically at young people who may be at risk within a gang or group context. These include:
- Mentoring services provided by **Chance UK** for girls aged 5-10 who are identified as vulnerable to abuse through gangs or groups. 1:1 sessions are provided once a week for a year, working on identified goals to improve self-esteem, social and life skills. Support is provided to the parent or main carer over the same period;
 - Individual counselling, group work and educational programmes in schools provided by **Safer London's Empower Project**, targeting young women aged 11-18 years involved in or at risk of gang involvement and/or experiencing or at risk of sexual violence and exploitation within a gang context. In 2012/13 37 young women were referred for 1:1 support, 22 of whom met the project criteria and 18 of these commenced 1:1 work. There were 40 group referrals into 4 young women's group programmes which were delivered across 3 local schools, with an 82% rate of repeat attendance.
 - **Nia's Safe Choices – Hackney** programme was set up over 2012 to work with young women aged 13 – 25 linked to violent offending (individual or gang/group related) and/or at risk of school exclusion. Six young women attended weekly 1:1 sessions between October 2012 and April 2013, all of whom had social work involvement, three had a history within the care system and all have housing needs. Two group work programmes have been active in this period for 10 young women – one to a Young Hackney girls group and the other to a Year 9 group in a secondary school
 - **Children's Social Care-led Multi-Agency Planning (MAP) meetings** are embedded into processes for assessment, planning and review.

"The programme is on understanding the dangers out there, different situations and ways to get out of them. Also helping you to understand yourself"

"The thing that has stayed with me is the right of saying no or yes whenever you want"

Participants in the Empower Project

Awareness raising

- 3.8.7 Awareness of the issue more generally among professional groups is growing. Specialist third sector staff are embedded within the local authority - a worker from Safer London's Empower Project is linking with Children's Social Care and with the Integrated Gangs Intervention Project (IGIP) and a worker from Nia is based with the Young Hackney Units in the Children & Young People's Service. Both are available therefore as a consultancy resource to practitioners.
- 3.8.8 To support schools in addressing these priorities the local authority and East London & City NHS Trust co-produced a guide – Sex and Relationships Education Support for Schools – which was launched in July 2012 and backed by CHSCB. All schools submitted action plans

and will be reporting progress against these in the summer of 2013. Hackney secondary schools (including special schools) were allocated funding for Sexual Relationship Education activities from the Early Intervention Grant (EIG) based on their Year 11 cohort. Their allocation had to cover activities for pupils in Years 10 and 11 but could cover more year groups if they wished. They also needed to include work with a primary school or with primary pupils who transfer to their school in Year 7. In order to receive their funding schools were asked to complete an Action Plan, outlining the activities taking place in their school. They had to address at least one of the borough priorities: sexual exploitation, gang affected girls, domestic violence.

Training

3.7.9 Introductory courses were run for social work practitioners in 2012/13 and the CHSCB training programme included a course on sexual exploitation. The profile given to the issue in the context of the full training programme was therefore quite limited and formed part of the programme review considered in section 2.2.23 of this report. The current contracts with both Safer London and Nia include the provision of training. In response to this and for consideration of impact in more detail in next year's annual report, CHSCB are introducing termly cycles of multi-agency training on CSE, ranging from general awareness raising for large audiences to more focussed training for small groups of practitioners directly working with young people.

3.8.10 Nia had delivered Safe Choices training to 95 professionals by the end of April 2013, including two introductory days run in partnership with CHSCB, two half day seminars for Homerton Hospital A&E Unit and one half day package for GPs and school nurses. Safer London's professional training package is being rolled out in 2013/14.

3.8.11 The level of activity around CSE is therefore high and understanding and awareness of issues is increasing across the workforce. There is not yet a written strategy to pull all the various strands of activity together and this will be the main priority going forward.

Forward Plans

- Development of a CSE strategy, including work around children missing from home and care and a strategy for work with perpetrators
- Improved profiling of cases, including cross-border intelligence, in Partnership Triage
- Development of a co-ordinated process to deliver work with perpetrators

Part 4: Report of the Child Death Overview Panel (CDOP)

NOTE: This is a summary report. The full report of the CDOP for 2012/2013 can be downloaded from the CHSCB website – www.chscb.org.uk

4.1 Role of Child Death Overview Panel (CDOP)

- 4.1.1 When a child dies, there is statutory requirement and public expectation to comprehensively review the death and evaluate all services provided to the child in a manner which promotes learning and transparency. The review process is compelled by a deeply entrenched moral imperative to act to protect young lives by identifying and addressing risks and making recommendations for improvement of services.
- 4.1.2 The City and Hackney CDOP became active on the 1st of April 2008. Since then, the CDOP has reviewed the deaths of 153 children and young people and all recommendations made by the Panel have been implemented or are in the process of being implemented.
- 4.1.3 The CDOP's process and annual report aim to promote the transparency of the child death case review requirement by ensuring all cases are scrutinised by an independent appointed panel with expertise in the fields of public health, paediatrics, child health, neonatology, paediatric pathology, mental health, children's social care, child protection, nursing, midwifery, general practice, child safety (police), education, and youth crime reduction. The expertise of the CDOP members assists the Panel to fulfil its role to apply a child-focused consideration to each individual review and to develop recommendations for improvement/prevention. Other experts who can make a valuable contribution to the review or to the development of the Panel are invited on individual basis.
- 4.1.4 The CDOP meets quarterly and the meetings are well attended. The table in Appendix 1 displays a breakdown of agency attendance at the 4 meetings of the CDOP between 1st April 2012 and 31st March 2013.
- 4.1.5 The CDOP reports its themes and learning issues annually to the CHSCB. In addition, the Chair of the CDOP presents the CDOP's findings and recommendations about the health, safety and wellbeing of all children in the London Borough of Hackney and the City of London together with CDOP's system level data to the CHSCB on an annual basis. The most recent presentation by the Chair took place in 2012.

4.2 Child Death Data

- 4.2.1 Between the 1st of April 2012 and the 31st of March 2013, there were 33 deaths of children and young people who were normally resident in the City of London and the London Borough of Hackney. During the same period, the CDOP completed the reviews of 40 cases, including 13 outstanding cases from the previous year (1st of April 2011 to 31st of March 2012); and 27 cases from the current year (1st of April 2012 to 31st March 2013). Six cases of deaths from this period remain pending for completion.

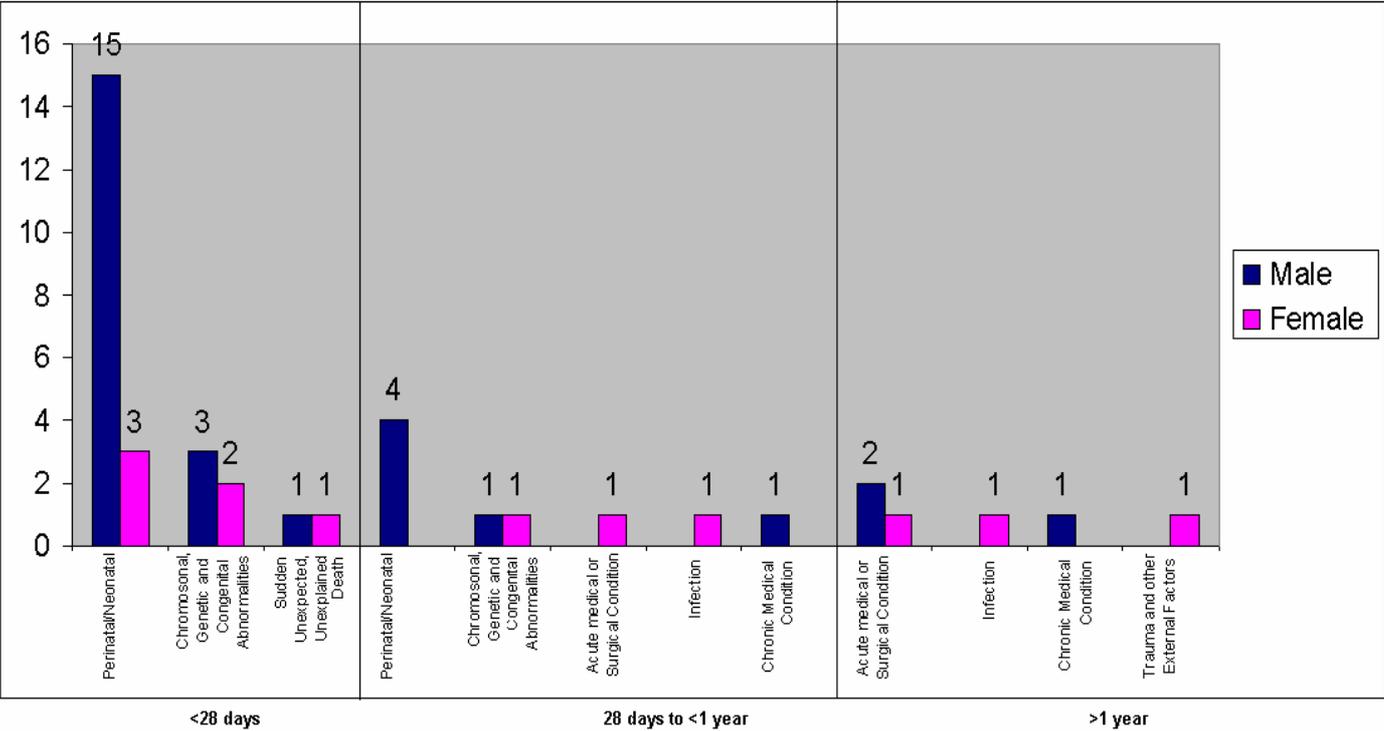
4.2.2 The rapid response group, which is monitored by the CDOP, reviews all unexpected deaths. During this period there were 13 unexpected deaths. The findings of all rapid response meetings are discussed at the monthly Serious Case Review sub committee. None of the sudden deaths reviewed by the rapid response group during 2012-13 were recommended to be subject to a Serious Case Review.

4.2.3 The CDOP is required to categorise the preventability of each death by considering whether modifiable factors may have contributed to the death of the child and which by means of locally or nationally achievable interventions, could reduce the risk of future child deaths. The CDOP identified modifiable factors in two (5%) of the completed cases reviews.

4.3 Deaths reviewed

4.3.1 Over two thirds (28/40, 70%) of the completed reviewed deaths were in males; 85% (34/40) were deaths occurring in infants –within the first year of life. Three quarters of the infant deaths were in males (25/34, 74%), and the majority (25/34, 74%) occurred during the neonatal period – i.e. within the first 28 days of life.

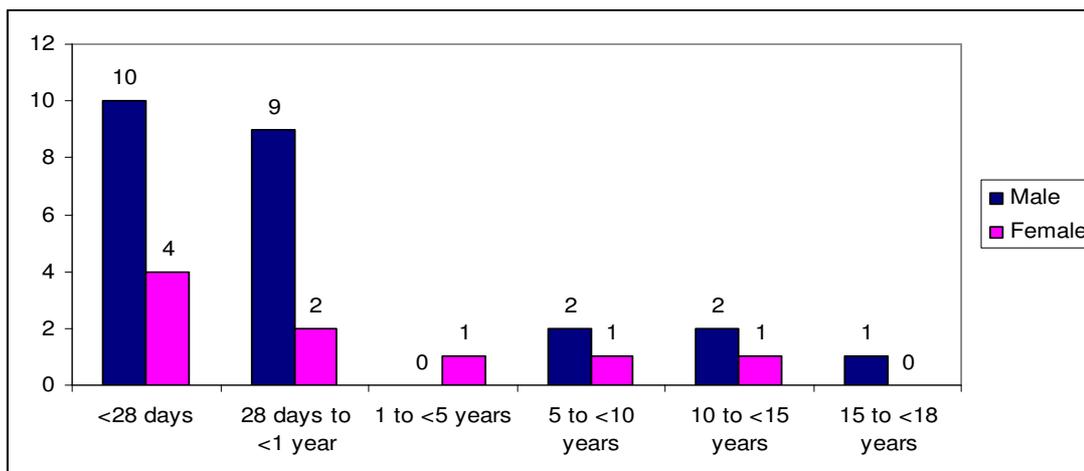
Figure 1 **Categorisation of child deaths reviewed and completed by the panel between 1st April 2012 and 31st March 2013**



4.4 Deaths notified

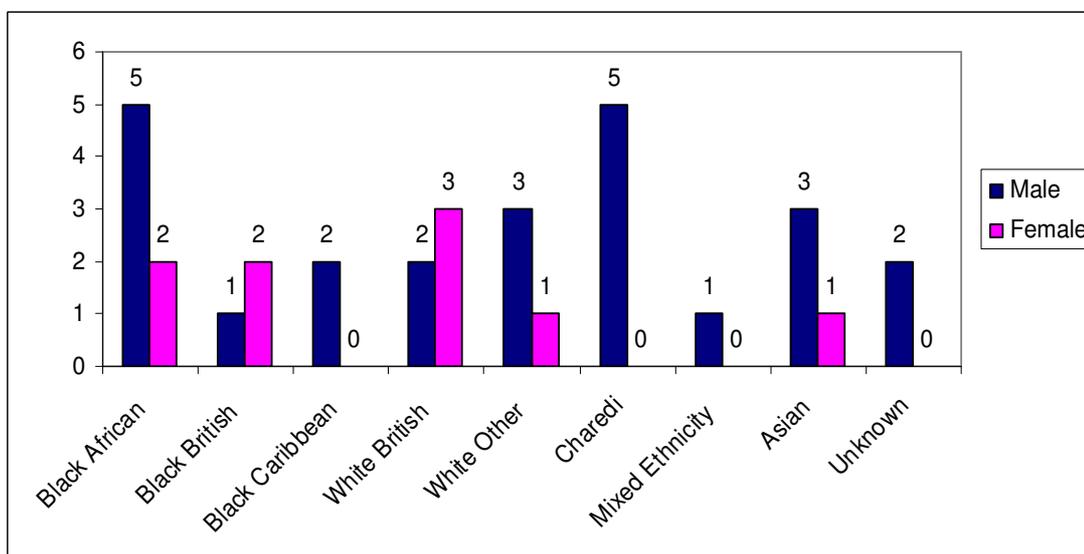
4.4.1 The majority of the 33 deaths in children and young people that the CDOP was notified of during the period 1st of April 2012 to 31st of March 2013 were in infants (25 deaths, 75%) and more than half of them occurred within the first 28 days of life (14, 56%). Nearly three quarters of the deaths were in males (24, 73%).

Figure 2 Age and gender of child deaths that occurred between 1st April 2012 and 31st March 2013



4.4.2 Analysis by ethnic group revealed that children from Black ethnic groups, including Black African, Black Caribbean and Black British were over-represented; there were 12 deaths (37%) in children in these ethnic groups even though they represent only 21% of the total City and Hackney population;⁷ 4 deaths (12%) occurred in Asian children; 9 (27%) in White children; 1 (3%) child of mixed heritage and 5 deaths (15%) in Orthodox Jewish children. Information on ethnicity is currently missing in two cases (6%).

Figure 3 Ethnic groups of deaths occurring during the reporting period



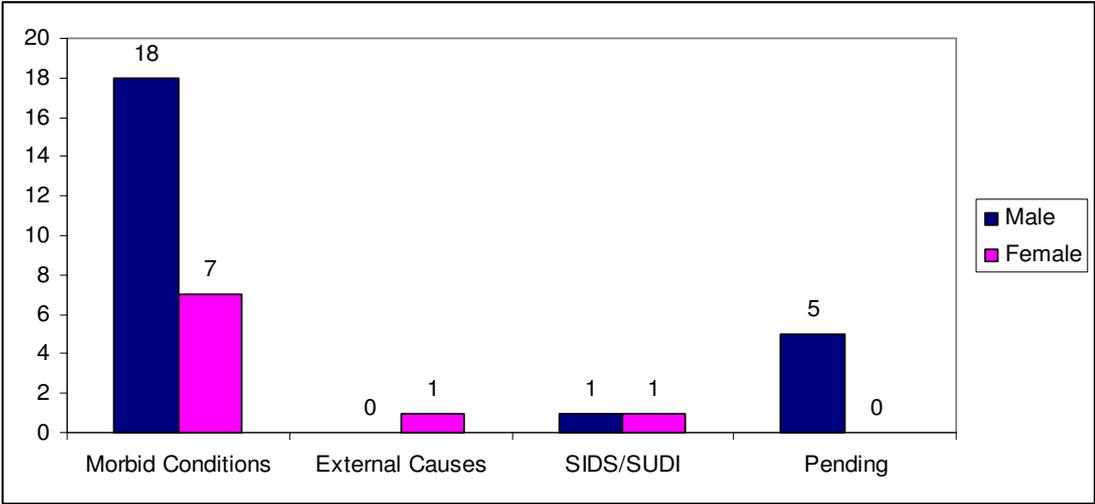
4.4.3 The main cause of death (25/33, 76%) in children in the London Borough of Hackney and the City of London during this period was 'diseases/morbid conditions' (ICD-10). This category included: congenital abnormalities, perinatal conditions and infections.

9090

⁷ NHS City and Hackney, *Health and Wellbeing Profile 2010/11: Our Joint Strategic Needs Assessment* (2010) 17.

4.4.4 External cases accounted for 1 death (accidental drowning, 3%), 2 deaths (6%) were classified as SIDS/SUDI and the cause of death is currently pending in 5 (15%) cases (these are pending cases).

Figure 4 Child deaths in City and Hackney in 2012-13 by cause of death



4.5 Key Priorities, Activities and Achievements

4.5.1 The CHSCB has significant responsibilities in relation to child deaths; the CHSCB supports the administrative processes needed to ensure adequate collaboration and coordination between the CDOP and other agencies and entities. From January 2012 the CDOP Coordinator post was transferred from the NHS to the CHSCB.

4.5.2 Wherever possible the CDOP seeks to both further the child death review process and improve the wellbeing and safety of children and young people in Hackney and the City. The main reason for furthering the child death review process is the belief that the quality of the review will directly affect the extent of learning issues that can be derived from the process. These learnings should in turn play a significant role in informing and improving the safety of services and process ensuring the wellbeing of children and young people in the London Borough of Hackney and the City of London.

- 4.5.3 The achievements of the CDOP and the rapid response group in furthering the child death review process during 2012-13 were the:
- highlighting the importance of the child death review process and in particular the rapid response process to General Practitioners;
 - identification and agreement with Homerton University Hospital to share the hospitals ‘yellow form’ in all perinatal cases in order to obtain complete antenatal care data prior to the review by the CDOP;
 - started the review of the asthma care pathway in primary care, great deal of work has been undertaken to agree an integrated paediatric asthma care pathway;
 - highlighting the CDOP’s concerns regarding reviewing deaths in infants born pre 24 weeks gestation (described as non-viable) and the implication this has on infant mortality rates and abortion statistics to the Department of Education;

- delivery of two presentations about the child death process (October and February) by the Designated Doctor for Child Deaths and the Child Death Overview Panel Coordinator to health visitors as part of their induction programme.

4.5.4 In general, the achievements of the CDOP and the rapid response group in furthering the child death review process and improving the wellbeing and safety of children and young people during 2012-13 were:

- emphasising the importance of sharing the hospital's discharge summary with the community children's nursing team. Correspondence has taken place with the Medical Director at Homerton University Hospital and the relevant GP about this issue;
- ensuring in relevant cases that parents and siblings are referred to genetic screening and counselling;
- the review of the Homerton University Hospital's policy in Accident and Emergency for the identification of fever in premature babies is completed and the CDOP has ensured that the Neonatal Unit at Homerton University Hospital emphasises particular caution in treatment of febrile illnesses in premature babies in the Paediatric Accident and Emergency guidelines;
- advising GPs in relevant cases concerning their patients of the CDOP's findings and recommendations;
- raising awareness of safe sleeping messages for infants (to prevent SIDS) by requesting information about this to be included in the newly developed children's centre health newsletter for staff; and by establishing links between the Regional Development Officer of FSID and relevant staff groups in City and Hackney to enable delivery of the 'reduce the risk of sudden infant death training' to key professionals;
- initiated work on reviewing Asthma trends in primary care and the development of an integrated asthma care pathway;
- continued the implementation of the universal vitamin D supplementation to pregnant women and children under 4 years old through the "A Healthy Start for All" programme through community pharmacies.

4.6 Emerging Themes

4.6.1 In response to a number of possible themes identified by the CDOP through its case reviews, the CDOP organises 'themed' meetings with the aim of furthering the panel member's knowledge and awareness. During 2012-13 the following presentations were delivered to the CDOP:

- The work of the Child Abuse Investigation Team (CAIT) across Tower Hamlets, Newham and Hackney delivered by the Detective Constable of CAIT.
- Teenage pregnancy booking data, delivered by the Consultant Midwife in Public Health and Named Midwife for Safeguarding at the Homerton University Hospital.
- Sudden Infant Death: Reduce the Risk, delivered by the Regional Development Officer at FSID.
- Reproductive medicine and risk factors in IVF cases, delivered by the Director, Reproductive Medicine and Assisted Conception Consultant, Homerton Fertility Centre.

4.6.2 The CDOP remains concerned at the number of deaths occurring in the first year of life that it has come across during its review activities. The focus in the forthcoming year will be on

antenatal and perinatal risk factors and the most effective preventative measures to reduce them.

4.7 Implementation of recommendations from 2012-13 and outcomes

4.7.1 The following updates can be noted in relation to recommendations highlighted in last year's annual report as requiring future actions to prevent child deaths:

- A specific webpage for CDOP has been created on the CHSCB website, including information about the CDOP, the child death notification process and the relevant forms to use.
- In raising the public's awareness of the child death overview process, the CDOP is currently re-designing its child death leaflet and anticipates that the new version can be printed and distributed widely in the community in Spring 2014.
- The review of asthma related deaths in children was completed; work is under way on developing and agreeing an integrated asthma care pathway. C&H Public Health working with the CCG, a Consultant Paediatrician at Homerton University Hospital and other stakeholders are working together to agree an integrated care pathway to improve the quality of care of children with asthma and related conditions in Hackney and the City of London.
- Awareness raising of safe sleeping messages is an ongoing task for the CDOP and as noted in Chapter 5 of the report, free 'reduce the risk of sudden infant death training' was rolled out to key professionals in City and Hackney during spring 2013.
- Implementation of the "A Healthy Start for All", universal vitamin supplementation programme in Hackney and the City of London has been successful with thousands of children and pregnant women accessing the free vitamins through community pharmacies.

Part 5: Annual Report for the City of London

5.1. Background

- 5.1.1 The City of London is mainly a business centre with a daytime population of over 330,000 people. It has a resident population of approximately 737 children and young people aged 0 to 18, representing 10% of the total population of the area (source: ONS 2011 Census). In addition, over 2,000 children attend the City's four independent schools.
- 5.1.2 In 2011, 87% of the school population at the one primary school (Sir John Cass School) was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 32% of pupils speak English as an additional language. Bengali is the most recorded commonly spoken community language in the area.
- 5.1.3 In the City, 66.7% (2012 results) of children aged five achieved at least 78 points across the Early Years Foundation Stage with at least six points in each of the scales in personal, social and emotional development and communication, language and literacy. These results are above the England national average of 64% (2012) and Hackney average of 54.7%.
- 5.1.4 The City has a good record of caring for looked after children. All looked after children in the City have stable placements and accommodation.

5.2. Governance

- 5.2.1 The City of London (CoL) Safeguarding Children Sub Committee is both a sub-committee of the City and Hackney Safeguarding Children Board (CHSCB) and the CoL Children's Executive Board (CEB). The CEB is the strategic multi agency partnership for children and young people in the CoL. It is chaired by the Director of Children and Community Services and has representation from statutory and the voluntary sector agencies. The Director reports on the work of the CEB to the Health and Well Being Board.
- 5.2.2 The CEB is responsible for ensuring the objectives and priorities of the Children and Young People's Plan (CYPP) are delivered by all partners. The CYPP priorities are:
- Stronger Safeguarding
 - 'Early Help' offer
 - Children's Workforce Development
 - Healthy Living
 - Achievement & Learning
 - Partnerships
 - User Engagement
- 5.2.3 Whilst Stronger Safeguarding is a priority in its own right, it also cuts across all other priority areas and is integral to achieving the CYPP objectives.
- 5.2.4 The CoL Safeguarding Children Sub Committee is chaired by the Assistant Director People in the CoL. The AD People also chairs the CoL Safeguarding Adults Sub Committee which strengthens joined up working across agencies and enhances learning opportunities.

- 5.2.5 The City of London Safeguarding Children Sub Committee meets bi-monthly. The Chair represents the CoL on the Executive Board and, alongside the Director Community and Children Services, on the main City and Hackney Safeguarding Children Board.
- 5.2.6 Representatives from the CoL also sit on the main Sub Committees of the City and Hackney Safeguarding Children Board including:
- the Quality Assurance Sub Committee – Service Manager Children Social Care
 - the Training Sub Committee - Service Manager Children Social Care
 - the Serious Case Review Sub Committee - Team Manager Children Social Care
 - the Finance Sub Committee - AD People Services
- 5.2.7 The City of London also makes an annual financial contribution to the CHSCB.
- 5.2.8 Membership of the City of London Safeguarding Children Sub Committee is made up of the following representatives:

City of London

Assistant Director People (Chair)
 Service Manager, Children Social Care & LADO
 Service Manager Education and Early Years
 Service Manager Commissioning and Partnerships

Police

City of London Police Detective Inspector

Health

City and Hackney Clinical Commissioning Group Designated Nurse
 Homerton University Hospital Named Nurse for Child Protection
 East London Foundation Trust Named Professional

Education

Sir John Cass Foundation Primary School Deputy Head Teacher
 City of London School for Girls Safeguarding Lead
 City of London Safeguarding Lead
 Guildhall School of Music and Drama Safeguarding Lead
 Charterhouse Square Safeguarding Lead
 St Paul’s Cathedral School Safeguarding lead

Probation

London Probation Service City and Hackney Safeguarding lead

Commissioned Services

City of London Youth Services Lead Provider – City Gateway

Sub Committee Support

Manager City and Hackney Safeguarding Children Board
 City and Hackney Safeguarding Children Board Coordinator

5.2.9 Attendance at sub-committee meetings is detailed in Appendix 4

5.3 Performance 2012-13

5.3.1 *“Local authorities and their partners should use a combination of nationally collected and locally published performance information to help benchmark performance, facilitate improvement and promote accountability. It is crucial that performance information is not treated as an unambiguous measure of good or bad performance as performance indicators tend to be.”* **The Munro Review of Child Protection 2011; Final Report, A Child Centred System, Professor Eileen Munro**

5.3.2 During the latter part of 2012/13, CoL has been seeking to develop a performance framework that goes beyond the traditional Children Social Care/Child Protection indicators in order to help measure the effectiveness of safeguarding and child protection arrangements across the partnership. This will be a key priority for the Sub Committee in 2013/14 as we move into the new era of Health and Well Being Boards and the Outcomes Frameworks linked to these.

5.3.3 In terms of the Children Social Care activity, the volume of contacts, referrals, assessments, Children in Need plans, Child Protection Plans and Court Applications for the City of London are significantly lower than national averages. The City of London is the second smallest Local Authority in the country after the Scilly Isles. This is reflected in the small number of cases that are allocated to Children Social Care compared to other Local Authorities. The low numbers are not statistically comparable with other Local Authorities when benchmarking services, therefore a more innovative approach is required to help evidence the quality of provision- this is addressed further in section on Quality Assurance. Nevertheless, despite the small numbers, data still helps to inform performance review and service planning.

5.3.4 During 2012/13, work has been undertaken to review the Early Intervention and Prevention Framework in order to strengthen further the Early Help offer to children and families in the CoL. Despite receiving outstanding feedback and judgements from Ofsted across a number of service areas including Sir John Cass Children Centre, Sir John Cass Foundation Primary School and Fostering Services, the CoL CEB is committed to pursuing continuous improvement and excellence in the services available to all Children and Families. Refining our systems for recording, referral and assessment via Early Intervention services in order to prevent escalation into ‘specialist’ services will be a key priority for 2013/14.

5.3.5 The following data highlights volume of activity that went through the Children Social Care service in 2012/13.

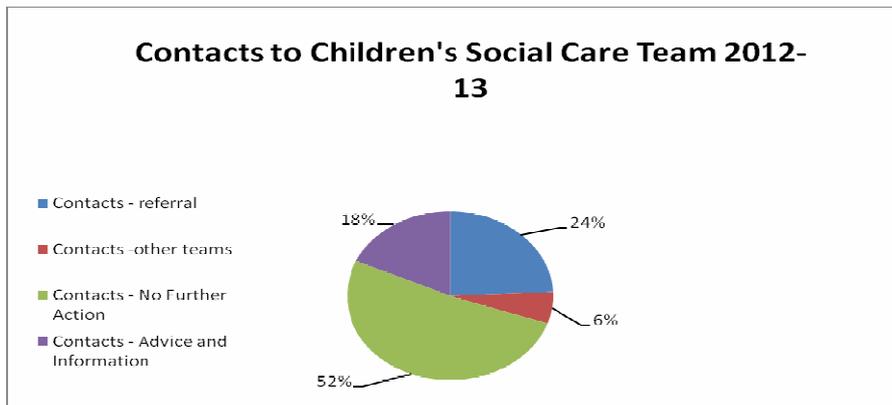
Contacts and Referrals

5.3.6 Over the year there were a total of 66 referrals made to Children’s Social Care Team. The number of contacts that went on to referral was 16. Of the 66 contacts into the service 34 had no further action recorded as an outcome. Figure 1a shows further detailed analysis of the contacts for 2012-13.

Figure 1a Contacts to Children’s Social Care Team 2012-13

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
CONTACTS	1	11	4	4	8	8	6	9	0	5	7	3	66
Contacts to referral	0	2	1	1	2	6	2	1	0	0	1	0	16
Contacts - other teams	0	0	0	0	0	0	0	0	0	0	0	0	Less than 5
Contacts - no further action	1	8	3	0	3	0	3	7	0	3	3	3	34
Contacts - advice and information	0	1	0	2	1	1	1	1	0	2	3	0	12

Figure 1b Analysis of Contacts 2012-13



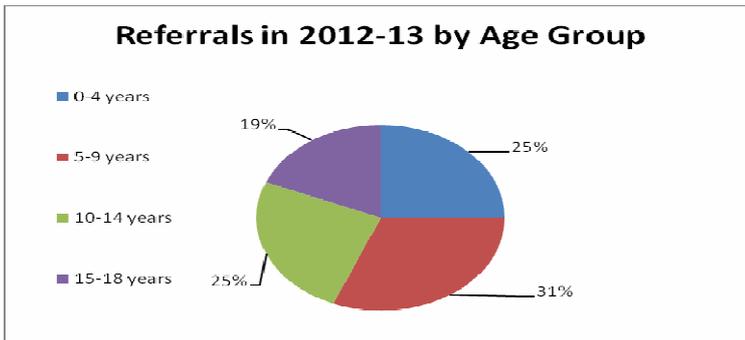
Referrals in 2012-13 by Age

5.3.7 The breakdown of the referrals according to age shows that there is an even spread across the age group with no group particularly showing more referrals than another. Figure 2a and 2b provides a breakdown.

Figure 2a Referrals in 2012-13 by Age

Age Group	Number of Referrals
0 - 4 years	Less than 5
5 - 9 years	5
10 -14 years	Less than 5
15 -18 years	Less than 5

Figure 2b Percentage of Referrals by age group



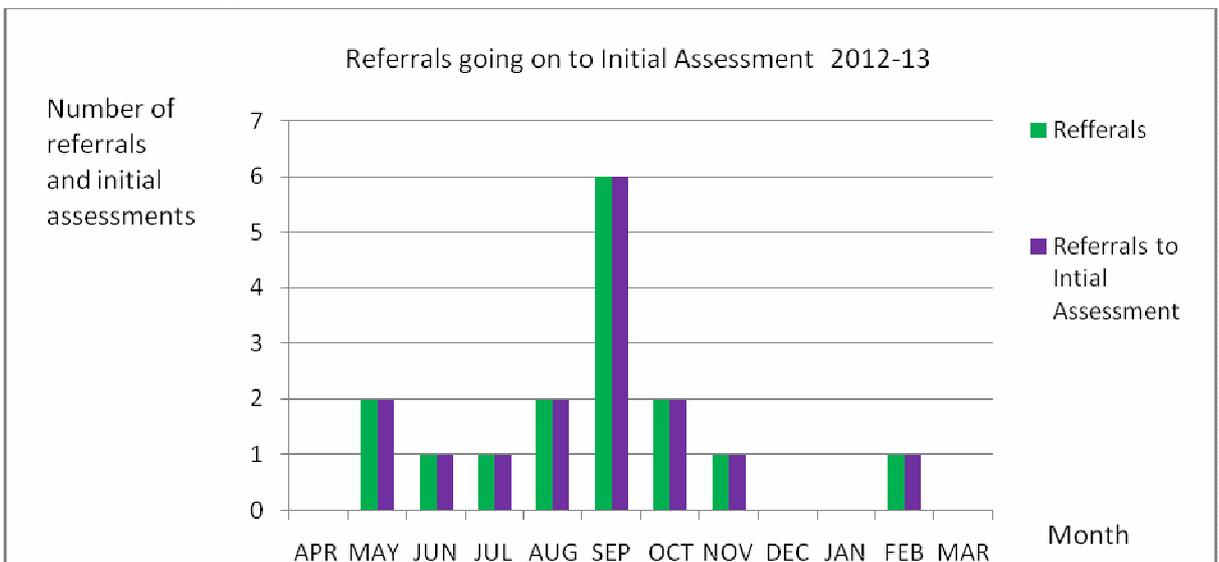
Initial and Core Assessments

5.3.8 All 16 referrals into the Children’s Social Care team went to initial assessment and all were completed within 10 working days of the referral as noted in Figs 3a and 3b.

Figure 3a

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Referrals		2	1	1	2	6	2	1	0	0	1	0	16
Referrals to Initial Assessment	0	2	1	1	2	6	2	1	0	0	1	0	16
Initial Assessments within 10 days	0%	100%	100%	100%	100%	100%	100%	100%	0%	0%	100%	0%	16

Figure 3b Referrals and going on Initial Assessments 2012-13



Child Protection

5.3.9 The City of London has low numbers of children subject to child protection plans (CPPs) and this has consistently been the case, with an average of two to four children being on a plan at any one time.

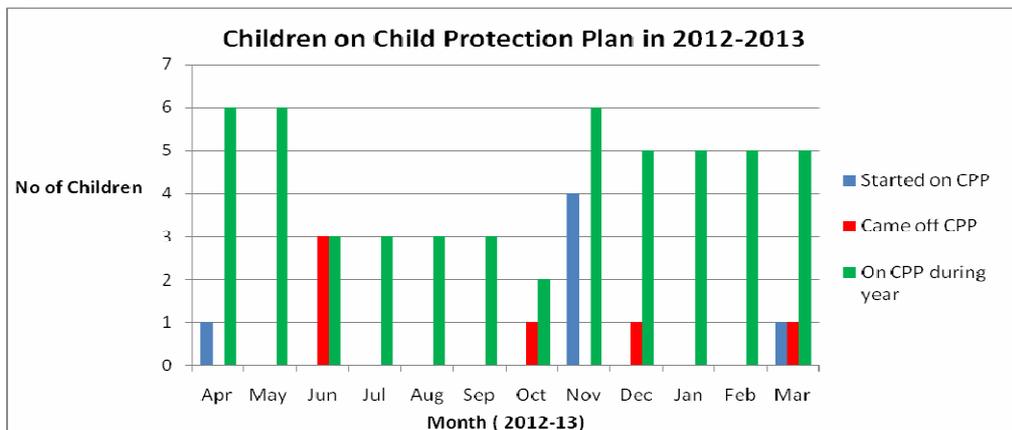
5.3.10 Between 2012 and 2013 there have been 6 children on a child protection plans, 4 were due to physical abuse and all 6 were due to neglect. An overarching theme that was present in all six cases was a history of domestic violence, although this may not have led directly to the child being placed on a plan there were predisposing factors relating to domestic violence that impacted upon the child or children's welfare.

5.3.11 Figure 4a provides details of the number of children that started on a CPP and the number of children that came off their plan. Figure 4b provides an analysis to show the number of children that have been on a CPP which at the start of the year was 6 and at the end of 2012-13 was 5, although the most number of children on a CPP at any time was 6.

Figure 4a Child Protection Plan in 2012-2013

No. of children	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Started on CPP	1							4				1
Came off CPP			3				1		1			1
On CPP during year	6	6	3	3	3	3	2	6	5	5	5	5

Figure 4b Children on CP Plan in 2012/13



5.3.12 During the year one child was subject to a CPP for the second time during the last two years. The child had come off the plan in December and was put back on the plan at the end of March. In addition, one child had been on a CPP for more than 2 years in October.

5.4 Quality Assurance

5.4.1 The focus for 2012/ 2013 has been to implement the recommendations from Professor Eileen Munro's report, by placing more emphasis onto the qualitative data available rather

than focusing solely on the quantitative information to measure outcomes for children and young people.

5.4.2 In November 2011, a quality assurance framework was developed to improve practice standards in the City of London. Part of this quality assurance framework involves a cyclical review by:

- City of London Department of Community and Children's Services Departmental Leadership Team (DLT) having oversight of a case in children's social care, observing practice and giving constructive feedback.
- The Senior Management Team (SMT) reviewing the "Top Three Cases" across the People's Directorate- these cases are referred to the SMT by officers within the Department against agreed eligibility criteria.
- Traditional case file audits carried out by Managers in Children Social Care.
- Social Workers carrying out Peer reviews
- Social Care, Health and Education staff completing multi-agency audits.

5.4.3 Between December 2011 and February 2012 case file audits were completed on all open cases to the children's team, this was the start of a quarterly audit cycle and the baseline for future data analysis.

5.4.4 A generic auditing tool was developed, with focus being placed on the quality and timeliness of assessments, reports and planning for children and young people. The audits showed that there was a direct correlation between the drift in care plans and the quality and timeliness of assessments.

5.4.5 A similar picture was found across the Leaving Care Service. Although the outcomes for the young people were good and the intervention and support deemed excellent there was limited evidence of the young person's journey through the service. This has now been addressed and file audits carried out in early 2013 show that there is now clear evidence of the support being offered to the young person and their journey through the service, which reflects the quality of the support offered. This was echoed by Ofsted in a Fostering Inspection.

Safeguarding and Looked After Children Improvement Plan

5.4.6 This plan was formulated following the Safeguarding and Looked After Children's Ofsted Inspection in March 2012 and incorporates the recommendations from this Inspection. The plan is monitored through the City Safeguarding Sub Committee and a recent review identified that all actions had been completed, or had significantly progressed and were being embedded into practice. See below regarding the role of the Local Authority Designated Officer (LADO) which was identified for development work following the inspection. The only current outstanding action for completion has been the implementation of a new Children Social Care recording system. During the year Core Logic won the contract to implement the Framework I case management system across Children and Adult Social Care. This will go live in August 2013.

Fostering Inspection

5.4.7 The City of London also had their Ofsted Fostering Inspection in March of this year; the outcome from this inspection was Good to Outstanding for the judgement relating to Outcomes for Looked After Children. Recommendations from this Inspection related to recruitment and the participation of young people in the performance management of staff.

Children's Centre Inspection

5.4.8 During 2012/13 the only Children Centre in the CoL, Sir John Cass Children Centre, was subject to a full Ofsted Inspection. The Inspection judged the Safeguarding arrangements to be Outstanding.

5.4.9 A key area of work in 2013/14 will be to develop further opportunities for multi-agency reflective learning. With the City of London having such small numbers of complex cases, the Sub Committee will be working to help shape a learning and Quality Assurance framework that is relevant to the needs of the professional network operating within the Square Mile.

5.5 Partners

5.5.1 The following section provides information on some of the partners involved in the work of the City of London Safeguarding arrangements. Some agencies, such as health and probation, work across Hackney and the City of London, whilst others such as the police and schools are City specific.

Children's Social Care

5.5.2 The City of London's Children's Social Care Service is relatively small and consists of one generic children's team that provides services for children and families across the whole of the City and on all disciplines including; adoption, fostering, children with disabilities, children in need, child protection, looked after children, unaccompanied minors seeking asylum and care leavers, along with providing a duty and assessment service. Due to the number of children within the City it would not be viable to have separate specialist teams to cover these areas, which is the case in other London Local Authorities.

5.5.3 The average caseload for a Social Worker in the City of London is 15, whilst this is statistically lower than national averages, the size of the service presents unique challenges in terms of retaining skills, knowledge and resource management. Staff engage in continuous professional development opportunities , for example all Social Workers have been Achieving Best Evidenced trained, undertaken Family Group Conference Training and are engaged in Adoption support and training on a regular basis to develop and maintain these key set of skills. However, a challenge for the service is having the opportunities to implement these skills in practice given the volume of activity. Work is underway to develop formal partnerships with Higher Education Institutes and other partner authorities to accommodate this need.

5.5.4 This approach creates a seamless service for children and young people, whereby they can remain with the same social worker during their journey through the various services. The outcomes for City children and young people who are Looked After or Care Leavers has been

identified as being outstanding, with a higher than national average of LAC and Care Leavers going onto further Education.

City of London Police

- 5.5.5 All safeguarding, including child protection, is dealt with by the City of London Police Public Protection Unit (PPU) based at Bishopsgate Police station. The unit is staffed by a team of 12 officers led by a Detective Inspector. In addition to the responsibility for child protection, the PPU also investigates missing people, sexual offences; management of violent and sexual offenders, hate crime, domestic abuse, honour based violence, female genital mutilation and forced marriage.
- 5.5.6 All the officers have completed the specialist child abuse investigators course and are dedicated and passionate about improving vulnerable people's lives.
- 5.5.7 Children coming to police notice are referred to the PPU automatically. Between the period 1st April 2012 until the 31st March 2013 City of London Police processed 185 reports involving children up to the ages of eighteen. Not all referrals are sent to the Corporation of London (COL) Children's Services Department and those not resident in the force area were forwarded direct to safeguarding agencies in that child's borough.
- 5.5.8 The PPU is currently working alongside the City Of London Corporation to implement the Association of Chief Police Officers' (ACPO) national Child Sexual Exploitation action plan and to produce coordinated working protocols. The City of London Police is also active on both the CHSCB and City of London sub-committee.
- 5.5.9 The City attracts a high volume of tourists and visitors and to this end the PPU is in the early stages of working with the Safer City Partnership regarding the hotel industry which will be centred on raising awareness about domestic abuse, sexual offences and child sexual exploitation.
- 5.5.10 Having conducted a recent review of the Public Protection Unit has led to seven day weekly cover now being established, with a PPU officer on duty between 8am and 4pm at weekends. The unit can be contacted on 0207 601 2040.

Probation

- 5.5.11 Offenders who live in the City of London Corporation area will be supervised by probation if they are sentenced to a Community Order or subject to a licence following release from a 12 month plus prison sentence. There is no probation office in the City of London as such, so the offenders are supervised by Hackney Local Delivery Unit. A key part of Probation Officers' role is to protect children from offenders who may pose a risk of harm to them. They do this by carrying out risk assessments, home visits, and safeguarding checks. The liaison and exchange of information with the City of London safeguarding department and other appropriate agencies will be carried out by Probation Officers at Hackney probation. If there are concerns about an offender's risk to his or her children or other children under 18 with whom the offender lives, a risk management plan is put in place so that all the agencies are

clear about their role and responsibilities. In this way, the risk to children is minimised and regularly monitored and reviewed. The number of offenders that the service worked with in 2012/13 was extremely low and less than 5. Hackney's Local Delivery Unit was inspected by Ofsted in March 2013 and received 'outstanding' for its work in the safeguarding of children.

Health in the City

- 5.5.12 The health commissioning organisation covering the City until 31st March 2013 was NHS North East London and the City PCT. This organisation commissioned health services on behalf of seven cluster PCT areas from Redbridge to City and Hackney. From the 1st April 2013, commissioning of local health services for the City is the responsibility of NHS City and Hackney Clinical Commissioning Group (CCG). The Designated Nurse for Safeguarding Children is based in the CCG.
- 5.5.13 The City and Hackney CCG commissions health services from Homerton Hospital which includes community health and specialist child development centres. The CCG also commissions mental health services from East London Foundation Trust.
- 5.5.14 GPs are not commissioned by the local CCG. The commissioning of GPs and other independent health services (Pharmacists, Dentists, Opticians) is the responsibility of the NHS Commissioning Board (NHS England).
- 5.5.15 There is currently one GP practice in the City, which has received safeguarding training from the Designated Nurse. The Designated Nurse although hosted by the local CCG has the responsibility to oversee the health contribution to safeguarding children across the health economy this includes primary care, ambulance services, out of hours providers and private health.
- 5.5.16 In June 2012 a Named GP for safeguarding was appointed for City and Hackney who works collaboratively with the Designated Professionals to support GPs safeguarding children arrangements and training.
- 5.5.17 East London NHS Foundation Trust (ELFT) provides community and inpatient mental health and addictions services for children, young people and adults residing in the City and across East London. Staff receive training, advice and support from a Trust Safeguarding Children Team. The team are actively involved in the work of the City and Hackney Safeguarding Children Board. The Named Professional for Safeguarding Children (City and Hackney) sits on the City Safeguarding Committee. During 2012/13 there were less than 10 City of London cases that had some involvement with ELFT.

City of London School (CLS)

- 5.5.18 CLS is an independent boys' day school, owned by the City of London Corporation, located on the Embankment opposite the Tate Modern. It currently has 922 pupils aged between 10 and 18. Boys can enter at 10+, 11+, 13+ or 16+ following a competitive examination and interview. Approximately 15% of the boys attend CLS on sponsored awards which are means-tested and therefore their parents do not have to pay school fees. Another 20% have some

fee remission on academic grounds and are awarded scholarships. This ensures a wide range of economic, ethnic and social backgrounds. In effect, the School reflects the diverse and cosmopolitan nature of London with the pupils commuting from all over the capital. The number of our boys who live in the Square Mile itself is very small.

- 5.5.19 It is a very successful school academically and virtually all of our boys go to Russell group universities when they leave us at 18.
- 5.5.20 Child protection and safeguarding issues are rare. When issues do surface these are sometimes related to marital breakdowns, parental pressure and unrealistic expectations, mental health problems, and parents who could be seen to be neglecting their sons for work-related reasons. Typically there might be four or five child protection cases each year. These are discussed with the lead school governor on child protection and reported to the Board of Governors (anonymously) on an annual basis. When necessary, information is shared with City of London Children Social Care, the Local Authority Designated Officer and/or the home authority where the pupil lives.
- 5.5.21 The school employs two part-time counsellors who can see boys at short notice and, if necessary, refer them to outside agencies.
- 5.5.22 Between January – March 2013, The City of London Corporation Town Clerk commissioned a Safeguarding Review of City of London Schools including CLS. The review identified that there was good safeguarding arrangements in the school. The school's child protection policy is drawn up by the Corporation and is currently being updated.
- 5.5.23 The School is represented on the City Safeguarding Children Board Sub Committee.

City of London School Girls (CLSG)

- 5.5.24 CLSG is an academically selective girls' independent school serving 720 pupils aged between 7 and 18 years of age. Entry is by competitive examination at 7+, 11+ (the main entry point) or 16+. The school is fee paying but around 20% of students are supported by means tested bursaries. Students come from all over London and beyond, with the average child travelling for about 40 minutes in each direction to and from school each day. Few of the school's students are City residents. With very few exceptions, leavers progress to competitive universities in the UK or beyond.
- 5.5.25 Safeguarding concerns are rare. However, when they do surface the majority of the issues relate to mental health difficulties experienced by students for example eating disorders, self-harming, depression and anxiety. This is not an untypical pattern for girls and young women at academically focused schools, although pressures from home rather than school are often the root cause of individuals' problems. In addition, some of our students are subject to the usual range of problems that can affect all young people, including parental marital breakdown and occasionally issues such as parental substance abuse and domestic violence. Some of our pupils experience so called "opulent neglect" when both parents are very engaged in demanding and lucrative careers and as a result "outsource" child care and

attempt to compensate for spending little time with their children by excessive material and financial generosity.

- 5.5.26 The School has links with the City of London Children Social Care services and the Local Authority Designated Officer. Where necessary referrals are made to this service, however, the majority of cases requiring multi agency engagement are with the home authorities of the pupils.
- 5.5.27 Between January – March 2013, The City of London Corporation Town Clerk commissioned a Safeguarding Review of City of London Schools including CLS. The review identified that there was good safeguarding arrangements in the school. The school's child protection policy is drawn up by the Corporation and is currently being updated.
- 5.5.28 The School is represented on the City Safeguarding Children Board Sub Committee.

Charterhouse Square School

- 5.5.29 Charterhouse Square School is an independent, non-selective, co-educational day school with 200 children aged between three and eleven, situated in the Barbican area of the City of London.
- 5.5.30 The school prides itself on its happy, stimulating and safe environment. To create this environment Safeguarding is embedded across the ages and Key Stages. The school has two Child Protection Officers so that a trained individual is always on site for help and advice and Child Protection training is a vital part of staff induction and development processes.
- 5.5.31 The School has links with the City of London Children Social Care services and the Local Authority Designated Officer, and is a member of the City Safeguarding Children Board Sub Committee.

Sir John Cass Foundation Primary School

- 5.5.32 SJC is the only maintained school in the City of London. As such, it has a strong relationship with the City of London Corporation. It is a one form entry school. As well as the Primary School, the site is also the location of the Cass Children Centre.
- 5.5.33 During 2012/13 the Cass Children Centre was inspected by Ofsted, when it was judged as outstanding for its safeguarding arrangements. The school was also inspected and judged as outstanding by Ofsted.
- 5.5.34 The school are represented on the City of London Children Executive Board, Safeguarding Sub Committee and Early Intervention and Prevention Sub Committee.
- 5.5.35 During 2012/13 the school has welcomed the introduction of children social care staff working at the school in order to strengthen early intervention and partnership working. The Children Social Care service worked with approximately 10 City of London children during the year who attended Sir John Cass.

St Paul's Cathedral School

- 5.5.36 St Paul's Cathedral School is a co-educational preparatory school for boys and girls aged four to 13 and a residential choir school for the boy choristers of St Paul's Cathedral. It is located in the heart of the City of London and a history that can be traced back to the 12th century.
- 5.5.37 St Paul's Cathedral School is a Christian, co-educational community where the values of love, justice, tolerance, respect, honesty, service and trust are encouraged and practised to promote positive relationships throughout the school community and where the safety and welfare of each child is of the utmost importance.
- 5.5.38 The school is represented on the City of London Safeguarding Sub Committee and has a positive relationship with the City of London Corporation and the Children Social Care Service. During 2012/13 there were no referrals in respect of children living in the City of London who attend St Paul's.

5.6 Learning and Development

- 5.6.1 During 2012/13, the City Safeguarding sub committee agreed to commission multi-agency safeguarding training, from the CHSCB, to take place in the City with representatives from City only. This training was commissioned due to feedback from participants at traditional CHSCB training which on occasion suggested that this might have been too Hackney centric.
- 5.6.2 As such CHSCB provided three very successful bespoke safeguarding training sessions to multi-agency groups of City professionals with 79 delegates attending these sessions in total. One session was delivered on a Saturday to a group of early years settings and two more to mixed groups of City employees and commissioned services.
- 5.6.3 The training was very well received with ratings for whether the course met its objectives scoring from 'Very good' to 'Excellent' in all five aims. Delegates seemed to find all the content useful. On one of the courses 64% of delegates scored as 'Excellent' the question *'Do you feel that the training will enable you to practice more effectively?'*

"Best safeguarding training since I've worked in the City. Good workshops/ Good examples."
- Excerpt from an evaluation form from the training on 4th March

- 5.6.4 In addition to this bespoke training for City of London professionals, 35 delegates attended CHSCB multi-agency training from April 2012 to March 2013. This was a significant improvement from the previous year, when only 10 delegates attended in total. The breakdown of which courses and groups they attended are shown in the table below.

Training Group	Course Title	Attendance
A	05/03/2013 - Safeguarding Children - a shared responsibility	2
	09/05/2012 - Safeguarding Children - a shared responsibility	2
	11/07/2012 - Safeguarding Children - a shared responsibility	2
	12/09/2012 - Safeguarding Children - a shared responsibility	1
	20/06/2012 - Working with diversity in safeguarding children	1
	24/01/2013 - Working with diversity in safeguarding children	1
Total		9
B	03/10/12 - Communicating and listening to children through play	1
	03/10/2012 - Communicating and listening to children through play	1
	04/03/2013 - Applying systemic theory to child protection and multi-agency working	1
	05/07/2012 - DV workshop - Safety Planning	1
	05/09/2012 - Risk assessment, analysis and decision-making	1
	06/03/2013 - Working together to safeguard children - sharing responsibility	1
	08/05/2012 - Working with resistant and uncooperative families	1
	11/09/2012 - Working with cultural and economic diversity in safeguarding children	1
	12/02/2013 - Impact of parental learning disability on children and young people	1
	12/02/2013 - Risk assessment, analysis and decision-making	2
	12/07/2012 - Impact of abuse and neglect on the development of children and young people	1
	15/01/2013 - Safeguarding in a digital world	2
	24/10/2012 - DV workshop - How to identify families at risk	1
Total		15
C	13/03/2013 - Managing allegations against professionals working with children	1
	19/07/2012 - Managing allegations against professionals working with children	1
	19/09/2012 - Training for designated and named safeguarding children officers	1
Total		3
Lunchtime Seminars	11/02/2013 - CHSCB Seminar: The case of Child P	3
	17/12/2012 - CHSCB Seminar: Safeguarding Adolescents, Challenging Professional Perceptions	1
	23/05/2012 - Lunchtime Seminar: Safeguarding in a Digital World	1
	29/01/2013 - CHSCB Seminar: Understanding mental illness	3
Total		8

5.7 Local Authority Designated Officer Activity 2012/13

5.7.1 The LADO role in the City of London is currently under the remit of the Children’s Social Care Service Manager. Due to the size and demography of the City annual reporting on LADO investigation has always been low. In 2011/2012 there were no referrals made to the LADO. Recommendations from the Safeguarding and Looked After Ofsted Inspection in 2012 identified that further scrutiny was required in regard to the low number of referrals made to the LADO.

5.7.2 As part of the scrutiny in depth audits were undertaken on youth services, early years settings and schools, the following checks were undertaken, which followed the Section 11 audit requirements;

- Disclosure and Barring Service (DBS) of staff and frequency of updating.
- Agencies Safeguarding Leads.
- Awareness of safer recruitment practices.
- Whether staff knew when they would need to make a referral.
- Staff awareness of who they need to contact and the procedure.
- Review of safeguarding procedures.
- A review of Safeguarding training and how often courses are attended.
- Any actions identified from the audit would be followed up within an agreed timescales.

5.7.3 The majority of the audits across the settings have been completed and the process has been well received by agencies. Overall there have been no serious issues highlighted from the auditing process and most agencies have found it helpful to meet with the LADO and go through the referral process.

5.7.4 Out of hours safeguarding training was offered to staff in early year’s settings and schools, this training was offered by the City, as staff found it difficult to attend during the working day. The training was organised for the weekend and was well attended by agencies.

5.7.5 Information on Private Fostering arrangements was also shared with agencies and the expectations around the notification of private fostering arrangements.

Fig1 LADO Referrals & Contacts City of London 2012/2013

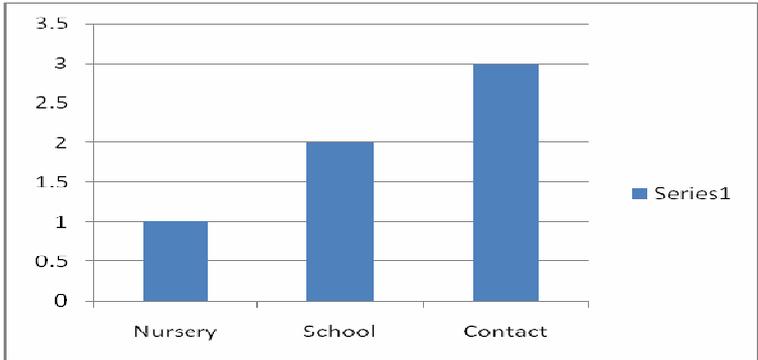
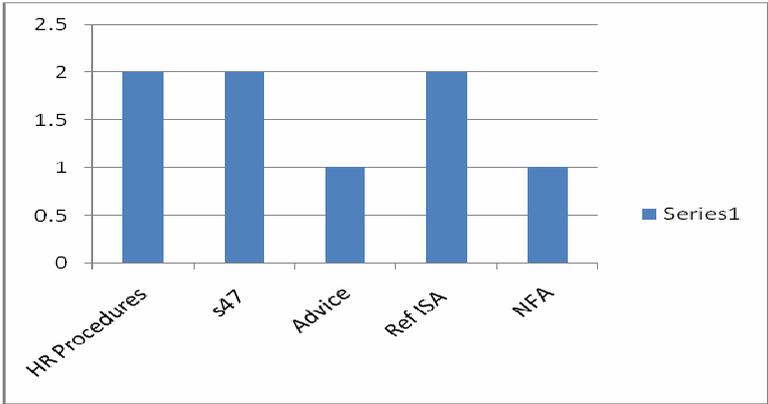


Fig 2 Outcome of LADO investigations



LADO Investigations

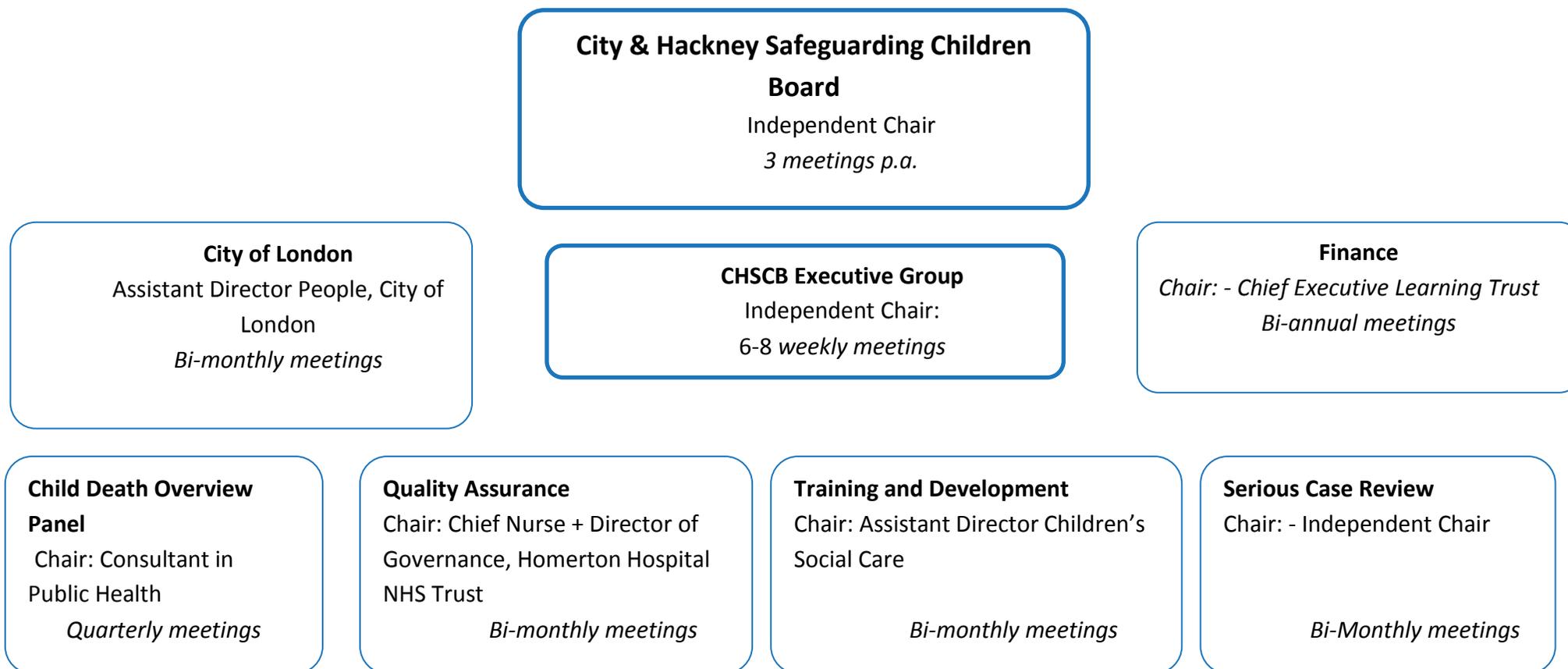
5.7.6 As can be seen from Fig 1 there have been three LADO referrals that were progressed in 2012/13. There were also three contacts that did not progressed to a referral.

5.8 Priorities for 2013 -14

The Safeguarding Sub Committee will be focusing on implementing the following Business Plan priorities for 2013/14:

- Completion of City specific Annual Report for 2013/14
- Review Terms of Reference in light of publication of new Working Together to Safeguard Children Guidance 2013
- Implement new London Child Protection Procedures across all partners
- Continue to build on strong community links to raise safeguarding awareness, including through training and development opportunities
- Implement revised Early Intervention and Prevention Framework, new Early Intervention and Social Care service and evaluate effectiveness of model.
- Oversee implementation of Child Sexual Exploitation Protocol
- Implement a multi-agency reflective learning framework across the partnership.
- Implement a multi-agency performance framework that supports evidence of effective safeguarding practice across all agencies.
- Implement Safeguarding in Education Action Plan across City schools.

APPENDIX ONE: BOARD STRUCTURE



APPENDIX TWO: City & Hackney Safeguarding Children Board Business Plan 2012-2014

City & Hackney Safeguarding Children Board agreed a shared vision and statement of principles in September 2011. In order to measure the degree to which we are meeting these principles, the Board has used a set of standards drawn from the LSCB Self Assessment & Audit Tool (SAIT) developed by Tony Morrison and Jan Horwath⁸ and recommended by both the Social Care Institute for Excellence (SCIE) and the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The Board has then drawn on this self assessment to inform its business planning and has mapped the relevant standards across into the business plan.

The agreed strategic objectives that underpin our Business Plan remain the same; the agreed practice focus for 2012/2014 is to increase our understanding of the complexity of work in relation to domestic violence and child sexual exploitation; this underpins our Learning & Improvement Framework.

Board Vision & Statement of Principles	Page 2
Business Plan 2012 – 2014 mapped against SAIT	Pages 3 - 6
Statement of Principles mapped against SAIT	Pages 7 - 8

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⁸ www.c4eo.org.uk/themes/safeguarding/files/safeguarding_briefing_2.pdf

The Board Vision

“We want children and young people in City and Hackney to thrive and we will work together to create the safest possible environment for them to do so”

Statement of Principles

1. At the core of the City & Hackney Safeguarding Children Board’s safeguarding and child protection work is the desire to understand the quality of a child’s experience of local services, learn from individual experiences and to have a positive impact upon young lives
2. In this context the Board will be influential on behalf all vulnerable children, young people and their families
3. CHSCB members are accountable to each other for the effective working of the Board and accountable for the promotion of CHSCB interests within their own organisations
4. Our work is characterised by an attitude of constructive challenge. We are never complacent but constantly push ourselves to achieve the best for children, young people and their families
5. We will champion a learning culture within our organisations and seek evidence and assurance that practice has improved as a result of this
6. We will fulfil our statutory responsibilities by making best use of our pooled resources

* = revised milestone for 2012/14

Strategic objective	Milestones	Lead person or group	Timescale for completion
Good governance with meaningful performance indicators that hold agencies to account for their safeguarding responsibilities	<ul style="list-style-type: none"> The Board continues to have the backing of all agencies for a budget that supports its business despite a context of shrinking budgets (SAIT Standard 14) 	Finance Sub-committee	March 2012
	<ul style="list-style-type: none"> The CHSCB business planning process is informed by self assessment against recognised standards for good multi-agency working (SAIT Standards 1, 2 & 8)* 	Independent Chair Executive Group	April 2012
	<ul style="list-style-type: none"> The Board delivers an Annual Report that provides a realistic assessment of the effectiveness of local safeguarding practice and the challenges for the multi-agency partnership. (SAIT Standard 19, 20, 21)* 	All member agencies	July 2012
	<ul style="list-style-type: none"> The role of the CHSCB in relation to other strategic partnership Boards is further refined, implemented and reviewed (SAIT Standard 4)* 	Independent Chair Executive Group	March 2014
	<ul style="list-style-type: none"> The Executive Group and sub-committees are accountable to the Board and operating within clear terms of reference* (SAIT Standard 13) 	Independent Chair Executive Group/Chairs	March 2013
	<ul style="list-style-type: none"> Executive members are accountable for the functioning of the Group - to the independent Chair and to each other. As a consequence the group embodies a culture of constructive and open challenge. (SAIT Standards 6, 13) 	Independent Chair Executive Group/Chairs	Ongoing
	<ul style="list-style-type: none"> A robust process of audit against s.11 Children Act is in place. The Board supplements this with annual 'deep dive' audits against particular elements of the s.11 duty* (SAIT Standard 7) 	Independent Chair QA sub-committee	March 2013

Strategic objective	Milestones	Lead person or group	Timescale for completion
Service-users' views inform all our work	<ul style="list-style-type: none"> We actively consult with children, young people and parents/carers in order to inform our work (SAIT Standard 8, 15)* We can demonstrate improvements to the outcomes for children receiving child protection services (SAIT Standard 20)* We have a strong professional relationship with the local community that continually builds awareness of safeguarding children. We are appropriately reactive to issues. (SAIT Standard 17)* 	<p>Quality Assurance Sub-committee</p> <p>Quality Assurance Sub-committee</p> <p>CHSCB Community Partnership Advisor CVS</p>	<p>Ongoing</p> <p>March 2014</p> <p>Ongoing</p>
A programme of learning and reflection is in place to ensure the highest level of practice across agencies - including safer recruitment.	<ul style="list-style-type: none"> The Board sees evidence that each agency is delivering safeguarding training to an appropriate standard to all those that require it (SAIT Standard 16) The Board better understands the way different sectors use the multi-agency training and endorse changes to the programme to reflect their differing needs. (SAIT Standard 16) The Board makes better use of training data to evaluate whether and how it is improving how we work together as a partnership to safeguard children. (SAIT Standard 16)* Each agency provides the Board with evidence that it is meeting its safer recruitment responsibilities and the requirements of the Independent Safeguarding Authority (SAIT Standard 10) 	<p>Training + Development Sub-committee</p> <p>Training + Development Sub-committee</p> <p>Training + Development Sub-committee</p> <p>All member agencies</p> <p>Quality Assurance Sub-</p>	<p>March 2013</p> <p>March 2013</p> <p>March 2013</p> <p>March 2013</p>

Strategic objective	Milestones	Lead person or group	Timescale for completion
	<ul style="list-style-type: none"> The Board draws on systemic models of review to assess where and how systems are impacting upon practice (SAIT Standard 19)* 	Committee SCR sub committee	March 2014
Agency representatives are accountable to the Board on behalf of their agency and at the same time carry out their shared responsibility with other members.	<ul style="list-style-type: none"> Chair continues the regular programme of meetings with the Chief Executive of partner agencies and their representatives, in turn these people alert the Chair to any safeguarding issues within their organisation. (SAIT Standard 7, 12) Membership of the Board and sub-committees is appropriate to local need and statutory obligation (SAIT Standard 5)* Member agencies have a shared understanding of the local thresholds in relation to risk and safeguarding. (SAIT Standard 9) Sub-committee chairs demonstrate that they are providing effective leadership and steer to their areas of responsibility. (SAIT Standard 13) Agency representatives on the Board ensure the appropriate agency member attends and takes an active role in the Board's sub-committees. (SAIT Standard 6) 	Independent Chair Independent Chair/Executive All member agencies All sub-committee chairs All member agencies	On-going March 2013 Ongoing March 2013 March 2013
The Board actively seeks out information	<ul style="list-style-type: none"> The Board knows about the quality of practice and ensures that information is meaningfully gathered in a way that furthers knowledge about safeguarding practice generally and in relation to agreed areas for priority focus (SAIT Standard 9, 19)* 	Quality Assurance Sub-committee	March 2014

Strategic objective	Milestones	Lead person or group	Timescale for completion
<p>and makes the best use of it and acts upon it where appropriate to improve safeguarding practice.</p>	<ul style="list-style-type: none"> • Themes and learning from the Child Death Overview Panel are reported annually to the Board. The Board to ensure that partner agencies act on recommendations appropriately. (SAIT Standard 19) • Serious Case Reviews are of a high standard and recognised as such by external regulators (SAIT Standard 11) • The Board satisfies itself that Serious Case Reviews improve practice and that all recommendations are progressed within appropriate timescales (SAIT Standard 11)* • Learning from all forms of practice review and feedback from practitioners informs our programme of case audit and review and the content of our multi-agency training (SAIT Standard 11)* 	<p>Child Death Overview Panel and Independent Chair</p> <p>Serious Case Review Sub-committee</p> <p>Serious Case Review Sub-committee / Quality Assurance Sub-committee/ Training & Development Sub-Committee</p>	<p>March 2013</p> <p>March 2013</p> <p>Ongoing</p> <p>Ongoing</p>
<p>The Board stays close to practice.</p>	<ul style="list-style-type: none"> • The Board Executive gains direct experience of frontline practice thorough a programme of shadowing and observation (SAIT Standard 18)* • The work of the Board is communicated regularly and effectively to frontline staff. (SAIT Standard 8, 18)* • Independent Chair and Directors of Children's Services continue their rolling programme of membership reviews to ensure the Board and its sub-committees have members who can help deliver its objectives. (SAIT Standard 5, 18) • Board members know what the practice challenges are, particularly 	<p>Executive Group</p> <p>Executive Group/all members and CHSCB support staff</p> <p>Independent Chair and Directors of Children's Services</p> <p>All sub-committees</p>	<p>March 2013</p> <p>March 2013</p> <p>Ongoing</p> <p>March 2011</p>

Strategic objective	Milestones	Lead person or group	Timescale for completion
	those that might not become apparent through Serious Case Reviews and that these issues are tackled regardless. (SAIT Standard 17, 18)		

Statement of Principles mapped against Self Assessment & Improvement Tool (SAIT) Standards

At the core of the City & Hackney Safeguarding Children Board’s work is the desire to understand the quality of a child’s experience of local services, learn from individual experiences and to have a positive impact upon young lives

- SAIT STANDARD 2: The Board has specific objectives which aim to improve the safety for specific groups of children
- SAIT STANDARD 19: The Board knows about the quality of practice and actively works to improve this
- SAIT STANDARD 20: The Board can demonstrate improvements to the outcomes for children and young people receiving child protection *(and early help)* services
- SAIT STANDARD 15: The Board actively consults with children, young people and parents/carers in the development and review of its work
- SAIT STANDARD 18: The Board actively promotes feedback to and from frontline staff about safeguarding policy and practice

The Board will be influential on behalf all vulnerable children, young people and their families

- SAIT STANDARD 21: The Board can show how its own work and work with other partnerships improves safety for *all* children
- SAIT STANDARD 4: The independent identity of the LSCB as a statutory body is recognised
- SAIT STANDARD 17: The Board is active in informing all members of the community of the role they can play to make their community safer

CHSCB members are accountable to each other for the effective working of the Board and accountable for the promotion of CHSCB interests within their own organisations

- SAIT STANDARD 5: The membership of the Board is compliant with *Working Together to Safeguard Children*
- SAIT STANDARD 1: The Board has a clear and shared understanding about which elements of safeguarding it is accountable for and for which it is holding others to account

- SAIT STANDARD 3: The members have negotiated a terms of reference for the LSCB
- SAIT STANDARD 6: The LSCB specifies the responsibilities, knowledge requirements and accountabilities of the individuals who sit on the Board
- SAIT STANDARD 7: The Board holds member agencies to account with regard to safeguarding activity
- SAIT STANDARD 13: The Board has effective sub-groups to deliver its work plan

Our work is characterised by an attitude of constructive challenge. We are never complacent but constantly push ourselves to achieve the best for children, young people and their families

- SAIT STANDARD 8: The Board has a business planning, reviewing and improvement system linked to specific objectives and improving cooperation and effectiveness
- SAIT STANDARD 9: The Board has developed systems for ensuring governance of multi-disciplinary practice
- SAIT STANDARD 12: Board members are clear about the role, responsibilities and reporting arrangements of the Chair
- SAIT STANDARD 10: The Board has developed systems to ensure safe recruitment in all member agencies

We will champion a learning culture within our organisations and seek evidence and assurance that practice has improved as a result of this

- SAIT STANDARD 16: The Board has an active multi-agency training & development programme that meets the requirements of *Working Together*
- SAIT STANDARD 11: The Board has a robust process for reviewing and learning from SCRs (*and other forms of case review*) which leads to service improvements

We will fulfil our statutory responsibilities by making best use of our pooled resources

- SAIT STANDARD 14: The Board has identified both its required resources in the light of the work programme and dedicated staffing requirements and negotiated a funding mechanism

APPENDIX 3

CHSCB Support Team Contact Details (as at May 2013)

City & Hackney Safeguarding Children Board Unit			
Position	Name	Contact Tel No	Email Address
Professional Advisor to the CHSCB	Sophie Humphreys	020 8356 4042	sophie.humphreys@hackney.gov.uk
Board Manager	Sarah Peel	020 8356 4597	sarah.peel@hackney.gov.uk
Local Authority Designated Officer (LADO)	Janet Lamb	020 8356 4569	janet.lamb@hackney.gov.uk
Business and Performance Manager	Sandra Reid	020 8356 4175	sandra.reid@hackney.gov.uk
Community Partnership Advisor	Leethen Bartholomew	020 8356 6371	leethen.bartholomew@hackney.gov.uk
Multi-agency Training Co-ordinator	Muna Rahman	020 8356 4826	muna.rahman@hackney.gov.uk
Board & Sub-committee Co-ordinator	Andrew Merkley	020 8356 4183	andrew.merkley@hackney.gov.uk
Child Death Overview Panel & Rapid Response Co-ordinator	Kerry Littleford	020 8356 1070	kerry.littleford@hackney.gov.uk

APPENDIX 4

Attendance at Board and sub-committees (April 2012-March 2013)

Note: Because of the reorganisation of health services, the descriptions of health contributions across sub-committees may be slightly inaccurate.

City and Hackney Safeguarding Children Board

Organisation	Number of seats	Meetings attended by agency (%)
Independent Chair	1	100
Professional Advisor to the City and Hackney Safeguarding Children Board	1	100
City and Hackney Safeguarding Children Board Manager	1	100
Children Social Care (Hackney)	2	
<ul style="list-style-type: none"> • Director of Children's Social Care 		75
<ul style="list-style-type: none"> • Assistant Director of Children's Social Care 		75
Community and Children's Services (City of London)	1	
<ul style="list-style-type: none"> • Director 		50
Child Abuse Investigation Team	1	
<ul style="list-style-type: none"> • Chief Inspector 		75
City of London Police	1	
<ul style="list-style-type: none"> • Detective Inspector 		50*
Hackney Borough Police	1	
<ul style="list-style-type: none"> • Borough Commander 		100
The Learning Trust	1	
<ul style="list-style-type: none"> • Acting Chief Executive 		100
London Probation	1	
<ul style="list-style-type: none"> • Principal Officer 		75
Hackney Council for Voluntary Services	1	
<ul style="list-style-type: none"> • Chief Executive 		50
Homerton University Hospital NHS Foundation Trust	1	
<ul style="list-style-type: none"> • Chief Nurse and Director of Governance Divisional 		75

Operations Director		
NHS East London and the City <ul style="list-style-type: none"> • Director of Public Health • Designated Doctor • Director of Nursing and Quality for ELC and ONEL • Associate Director Nursing and Safeguarding • Designated Nurse for Safeguarding 	5	50 67** 80 75 100
Hackney CCG <ul style="list-style-type: none"> • Director 	1	50***
East London NHS Foundation Trust <ul style="list-style-type: none"> • Director for Specialist Services • Consultant Psychiatrist Early Intervention in Psychosis • Associate Director for safeguarding Children • Consultant Psychiatrist 	4	75 75 50 75
Young Hackney <ul style="list-style-type: none"> • Assistant Director 	1	75
Participant Observer <ul style="list-style-type: none"> • Lead Member for children & young people 	1	75

*note: Designated Doctor position was not represented on 1 meeting.

**note: City of London Police did not have a representative on 2 board meetings.

***note: The CCG started to attend on 29/10/12

Executive Group

Organisation	Meetings attended by agency (%)
Chair of City of the Executive Group <ul style="list-style-type: none"> CHSCB independent chair 	100
City and Hackney Safeguarding Children Board <ul style="list-style-type: none"> Professional Advisor to the CHSCB Board Manager 	100
Hackney Children's Social Care <ul style="list-style-type: none"> Assistant Director, Children's Social Care 	100
Community and Children's Services (City of London) <ul style="list-style-type: none"> Director of Community and Children's Services 	100
Homerton University Hospital <ul style="list-style-type: none"> Chief Nurse and Director of the Director of Governance 	83
The Hackney Learning Trust <ul style="list-style-type: none"> Education Director, Head of the Learning Trust 	83
Young Hackney <ul style="list-style-type: none"> Assistant Director, Young Hackney 	67
East London Foundation Trust <ul style="list-style-type: none"> Director of Specialist Services 	83
Hackney Borough Police <ul style="list-style-type: none"> Borough Commander 	67
NHS East London and the City <ul style="list-style-type: none"> Director of Specialist Services Consultant in Public Health 	83 33

City of London Sub-committee

Organisation	Meetings attended by agency (%)
Chair of City of London sub-committee <ul style="list-style-type: none"> Assistant Director People, City of London 	100
City and Hackney Safeguarding Children Board <ul style="list-style-type: none"> Board Manager 	100
Community and Children's Services (City of London) <ul style="list-style-type: none"> Children's Services Manager 	80
London Probation	40

<ul style="list-style-type: none"> Senior Probation Officer 	
City of London Police <ul style="list-style-type: none"> Detective Sergeant, City of London Police 	60
NHS East London and the City <ul style="list-style-type: none"> Designated Nurse Safeguarding Children 	100
Homerton University Hospital <ul style="list-style-type: none"> Named Nurse Child Protection 	40
East London Foundation Trust <ul style="list-style-type: none"> Named Professional Safeguarding Children 	20
City of London; Education And Early Years <ul style="list-style-type: none"> Manager 	20
City of London; Youth and Play <ul style="list-style-type: none"> Manager 	80
City of London Schools	
<ul style="list-style-type: none"> Second Master, City of London School for Boys 	60
<ul style="list-style-type: none"> Deputy Head, City of London School for Girls 	60
<ul style="list-style-type: none"> Head teacher, Sir John Cass's Primary School 	40
<ul style="list-style-type: none"> Deputy Head, St Paul's Cathedral School 	80
<ul style="list-style-type: none"> Charterhouse Square School 	40

Finance Sub-committee

Organisation	Meetings attended by agency (%)
Chair of Finance Sub-committee <ul style="list-style-type: none"> Education Director, Head of Hackney Learning Trust 	100
City and Hackney Safeguarding Children Board <ul style="list-style-type: none"> Board Manager Professional Advisor to the Board 	100 100
Children Social Care (Hackney) <ul style="list-style-type: none"> Group Accountant, finance dept. 	100
East London NHS Foundation Trust <ul style="list-style-type: none"> Director of Nursing 	0
NHS East London and the City <ul style="list-style-type: none"> Associate Director Nursing and Safeguarding (ELC) 	0
Homerton University Hospital <ul style="list-style-type: none"> Chief Nurse & Director of Governance 	0
Community and Children's Services (City of London) <ul style="list-style-type: none"> Assistant Director, People 	50

Quality Assurance Sub-committee

Organisation	Meetings attended by agency (%)
Chair of Quality Assurance Sub-committee <ul style="list-style-type: none"> Chief Nurse & Director of Governance 	80
City and Hackney Safeguarding Children Board <ul style="list-style-type: none"> Board Manager Professional Advisor to Board 	100 40
Children Social Care (Hackney) <ul style="list-style-type: none"> Quality and Service Manager, CYPS 	60
Young Hackney <ul style="list-style-type: none"> Consultant Advisor 	100
NHS East London and the City <ul style="list-style-type: none"> Designated Nurse Safeguarding Children 	80
Homerton University Hospital <ul style="list-style-type: none"> Named Nurse for Safeguarding Consultant Community Paediatrician 	80 20
East London Foundation Trust <ul style="list-style-type: none"> Associate Director for Safeguarding Children 	20
The Learning Trust <ul style="list-style-type: none"> Assistant Director 	80
Community and Children's Services (City of London) <ul style="list-style-type: none"> Children's Social Care Manager 	40
Hackney Borough Police <ul style="list-style-type: none"> Hackney Borough Police Public Protection Desk Lead 	20
Child Abuse Investigation Team <ul style="list-style-type: none"> Detective Sergeant 	20
Hackney Ark <ul style="list-style-type: none"> Head of Integrated Services for Disabled Children 	40

Serious Case Review Sub-committee

Organisation	Meetings attended by agency (%)
Chair of Serious Case Review Sub-committee <ul style="list-style-type: none"> Independent Chair of the City and Hackney Safeguarding Children Board 	100

CHSCB	
<ul style="list-style-type: none"> Professional Advisor to the board Board Manager 	75 100
Children Social Care (Hackney)	
<ul style="list-style-type: none"> Head of Safeguarding 	100*
Hackney Ark	
<ul style="list-style-type: none"> Head of Integrated Services for Disabled Children 	33
NHS East London and the City	
<ul style="list-style-type: none"> Named Nurse for Safeguarding Designated Nurse for Safeguarding children Named GP 	40 80 100**
Homerton University Hospital	
<ul style="list-style-type: none"> Named Paediatrician Named Doctor Designated Nurse for Safeguarding children 	20 80 100
The Learning Trust	
<ul style="list-style-type: none"> Head of Partnerships and Education Safeguarding. 	100
Community and Children's Services (City of London)	
<ul style="list-style-type: none"> Lead Social Worker 	80
Child Abuse Investigation Team	
<ul style="list-style-type: none"> Detective Sergeant 	60
East London NHS Foundation Trust	
<ul style="list-style-type: none"> Associate Director for Safeguarding Children Consultant Psychiatrist & Clinical Director 	80 40
Hackney Community & Voluntary Services (HCVS)	
<ul style="list-style-type: none"> Organisation Development Manager 	60

* 2 sessions did not have a representative from children's social care.

** Only invited to represent on 2 sessions.

CHSCB Operational Forum

Organisation	Meetings attended by agency (%)
Chair of the Operational Forum	
<ul style="list-style-type: none"> Professional Advisor to the Board 	75
CHSCB	
<ul style="list-style-type: none"> Community Partnership Adviser Board Manager 	25 100

Children Social Care (Hackney)	
<ul style="list-style-type: none"> • Service Manager First Response 	100
Hackney Ark	
<ul style="list-style-type: none"> • Consultant social worker, Disabled Children's Team 	80
Young Hackney/ Triage	
<ul style="list-style-type: none"> • Intake and Review Manager 	20
Homerton University Hospital	
<ul style="list-style-type: none"> • Named Midwife for Safeguarding • Named Nurse Child Protection • Named Paediatrician 	20 66.7 0
NHS East London and the City	
<ul style="list-style-type: none"> • Named Nurse for Safeguarding Children • Named Professional for Safeguarding Children 	60 50
East London NHS Foundation Trust	
<ul style="list-style-type: none"> • Named Professional for Safeguarding Children 	0
Drug and Alcohol Action Team	
<ul style="list-style-type: none"> • Safeguarding Lead 	90
The Learning Trust	
<ul style="list-style-type: none"> • Principle School Attendance officer • Strategic Manager Children's Centres 	40* 40
Community and Children's Services (City of London)	
<ul style="list-style-type: none"> • Social Worker 	40
Probation	
<ul style="list-style-type: none"> • Probation Officer 	0

Training and Development Sub-committee

Organisation	Meetings attended by agency (%)
Chair of Training and Development Sub-committee	
<ul style="list-style-type: none"> • Assistant Director of Children's Social Care 	100
CHSCB	
<ul style="list-style-type: none"> • Board Manager • Community Partnership Advisor • Training Coordinator 	100 75 75
Children Social Care (Hackney)	
<ul style="list-style-type: none"> • Service Manager, Learning and Safeguarding 	75
NHS East London and the City	
<ul style="list-style-type: none"> • Named Nurse for safeguarding 	100

<ul style="list-style-type: none"> Named GP 	100
The Learning Trust <ul style="list-style-type: none"> Head of Partnerships and Education Safeguarding 	75
Community and Children's Services (City of London) <ul style="list-style-type: none"> Children's Services Manager 	75
Hackney Borough Police <ul style="list-style-type: none"> Detective Sergeant 	0
DAAT <ul style="list-style-type: none"> Training Coordinator 	50
East London NHS Foundation Trust <ul style="list-style-type: none"> Named Professional for Safeguarding Children Associate Director for Safeguarding Children 	50
CAIT <ul style="list-style-type: none"> Detective Sergeant 	0
Young Hackney <ul style="list-style-type: none"> Network Leader 	100*
Hackney Community & Voluntary Services (HCVS) <ul style="list-style-type: none"> Organisation Development Manager & Children 	50

*only invited to represent on 2 sessions.

Child Sexual Exploitation Working Group

Organisation	Meetings attended by agency (%)
Chair of the Working Group and Head of Safeguarding Children's Social Care	100
City and Hackney Safeguarding Board	66
Young Hackney	83
CAIT Team	33
Borough Police	83
The NIA Project	100
The Learning Trust	100
Safer London Foundation	100
Safer Communities	50
Homerton University Hospital	75*
Chance UK Mentoring	60
CAMHS	66**
Barnados	100
Domestic Violence Team	20
Partnership Triage	16
CHYPS+	66

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www.chscb.org.uk

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