



City & Hackney Safeguarding Children Board Annual Report 2018/19



Foreword by the Independent Chair

This annual report reflects upon and evidences the good work done and the part played by multi agency partners in the City of London and Hackney. Our strategic alliance remains strong but we recognise the need to ensure that the commitment at a leadership level to the development of context based, child centred policy, manifests itself in the individual work of agencies and critically in the quality of their work with and in support of one another.

It is appropriate at the outset to acknowledge that the partnership and the leaders of the organisations within it have faced significant challenges over the reporting period. These range from those brought about by austerity and / or imposed in some cases, by all too frequent reorganisation, to the introduction and implementation of new legislation. In my opinion, individual senior leaders have done what they can to rise to the task, with the resources they have but in some cases the challenges have undermined organisational responses and this has had an impact on partnership working. That said, it is absolutely right within the pages of this report to reflect on the outstanding leadership found in the relentless commitment of all our front line teams.

We continue to reflect and learn from the serious cases and other learning reviews we have commissioned and indeed from those outside our geographic area of responsibility that are relevant to the challenges we face and work we do. In this report I have not only included those we have carried out in this reporting period but given that this will be the last such report by the outgoing Safeguarding Children Board, I have included an overview of all cases since 2013. Reviewing instances is important, learning and implementing the lessons from them however is key and we are committed to doing just that.

Moving forward we are therefore determined to ensure we are getting the basics right, improving what we do regarding vulnerable children and adolescents and continuing our work to identifying and interdict pathways to harm. Our collective approach to work focused on self-harm and suicide, CSE, gang membership and affiliation, as well as the impact of County Lines and serious youth violence will be at the heart of everything we do. We are determined that we grasp every learning opportunity we can and that we use the information from such reviews to raise awareness and whenever possible to improve what we do, when and how we do it.





We have now completed our transition into the new partnership arrangements mandated by the Children and Social Work Act (2017). We have committed to building on what we have achieved so far and using the flexibility provided in the new approach to strengthen our partnership and to increase our multi agency scrutiny. In doing so we will continue to focus on the context of children's lives in the City of London and Hackney, support early help and drive the earliest possible interventions when necessary. We will do this by continuing our commitment to strong and challenging collective leadership underwritten by an absolute commitment to listen, learn and continue to improve.

Finally, from the beginning of my tenure we have sought to engage the issue of unregistered settings, year on year this has featured in my annual report and this year is no different. Despite our best efforts and the support of some key individuals in the Orthodox Jewish community we have struggled to reach a position whereby I can state that we are content that those attending Yeshivas are being satisfactorily safeguarded. This situation cannot continue and I am committed to doing everything I can to drive this issue to a successful conclusion by doing whatever it takes to ensure that all children in the City of London and Hackney receive an equal level of safeguarding oversight.

Jim Gamble QPM
Independent Chair



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About the Annual Report





The CHSCB annual report for 2018/19 provides an assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

The CHSCB annual report 2018/19 sets out:

- The governance and accountability arrangements for the CHSCB. This section provides information about the structures in place that support the CHSCB to do its work effectively. **It also references the new safeguarding arrangements in the City of London and Hackney.**
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCB has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training delivered by the CHSCB and a brief account of the single agency training delivered by partners.
- The priorities going forward and the key messages from the Independent Chair of the CHSCB to key people involved in the safeguarding of children and young people.





Glossary of Terms





ABH	Actual Bodily Harm	HCVS	Hackney Council for Voluntary Service
BME	Black and Minority Ethnic	HLT	Hackney Learning Trust
CAF	Common Assessment Framework	HUHFT	Homerton University Hospital NHS Foundation Trust
CAFCASS	Children and Family Court Advisory and Support Service	IRI	Independent Return Interview
CAIT	Child Abuse Investigation Team	LA	Local Authority
CAMHS	Child and Adolescent Mental Health Services	LAC	Looked After Child
CCG	Clinical Commissioning Group	LSCB	Local Safeguarding Children Board
CDOP	Child Death Overview Panel	MAP	Multi Agency Panel
CHSAB	City and Hackney Safeguarding Adults Board	MAPPA	Multi Agency Public Protection Arrangements
CHSCB	City and Hackney Safeguarding Children Board	MARAC	Multi Agency Risk Assessment Conference
CHYPS	City and Hackney Young People's Service	MASE	Multi Agency Sexual Exploitation
CPA	Community Partnership Advisor	MAT	Multi Agency Team
CPP	Child Protection Plan	MPM	Management Planning Meeting
CRIS	Crime Reporting Information System	NHS	National Health Service
CSC	Children's Social Care	NSPCC	National Society for the Prevention of Cruelty to Children
CSE	Child Sexual Exploitation	OFSTED	Office for Standards in Educ, Children's Services & Skills
CYPPP	Children and Young People's Partnership Panel	PPU	Public Protection Unit
DBS	Disclosure and Barring Service	PRUH	Princess Royal University Hospital
DfE	Department for Education	PSHE	Personal, Social and Health Education
DVIP	Domestic Violence Intervention Project	PSP	Pupil Support Plans
EIP	Early Intervention and Prevention	SCR	Serious Case Review
ELFT	East London NHS Foundation Trust	SDVC	Specialist Domestic Violence Court
ESOL	English for Speakers of Other Languages	SEND	Special Educational Needs and Disability
FGM	Female Genital Mutilation	SLT	Senior Leadership Team
FGMPO	Female Genital Mutilation Protection Order	SRE	Sex and Relationship Education
FJR	Family Justice Review	TRA	Tenant Resident Association
FRT	First Response Team	TUSK	Things You Should Know (CHSCB briefing)
GLA	Greater London Authority	UASC	Unaccompanied Asylum Seeking Children
GP	General Practitioner		



The Board



The Children and Social Work Act 2017 legislated that Local Safeguarding Children Boards were to be replaced and transitioned into new safeguarding arrangements by September 2019. Under the new legislation, three safeguarding partners (local authorities, police, and clinical commissioning groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

At the time of publication, the new arrangements in the City of London and Hackney have been published and implemented in line with statutory requirements. New child death review partners (local authorities and clinical commissioning groups) have also set up revised child death review arrangements. A summary of the new safeguarding arrangements are included in this report. The impact of this new system will be reported upon in greater detail in next year's annual report. This reporting year has been shaped by preparations for change, and the need to carry out statutory functions whilst the new arrangements are put in place. This report itself focuses on the work undertaken up to April 2019.

KEY ROLES AND RELATIONSHIPS

THE INDEPENDENT CHAIR

Jim Gamble QPM has been the Independent Chair of the CHSCB since 2013. He is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to both the Town Clerk of the City of London and the Chief Executive of the London Borough of Hackney and engaged with both leaders over the year. The Director of Community and Children's Services for the City and the Group Director of Children, Adults and Community Health for Hackney also continued to work closely with the Chair on related safeguarding challenges.





Whilst being unable to direct organisations, the CHSCB does have the power to influence and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.

THE CHSCB TEAM

The CHSCB is supported by a dedicated group of staff that ensure the smooth running of the Board's day-to-day business. The team includes the Senior Professional Advisor, a Business and Performance Manager, a Training Co-ordinator and a Board Co-ordinator. For part of 2018/19, the team also hosted Hackney's Community & Partnership Advisor, funded by the Local Authority.



THE CITY OF LONDON CORPORATION AND HACKNEY COUNCIL

Both the City of London Corporation and Hackney Council are responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring that it is run effectively. A dual LSCB has been in operation for a number of years given the range of individual organisations that bridge both areas.

The ultimate responsibility for the effectiveness of the CHSCB rests with the political leaders of both the City of London Corporation and Hackney Council. The Town Clerk in the City and the Chief Executive of Hackney are accountable to these roles. The Lead Members for Children's Services in both areas have the responsibility for making sure their respective organisations fulfil their legal responsibilities to safeguard children and young people. The Lead Members contribute to the CHSCB as participating observers and are not part of the decision-making process.

PARTNER AGENCIES

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

DESIGNATED PROFESSIONALS

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of CHSCB activities, these designated roles have continued to demonstrate their value in strengthening child safeguarding during 2018/19.



RELATIONSHIPS WITH OTHER BOARDS

During 2018/19, engagement continued with the City & Hackney Safeguarding Adults Board (CHSAB) and other strategic partnerships in the City of London and Hackney. There were also additional opportunities for the CHSCB to interface with elected members through the scrutiny functions operating in both the City and Hackney. From the CHSCB's perspective, this has helped ensure that the voice of children and young people and their need for safeguarding has been kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.

BOARD MEMBERSHIP & ATTENDANCE

The Board continued to experience good attendance from organisations during 2018/19. The Board met four times during the 2018/19 and had a membership made up of representatives from all statutory partners and others relevant safeguarding agencies. Attendance rates are set out below. The  represents the number of seats per organisation.

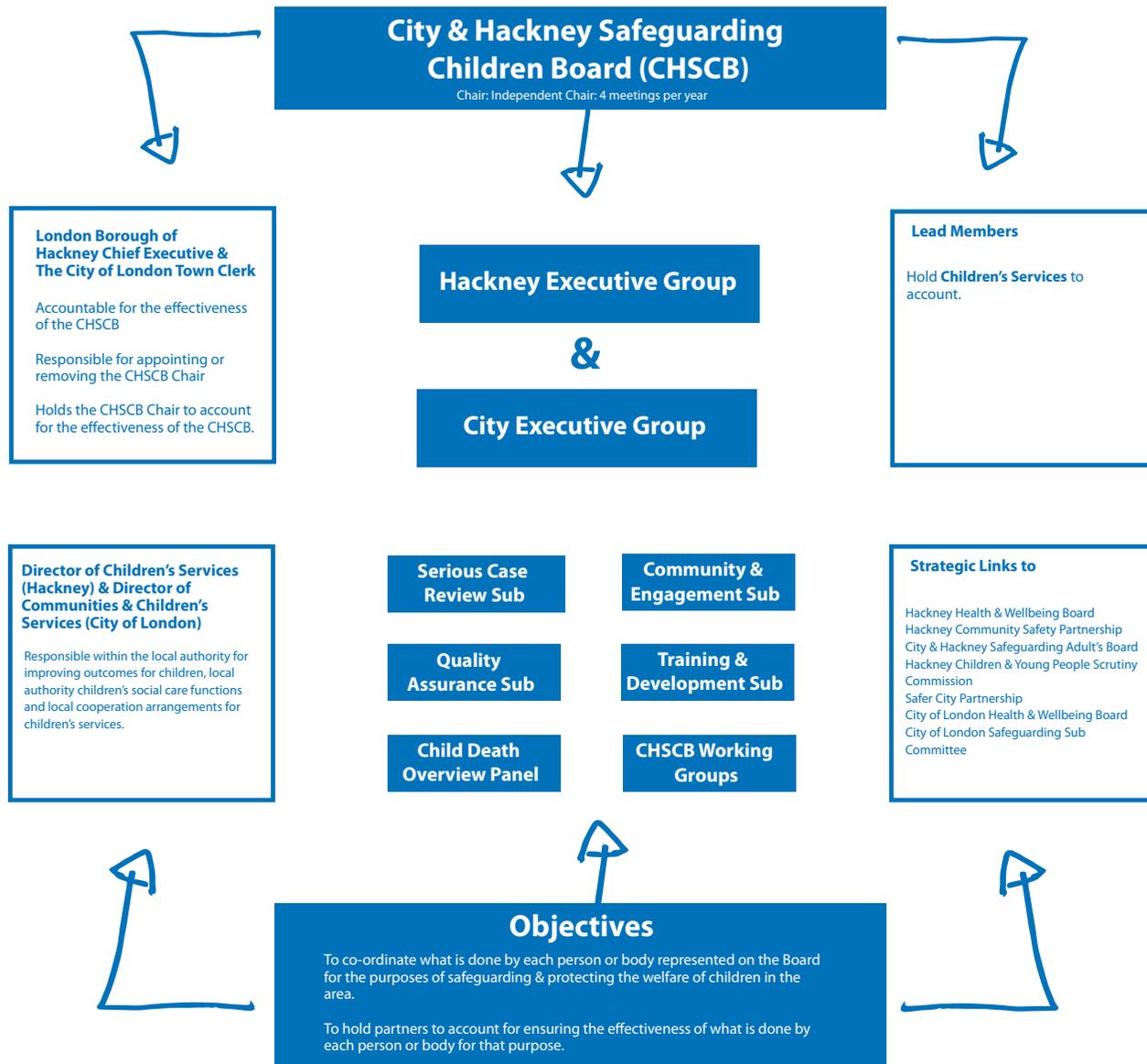
	Attendance	Number of seats per organisation
Independent Chair	100%	
Lay Members	100%	
The City of London Community & Children's Service	100%	
The City of London Police	25%	
Hackney Children, Adults & Community Services	100%	
The Metropolitan Police (Child Abuse Investigation Team)	50%	
The Metropolitan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

Note: Other agencies - i.e NHS England, London Ambulance Service and London Fire Brigade attend on request.





CHSCB STRUCTURE





FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the CHSCB's budget for 2018/19, in addition to providing a variety of resources, such as staff time and free venues for training. Total spending in 2018/19 totalled £314,487. This income ensured that the overall cost of running the CHSCB were met.

- Hackney Learning Trust and The City of London Corporation continued to provide access to free training venues to the CHSCB.
- The City of London Corporation covered the major costs for the 2018/19 Annual Conference.
- CHSCB staffing costs remained lower than originally projected. This was due to the CHSCB team having vacant posts for part of the year.

As part of its Corporate Social Responsibility (CSR) programme, Ineqe continues to support the CHSCB in the production of its annual report.





LAY MEMBERS

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

The Lay Members for the CHSCB, Shirley Green and Sally Glen for Hackney and Belinda Blank for the City of London, have all provided critical influence on the functioning of the CHSCB over 2018/19. All have been engaged in a variety of different forums and continue to offer their unique perspective to the Board based on their regular engagement in the communities with whom they are intrinsically connected. All operate as full members of the CHSCB, participating as appropriate on the Board itself and in various projects. Lay members continue to make links between the CHSCB and community groups, support stronger public engagement in local child safety issues and developed an improved public understanding of the CHSCB's child protection work.

All the CHSCB Lay Members have continued to demonstrate an unwavering commitment to the work of the Board in coordinating and ensuring the effectiveness of safeguarding arrangements.

The CHSCB is hugely grateful to the Lay Members for their dedication, time and effort in promoting improved public engagement in the work of the CHSCB and the focus of the community of safeguarding children and young people.

All have participated fully in Board discussions, adding value and facilitating the professional network to reflect on the work they are doing and its relationship to the views that Lay Members have harnessed from their engagement work.

COMMUNITY PARTNERSHIP ADVISOR

The Community Partnership Advisor (CPA) is funded by Hackney Council to provide consultancy, support and specialist training to staff on behalf of the CHSCB. The CPA is a unique partnership role and is often called upon by other local authorities for assistance.

Since August 2018, the CPA post has remained vacant. Recruitment was initially suspended due to a budget review being undertaken by Hackney Children & Families Service and the need for agreement about how the new safeguarding arrangements would be resourced going forward. Despite this, some of the CPA's functions, such as mapping, awareness raising and policy development, are now being undertaken as part of Hackney's out-of-school settings project, funded by the Department for Education.





New Safeguarding Arrangements



OVERVIEW

In 2015, the government commissioned Sir Alan Wood to review the role and functions of Local Safeguarding Children Boards (LSCBs). The Wood Report was published in March 2016, with the government formally responding in May 2016. The Wood Report recommendations were subsequently embedded in statute in April 2017 with the granting of Royal Assent to the Children and Social Work Act 2017. As a consequence, four important areas of change have followed.

- Firstly, LSCBs, set up by local authorities, have been replaced. Three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police in a local area) must now make **new safeguarding arrangements** to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.
- Secondly, the current system of Serious Case Reviews has been replaced. Safeguarding partners must now make arrangements to identify and review **serious child safeguarding cases** which, in their view, raise issues of importance in relation to their area.
- Thirdly, a **National Child Safeguarding Practice Review Panel** has been created and is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance.
- Fourthly, two partners (local authorities and clinical commissioning groups) have been specified as 'child death review partners' and must set up new **child death review arrangements**. These new arrangements should facilitate a wider geographic footprint and respond to the statutory guidance defining how deaths will be reviewed and how the bereaved will be supported.

TIMESCALES

Statutory guidance covering the transition from LSCBs to the new safeguarding and child death review arrangements was issued in July 2018. Safeguarding partners were required to publish their arrangements by 29 June 2019 following a 'compliance check' by the DfE. The local safeguarding arrangements covering the City of London and Hackney were published on 26 June 2019 and implemented by 29 September 2019. Child death review partners have been working to the same timescale set for safeguarding arrangements.





THE PURPOSE OF THE NEW SAFEGUARDING ARRANGEMENTS

The purpose of the new arrangements is set out in Chapter 3 of Working Together 2018 (para 3). Safeguarding arrangements aim to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families

Statutory guidance (WT 2018 Chapter 3, para 9) also sets out that the safeguarding partners with other local organisations and agencies should develop processes that:

- facilitate and drive action beyond usual institutional and agency constraints and boundaries
- ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families

To achieve the best possible outcomes, statutory guidance is also clear that children and families should receive targeted services that meet their needs in a co-ordinated way. The responsibility for this join-up locally rests with *the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.*

LOCAL FLEXIBILITY

Whilst legislation and statutory guidance has set out clear requirements, there has been a degree of freedom for safeguarding partners to determine how they organise themselves to meet those requirements and improve outcomes for children locally. For local safeguarding partners, this is undoubtedly an important starting point given the CHSCB was the first LSCB to be judged as Outstanding by Ofsted in 2016. Indeed, whilst acknowledging both the statutory requirements and opportunities for improvement, there is a need to ensure that we don't dismantle what has been evidenced as working well. Whilst a simple point, the naming convention for the new safeguarding arrangements has been agreed as **The City & Hackney Safeguarding Children Partnership**. Most areas have named their arrangements along similar lines.

SAFEGUARDING PARTNERS

The safeguarding partners are defined in statute and agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. Safeguarding partners include the following.

- For Hackney: Hackney Council, the City & Hackney Clinical Commissioning Group and the Metropolitan Police Service
- For the City of London: The City of London Corporation, the City & Hackney Clinical Commissioning Group and the City of London Police

LEADERSHIP

The lead representatives for safeguarding partners are:

- the local authority chief executive,
- the accountable officer of a clinical commissioning group, and the chief officer of police

Similar to the current LSCB arrangements, the lead representatives can delegate their functions, although they remain accountable for any actions or decisions taken on behalf of their agency. If delegated, it is the responsibility of the lead representative to identify and nominate a senior officer in their agency to have responsibility and authority for ensuring full participation with these arrangements.



Working Together 2018 sets out the need for the new arrangements to link to other strategic partnership work happening locally to support children and families. This includes other public boards including Health and Wellbeing Boards, Adult Safeguarding Boards, Channel Panels, Improvement Boards, Community Safety Partnerships, the Local Family Justice Board and MAPPAs.

GEOGRAPHIC AREA

The CHSCB currently covers the City of London and the London Borough of Hackney. This arrangement continues.

RELEVANT AGENCIES

Safeguarding partners are obliged to set out within their arrangements which organisations and agencies are required to work as part of those arrangements to safeguard and promote the welfare of local children. These organisations and agencies are referred to as relevant agencies and have a statutory duty to act in accordance with the arrangements. A schedule of relevant agencies can be found under part 4 of the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018. It should be noted that the safeguarding partners may include any local or national organisation or agency in their arrangements regardless of whether they are named within the regulations. The new guidance does not include a requirement to have either Lead or Lay Members, but safeguarding partners have committed to their ongoing inclusion in the arrangements.





SCHOOLS, COLLEGES AND OTHER EDUCATION PROVIDERS

Local safeguarding partners have named schools, colleges and other educational providers as relevant agencies, with existing forums / support being judged sufficient to establish the active engagement of individual institutions.

INFORMATION REQUESTS

Safeguarding partners may require any person or organisation or agency to provide them, any relevant agency for the area, a reviewer or another person or organisation or agency, with specified information. This is clearly set out in the written arrangements.

INDEPENDENT SCRUTINY

This is a key aspect of the new arrangements that safeguarding partners have considered. Safeguarding partners need to ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.

In addition to the work of the various inspectorates, independent scrutiny is currently discharged through the role of the independent chair and the CHSCB's Learning & Improvement Framework (i.e. such as through the existing SCR / review process, multi-agency case audits, Section 11 audits, peer reviews etc).

The independence provided by the CHSCB has worked well to date, with relevant recognition of these driving a strong culture of constructive challenge, debate and improvement. They have also ensured the necessary rigour to provide challenge to the named safeguarding partners. Safeguarding partners have agreed an independent person - **The Independent Child Safeguarding Commissioner** - is retained in the new arrangements to provide the necessary independent scrutiny and independent leadership for the local safeguarding agenda.

FUNDING

The funding for the new arrangements for 2019/20 will be maintained at the same level as that previously provided to the CHSCB in 2018/19. A review of the funding will be undertaken to enable the safeguarding partners to consider the future resourcing requirements, agree the level of funding provided by each safeguarding partner and any contributions from relevant agencies.

PUBLICATION OF ARRANGEMENTS

Published arrangements reference each of the following points.

- how the arrangements will include the voice of children and families
- arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area
- arrangements for commissioning and publishing local child safeguarding practice reviews and for embedding learning across organisations and agencies
- how any youth custody and residential homes for children will be included in the safeguarding arrangements
- how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help
- how inter-agency training will be commissioned, delivered and monitored for impact and how they will undertake any multiagency and interagency audits
- how the threshold document setting out the local criteria for action aligns with the arrangements

DISPUTE RESOLUTION

Safeguarding partners and relevant agencies must act in accordance with the arrangements for their area and will be expected to work together to resolve any disputes locally. Locally, an existing escalation protocol sets out how operational disputes are resolved, and this has been used as the basis for this requirement.





Communication

	The Board	New Safeguarding Arrangements	Communication	A Healthy Workforce	Technology and Social Media	City Safeguarding Snapshot	City Safeguarding Context	Progress in the City 2018/19	Hackney Safeguarding Snapshot	Hackney Safeguarding Context	Progress in Hackney 2018/19	Learning & Improvement	The Child Death Overview Panel	Training & Development	Priorities	What you need to know	CHSCB Membership	21
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The CHSCB continues to promote its digital platforms and communications reach. The CHSCB website, designed during the 2015/16 period, has allowed for user-friendly content searches and accessible resources. Visits to the CHSCB website and Twitter dipped slightly over 2018/19, although an increase was noted in the CHSCB TUSK briefing analytics.

THE CHSCB WEBSITE

- 45,515 website page views.
- Homepage - 18% page views.
- Training Calendar - 15% page views
- Serious Case Reviews - 4% page views.

 www.chscb.org.uk

TUSK BRIEFINGS

- The Board produces monthly e-briefings called Things You Should Know, more commonly referred to as 'TUSK briefings'. These are circulated to subscribers and also cascaded by Board members to staff within their organisations.
- Due to the General Data Protection Regulations applied from May 2018, the number of subscribers to the TUSK reduced to 570 at the end of March 2019. The numbers of subscribers have subsequently increased in 2019/20.
- Things You Should Know briefings had an average open rate of 34.7% (increasing from 23.5%), and an average click rate of 15.2%. (increasing from 10.2%).

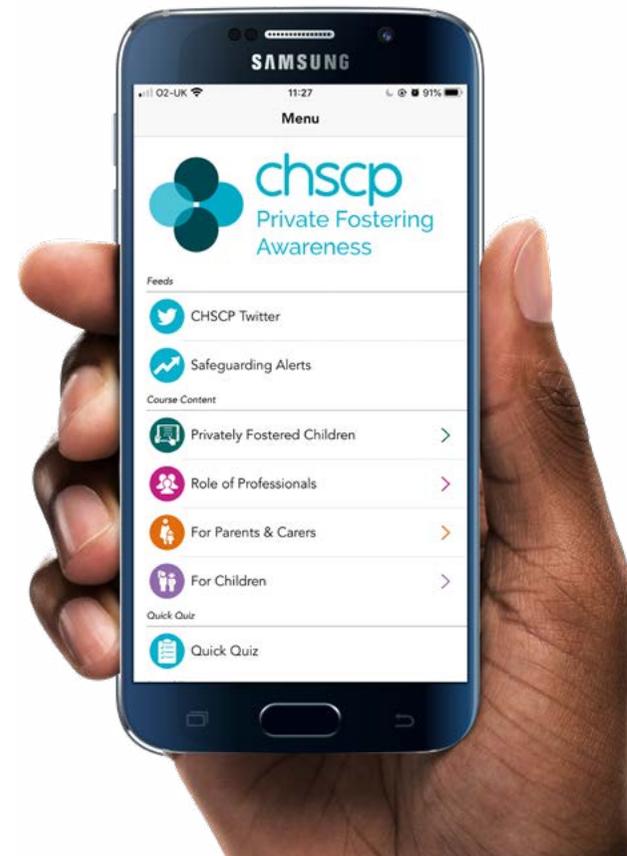
TWITTER

- CHSCB Tweets earned 26.82K impressions
- The CHSCB Top Tweets occurred during the 'Vulnerable Adolescents' Annual Conference in November 2018 and over the day earned 4274 impressions

 @LSCB_CHSCB

PRIVATE FOSTERING APP

Following the success of the City of London Private Fostering App, the new safeguarding partnership has developed a bespoke App for both the City and Hackney. Alongside providing information about private fostering, the App includes a training module and other important advice for safeguarding professionals.





A Healthy Workforce



For all organisations involved with safeguarding children and young people, staff and volunteers are their most important asset. It is for this reason, that the CHSCB has applied a focus upon the health of the workforce since 2017/18. Given the overall increase in activity across the partnership and the emotional complexity of many safeguarding cases, it is positive to note that in the 2018/19 survey, responses have remained overall positive. (Note: *refers to staff working directly with children, young people or families).

THE CITY OF LONDON'S WORKFORCE

- 74 responses from City of London. 41 working cross-borough.
- 53% decrease in respondents from the 2017 survey.
- 95% of direct* and 76% of non-direct staff have access to safeguarding supervision or support.
- 93% of direct* and 98% of non-direct staff are supported with accessible and visible line management.
- 97% of direct* and 76% of non-direct staff strongly agreed or agreed in being able to escalate issues relating to the support they receive.
- 87% of direct* and 95% of non-direct staff were allowed time off to attend safeguarding training.
- 93% of direct* and 76% of non-direct staff felt their workload was manageable.
- 81% of direct* and 73% of non-direct staff felt that their organisation was effective at ensuring their workload is manageable
- 93% of direct* and 83% of non-direct staff indicated they had access to professional support to help them cope with emotional issues that arise as a result of their work.

HACKNEY'S WORKFORCE

- 385 responses from Hackney. 41 working cross-borough.
- 8% increase in respondents from the 2017 survey.
- 87% of direct* and 64% of non-direct staff have access to safeguarding supervision or support.
- 92% of direct* and 98% of non-direct staff are supported with accessible and visible line management.
- 83% of direct* and 85% of non-direct staff strongly agreed or agreed in being able to escalate issues relating to the support they receive.
- 94% of direct* and 95% of non-direct staff were allowed time off to attend safeguarding training.
- 81% of direct* and 85% of non-direct staff felt their workload was manageable.
- 74% of direct* and 75% of non-direct staff felt that their organisation was effective at ensuring their workload is manageable.
- 80% of direct* and 83% of non-direct staff indicated they had access to professional support to help them cope with emotional issues that arise as a result of their work.
- 84% of direct* and 70.2% of non-direct staff agreed or strongly agreed that they felt confident to access support at work if, for any reason, they felt unsafe from the children, young people or families they work with.



Technology and Social Media



REPORTING

Safeguarding partners will be responsible for producing an annual report. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

OVERVIEW

The CHSCB's overarching aim is to ensure that children and young people are seen, heard and helped. Critically, that they are seen, heard and helped in the context of their lives in both the offline and online places and spaces that they occupy. With the growing use of technology and social media, all professionals need to adopt a much more sophisticated approach to their safeguarding responsibilities. They need to reflect on the changing nature of communication and how this impacts upon practice issues, particularly those focused on the identification and assessment of potential risk.

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

Over 2018/19, the CHSCB continued to promote a range of documentation to support professionals safeguard children in the context of their access to technology and their use of Social Media.

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

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

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

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

Specific safeguarding training sessions on this area now form part of the core CHSCB programme.





City of London



The City Safeguarding Snapshot 2018/19



Approximately
1,453 children
& young people
under 18

16.9% of
total population

11% of children living in in poverty

11.2% of children in primary schools in receipt of free school meals (national average 15.7%)

27 cases referred / stepped-down to the City's Early Help Team

42 Team around the Child (TAC) meetings

1 case of City young person identified at risk of CSE



3 young people going missing from care

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

329 contacts to the City Children & Families Team Hub

81 referrals

8.6% re-referrals

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

81% of assessments completed within 45 days

20 child protection investigations

3 children on a Child Protection Plan as of March 2019

11 open Children in Need cases (excl. those in assessment, CP Plan and LAC) as of March 2019

100% of new EHC plans issued within 20 weeks

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

1 MARAC meeting involving children

6 allegations against adults working with children and young people

0 Private Fostering arrangements as of March 2019





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CITY DEMOGRAPHICS

The City of London has an estimated resident population of 9000 and a transient daytime working population of around 330,000. Of the resident population, approximately 16.9% are children and young people.

The City of London is an economically diverse area, with its population characterised by areas of affluence and poverty. Within the Square Mile, there are large disparities. The Barbican West and East residential areas are among the most affluent areas in England. Portsoken Ward, however, is among the most deprived. An estimated 78% of the City of London population is White British; however, approximately 40% of children are from black or ethnic minority groups compared to 21% nationally. The Bangladeshi community makes up 4% of the total population.

Domestic abuse remains a key issue in the City with the majority of child protection investigations in the City involving domestic abuse concerns. There are no children involved in the criminal justice system currently and no teenage pregnancies.

Academic attainment for City resident children is higher than the national average. The numbers of children and young people Not in Education, Employment or Training (NEET), obesity rates, infant deaths and underweight babies, hospital admissions for self-harm, deliberate injury, alcohol-related injury and the number of pregnant smokers are all low with numbers ranging from 0 to 5 in each category.

Within the City, there is one maintained primary school (with a Children's Centre attached), four independent schools and several higher educational establishments. It has no maintained secondary schools. The majority of children attending these schools come from other boroughs and most of the local authority's secondary school age children go to school outside of the City.

CONTACTS, REFERRALS AND ASSESSMENTS

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

The 329 contacts made to the Children and Families Hub reflects a decrease on previous years. This has been due to an operational change in how contacts are managed, with non-resident children being referred to CSC. The re-referral rate in the City of London was 8.6%, a further reduction (12.7% in 17/18). This aspect remained subject to ongoing scrutiny by the CHSCB and it is positive to note improvements in this regard. Overall, the performance data in the City continues to be indicative of high quality social work assessments and timely access to appropriate support that helps children and their families.





CONTACTS



REFERRALS



ASSESSMENTS



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

The Children and Families Team completed 35 assessments during 2018/19. 81% of assessments undertaken in the City were completed within 45 days or less. This performance is better than 2017/18, with the majority of children and families receiving a timely service in this aspect of intervention.

The rate of child protection (Section 47) enquiries in 2018/19 increased significantly to a rate of 137.6 per 10,000. Compared to 87.7 per 10,000 in 2017/18 and 85.8 in 2016/17. The threshold for Section 47 enquiries in the City is appropriate. Children are not being unnecessarily subjected to child protection intervention and practice is proportionate to the presenting need. Where a child protection response is required, these are all completed in a timely manner. 100% of Initial Child Protection Conferences take place within 15 days of the strategy meeting where the decision was taken to convene an enquiry. This means that in the City of London, children receive a swift service when safeguarding concerns are apparent. All Section 47 enquiries undertaken in the City are led by a suitably qualified and experienced registered social worker. Audit activity by the CHSCB and the City of London confirms that the findings from child protection enquiries are clear and that decisive action is taken when required. The City of London has an extremely low requirement to implement immediate protection arrangements.

CHILDREN ON PROTECTION PLANS

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

Children who have a CPP are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these.



The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how professionals, the family and the child or young person (where appropriate) will know when progress is being made. Three children were subject to a CPP in the City at the end of 2018/19. Whilst numbers are low, caution should be observed in analysing these figures because variations of one or two children on a CP plan can have a major impact on the rate per 10,000 and this performance can therefore fluctuate. In 2018/19, 83% of CP visits took place within timescales. Whilst a reduction from 100% in 2017/18, this related to challenges engaging with a young person and is not illustrative of poor or weak performance. No children were on a child protection plan for over 12 months.

LOOKED AFTER CHILDREN

A child or young person who is “looked after” is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum-seeking children; or in other circumstances, The City of London Corporation and partners will intervene because the child or young person is at risk of significant harm. As at 31 March 2019, the City was responsible for looking after 20 children and young people, double the previous year. The City of London’s rate for looked after children (138 per 10,000) is well above statistical neighbours and the England average. Proportionately, this reflects a high volume of work for the City of London social workers.

PLACEMENT STABILITY, TYPE AND LOCATION

In 2018/19, 3.7% of children looked after by the City had three or more changes of placement over the year. This is an improvement from 2017/18 and relates to one young person. This continues to broadly reflect good performance and means that children looked after by the City tend to enjoy good stability and placements that meet their needs well. The local authority does not have its own fostering service due to the size of the looked after children population, but spot purchases from the Pan London consortium. Ofsted rates all independent fostering agencies used by the City either

Good or Outstanding. There are sufficient suitable placements available to meet the needs of the City’s looked after children and young people. All placements are outside of the local authority with no young person being placed over 20 miles from the City.

DOMESTIC VIOLENCE AND ABUSE

The Safer City Partnership has continued to develop its strategic response to this issue with local partners. Domestic Violence and Abuse remains subject to ongoing scrutiny by the CHSCB in terms of its influence on arrangements to safeguard children and young people. Although only one MARAC case involved a child, 54% of social work assessments undertaken in 2018/19 featured domestic violence as an issue.

SAFEGUARDING ADOLESCENTS

Multi-agency work to identify young people who may be at risk of exploitation continues to be driven as a priority for the CHSCB and partner agencies. In 2018/19, no more than one City resident young person was identified in each of the following categories: CSE, criminal exploitation, offending, radicalisation and violence.

CHILDREN MISSING FROM HOME, CARE AND EDUCATION

In 2017/18, no children were reported missing from home or education. Three young people went missing from care.

PRIVATE FOSTERING

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. The arrangements for managing private fostering in the City accord with statutory requirements. No notifications were received during 2018/19. The City of London Private Fostering App continued to be promoted as an awareness raising tool.



SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Since the introduction of the special educational needs and disability (SEND) reforms in September 2014, the City of London Corporation has made good progress in implementing these. All former Statements of Special Educational Needs were transferred to Education, Health and Care (EHC) plans well in advance of the national deadline of 1 April 2018. All statutory assessments are completed within 20 weeks (the statutory timeframe). There remains a very high level of satisfaction rate amongst families accessing the City of London’s services and their view of multi-agency working is good. The SEND Joint Strategy and self-evaluation form (SEF) has been developed with both partners and families to set out the City’s priorities and to highlight the areas where the most progress is being made. The areas for development and plans going forward are underway to enhance service impact and reach.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively. Across London on 31 March 2019, there were 6452 Category 1 ‘Registered Sex Offenders’ (RSOs) (an increase from 6317 from 2017/18), 4128 Category 2 ‘Violent Offenders’ (and increase from 3833 in 2017/18) and 27 Category 3 ‘Other Dangerous Offenders’ (an increase from 24 in 2017/18).





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EARLY HELP

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

The early help arrangements in the City have been in place now for a number of years and are embedded with agencies. All children needing an early help service in the City receive a well-resourced, dedicated service, which is provided by trained staff.

Over 2018/19, the Early Help Strategy for the City of London continued to drive partnership improvements. With a focus on ensuring the right help is provided at the right time and in the right place, the strategy is focussed on key strategic objectives and is coordinated by the Early Help Sub-Group of the City CHSCB Executive group. Through critical reflection, consultation and co-production with children and families, partners from the Multi-Agency Practitioners Forum and the City's Parent Carer Forum for children with SEND, the following progress has been made:

- Reviewed and updated Early Help Strategy
- Reviewed the CAF and developed a new Early Help Assessment framework
- Reviewed and revised the Step up/Step Down workflow
- Reviewed and developed a new Short Breaks Strategy: Guidance and Pathways
- Introduced a new Short Breaks Panel for monthly review and decisions on all short break requests
- Initiated a joint procurement process with the Hackney for new short break activities





The City of London Corporation also restructured the management lines to separate the early help service from social care and make a clear distinction between the two, which has already resulted in improved threshold application, decision making, supervision and service identity both internally and externally. These developments reflect the City's systemic principles and Think Family approach to ensure children and young people's assessments and plans are informed by the strengths and needs of the whole family.

Between 2016/17 and 2017/18 the total number of cases referred or stepped down to early help increased by 63% from 19 to 31. The slight decrease from 31 to 27 in 2018/19 is the result of a greater focus on ensuring there is a clear rationale for step downs and that full consent from families for the plan is obtained. Notably, the number of Team Around the Family (TAF) meetings has more than doubled since 2016/17 and increased by 45% in the last year from 29 in 2017/18 to 42 in 2018/19. This reflects improved engagement of children, families and partners in planning and reviewing the purpose, progress and impact of early help services. Indicative of the commitment to continuous assessment and review, the increase in TAF meetings has resulted in good quality coordination and partnership working across the family and professional network in active cases.

The findings from the CHSCB's audits completed in January 2019 were overwhelmingly positive. Findings highlighted that:

- Early help and support in the City is strong
- The service is successful at holding the children in mind and committed to improving outcomes for young people
- All involved are routinely clear about their roles and the thresholds for intervention, and there is effective partnership working led by the early help worker who was described as a knowledgeable and skilled practitioner
- Children and young people are routinely present at their TAF meetings or well represented through direct work that captures their voice, views and lived experience
- Parents are listened to well and actively engaged in planning and reviews
- Evidence of the City's Think Family approach was clear in all cases audited

SAFEGUARDING ADOLESCENTS

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCB, this issue remains central to our overall approach in making children and young people safer.

Context is key.

During 2018/19, the CHSCB worked to a defined strategy for vulnerable adolescents. This strategy builds on the significant progress made by the CHSCB and partners in safeguarding children and young people at risk of child sexual exploitation (CSE) and those missing from home, care and education. It was developed in parallel to our improved understanding of the issues facing young people; established through focused problem profiles, national and local learning and intelligence pictures involving vulnerable adolescents.

The strategy draws on evidence about effective practice from contemporary research. It is a focussed document that sets the parameters for developing our understanding of the complexities of young people's vulnerabilities and finding more effective multi-agency responses to these issues. The strategy maintains an unswerving focus on making sure that professionals are getting the basics right whilst striving to develop best practice in terms of the following priorities:

- Knowing our Problem, Knowing our Response
- Strong Leadership
- Prevention and Early Intervention
- Protection and Support
- Disruption and Prosecution

Factors in scope within the strategy include, but are not limited to the following:

- Child Sexual Exploitation (including Harmful Sexual Behaviours)
- Children missing from home, care and education
- Children and young people exposed to risk through gang involvement, county



lines, trafficking and serious youth violence.

- Domestic Violence and Abuse (DVA)
- Violence Against Women & Girls (VAWG)
- Adolescent Neglect
- Self-harm and Suicide
- Substance Misuse
- Radicalisation
- Special Educational Needs and Disabilities (SEND)

CHILD SEXUAL EXPLOITATION

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

‘Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.’ **DfE 2017**

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

The CHSCB has continued to robustly promote an improved understanding of CSE in

the City and to prevent, identify and tackle the problem.

The CHSCB Child Sexual Exploitation Strategy was implemented and subject to detailed scrutiny through the City & Hackney CSE Working Group. During 2016/17, this group evolved into the City Vulnerable Adolescents Steering Group and is operating to a work plan that focuses on the wider set of vulnerabilities and exploitation that young people in the City can be exposed to.

The City Police continues to run CSE operations in hotels to test businesses’ ability to appropriately recognise and respond to this risk and offer training where needed; they are working closely with the Metropolitan Police Force on the new CSE protocol.





The City of London continued to experience a low number of cases relating to Child Sexual Exploitation (CSE), with most contacts being about non-resident children and young people. Over the last three years, the crimes relating to CSE that have been recorded by the City Police include rape, sexual activity and possession of indecent images. Cases have also included grooming by offenders via the internet / social media.

In the last 12 months, there has been no more than one City resident young person in each of the following risk categories: CSE, criminal exploitation, offending, radicalisation, and one held in custody following an assault on a family member. While no City residents have been reported missing from home, three looked after children were missing from care on multiple occasions.

Partner agencies engaged in the City continue to share intelligence that may influence the knowledge of the CSE profile. Of significance is the City's location as a major transport hub. A quarterly data set of over twenty indicators produced for the MASE Group supplements the information provided by the City Police. This informs understanding, and the identification of risk indicators. In recognition of the overlapping vulnerabilities adolescents face, the City Multi-Agency Sexual Exploitation panel was changed to the Multi-Agency Child Exploitation panel to include all forms of abuse and exploitation that adolescents are at increased risk of. Although few in number and type and relatively lower level risk in comparison to neighbouring LAs, the City is not complacent and maintains an 'it could happen here' stance.

CHILDREN MISSING FROM HOME, CARE AND EDUCATION

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





According with statutory guidance, the City of London Corporation agreed to adopt the pan-London work as the basis for the local protocol that includes City specific guidance.

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

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

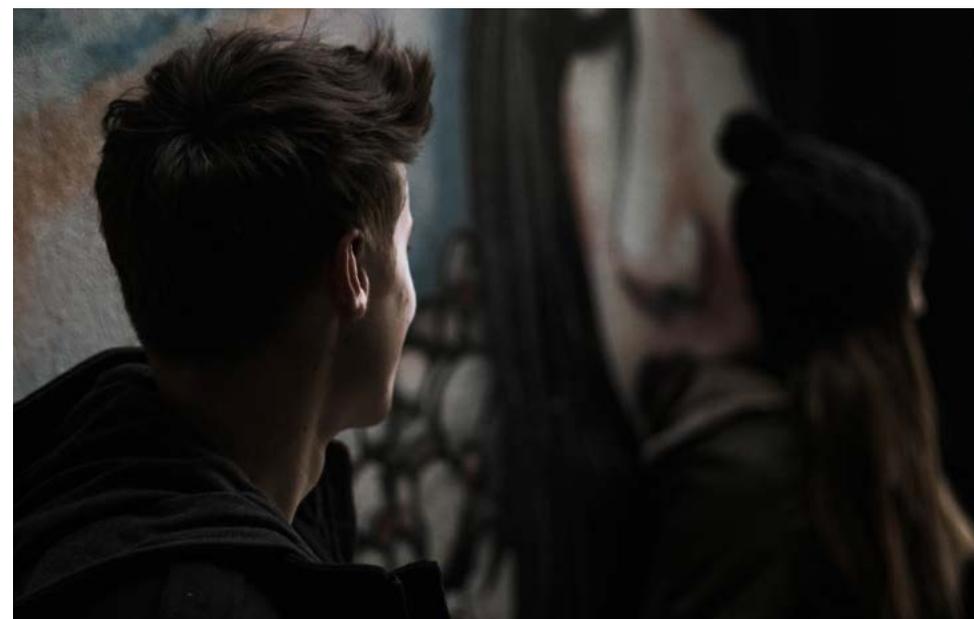
Since 2015, the City of London Corporation has implemented a rigorous system to identify all children of statutory school age and where they attend school. The City of London maintains this record of where children are placed through the primary and secondary transitions process. A school tracker is updated and reviewed regularly.

GANG INVOLVMENT, COUNTY LINES, TRAFFICKING AND SERIOUS YOUTH VIOLENCE

There are a number of ways in which young people can be put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household. Over 2018/19, the CHSCBs continued to focus on this aspect in the context of vulnerable adolescents.

The City of London Drugs Profile found that the largest area of drug misuse was among affluent City workers with the supply of drugs controlled by organised criminal groups involving male 'runners' in their 20s who often deal pre-ordered drugs out of their cars. While drug related crime involving resident CYPs is low, a case involving a trafficked young person highlights this as an emerging theme that requires close attention and partnership working between Police, Adult and Children's Social Care, and businesses in the City. There is concern in the north that young adults known to be associated with Islington gangs have started to hang around Golden Lane Estate. Community safety partners are monitoring this closely and report 'no hard issues' other than gang related graffiti to date. Work with the estate and Islington is needed to understand this emerging pattern and mitigate associated risks for CYP.

The CHSCB Annual Conference had a theme of criminal exploitation, acting as a precursor to the CHSCB training programme rolling out more detailed training in this regard.





ADOLESCENT NEGLECT

Identifying, naming and responding to adolescent neglect can be challenging due to misconceptions that adolescents become more resilient because of their age alone, over-reliance on older CYP to be responsible for themselves, and the assumption that they can and would ask for help if they needed. This is further exacerbated in affluent families where material wealth and access to private services can serve to keep neglect and emotional abuse of adolescents hidden. It is also the case that CYP in affluent families where there is parental substance misuse, mental ill health, or domestic violence can be harder to reach due to the way families use their resources to block access and can hide the extent of their needs through the use of privately funded services.

The City sponsored research on neglect in affluent families conducted by Goldsmith University identified teens as a particularly vulnerable cohort with complex safeguarding needs and the Children's Society research found a potential link between emotional neglect and living in more affluent families. Given the City's demographics, this remains a priority, ensuring that practitioners have the necessary skills to recognise and respond to the signs and symptoms of adolescent neglect.

SELF-HARM AND SUICIDE

The partnership's focus on self-harm and suicide continued during 2018/19. Following three young people from Hackney taking their lives in 2017/18, another young person took their own life in 2018/19. In the City of London, two young people attempted suicide. Published reviews are set out later in this report. Partners in the City remain fully engaged and drive activity through a well-attended and informed suicide prevention steering group.

PREVENTING RADICALISATION

The Counter Terrorism and Security Act received Royal Assent on 12th February 2015. Prevent was placed on a statutory footing in July 2015 to ensure all specified authorities in local areas, as a minimum, understand the local threat and take action to address it, assess if local frontline staff need training to recognise radicalisation, and to ensure that all of those who need to work together to deliver the programme do so in the most effective way. The City of London has not been identified as a Priority Area and as such, receives no additional Home Office funding to deliver its Prevent programme. The Safer City Partnership (SCP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. CHSCB continued to monitor the progress of the SCP in responding to the threat of radicalisation in 2018/19 and will continue to do so going forward. Of note is the positive practice in the City of London Police in delivering Prevent training to schools, youth providers and businesses.





VIOLENCE AGAINST WOMEN AND GIRLS

Children and young people who are exposed to domestic violence and abuse can grow up in a vacuum of what is expected in terms of a positive and healthy relationship. This can create additional vulnerabilities and/or harmful behaviours. Responding proactively and in collaboration with the Safer City Partnership (SCP) remains a key priority for the CHSCB, recognising both the short and long-term impact on the safety and welfare of children and young people. During 2018/19, the SCP continued its focus on developing services through implementing the City's Domestic Abuse and Sexual Violence (DASV) strategy and action plan via the DASV Forum.

MARAC

Operational arrangements for MARAC (multi-agency risk assessment case conference) processes are clearly defined in the City. The City MARAC operates a lower threshold than in other local authorities and takes cases where a preventative approach would be helpful. This is good practice and enables children with these families to have a better co-ordinated multi agency service. In 2018/19, one MARAC was held where children were involved.

Identification and Referral to Improve Safety (IRIS) Programme

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

- 100 IRIS referrals received across City & Hackney in 2018/19, reducing from 171 in 2017/18. This was due to staff shortages.

FEMALE GENITAL MUTILATION & HARMFUL PRACTICES

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

In January 2016, the City of London Health and Wellbeing Board formally agreed the City and Hackney FGM Strategy and associated action plan. A steering group was subsequently established and this continues to coordinate the strong progress made on this issue to date. The document 'Tackling and Preventing FGM: City and Hackney Strategy 2016-2019' was published in January 2016 and its overarching aim is to promote the welfare of girls and women by preventing FGM and reducing the impact of the practice, by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support to those who need it the most. The strategy focuses on the following three priorities:

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





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

- From the data available, it is clear that very few City resident women and girls are at risk of FGM and there are no high-risk communities living in the City of London.
- Despite there being no referrals, an FGM flag on the casework management system in the City will ensure the monitoring, recording and consideration of FGM as and when required.
- Discussions held with the Police and Community Safety have led to the Vulnerable Victims Advocate organising alternative locations for weekly surgeries on key safeguarding issues – including FGM.
- FGM training is included in the City of London Police induction.
- Health professionals covering the City of London received training on FGM, with all health visitors continuing to receive this as part of their mandatory Level 3 training.

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Between 12 March 2018 and 16 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a [joint inspection of the local area of The City of London](#) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Inspectors spoke with children and young people who have SEN and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms.

Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

A range of positive findings reflect the strengths of the local safeguarding response to children and young people with SEND. Some are set out below:

- Children and young people feel safe and gave examples of how they know to keep themselves safe. They also said that they feel welcome when using leisure and health facilities.
- Leaders have ensured that there is effective multi-agency working.
- Professionals and leaders have a clear understanding of the risks facing children and young people...
- Leaders and professionals have a detailed understanding of the needs of children, young people and their families. Professionals involved in meeting the needs of children and young people work well together, sharing information and communicating effectively. Strong support is also provided to parents and carers where needed.
- The views of children and young people and their parents are fully collated and considered.
- Families across the City receive timely and appropriate advice and interventions in relation to health needs.
- Parents, health professionals and early years staff are complimentary about the range of services being provided at Hackney Ark... This co-location means that a swift and efficient process is in place for vulnerable children.
- There is a range of ways to engage parents and carers in the early years, including fail-safes to make sure that any vulnerable children do not 'fall through the net'. Information-sharing in the early years is plentiful.



SAFER WORKFORCE

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer (known as the LADO) should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. Reporting to the Assistant Director of People Services, the LADO role in the City is held by the Safeguarding and Quality Assurance Service Manager. LADO referrals in the City are dealt with in accordance to statutory guidance, in a timely way and have been effective in protecting children.

- There were six referrals to the LADO in 2017/18, an increase from four in 2017/18, but below the seven in 2016/17 and eleven in 2015/16.
- Overall numbers remain relatively low.
- All met the threshold for LADO involvement, a 50% increase from 2017/18.
- There were no criminal prosecutions.

CATEGORIES OF CONCERN

- Two came under the category of sexual abuse
- Two were for physical abuse
- Two came under the category of behaviour which calls into question the person's suitability to work with children.

THEMES

Over the last seven years, the highest number of referrals have been made relating to those in the education sector. The next highest referral category has concerned professionals / volunteers in Early Years' settings and Teaching agencies. This overall trend continues.

AWARENESS RAISING

Awareness raising activities by both the CHSCB and the City of London continued during 2018/19. Designated Safeguarding Leads continue to access training through the CHSCB. Part of this training focuses on the role of the LADO and the City of London LADO has been involved in delivering this training in the City. This has enabled professionals who would not necessarily meet with the LADO to gain a better understanding around the role and when they need to refer.

The LADO has also delivered training to Early Years Providers Forum, which is well attended by managers from the nursery settings across the City of London.





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Hackney Safeguarding Snapshot 2018/19



Approximately **63,655** children & young people under 18

23% of total population

48% living in poverty (after housing costs)

Approximately **27.9%** primary school children in receipt of free school meals (the national average is 14.1%)

33% of children in secondary schools in receipt of free school meals (national average 14.1%)



447 children were subject to a CAF and MAT intervention in 2018/19

277 new early help cases identified and supported through the MAT process

Young Hackney are working with **600** young people through Early Help Teams, providing tailored support.

177,299 attendances at activities delivered by Young Hackney from young people throughout the year.

37 young people at risk of CSE discussed at MACE

60 children missing from home, **101** episodes of children going missing from home

84 children missing from home, **467** episodes of children going missing from care

13,767 contacts to Hackney CFS

4,190 referrals

16.5% re-referrals

4,290 assessments completed by Hackney CFS

40 DAYS average timeliness of assessments

1,003 children and young people with a statutory plan to support their needs (0.3% of resident City children)

194 Children on a Child Protection Plan as of March 2019

2,306 open Children in Need cases as of March 2019 (excl. those in assessment, CP Plan and LAC)

336 open Children in Need cases as of March 2019 (excl. those in assessment, CP Plan and LAC)

405 children & young people looked after as of March 2018

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

284 cases open to Hackney Council's Domestic Violence and Abuse Team as of March 2019

266 allegations against staff working with children and young people



Safeguarding Context in Hackney





HACKNEY DEMOGRAPHICS

The London Borough of Hackney is an inner-city London borough. There are approximately 60,000 children and young people under the age of 18 years, representing 23% of the total population. Of these, around 19,000 are aged less than five years. Over 58% of children and young people living in Hackney belong to black or other minority ethnic backgrounds, compared with 21.5% in the country as a whole.

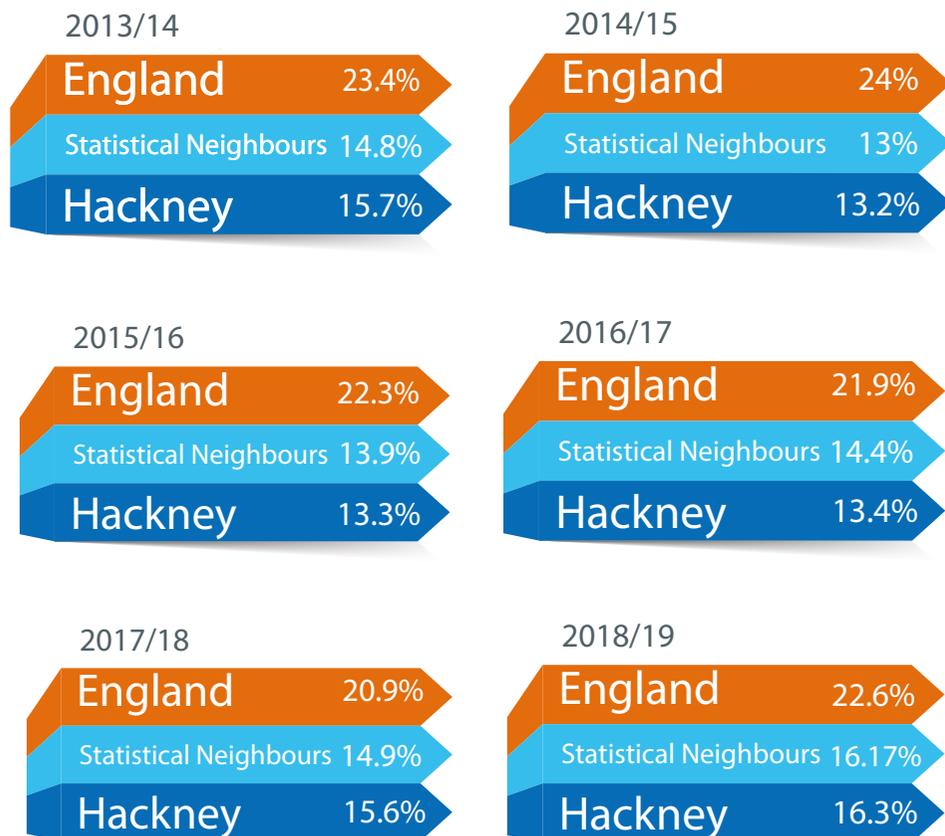
It is a richly diverse community with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. Hackney's Orthodox Jewish Community population of around 30,000 represents more than 10% of Hackney's total population and around 50% of the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

CONTACTS, REFERRALS & ASSESSMENTS

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

In 2018/19, FAST received 13767 contacts from a range of sources of which 4190 were accepted as a referral to CFS. This was a 6% decrease in the number of referrals compared to 2017/18. The referral rate in Hackney per 10,000 (658.2) remains significantly higher than the rate for statistical neighbours (558) and the England average (554). The FAST continues to support high quality of decision making in respect of risk and need.

The percentage of re-referrals increased from 15.6% to 16.3%, significantly lower than the national average (22.6%) and in line with Statistical Neighbours (16.17%). This lower than average repeat referral rate continues to point towards children, young people and their families receiving good support and that this support, when needed, is sustained by partner agencies once a case is closed to CFS.



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

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

4,290 assessments were completed in 2018/19, a 3% decrease compared to 4,438 in 2017/18. The number of strategy discussions held in 2018/19 increased from 1182 in 2017/18 to 1226. The number of child protection enquiries following strategy discussions remained in line with 2017/18 at 155.2 per 10,000, slightly lower than Statistical Neighbour (159.46) and below the England average of 168.3.

The Ofsted inspection in 2016 noted that in just over a quarter of cases seen, assessments were not completed within a timescale that was meeting individual children's needs. At the time, Hackney CFS had dispensation, agreed by the Department for Education, for statutory assessment timescales. Hackney CFS initiated work over 2016/17 to improve both the quality and management oversight of assessment activity undertaken. At the end of 2018/19, 63.2% of assessments were completed within 45 days compared to Statistical Neighbour and England averages of 87.9% and 83.1% respectively.

Following a focused visit by Ofsted in 2019, Hackney CFS introduced assessment checkpoints (at 15 days) to ensure more timely decision making around escalation and de-escalation during assessment and more proportional assessments overall. The End of year report by Hackney CFS identified an improvement in the completion of assessments within 45 working days - this was at 80.1% at the end of August 2019.

CHILDREN ON CHILD PROTECTION PLANS

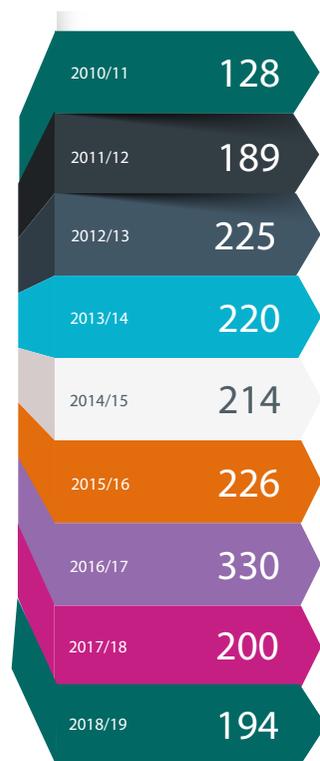
Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members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



From 2011 to 2017, there has been an increasing trend in the number of children and young people subject to a CPP in Hackney. However, following a 30% increase seen between 2016 and 2017, there was a significant swing, with CP Plans decreasing by 39% as at the end of March 2018 (from 330 to 200). This reduced rate remained broadly the same as at the end of 2019.

Children subject to a Child Protection Plan (31st March 2018)

Related to this indicator is the number of children subject to a CPP for a second or subsequent time. This measure is used as a potential indicator as to whether a CPP



has been successful in effectively reducing risk. During 2018/19, the percentage of children being subject to a CPP for a second or subsequent time increased to 23% compared to 14% in 2017/18.

Following the focused visit in February 2019, Ofsted commented ‘Most children benefit from regular multi-agency child in need or child protection core group meetings, and progress is updated against the plan and further actions identified. However, for some children known to the local authority for many years, actions and analysis of progress are not specified. These plans lack clear timeframes and are not sufficiently detailed about expectations to improve children’s circumstances or to help parents understand what they must do differently. Follow up, review and oversight of plans needs to be strengthened to better evaluate children’s progress.’

LOOKED AFTER CHILDREN

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

As at 31st March 2019, Hackney was responsible for looking after 405 children and young people compared to 381 at the end of March 2018. 212 children and young people entered care in the year, a small decrease compared to 2017/18. Overall numbers have increased since 2011 (270), and whilst Hackney has historically had lower numbers of children in care per 10,000 population, 2018/19 saw Hackney’s rate (64) exceed Statistical Neighbour rates (60.4) for the first time. 119 young people aged 14-17 entered care in 2018/19. This cohort represented 56% of the total number of children that entered care in 2018/19, compared to 49% in 2017/18.



PLACEMENT STABILITY, TYPE & LOCATION

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

The percentage of looked after children with three or more placements in one year increased from 11% in 2017/18 to 13% in 2018/19. This is above the statistical neighbour average (10.8%) and national performance (10%) on this indicator. The children who experienced multiple placement moves were generally aged over 13 years; their placement changes were associated with issues linked to higher levels of need and complexity related to adolescence.

The percentage of looked after children aged under 16 looked after continuously for at least 2½ years who have been living in the same placement for at least 2 years (or placed for adoption and their adoptive placement together with previous placement lasting for at least 2 years) as at 31st March 2019 was 65%, an improvement from 62% in the previous year but below statistical neighbour and national averages.

PLACEMENT TYPE & LOCATION

Similar to earlier years, the vast majority of looked after children are in foster placements (71%). Hackney has seen the same level of use for residential placements (children's homes), with approximately 25 children living in residential placements at the end of March 2019. No young person was placed in secure accommodation. Again, the use of residential placements is likely to reflect the children in care cohort being more complex, with more challenging needs that foster placements are unable to manage. Of the 405 children looked after by Hackney at March 2019, 26% were placed in Hackney. 85% of the total looked after children were placed within 20 miles of Hackney.

CHILDREN SUBJECT OF CARE PROCEEDINGS

The rate of care proceeding applications in Hackney fell slightly from 13.6 per 10,000 in 2017/18 to 10.7 per 10,000 in 2018/19. This rate is in line with Statistical Neighbours (10.2 per 10,000) and the national average (11.4 per 10,000).

DOMESTIC ABUSE

The Domestic Abuse Intervention Service (DAIS) became part of the CFS Early Help and Prevention Service in April 2017. DAIS works with anyone experiencing domestic abuse who is living in Hackney, aged 16 or over, of any sex and gender, and of any sexual orientation. The service assesses need; provides information and support on legal and housing rights; and supports service users with court attendance and to obtain legal protection. The service also works with perpetrators of domestic abuse to try to reduce risk.

DAIS received 1,322 referrals in 2018/19 – an increase of 13.5% from the 1,165 referrals received in 2017/18. There has been a year on year increase in the number of referrals the service receives with a 61% increase between 2015/16 and 2018/19. For those victims of domestic abuse who have been identified and assessed as high risk, Hackney holds a fortnightly Multi Agency Risk Assessment Conference (MARAC), chaired by the police, and scrutinised by the Violence Against Women and Girls (VAWG) lead. 450 cases were heard at MARAC in 2018/19, a decrease of 6% from 2017/18 when 477 cases were heard. 113 (25%) of the total number of cases heard at MARAC were 'repeat' referrals. In 257 of the 450 cases (57%) there were children in the household.



SAFEGUARDING ADOLESCENTS

In 2018/19, the partnership continued to develop a wider understanding of exploitation and extra-familial harm including criminal exploitation, county lines and trafficking. This was supported by the ongoing work of the Contextual Safeguarding Project. From November 2018- June 2019 147 young people and their peers and associates were considered at a new Extra-Familial Risk Panel. Of those 147 young people, 105 were discussed for the first time and 42 young people were subject of review discussions. The primary exploitation type in the cases discussed has been criminal exploitation, including county lines (64 cases), child sexual exploitation (25 cases) and sexually harmful behaviour (7 cases). There have been 3 discussions at the Extra-Familial Risk Panel in respect of specific locations. Tackling exploitation in Hackney remains a priority for the CHSCB. The multi-agency work to tackle CSE, co-ordinated by the CHSCB Vulnerable Adolescents Steering Group, continued during 2018/19, with the range of achievements set out later in this report.

Themes and strategic issues from the Extra-Familial Risk Panel are shared with the Multi-Agency Child Exploitation (MACE) group for wider consideration and agency action. Specific issues discussed at MACE have included Xanax use, online image sharing, educational absenteeism, and understanding the needs of the Orthodox Jewish community.

CHILDREN MISSING FROM HOME, CARE & EDUCATION

In 2018/19, 84 young people went missing from care on 467 occasions and 60 young people went missing from home on 101 occasions.





PRIVATE FOSTERING

A Child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. As at the end of March 2019, there were 13 children in private fostering arrangements in Hackney (a decrease from 21 in 2017/18 2016/17). Comparison with national and statistical neighbours has not been undertaken following the DfE ceasing to publish statistics on notifications and closing the private fostering data collection for local authorities.

YOUNG CARERS

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

At the end of March 2019, there were 290 identified young carers in Hackney, compared to 248 in 2017/18. Hackney Young Carers Project, funded by the Children and Families Service and delivered by Action for Children, provides a variety of support services which include group work, and one to one work with children in more complex situations. Term time clubs take place such as cooking and homework clubs which take place every week, and one additional term time group that varies by term consisting of drama, sewing or cinema club. Positive activities and fun holiday sessions are well attended by the young people, and there are support groups in four secondary schools in Hackney. The Young Carers Project will be moving in-house from the end of October 2019.



CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

At the end of March 2019, the service was working with 336 children and young people. Of the 336 children, 239 were male and 96 were female (1 child was not yet born). This is an increase compared to 2017/18, when the service was working with 241 children and young people.

YOUTH OFFENDING

The number of young people entering the Youth Justice System for the first time in Hackney decreased from 111 in 2017/18 to 81 in 2018/19. Hackney's first time entrant rate per 100,000 has decreased from 465 in 2017 to 285 in 2018, this is significantly lower than the 2018 statistical neighbour average (358).

CHILDREN'S MENTAL HEALTH

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

Referrals to ELFT CAMHS again increased during 2018/19 to 1397 from 1320 in 2017/18. The level of referrals to specialist CAMHS also further increased to 1695 from 1445 in 2017/18. For 2018/19 the total number of young people receiving inpatient care increased to 43 (from 31 in 2017/18). This is the first increase in a number of years. This group are supported by the Adolescent Team who provide an assertive outreach, home treatment model of intervention in order to prevent young people from being admitted to inpatient (Tier 4) services and provide the support for them to be treated at home.

CHILDREN & YOUNG PEOPLE AT RISK OF RADICALISATION

A key part of the Prevent programme is to stop people being drawn into supporting terrorism. In Hackney a multi-agency Channel panel, chaired by the Head of Safer Communities, works at the pre-criminal stage to support vulnerable individuals where a risk of radicalisation is assessed and a plan of action devised. **There were 17 subjects referred to Hackney Channel Panel in 2018/19. Eight of these referrals involved young under 18.**

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively. Across London on 31 March 2019, there were 6452 Category 1 'Registered Sex Offenders' (RSOs) (an increase from 6317 from 2017/18), 4128 Category 2 'Violent Offenders' (and increase from 3833 in 2017/18) and 27 Category 3 'Other Dangerous Offenders' (an increase from 24 in 2017/18).

SUBSTANCE MISUSE

Young Hackney provides specialist treatment for young people affected by substance misuse – either directly or because a family member is using drugs. The service also has a dedicated officer who provides support and interventions for young people in contact with youth justice. Over 2018/19, the team worked with 202 young people on a targeted basis – the same as in 2017/18. The service also delivered outreach sessions to young people in schools and youth hubs.





Progress in Hackney 2018/19



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New Safeguarding Arrangements

Communication

A Healthy Workforce

Technology and Social Media

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UNREGISTERED SETTINGS

From my initial appointment in 2013, I was aware of efforts being made to address the safeguarding concerns that arose from having no direct authority or influence over 'unregistered settings'. Whilst unregistered settings can refer to a range of different contexts and faith groups, in Hackney these chiefly relate to places of religious education for boys within the Charedi Orthodox Jewish community.

Large numbers of local children are known to attend Yeshivas and remain outside the line of sight of safeguarding professionals. There is no direct mechanism to ensure that the premises within which children congregate are safe; that the infrastructure is sound; environment appropriate or that contemporary safer recruitment practices are being applied to those working frequently and routinely with children.

The Mayor, Chief Executive and senior leaders from across Hackney Council and the wider safeguarding partnership have been actively engaged in attempts to find an appropriate solution to these deficits. In 2014/15, as part of my foreword to the CHSCB's annual report, I highlighted the need for such a solution to be expedited. From my position, it has been clear that whilst Hackney Council has endeavoured to

constructively manage this problem, no real progress has been made. There are two primary reasons for this.

- The first is highlighted by the senior Rabbis with whom I have been engaged and relates to the absence of a central faith and community based body with responsibility for and authority over Yeshivas. I am often told that each setting is autonomous.
- The second is because there is no existing system within which these settings neatly fit. As a consequence, the Council has been both required and encouraged to be lawfully audacious in its approach to reassuring the safety of the children who attend these settings. With limited to no success, the Council has engaged the police, fire service and other assets focusing on health and safety to intervene with those running the establishments and the young people frequenting them.

Where the Council has had direct contact with Yeshivas, this has ordinarily involved Hackney Learning Trust (HLT) visiting to determine the status of settings when being made aware of their existence. These initial enquiries have often been met with little cooperation, with the adults on site providing limited or no information to HLT officers.





Even when such settings are acknowledged to be operating as Yeshivas and that attending pupils are presumed to be Electively Home Educated (EHE), parental engagement with the local authority to clarify individual arrangements is poor. Formal requests for the names of pupils are often met with silence by those in charge. This frustrates the Council’s ability to fulfil its statutory duty under s.436A of the Education Act 1996 and establish the identities of children in its area who are not receiving a suitable education.

The insufficiency of these arrangements is patently clear. Page 48 of the CHSCB’s annual report 2017/18 includes my last published assessment of progress against this matter. My concerns remain unabated and I have engaged government ministers about this matter on a number of occasions. An investigation by Hackney’s Children and Young People’s Scrutiny Commission further supports my position. Prompted by concerns about the unsafe conditions in which some children were being taught, the lack of safeguarding controls in these settings and the teaching of a narrow curriculum, this investigation began in 2016/17, with the Commission publishing its final report in January 2018.

The Commission concluded that the Council and the CHSCB, ‘both at an officer level and politically, have been grappling with these issues for some years, and have extensively lobbied ministers. Despite repeatedly having been told by safeguarding and other professionals dealing with this issue that they have no legal ‘clear line of sight’ on children within these settings, the Department for Education has indicated that it has no plans to legislate in the current legislative cycle. We find this unacceptable and if a case of serious abuse were to be revealed in one of these settings, we would consider that the Department for Education would have serious questions to answer.’

In respect of safeguarding oversight, the Commission recommended that the ‘Charedi Orthodox Jewish community engage and work with the CHSCB who are ready to support the development of a safeguarding assurance process in unregistered



educational settings’.

Disappointingly, despite repeated attempts to engage community leaders and seek their cooperation to develop a safeguarding reassurance framework, they have been unable, unwilling or lacked the overarching authority to commit to the changes required. The most recent response to my proposals was received via an e-mail on 4 June 2019. This communication reflects the ongoing position of some in the community who have positively engaged, but ultimately retreat to a position whereby they say they cannot address the safeguarding concerns (which they acknowledge) unless they are part of a wider ‘quid pro quo’ that exempts Yeshivas from the national curriculum. This is clearly outside our influence.

In this sense, and with due respect to the barriers encountered by all parties involved; I return to what I have been advocating since 2014, that this matter can only be resolved by central government and through the enactment of legislation.

In my view, the definition of a school should be amended in line with that proposed on page 33 of the Integrated Communities Strategy Green Paper (March 2018), with an addition that states ‘and any place designated as a school by the Local Authority’. Local authorities should be given a legal power to designate establishments as schools as and when identified.

Once brought under such a definition, such settings would be subject to registration with the DfE and regulation via Ofsted. This would engage all settings where children attend full-time during the school day, regardless of the curriculum being taught. Yeshivas would fall under this criterion. Without such change, children and young people will continue to be exposed to a two-tier safeguarding system that is simply unacceptable.

Jim Gamble QPM
Independent Chair





EARLY HELP

Children and young people in Hackney continue to have access to and benefit from an extremely wide range of early help services that are sharply focused on meeting the diverse needs of local communities. These services are delivered by the Hackney Children and Families Service, Hackney Learning Trust and a range of partners, including 74 schools, a network of 21 children centres delivering a range of services and working closely with schools, GPs and health colleagues as well as other local service providers, including the community and voluntary sector. The framework supporting early help in Hackney has remained consistent since this inspection. The range of services available to children, young people and their families are set out within the Hackney Resource Guide and these continue to adapt and evolve based on the needs of the local population. The progress and impact of a range of local early help services are set out below:

THE FIRST ACCESS SCREENING TEAM (FAST)

The First Access & Screening Team (FAST) acts as a single point of contact for referrals to Children's Social Care in Hackney and provides responsive screening activities. All contacts with FAST are immediately progressed as a referral to Children's Social Care if the threshold for a statutory assessment is met. Related signposting activity requires staff in FAST to have a continually updated knowledge of local services at their fingertips coupled with a sound understanding of the Hackney Child Wellbeing Framework.

The FAST ensures children are quickly allocated resources to meet their needs or safeguard their welfare, working to a principle of right service, first time. Like other Multi-Agency Safeguarding Hubs (MASH) across London, FAST works alongside co-located partners from Hackney CFS, police, probation and health services to share information, jointly risk assess and promote access to services. This joined up approach enables proportionate and timely decisions about the type and level of services children need and facilitates timely access to resources.





The FAST development continues to be co-ordinated by a multi-agency steering group of key partners. Hackney's FAST also supports children and young people to access universal and targeted early help provision.

group work to address family relationships and dynamics; support with: housing; finance; child behaviour; sleeping; toilet training; routines; and the transition to nursery and school.

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

Family support in children's centres seeks to improve parenting capacity, protect children from harm and neglect and improve outcomes for young children. Family support is part of the early help Universal Partnership Plus offer to families with children predominantly but not exclusively, under 6 years and is coordinated by the MAT (Multi-Agency Team meetings), underpinned by the Common Assessment Framework (CAF) early help assessment. MAT meetings have continued to occur fortnightly in each of the six strategic Children's Centres in Hackney. Chaired by a qualified social worker employed by Hackney Learning Trust, MAT meetings are attended by a range of professionals including midwives, health visitors, Children's Centre family support teams, speech and language therapists and First Steps. Early help interventions delivered include: parenting programmes; individual and small

- 447 children were subject to a CAF and MAT intervention in 2017/18 (277 new referrals).
- 275 cases were closed during this period.

YOUNG HACKNEY

Young Hackney provides early help, prevention and diversion service for children and young people aged 6-19 years old and up to 25 years if the young person has a special education need or disability. The service works with young people to support their development and transition to adulthood by intervening early to address adolescent risk, develop pro-social behaviours and build resilience. The service offers outcome-focused, time-limited interventions through universal plus and targeted services designed to reduce or prevent problems from escalating or becoming entrenched and then requiring intervention by Children's Social Care.





The number of named young people accessing Young Hackney universal provision increased by 31% in 2018/19 compared to the previous year. 24,024 named individuals accessed Young Hackney provision in 2018/19, compared to 18,342 named individuals in 2017/18. There were 177,299 attendances by named children and young people aged 6-19 years during 2018/19 at the wider youth provision delivered through Young Hackney and commissioned services for young people. This is a 7% increase compared to 2017/18 when there were 165,283 attendances by named children and young people.

At any one time, Young Hackney are also working with approximately 600 young people through the Early Help teams, providing tailored individual support. The most common presenting issues include: risk of sexual exploitation, behaviour, attendance and truanting, risk of offending, risk of becoming not in education, employment or training (NEET), and different cultural expectations within the family. Young Hackney targeted interventions were delivered to 947 individual young people requiring bespoke early help support in 2018/19, including the Substance Misuse and Prevention and Diversion teams. This was a 7% increase from 887 young people in 2017/18.

SAFEGUARDING ADOLESCENTS

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCB, this issue remains central to our overall approach in making children and young people safer.

Context is key.

During 2018/19, the CHSCB worked to a defined strategy for vulnerable adolescents. This strategy builds on the significant progress made by the CHSCB and partners in safeguarding children and young people at risk of child sexual exploitation (CSE) and those missing from home, care and education.

It was developed in parallel to our improved understanding of the issues facing young people; established through focused problem profiles, national and local learning and intelligence pictures involving vulnerable adolescents.

The strategy draws on evidence about effective practice from contemporary research. It is a focussed document that sets the parameters for developing our understanding of the complexities of young people's vulnerabilities and finding more effective multi-agency responses to these issues. The strategy maintains an unswerving focus on making sure that professionals are getting the basics right whilst striving to develop best practice in terms of the following priorities:

- Knowing our Problem, Knowing our Response
- Strong Leadership
- Prevention and Early Intervention
- Protection and Support
- Disruption and Prosecution

Factors in scope within the strategy include, but are not limited to the following:

- Child Sexual Exploitation (including Harmful Sexual Behaviours)
- Children missing from home, care and education
- Children and young people exposed to risk through gang involvement, county lines, trafficking and serious youth violence.
- Domestic Violence and Abuse (DVA)
- Violence Against Women & Girls (VAWG)
- Adolescent Neglect
- Self-harm and Suicide
- Radicalisation
- Special Educational Needs and Disabilities (SEND)



THE HACKNEY PROFILE

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

Analytical research has been undertaken to interrogate data relating to CSE and HSB and to identify emerging themes and trends which inform service development. The research has highlighted three broad CSE profiles in Hackney:

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

CHILDREN MISSING FROM HOME, CARE AND EDUCATION

The Police lead on all children who go missing from home or care and a coordinated response takes place with Hackney CFS working closely with the child's parents or carers. For those young people who repeatedly go missing this co-ordinated response often involves a lead professional from education, Young Hackney, Youth Justice Service and the Integrated Gangs Unit.

CHILD SEXUAL EXPLOITATION

Understanding the nature and prevalence of child sexual exploitation (CSE) and harmful sexual behaviour (HSB) and ensuring that partner agencies provide appropriate safeguarding responses and interventions remains a priority. In February 2017, a revised definition of CSE was issued by the Department for Education (DfE).

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.' **DfE 2017**



Hackney CFS has led on strengthening the partnership's understanding of and response to children and young people who go missing from home and care. Missing episodes are considered as part of a broader spectrum of vulnerabilities effecting adolescents which include CSE, harmful sexual behaviour (HSB), radicalisation and gang and youth violence.

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

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

The HLT Children Missing Education (CME) Team continues to ensure that Hackney Council is meeting its statutory responsibilities in regard to the identification, monitoring and tracking of children missing or not receiving a suitable education. This includes liaison with FAST when there are safeguarding concerns. The work of the CME team fits closely with other strands of work to support vulnerable pupils including supporting schools and families to prevent poor school attendance, truancy, exclusions and supporting schools and families to get children back to school once absence has occurred. The team liaises closely with HLT Education Attendance and Admissions services.

In 66% of the occasions where a young person went missing from care it is recorded that they were offered a Return Home Interview (an increase from 62% in 2017/18). In 72% of the occasions where a young person went missing from home it is recorded they were offered a Return Home Interview (an increase from 69% in 2017/18). In order to ensure young people who frequently go missing are supported and that the Director and senior managers are kept informed, fortnightly missing children meetings are convened whereby practitioners provide an overview of the risk and plans in relation to the child and the circumstances around the current missing episode in respect of high risk cases and the safety plan for the child.

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GANG INVOLVEMENT, COUNTY LINES, TRAFFICKING AND SERIOUS YOUTH VIOLENCE

There are a number of ways in which young people can be put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household. Over 2018/19, the CHSCB's focus on this aspect in the context of vulnerable adolescents was further developed. The CHSCB's annual conference in 2018/19 specifically focused on the criminal exploitation of young people, with further training rolled out during the year.

ADOLESCENT NEGLECT

Like younger children, adolescents are more likely to experience neglect at home than any other form of child harm. A recent report by the Children's Society into adolescents and neglect found that there was evidence that professionals struggle to identify adolescent neglect and are unsure what to do when they come across it. This has partly been based on misconceptions, including that adolescents become resilient to neglect and that neglect is less harmful than other forms of maltreatment. Neglect has been linked to a variety of problems for adolescents, including to 'challenging' behaviours e.g. poor engagement with education, violence and aggression, increased risk-taking (offending or anti-social behaviour, substance misuse, early sexual intercourse). It can lead to poor physical health, difficulties with relationships (with peers and adults) and be behind 'internalised' problems – e.g. low levels of well-being or mental ill health.

SELF-HARM AND SUICIDE

The partnership's focus on self-harm and suicide continued over 2018/19 as a consequence of the deaths of a number of young people from Hackney. Learning from the published reviews into these cases is set out later in this report.

The Wellbeing and Mental Health in Schools (WAMHS) project is a new initiative led by the CAMHS Alliance with the support of the Children and Young People's Integrated Commissioning work stream City & Hackney. This innovative project aims to improve mental health and wellbeing support for children and young people in schools, colleges, and specialist and alternative provision education settings in City & Hackney. The WAMHS project was started as a result of schools reporting higher numbers of students having difficulties managing their emotions, making the most of their learning and life opportunities at school and coping with the stresses of life both in and out of school. Research shows that positive health and education outcomes are closely related. School staff may be one of the first to notice emerging mental health difficulties.

The WAMHS Project supports schools to be settings where children and young people can learn about all areas of life. WAMHS focuses on building academic, social and emotional resilience and coping skills in students and help them identify and access additional help if needed. The project also upskills staff in schools so that they are more confident and feel more able to support students, and their families, who may be experiencing mental health difficulties. The WAMHS pilot project started in September 2018 and will run for an initial 15 months. There are 80 maintained schools in City and Hackney and 40 of these settings are participating.

PREVENTING RADICALISATION

Statutory guidance expects Local Authorities to assess the threat of radicalisation in their areas and to take appropriate action. The Community Safety Partnership (CSP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. The Prevent Strategy is a key part of the Government's counter-terrorism Contest strategy. It aims to stop people becoming terrorists or supporting terrorism and has three objectives - challenging ideology, supporting vulnerable individuals and working with sectors and institutions. A strategic priority for Hackney's Prevent work is to ensure the safeguarding of children and young people to prevent them becoming drawn into supporting terrorism.



VIOLENCE AGAINST WOMEN AND GIRLS

It is estimated that 3 in 10 women (aged 16+) will have experienced domestic abuse at some point in their lives and that 1 in 5 children have been exposed to domestic abuse in the home. Applying these figures to local populations would suggest that 34,142 women have experienced intimate violence, with 5804 children and young people being either directly or indirectly affected by it.

Responding proactively and in collaboration with the Community Safety Partnership remains a key priority for the CHSCB, recognising both the short and long-term impact on the safety and welfare of children and young people. The CHSCB is represented on Violence Against Women and Girls operational and strategic panels, which is comprised of statutory and voluntary sector organisations. The partnership in Hackney progressed its ambition to move from a strategy based on tackling DV to one that aims at a wider approach responding to all forms of VAWG. This development follows national and regional policy and aims to embrace all forms of violence that are committed against women and girls as they have a number of commonalities and therefore suggest a linked approach.

HACKNEY DOMESTIC ABUSE AND INTERVENTION SERVICE

The Domestic Abuse Intervention Service (DAIS) encompasses the following areas:

- **Intervention Officers** - The Intervention Officer posts allow for the recruitment of social workers, former police officers, probation officers as well as qualified domestic abuse advocates. This will build a service with a mix of skills and backgrounds who are experienced in assessing and managing risk.
- **Perpetrator interventions** - This integrated model allows for the flexibility for staff to engage with perpetrators directly as needed to deliver a responsive, holistic and victim-focused risk management service

- **Operational and strategic management** - Managers are responsible for operational case work and for strategic / partnership working. This differs from the usual model whereby a 'VAWG co-ordinator' role sits separately from the delivery of risk management services working with clients.

From April 2017, the Domestic Abuse Intervention Service (DAIS) joined the Children and Families Service as part of the Early Help and Prevention Service. DAIS works with anyone experiencing domestic abuse who is living in Hackney, aged 16 or over, of any sex and gender, and of any sexual orientation. The service assesses need; provides information and support on legal and housing rights; supports service users with court attendance; supports service users to obtain legal protection; and works with service users and other professionals to address their needs. The service also works with perpetrators of domestic abuse to try to reduce risk. Information about the DAIS will be included in next year's annual report.

MARAC

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

	2014/15	2015/16	2016/17	2017/18	2018/19
Number of cases referred to MARAC	422	506	497	477	450

The Hackney MARAC continues to meet frequently and is chaired by Police and Hackney Council Safer Communities. In approximately 57% of cases there were children in the household (48% in 2017/18).



THE SPECIALIST DOMESTIC VIOLENCE COURT (SDVC)

The SDVC is a joint initiative between Hackney Council and the London Borough of Tower Hamlets. A SDVC sits two days a week, with a specially trained judiciary and wrap-around support for victims/ witnesses. It is a partnership approach to domestic abuse by the police, prosecutors, court staff, probation, local authorities and specialist support services for victims. Agencies share information to identify and risk-assess cases, support victims and their families and bring offenders to justice. It has resulted in an increase in prosecutions and convictions, and victim satisfaction rates are also improving. Just over half of the cases going to the specialist court are Hackney cases. On a regional performance, London continues to have the lowest conviction rate of all regions. This aspect is subject to further scrutiny by the VAWG Board.

In 2018/19, there were 201 successful prosecutions from a total of 300 cases, compared to 276 from 436 cases in 2017/18.

Homerton University Hospital oversees the Primary Care MARAC liaison Service. Since the service has been in place there has been an increase in referrals from the hospital to the MARAC and Domestic Abuse Services. In 2019 MOPAC launched the new Pan London Integrated Victim and Witness Service (IVWS) which will be delivered via Victim Support. Victim Support in partnership with Sistah Space Against Domestic Abuse will base 1 full time IDVA and 1 part time IDVA at The Homerton Hospital. In 2018/19, there were 660 presentations at the Homerton University Hospital Emergency Department where the person has a history of domestic abuse, compared to 575 the year before.

FEMALE GENITAL MUTILATION AND HARMFUL PRACTICES

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

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

- Figures recorded for 2018/19 show that 30 referrals were made to Hackney CFS concerning FGM. This is a slight increase from 22 in the previous year.
- In 2016/17, there were 87 referrals, 6 assessments. The drop in referrals is considered attributable to more sophisticated assessment and over time, mothers with multiple children will have previously accessed advice and guidance.

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Between 27 November 2017 and 1 December 2017, Ofsted and the Care Quality Commission (CQC) conducted a [joint inspection of the local area of Hackney](#) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Inspectors spoke with children and young people who have SEN and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.





A range of positive findings reflect the strengths of the local safeguarding response to children and young people with SEND.

The safety, inclusion and well-being of children and young people who have special educational needs (SEN) and/or disabilities is central to the work of leaders and providers in Hackney. Young people typically say that they feel safe. Some can explain how they have been better enabled to keep themselves safe from the risks they see as predominant in their lives, such as those posed by violent crime.

A wide range of clinical services, support and training is offered to parents and families. As a result, there are different options available to meet varying health needs and parents are well supported.

Leaders hold schools and settings systematically and rigorously to account for improving outcomes.

Co-production and collaboration is typically strong.

Area leaders have succeeded in ensuring that children and young people participate well in society. Children talk enthusiastically about enjoying a wealth of sporting, social and cultural activities.

Pupils who have SEN and/or disabilities typically sustain progress from their starting points. This includes those who do not have an education, health and care plan (EHCP).

SAFER WORKFORCE

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer of the Local Authority (known as the LADO) should be informed of all such

allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. The governance of the LADO post sits under the management of the Safeguarding and Learning Service within Hackney CFS.

- 266 referrals.
- 61% increase from 2017/18 and the highest number recorded to date.
- Nearly 4x as many referrals made concerning school or college staff.
- Numbers are encouraging and reflect a system actively identifying and referring issues of concern involving those who work with children, a stable LADO and improved recording.
- The LADO continues to offer advice and support to these settings in conjunction with HLT to help them deal with undertaking internal investigations.
- There were 13 cases reaching LADO threshold for an Allegations Against Staff & Volunteers (ASV) Meeting – a reduction from 21 in 2017/18. This was due to more robust screening.
- With regards to the outcomes of those cases, five were substantiated, five were unsubstantiated, one was false, one had an ‘unfounded’ outcome, one was awaiting outcome at the time of the LADO report being produced.

CATEGORIES OF CONCERN

- Physical abuse remains the highest category of concern (32%). The reduction from the 46% figure in 2017/18 needs to be considered in the context of the total number of allegations. In 2017/18, there were 23 compared to 85 in 2018/19.
- The number of referrals with emotional abuse as the main category remained relatively unchanged in comparison to 2017/18. All referrals under emotional abuse were made against foster carers and education staff.
- The total number of allegations relating to sexual harm rose from 21 in 2017/18 to 25 in 2018/19, but remain fairly consistent and make up a small percentage of the overall referrals.
- The number of neglect allegation referrals rose from six in 2017/18 to eight in 2018/19.





- In 2018/19 nearly 18% of referrals were classified as ‘other’. This category has not been used previously, but captures concerns that are raised in relation to various matters such as DBS checks, professional conduct, safety matters (physical) and procedural questions.

THEMES

- Referrals from schools and early years settings remain the highest, and issues relating to physical abuse are the most consistently reported.
- The LADO dealt with a significantly higher number of conduct and procedural matters raised by parents and by managers of settings.
- There were significantly fewer referrals received related to offences committed on social media. It is unclear why this is but might relate to more sophisticated use of apps and websites which are harder to track and deleted messages/pictures.
- There has been a decrease in the number of ASV meetings convened. The London Child Protection Procedures had been amended and states (para 7.6.3): An ASV meeting / discussion will decide the strategy for managing the allegation. Where necessary this will be a face-to-face meeting. Many cases can be managed through a discussion between the designated safeguarding lead, the police, any other relevant agency and the LADO. Where communication is via phone or email, records should be kept for audit purposes.
- The LADO has made more use of telephone discussions and follow-up emails to set out the direction of the investigation. This has allowed for a timelier progression and conclusion of investigations. This has not been found to compromise any of the investigations in terms of its execution as the information sharing and actions completed remained unchanged. Evaluation meetings have increased which is proportionate to the increase that has been seen in the number of suitable referrals.





TRAINING & AWARENESS RAISING

During 2018/19 fewer introduction/awareness raising events took place than the previous year as it was felt that local agencies are familiar with the LADO and have training through the respective agencies and the CHSCB training. However, there has been specific training delivered to the Community and Voluntary Services, specific religious settings, and supervising Social Workers in the Fostering Service.

The Hackney Learning Trust Safeguarding in Education Team run an extensive training programme throughout the year including Safeguarding and Child Protection training for HLT staff, Designated Safeguarding Leads for schools, colleges and early years, whole school and college staff, governors, early years and childminders. All of their training covers safe practice and the procedures for dealing with allegations against adults who work with children and young people. They continue to run specific training dealing with managing allegations for managers in the early years and school sector, once every academic year for schools and twice for early years managers.





Learning & Improvement



The Board

New Safeguarding Arrangements

Communication

A Healthy Workforce

Technology and Social Media

City Safeguarding Snapshot

City Safeguarding Context

Progress in the City 2018/19

Hackney Safeguarding Snapshot

Hackney Safeguarding Context

Progress in Hackney 2018/19

Learning & Improvement

The Child Death Overview Panel

Training & Development

Priorities

What you need to know

CHSCB Membership



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



THE VOICES OF THE CHILD, FAMILY AND COMMUNITY

CHSCB partners have a strong ethos of engagement with children and young people, ensuring they are seen, heard and helped and that their voices influence both their own outcomes and that of how partners better safeguard children. Practitioners from all agencies gather the views of children and young people on a daily basis, from a home visit by a social worker to comments made to a teacher in the classroom.

The voices of children, young people, their families and communities remain a priority area for the new arrangements.

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

City of London - The 2019 Annual Action for Children Survey saw an increased level of participation from families receiving early help services from 54.5% in 2018 to 90% this year. Responses were very positive with 100% reporting that they find it easy to contact their worker, feel appropriately consulted, and that they received an explanation about the service. Families very much liked the staff they worked with and there was a lot of praise for their ability to engage with both adults and children, the quality of their advice, and the outcomes achieved. Families reported appreciation and satisfaction with the services provided and offered valuable feedback about areas for development, all of which have been incorporated into the 2019/20 service development plan.

Hackney - Feedback from children and young people seen in the Crisis Service enabled CAMHS to understand the areas of the crisis pathway that were the most challenging for them. This initial feedback helped shaped an experience survey that is now completed by young people following their 7 day follow up appointment. Subsequent feedback indicates that 84% of young people felt that the CAMHS clinician listened to them, 94% felt it was 'certainly' or 'partly' true that the people who see them are working together to help them and 78% felt that if a friend needs this sort of help they would themselves suggest seeing CAMHS. As a result of feedback, improved information is being provided to children and young people about available post discharge services.



REVIEWS OF PRACTICE

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

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

Where the SCR criteria has not been met, the CHSCB can also undertake multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements.

- During 2018/19, the SCR Sub-Group met on four occasions.
- One SCR was referred to another LA area (due to limited time the family were in Hackney).
- One multi-agency case review was commissioned.
- One SCR (Child N&O) was published.
- Learning from two multi-agency case reviews were published (Rachel and X).
- All children were Hackney residents.
- 4 out-of-borough reviews (3 SCRs and 1 SAR) were led by other LSCB areas where the family had contact with local services in Hackney. Finalised reports are considered at Sub-Group meetings for any local learning.
- A range of learning events were held to disseminate the key findings and lessons from the completed reviews.
- Learning is also disseminated via the monthly CHSCB 'Things You Should Know' briefing and an update provided to the Training, Learning & Development Sub-Group and Trainers Forum to ensure relevant lessons are being shared through the CHSCB training sessions.
- Comprehensive tracking of the impact that the reviews have made on front-line practice was maintained by the SCR Sub-Group.



Pending publications include three SCRs and three multi-agency learning reviews. Full details of all the reviews published by the CHSCB are available [HERE](#).

SERIOUS CASE REVIEW - CHILD N & CHILD O

In March 2017, Child N was assaulted by his father and pronounced dead in hospital. His female twin (Child O) sustained serious injuries in the same incident. Father subsequently pleaded not guilty to murder but admitted manslaughter on the grounds of diminished responsibility and in October 2017 was sentenced to indefinite detention.

Key Learning

- The need to consider identified or unidentified fathers in terms of potential value or risk in the context of parenting capacity.
- The need for routine enquiries to be made with respect to the possibility of domestic abuse.
- The relevance of cultural / linguistic barriers to understanding and the need to understand the context of the family.

Impact

- Learning disseminated via TUSK briefing. 2 learning seminars held in the City and Hackney – 82 attendees. 91% of attendees said the learning would be useful to them in their work.
- SCR action have been included in GP training and made available on the intranet.
- Audits in FAST to ensure actions are completed in a timely manner.
- The CFS case Transfer Policy was updated and circulated to staff. This outlines the principle that families should experience no delay when a transfer is required between services.
- The strengthening of the buddy unit working arrangements aims to make transitions as seamless as possible for families, facilitate greater collaboration and joint working across the services, and promote skills sharing and sharing of practice ideas.

- DAIS has restructured and became part of the CFS Early Help and Prevention Service. A DAIS worker has been co-located in FAST one day a week since April 2018.
- DAIS completed a whole day training with the CFS Access and Assessment Service in May and June 2018.
- DAIS continue to work with the CHSCB to offer domestic abuse training to the partnership.

MULTI-AGENCY CASE REVIEW – RACHEL

Rachel was 16 years and 3 months when she took her own life. Her family, school and local Child and Adolescent Mental Health Services (CAMHS) had been concerned about her well-being for some time; including a risk of self-harm, suicidal ideation and acts. She had also become known to her GP, the local Emergency Department, the London Ambulance Service, the Police and Children's Social Care.

Key Learning

- The need for professionals to have an holistic family view of support and/care.
- The importance of supporting parents/carers in safety planning and providing opportunities for engagement with professionals.
- The need to consider parents' worries and observations in the assessment process.
- The impulsivity of young people and the fact sometimes they will tell adults what they think they want to hear.
- Professionals needing to remain curious and maintain healthy scepticism in all contexts.
- The influence of social media, internet use and media.
- The importance of robust safety planning and ensuring all key agencies are alert to potential risks.





MULTI-AGENCY CASE REVIEW - X

X took his own life in October 2016. He had just had his sixteenth birthday and was in Year 11 at school, preparing for GCSEs. X lived with his mother and father. His older sister had just moved away from home to university, outside London.

Key Learning

- Drug use and alcohol use amongst young people – particularly the use of Xanax.
- The use of the internet and social media in self-harm and suicide.
- The need for professionals to support awareness of mental health in young people - Peers as Supporters.
- The need to create environments where boys / young men can seek help.

PREVIOUS REVIEWS

Given this is the last annual report to be produced by the CHSCB, the following provides a summary of learning derived from case reviews since 2014/15.

MULTI-AGENCY CASE REVIEW – CHILD E

This review was initiated following a professional’s visit to Child E’s home that identified significant concerns regarding neglect. Questions were raised about the opportunities for earlier identification of the environment in which Child E was living; with an independent review subsequently being agreed by the Independent Chair. The following summary sets out the key areas of learning identified, some of the specific actions undertaken by the CHSCB and a range of examples of the impact that this review has had on the safeguarding system.

Key Learning

- Children need to be seen, heard and helped
- The importance of home visits
- The importance of escalating concerns
- The importance of identifying and dealing with neglect
- The need for all staff to “Think Family”
- The importance and clarity of information sharing





SERIOUS CASE REVIEWS

In 2015, the CHSCB published a Serious Case Review (SCR) in respect of Case FC. The review involved a Hackney foster carer who, prior to his recruitment, was anonymously reported to the police about his use of indecent images of children. The police failed to investigate this complaint properly at the time and although information was retained about the anonymous report, it was never disclosed to Hackney Council.

Over thirty children were subsequently placed by Hackney Council with this foster carer. In 2014, he received a custodial sentence after being found guilty of rape and a range of other sexual offences. Some of the victims were children in care. He is known to have sexually abused five children of primary school age, one victim in the community and one other unidentified victim abused some 30 years earlier.

The SCR found that despite the police knowing about the initial allegation, on each of the occasions when the foster carer was subject to the regular criminal record checks that carers are required to undergo, a decision was made not to share that information with Hackney Council. At no time was Hackney Council given the opportunity to make an informed decision about the foster carer's employment. He escaped this scrutiny due to repeated professional judgements being made by the police on the basis of a particular understanding of legislation and case law regarding the sharing of 'soft intelligence'.

Recommendations from the SCR sought to provide reassurance that the statutory guidance governing decisions about the disclosure of soft intelligence was sufficiently robust in providing adequate protection to children and young people. Despite significant effort to engage both the Home Office and the National Police Chiefs Council on this matter, no traction has been gained in our attempts to either receive a commitment to review the guidance or amend it in line with a range of suggestions we have provided. To date, this issue is unresolved.

Key Learning

- The weaknesses in the guidance relating to the disclosure of 'soft intelligence' under the Police Act 1997.
- The need for GP contracting of counselling services to be clear about how to handle a disclosure.
- An explicit recognition that children who are in public care need to be kept safe.
- Educational work with children and young people to reduce the likelihood of further sexual abuse.





MULTI-AGENCY CASE REVIEW – CASE K

In September 2013 (when they were aged 8 and 2) the police removed both children from their family home because of the extremely poor home conditions. It is now known, prior to this intervention, the family home had not been visited by any professional since late 2008. Both children were well known to a number of agencies and there were concerns about their health and development, which in the case of Child 1 were long-standing. He had a statement of special educational needs (SEN), a severe communication disability and developmental delay. Child 2 had more recently been diagnosed as having a significant developmental delay. Historically there had been concerns about possible neglect.

Mother was convicted of cruelty and received a community sentence. They have remained in the care of the local authority and there is currently no plan to return them to her care. After the children were removed the mother was diagnosed with severe depression.

Key Learning

- The importance of home visits and not only seeing families in ‘settings’
- The importance of identifying and naming neglect as a potential concern – to ensure swift action is taken to protect children.
- The importance of robust and thorough assessments of potential neglect
- The importance of joint working across children’s and adult services and ‘thinking family’
- The need for robust arrangements for safeguarding children in education settings
- The recognition of neglect and children with disabilities – additional vulnerabilities for this cohort.





SERIOUS CASE REVIEW – CHILD H

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



Key Learning

- The importance of distinguishing between parental learning difficulties v disabilities – the thresholds for engagement by other services and the assessment of any needs in the context of parenting capacity.
- The importance of thinking family and engaging relevant specialisms (whether adult or children) as part of the assessment process.
- The importance of management oversight and supervision of case work to ensure its quality.
- Ensuring a clearer understanding of Psychosocial Meetings held at Homerton Hospital.

JOINT SERIOUS CASE REVIEW / DOMESTIC HOMICIDE REVIEW – CHILD D

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

Key Learning

- Professional curiosity in the context of people experiencing domestic violence and abuse.
- Accurate risk assessments of the risk of domestic abuse.
- The need for agencies to work together effectively.
- The need for robust supervision to ensure high quality work.
- The importance of sufficient resources being made available for front-line staff to do their jobs effectively.



MULTI-AGENCY CASE REVIEW – CHILD L

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

Key Learning

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

SERIOUS CASE REVIEW – CHILD M

Child M and his sibling were subject to Child Protection Plans following injuries that Child M's sibling sustained whilst in the care of Child M's father. In 2016, Child M was taken to hospital by his mother and on examination was found to have bruising to his face and transverse fractures to both femurs. In criminal proceedings father was found not guilty in relation to the GBH against Child M. Both mother and father were found guilty of child cruelty.

Key Learning

- The recognition of avoidant behaviour & disguised compliance.
- The need for professional curiosity and challenge in the context of ensuring children are safe.
- The need to guard against professional optimism.





SERIOUS CASE REVIEW – CHADRACK

Chadrack was 5 years old when both he and his mother were found dead at their home in 2016. Chadrack had Special Educational Needs and Disabilities and was non-verbal. From the inquest into their deaths, it was concluded that Chadrack lived alone in the family home for over a fortnight after his mother's death. He was unable to feed himself or seek help. He died of starvation and dehydration.

Key Learning

- The importance of thinking safeguarding first when dealing with absence, attendance and missing from education.
- Ensuring professionals attempt to understanding the context of the child's life and that of the parents / carers.
- The practical application of professional curiosity; beyond rhetoric.
- The need to rule safeguarding 'in or out' as an issue before anything else.
- Keeping children safe in education; proactively asking for information on vulnerabilities which may impact on the child or family network.



AUDITING

Section 11 & Section 157/175 auditing

The Section 11 (S11) Audit is the CHSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with reassurance that agencies are doing what they can to ensure the safety and welfare of children and young people. S11 of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. On a bi-annual basis, the CHSCB undertakes an audit of statutory, commissioned and voluntary sector organisations to establish reassurance that they are compliant with these expected safeguarding standards. Schools also have a statutory obligation to comply, under sections 157 and 175 of the Education Act 2002.

- Activity in 2018-19 has focussed on developing the Section 11 and 157/175 tools into an online safeguarding self- assessment tool. This will allow increased dissemination throughout the partnership and quicker analytical capabilities.
- The next full audit is scheduled for early 2020 following the implementation of the new safeguarding arrangements. With the naming of new 'relevant agencies' this will be an opportunity to undertake a holistic health check on safeguarding arrangements in the partnership with the results highlighting areas of future Board activity.

MULTI-AGENCY CASE AUDITS

The CHSCB multi-agency case auditing identified a range of examples of good safeguarding practice being undertaken by the partnership. Lessons have also been identified that have led to tangible improvements. Systematic multi-agency case auditing allows the CHSCB to deliver one of the best learning opportunities for front-line workers; directly engaging them in a process that reflects upon, assesses and measures the quality of professional practice.



The CHSCB continues to operate a consistent and regular 6 monthly multi-agency case file audit process, which is carried out across the City of London and Hackney.

Due to the resources needed to undertake a complex SCR and three Local Reviews, in 2018-19, one round of multi-agency case auditing was held in Hackney on the theme 'CSA' and one in City of London on the theme 'Early Help'. All audits result in an outcome focussed action plan that the QA Sub-Group use to track and evidence improvements in front-line practice. Learning is also disseminated to agencies/ front line staff via the [Things You Should Know \(TUSK\)](#) monthly briefings / dedicated [Auditing](#) webpage. Full details are available on the CHSCB auditing webpage however strengths and key messages are detailed below.

MULTI-AGENCY CASE AUDITS

EFFECTIVE PRACTICE

- Appropriately applied thresholds for intervention.
- Good evidence of supervision, management oversight and the recording of decisions/rationale
- Evidence of effective Early Help leading to positive outcomes of children and young people.
- Evidence of good multi-agency working in the cases audited.
- Evidence of professionals thinking family and working effectively across children and adult services.
- Capturing the voice of children, engaging young people in meetings and ensuring their views are clearly recoded as part of ongoing direct work.

IMRPOVING PRACTICE

Focus on Fathers - A clear theme from the audits related to the involvement of fathers and the importance that professionals need to place on their impact / influence

on their child's life – both positive and negative. In one case, the ethnicity of the child's birth father and the child's understanding of this could have been better explored as part of the multi-agency response to his needs. In another case, the father was a perpetrator of domestic abuse who refused to engage and in another, the mother refused to provide any details about him. Both scenarios, whilst well managed, demonstrated the inherent need for ongoing professional curiosity and for assessments and intervention to actively consider fathers.

Safeguarding First - Cases audited highlighted the importance of professionals following up on missed/cancelled appointments. For most children, particularly younger children, they are dependent on their parents or carers bringing them. Not being brought to appointments regularly can be an indicator of neglect. If children aren't where you expect them to be – you need to rule in or out safeguarding concerns in the first instance.

Case Closure - The audits highlighted that whilst early help services are consent based, when parents do not engage, professionals should remain tenacious in encouraging involvement where this is considered to be necessary to improve outcomes. Sometimes this can mean holding difficult conversations with families about why you think the case should remain open – despite it not meeting the threshold for statutory involvement. If cases do close, professionals must remain alert to the possibility of future concerns arising and know both how and when to re-refer to CSC.

Case Recording - Case auditing identified the need for all agencies to ensure they contemporaneously record their work. They also highlighted the need for professionals (in this case health) to communicate and also review relevant and available records, from outside of their department. In one case, a health practitioner did not read the full records available and therefore did not have a clear understanding of the issues to inform their own assessment. This was not inhibited by systems issues rather a lack of curiosity to look at other records.





MULTI-AGENCY CASE AUDITS: HACKNEY (CHILD SEXUAL ABUSE)

To prepare for the Joint Targeted Area Inspection (JTAI) upcoming theme of ‘Child Sexual Abuse’, the Hackney multi-agency audit session reviewed practice in this area. Auditing used the Joint Targeted Area Inspection evaluation criteria, with the findings being recorded in a different format as key headings were already prescribed.

KEY THEMES

- The impact of lengthy police investigations on families and young people and ensuring appropriate support is in place.
- The need for continued consideration of therapeutic support, even when not initially agreed to by the subject child or family.
- The need for clear Information sharing between schools and at transition points e.g. primary / secondary.
- The audits identified a lack of response from some health providers to requests for information.
- When cases close to HCFS, but have ongoing police investigations or are held by the partnership, there is a need for HCFS to share plans and the rationale for case closure with the wider network.
- Professionals needing to be better aware of the role of the School Nursing Service.
- The use of the Escalation Policy for case concerns and also highlighting unresolved resource issues which might impact on practice.
- Focus on fathers
- Need to ensure health alerts are placed on RIO files to alert adult care providers to risks.
- Awareness of all the adults in a child’s life. Police check was not undertaken on adults sharing the home with one of the fathers. This could have been escalated by other agencies.

- Consideration of impact on mothers when fathers deny / refuse any responsibility re allegations. Mothers having to engage with professionals’ network etc. when fathers are resistant.
- Need for legal teams to respond at pace to help professionals move cases forward.
- Reminder for local counsellors regarding allegations of historical abuse to be referred to local authority but also discuss with the subject regarding police involvement.
- They need to exhaust all avenues of intelligence i.e. Police checks, allegations of historic abuse and escalating where information is not received.

PERFORMANCE DATA

City of London - Review of the Q3 2018-19 contact figures noted a change in protocols whereby the Police were now responsible for triaging cases as either ‘coming to attention’ or ‘being of concern’. If a City of London child they will notify the CFT front door but if from out of borough, it has to meet specific requirements e.g. CSE, suicide. Due to its unique and transient population and also the contextual relevance of an issue being identified in the City, this was escalated for further discussion at the City of London Executive. It was there agreed that this was the right decision and reassurance was provided that information was being received by the relevant local authority. A threshold audit was also undertaken and no concerns noted.



Hackney - The introduction of evaluation reports for CP Conferences in Hackney has enabled monitoring and challenge both within the QA Sub-Group and between member agencies.

- The report submitted to the June 2018 Sub-Group showed 0% attendance from Adult Mental Health, Housing and Probation. A letter was written by the Independent Chair stating need to attend when invited to ICPC and RCPCs. Further review of the data revealed that requests could be sent to both Hackney services, private organisations and services in other local areas.
- Review of the data has also highlighted an issue around invitations being sent/received by GPs. An audit is underway and the Designated GP for Safeguarding will be copied into invites in future.
- Participation of young people at CP Conferences and how their views are shared or facilitated has been raised and discussed at the QA Sub-Group.

FRONT-LINE INTELLIGENCE

The CHSCB staff survey in 2018/19 aligned with the Board focus on 'A Healthy Workforce' (priority 4 in the CHSCB Business Plan 2017-19) and was designed to measure how organisations support their staff and the subsequent impact on safeguarding practice. The survey was targeted at staff working directly with children and young people and first-line managers. Its findings are set out under the Healthy Workforce section of this report.

EXTERNAL LEARNING

The CHSCB is a learning organisation and is constantly looking outwards to identify relevant learning opportunities that may help assist in its role of co-ordinating and ensuring the effectiveness of the safeguarding systems across the City of London and Hackney.

Where relevant, national reviews and inspection reports are considered by the CHSCB, with Board members reflecting on their relevance to local safeguarding arrangements. Links to NSPCC thematic briefings and wider learning from other LSCBs continued to be disseminated to front-line staff via CHSCB training and TUSK briefings.

Our of borough reviews: As a standing agenda item at each SCR Sub-Group agenda, the progress from out of borough reviews are considered. Themes and findings from reports (and initial findings) are also considered in the context of local processes and services.

TUSK Briefings: External learning is also disseminated and considered by the wider partnership by means of the monthly 'Things You Should Know' briefings. Examples shared across 2018/19 covered a wide range of learning and include:

- Keeping Children Safe in Education;
- Neglectful parents from affluent backgrounds;
- Knife Free;
- FGM Assessment Tool;
- Information Sharing;
- National themes from cases pertaining to people with Learning Disabilities;
- Rethinking 'Did Not Attend'
- Water Safety;
- Protecting Children from Criminal Exploitation



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The Child Death Overview Panel (CDOP) is chaired by the Director of Public Health and enables the CHSCB to carry out its statutory functions relating to child deaths.

CDOP FACTS AND FIGURES 2018/19

- 286 deaths of children and young people have been reviewed and completed since April 2008
- 15 deaths of children and young people who lived in Hackney and the City (the same number as in 2017/18)
- 5 unexpected deaths
- 20 cases were reviewed and completed by CDOP in 2018/19
- The rate of infant mortality (deaths of children under the age of 1) in Hackney is 5.0 per 1000 live births (2015 -17). An increase of 0.1 from 4.9 per 1000 live births in 2014 -16.

The Borough's infant mortality rates are similar to the England average of 3.9 per 1,000 children but significantly worse than the London average of 3.3 per 1,000 children. Child mortality rates (deaths in children and young people aged 1-17) in Hackney and the City of London are 11.7 per 100,000 children for 2015-17 which is similar to both the England and London average of 11.2 and 11.0 per 100,000 children respectively. It represents the boroughs lowest rate since 2010 when rates stood at 16.3 per 100,000 children and is in line with the trend in most London boroughs, of declining rates in child mortality.

As part of its functions, CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be “modified” to reduce the risk of future child deaths. During 2018/19, the CDOP identified modifiable factors in a third (33% or 5) of the deaths reviewed. A national comparison is not possible as NHS Digital is yet to publish year end data for 2017 -19. The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process.

CDOP IMPACT

Care Plans - CDOP identification no prior antenatal care as a modifiable factor in a number of cases. To ensure antenatal follow up, a flag has been placed against these records on RIO and EPR to alert staff in the event of a subsequent pregnancy should a return visit be made to Homerton.

Awareness Raising & Training - CDOP actions led to a renewed focus in embedding nappy sack safety and choking prevention advice across early year's services.

Partnership Working - After a long period of advocacy, the Panel welcomed the recommendation by the Healthy London Partnership (HLP) that, in all but exceptional circumstances the bodies of deceased children and young people should be conveyed to Emergency Departments. Advocacy continues for pan London wide standardised guidance on actions to be taken after death.

Information management - The eCDOP case management system has been successfully adopted and is in use and ready for live uploads into the National Child Mortality Database from April 2019.



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Based on the evidence gathered during 2018/19 the CHSCB remains confident that single and multi-agency training continues to be of high quality and is valued by participants. The training programme continues to strengthen the partnership response to safeguarding; evidenced through the good practice seen in audits, direct front-line practice observations, and the scrutiny of partnership performance data, and is helping contribute towards positive outcomes for children and young people.

The training opportunities offered by the CHSCB are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people or adult family members. Sessions range from those that raise awareness, knowledge, skills recognition and response on general safeguarding and child protection to specialist topics aimed at more experienced staff. Supported by a Multi-Agency Training Strategy that was refreshed in 2019, the CHSCB training programme focuses on areas of practice prioritised by the Board, with learning from local and national case reviews and audits, feedback from training evaluation forms and staff surveys fully integrated into the training material.

CHSCB MULTI-AGENCY TRAINING PROGRAMME SUMMARY 2018/19

- 58 training sessions offered, of which:
 - 44 were full day or half day training courses;
 - Four were three hour Serious Case Review Learning Seminars; and
 - Ten were two hour masterclasses/ seminars.
- One annual conference focusing on Vulnerable Adolescents with a specific focus on tackling criminal exploitation, county line and gangs.
- In total 1572 of the available training places were booked in advance of the training date, of which 1311 (83%) were attended on the day.

The 58 training sessions offered represents a significant increase on the number of courses provided in recent years compared to 38 in 2017/18 and 40 in 2016/17, as well as a corresponding increase in the number of delegates who attended courses:

1311 in 2018/19; as opposed to 1001 in 2017/18; and 946 in 2016/17.

This increase is as a result of a number of new training sessions being added in response to identified learning priorities, including:

- County Lines training.
- Safeguarding in a Digital World training.
- Young People & Substance Misuse and Parental Substance Misuse seminars.
- Violence Against Women & Girls (VAWG), Harmful Practices and FGM training.
- Preventing Radicalisation and Building Resilience Against Violent Extremism (BRAVE) Masterclasses.
- Domestic Violence & Abuse (DVA) and Working with perpetrators of DVA seminars and MARAC Masterclasses.
- Early Help Assessment (CAF) training.
- Participating in Case Conferences & Core Group meetings training.





AGENCY TRAINING ATTENDANCE 2017-18	2016-17 PLACES	% OF TOTAL PLACES	2017-18 PLACES	% OF TOTAL PLACES	2018-19 PLACES	% OF TOTAL PLACES	TREND
CAFCASS	1	0.1%	0	0%	0	0%	↘ ↗
City & Hackney Clinical Commissioning Group	6	0.8%	5	0.6%	10	0.9%	↘ ↗
CoL Children's Centres/Nurseries/Schools & FE	55	7%	30	4%	26	2.4%	↕ ↗
CoL Corporation			14	2%	23	2%	
CoL Housing			4	0.5%	5	0.4%	
City of London Police			4	0.5%	15	1.3%	
City of London Other			3	0.4%	3	0.3%	
East London NHS Foundation Trust - Adult MH	69	9%	14	2%	55	4.9%	↘ ↗
East London NHS Foundation Trust - CAMHS			11	1%	36	3.2%	
East London NHS Foundation Trust - Specialist Addictions			7	1%	3	0.3%	
Health Other	8	1%	32	4%	5	0.4%	↗ ↘
Homerton University Hospital	33	4%	27	4%	123	10.9%	↘ ↗
LBH: Children's Centre/Nurseries/Schools & FE	52	6.6%	134	17%	114	10.2%	↗ ↘
LBH: CFS (including Young Hackney)	127	16%	146	19%	241	21.4%	↗ ↗
LBH: HLT	51	6.5%	30	4%	32	2.8%	↘ ↗
LBH: Health & Community Services	3	0.4%	8	1%	21	1.9%	↗ ↗
LBH: Neighbourhoods & Housing	11	1%	33	4%	25	2.2%	↗ ↘
LBH: Other	33	4.2%	21	3%	14	1.2%	↘ ↘
London Metropolitan Police	24	3%	7	1%	4	0.4%	↘ ↘
London Probation Service (including London CRC)	6	0.8%	10	1%	11	1%	↗ ↗
Public Health	5	0.6%	7	1%	20	1.8%	↗ ↗
VCS and Community Services	186	24%	137	18%	125	11.1%	↘ ↘
Whittington Health	7	1%	9	1%	6	0.5%	↗ ↘
Other	110	14%	78	10%	207	18.4%	↘ ↗
TOTAL PLACES	787	100%	771	100%	1124	100%	



There are some limitations in the way that we are able to compare data on agency attendance from 2016/17 to 2018/19 due to changes in agencies themselves as well as changes in the way agency data is captured and reported by CHSCB. 2018/19 continued to see an increase in attendance from Hackney Children & Families Service staff, rising from 127 in 2016/17 to 146 in 2017/18 and 241 in 2018/19 (21% of overall attendees).

Other agencies that have seen significant increases in attendance overall include: East London NHS Foundation Trust which fell from 69 to 32 in 2017/18 and then rose to 94 in 2018/19 (8.4% of overall attendees); and Homerton University Hospital which fell from 33 to 27 in 2017/18 and rose to 123 in 2018/19 (10.9% of overall attendees).

Increases seen in attendance from London Metropolitan Police in 2016/17 were not maintained in 2017/18 or 2018/19, falling from 24 to 7 to 4 respectively. No attendees were recorded from CAFCASS or the London Community Rehabilitation Community and only minimal attendees from the City & Hackney CCG, National Probation Service and Whittington Health.

Of the 1124 delegates who attended CHSCB training sessions in 2018/19 (not including the 187 conference delegates) 60% worked in Hackney, 8% in the City of London, and 32% in both boroughs. Although overall training attendance from across the boroughs remains relatively stable, attendance per course can vary widely. Overall there has been an increase in those working in both boroughs with a corresponding decrease in those working in only Hackney or the City but this could be attributed to more accurate reporting of where delegates work.

COMMUNITY TRAINING

In 2018/19 CHSCB continued to provide specific funding to Interlink (the umbrella voluntary sector organisation providing support to other organisations in the Orthodox

Jewish community) to arrange and offer safeguarding training for professionals within the Orthodox Jewish community, within Hackney. The CHSCB's arrangement with Interlink is driven by the high percentage of children and young people from the Orthodox Jewish community, estimated to be between 20-25% of the overall Hackney children population.

The Community Partnership Advisor (CPA) provided additional support to ensure training material is reflective of the material used in the main training programme. In addition to the main training programme, the CPA also delivered bespoke learning opportunities to a range of different stakeholders. This enabled the CHSCB to directly extend its reach and influence to further improve the effectiveness of local safeguarding arrangements. This post has been vacant for much of the year. Recruitment to this post has been put on hold until the new City & Hackney safeguarding arrangements have been agreed and implemented.





ANNUAL CONFERENCE: VULNERABLE ADOLESCENTS – TACKLING CRIMINAL EXPLOITATION

The CHSCB Annual Safeguarding Conference was held on Thursday 1st November 2018 at the Guildhall. The theme of this year's conference was Vulnerable Adolescents with a specific focus on tackling criminal exploitation, county lines and gangs.

Conference Attendance

- 227 delegates booked to attend the conference and 24 delegates attended without having pre-registered.
- Of these 251 delegates 187 (75%) attended the conference leaving 64 (25%) who did not attend.
- Of the 187 delegates who attended the conference 18% work in the City of London, 56% work in the London Borough of Hackney and 26% work in both boroughs.
- The conference was attended by a range of delegates from across the partnership, including:
 - 22% from the combined Health agencies (This breaks down as follows: 9.6% Homerton; 4.8% ELFT; 3.7% City & Hackney CCG & 3.2% Whittington Health)
 - 15% from Hackney Children & Families Service;
 - 9.1% from City of London Corporation.
- This year's conference saw an increase in attendees from Cafcass and the National Probation Service, but there were still no delegates attending from London CRC or the London Ambulance Service.

EVALUATION AND IMPACT OF TRAINING

Supported by its Training Evaluation and Analysis Framework, the CHSCB continues its practice in monitoring and evaluating the effectiveness of training, including multi-agency training, for professionals in the area. Work undertaken to review the quality of training in 2018/19 has enabled the CHSCB to gain important insight into the difference it is making towards improved outcomes for children and young people. The recipients of CHSCB training are diverse, as are the operating environments they work in. In measuring the impact of learning on safeguarding practice and improved outcomes for young people, the CHSCB recognises that training is only one way in which practitioners develop expertise, with learning often being the result of a complex set of experiences that include the quality of line management, effective and reflective supervision, peer support and self-learning. Notwithstanding the above, based on evidence gathered during the 2018/19 period, the CHSCB remains confident that the training programme continues to strengthen the partnership response to safeguarding; evidenced through the good practice seen in audits, direct front-line practice observations, the scrutiny of partnership performance data, feedback from children and families and comments from training participants themselves.

A range of participant evaluations are set out in this report with the full assessment of the quantity, quality and impact of training being available in the CHSCB Multi-Agency Training Annual Report for 2018/19.

SAME DAY EVALUATIONS

In line with usual practice, all attendees of training courses were asked to complete a same day course evaluation form. Same-day evaluations provide an immediate assessment on the courses delivered with questions covering areas such as content, style, venue and the quality of the trainer. Importantly, the evaluation also asks participants to consider whether or not the training will impact on their ability to safeguard children and young people.





TRAINING COURSES, SEMINARS AND MASTERCLASSES

From the 1002 places taken up on multi-agency training courses, seminars and masterclasses, a total of 897 forms were completed, a 90% completion rate. When asked:

- **How delegates would rate their knowledge of the subject BEFORE and AFTER the training?**
 - BEFORE the training 53% claimed their knowledge was POOR (12%) or SATISFACTORY (41%).
 - AFTER 95% stated that it was GOOD (61%) or EXCELLENT (34%).
- **How well the training met its overall learning objectives?**
 - 95% stated that it was GOOD (44%) or EXCELLENT (51%).
- **How delegates would rate the trainers' facilitation skills, teaching style and knowledge?**
 - 97% stated that they were GOOD (30%) or EXCELLENT (67%).
- **Whether the training will enable them to practice more effectively?**
 - 96% stated that it would.
- **When asked how the training would improve their practice,** responses included:

"I will implement this training in my work every day - I have gained further insights on what to do and what to work towards", **Nursery Educator.**

"It has helped me to better identify young people who are at risk & have more confidence in speaking about the issues", **Young People Lead.**

"I will be more conscious of disguised compliance in parents", **Family Practitioner.**

"The training has given me more confidence and knowledge to work with cases where domestic abuse is a feature", **Early Help Worker.**

"I will be better able to identify cases where a referral is relevant through being able to identify signs of vulnerable people", **Supervising Social Worker.**

"I feel better equipped to identify safeguarding concerns and will share these concerns with relevant persons promptly", **Anti-Social Behaviour Manager.**

"I will work with the hospital safeguarding team to develop more thorough health-specific screening and support mechanisms", **Redthread Programme Manager.**

"I have more knowledge and confidence to work with service users that have mental health issues", **Review Officer.**

"I now feel able to advise parents on Harmful Sexual Behaviours and help them to differentiate between these and problematic behaviours", **Help Line Practitioner.**

"To always follow my gut - be aware of these key indicators when working with my families and to ask questions if I am at all concerned", **EHC Caseworker.**

"Now I know the basics of substance misuse to identify with my young people and where to refer them if they need support", **Troubled Family Employment Adviser.**

"I feel better equipped in managing conversations with families and the foster children I work with", **Supervising Social Worker.**

"Today's training has increased my confidence around challenging CSE especially in situations where it is considered 'culturally acceptable", **Social Worker**





“When concerns arise I am more confident in what to do next, how to structure, document and share my concerns”, **Programme Coordinator.**

“Continue to identify children who may be at risk of getting into gangs and ensure the appropriate support is in place. Early intervention”, **Health Visitor.**

“Inform carers and parents of safer internet use for children & young people. Greater awareness in my work with young people”, **Social Worker**

SCR LEARNING SEMINARS

122 delegates attended SCR Learning Seminars, a total of 122 forms were completed, a 100% completion rate. When asked:

- **How they rated the content of the learning seminar?**
- 95% stated that it was GOOD (45%) or EXCELLENT (50%).
- **How they would rate the facilitator's skills, teaching style and knowledge?**
- 95% stated that they were GOOD (38%) or EXCELLENT (57%)
- **Whether the event has increased their knowledge/ understanding of the subject?**
- 99% stated that it had.
- **If delegates will share what they have learned with others?**
- 98% stated that they would.
- **Whether the learning from this event would help them to safeguard children & young people more effectively?**
- 98% stated that it would.

The majority of the comments were positive, for example:

- The conference was very insightful - fantastic training, very informative.
- The presentations from parents who have lost children to knife crime were particularly inspirational.
- To hear so many different services & individuals speak out to share their experiences and knowledge has been invaluable.
- The Alter Ego presentation was chilling and effective in furthering my understanding in what happens to YPS involved in county lines.
- Imaginative and creative agenda for addressing such a challenging and live societal issue.
- Very well organised - good variety of speakers; sessions were the right length; held my interest all day.

Suggested areas for improvement included requests to hear more about young people's experiences and their contact with "professionals" - what had impact and what did not; as well as to have to have presentations from the Police to understand how we can work in a more joined up way.

POST COURSE EVALUATIONS

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

The CHSCB also contacted a sample number of delegates and their line managers to get feedback at both levels as part of its Post Course Evaluation process. Managers were asked whether the training their staff attended in 2018/19 had influenced their practice in regard to safeguarding children and young people.





Priorities for 2019/20



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

Given the implementation of new safeguarding arrangements, it was agreed to maintain the focus on existing priorities during the defined transition period ending on 29 September 2019.

Priority 1: The Local Safeguarding Context

To work with partners to deliver comprehensive, multi-agency arrangements that tackle a number of safeguarding priorities including;

- Safeguarding children and young people in the context of their access to technology and use of social media.
- Vulnerable Adolescents
- Special Educational Needs and Disabilities
- Safer Workforce
- Strengthening oversight and safeguarding interventions across the diverse communities of the City of London & Hackney

Priority 2: Early Help & Early Intervention

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

Priority 3: Strong Leadership & Strong Partnership

Partner agencies continue to commit to engaging in robust arrangements that coordinate and ensure the effectiveness of how children and young people are safeguarded. The CHSCB and partners successfully deliver against the Business Plan and associated work plans set for the CHSCB and its Sub-Groups / working groups. It continues to strengthen the governance interface between the CHSCB and other key strategic forums and Chairs. It maintains the CHSCB Learning & Improvement Framework to scrutinise & challenge performance; identify, disseminate and embed lessons; engage with children, young people and families and evaluate the impact on outcomes. The CHSCB continues to communicate and raise awareness about safeguarding to individuals, organisations and communities.

Priority 4: A Health Workforce

The CHSCB continues with its programme of checking the health of the workforce and organisational arrangements in place to support effective safeguarding practice.



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 TWITTER - @LSCB_CHSCB

CHILDREN AND YOUNG PEOPLE

Nothing is more important than making sure you are safe and well cared for.

- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important.
- This is about you and we want to know more about how you think children and young people can be better protected.
- We want to talk to you more often and we want to know the best way to do this.....please help.
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to ChildLine on 0800 1111

childline
ONLINE, ON THE PHONE, ANYTIME

PARENTS AND CARERS

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

THE COMMUNITY

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

FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

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



LOCAL POLITICIANS

You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously.

- Councillors Anntoinette Bramble (Hackney) and Dhruv Patel (The City of London) are the lead members for Children's Services and have a key role in children's safeguarding – so does every other councillor.
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind.

CHIEF EXECUTIVES AND DIRECTORS

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

THE POLICE

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

HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with statutory guidance KCSIE.
- You see children more than any other profession and develop some of the most meaningful relationships with them.
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection.

CLINICAL COMMISSIONING GROUPS

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

THE LOCAL MEDIA

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



CHSCB Membership





Independent Chair

Jim Gamble QPM

CHSCB Team

Rory McCallum

Angela Bent

Sandra Reid

Alma Reisel

Kerry Littleford / Yeba Forbang

Sarah Seymour

Naomi Bell

Senior Professional Advisor

Board Manager

Business & Performance Manager

Community Partnership Adviser

CDOP Co-ordinator

Training & Development Co-ordinator

Board Co-ordinator

Participant Observers

Anntoinette Bramble

Randall Anderson

Deputy Mayor, Lead Member for Children's Services, London Borough of Hackney

Common Councillor, Lead Member for Children's Services, City of London

Board Members

Andrew Carter

Chris Pelham

David Mackintosh

Paul Barnard / Matt Mountford

Anne Canning

Sarah Wright

Lisa Aldridge

Pauline Adams

Maurice Mason

Sian Davis / Annie Gammon

Andrew Lee

Janice Thomas

City of London Community and Children's Services, Director

City of London Community and Children's Services, Assistant Director People

City of London Community Safety, Team Leader

City of London Police, Detective Chief Superintendent / Detective Chief Inspector

Hackney Children Adults & Community Health, Group Director

Hackney Children & Families, Director

Hackney Children & Families, Interim Head of Service, Safeguarding & Learning

Hackney Children & Families, Head of Service, Young Hackney

Hackney Safer Communities, Head of Service Children & Families

Hackney Learning Trust, Head

Hackney Learning Trust, Assistant Director

Sebright School, Executive Headteacher



Sue Williams	Metropolitan Police Service, Commander
Charmaine Laurencin / Ingrid Cruickshank	Metropolitan Police Service, Detective Chief Inspector
Keith Paterson / Jonathan Kent	Child Abuse Investigation Team, Detective Chief Inspector
Penny Bevan / Sue Milner	Public Health, Director
Kristine Wellington	Hackney Council for Voluntary Services, Head of Safeguarding C&F
Ajman Ali	Hackney, Director of Housing Services
Lorraine Sunduza / Agnes Adentan	East London NHS Foundation Trust, Director Nursing / Associate Director Safeguarding
Dermot Ryall / Henry Iwunze	East London NHS Foundation Trust, Associate Director - CAMHS
Sheila Adam/ Catherine Pulley	Homerton University Hospital NHS Foundation Trust, Chief Nurse & Director of Governance
Briony Arrowsmith	Homerton University Hospital NHS Foundation Trust, Named Doctor (Community)
Marcia Smikle	Homerton University Hospital NHS Foundation Trust, Head of Safeguarding Children
Pauline Frost / Amy Wilkinson	City & Hackney Clinical Commissioning Group, Programme Director Children & Maternity
Mary Lee	City & Hackney Clinical Commissioning Group, Designated Nurse
Dr Nick Lessof	City & Hackney Clinical Commissioning Group, Designated Doctor
Dr Nikhil Katiyar	City & Hackney Clinical Commissioning Group GP & Governing Body Lead for Safeguarding
Melinda Cassel	CAFCASS, Service Manager (Public Law)
Susan Jolly / Kauser Mukhtar	London Community Rehabilitation Company, Area Manager (North London)
Stuart Webber	National Probation Service, Assistant Chief Officer
Sally Glen	Hackney Lay Member
Shirley Green	Hackney Lay Member
Belinda Blank	City Lay Member



Seen | Heard | Helped
www.chscb.org.uk