

# ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD 2013-14

<b>Relevant Board Member(s)</b>	Councillor David Simmonds
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Lynda Crellin: Independent Chairman
<b>Papers with report</b>	Annual Report

## 1. HEADLINE INFORMATION

<b>Summary</b>	The Local Safeguarding Children Board is required to produce an annual report that comments on the effectiveness of local arrangements to safeguard children. Working Together to Safeguard Children (revised March 2013) requires that this report is submitted to the Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board. Ofsted inspection standards assess the LSCB on whether the local governance arrangements enable statutory partners to assess whether they are fulfilling their responsibilities to help, protect and care for children, and also whether this assessment leads to clear improvement priorities.
<b>Contribution to plans and strategies</b>	None
<b>Financial Cost</b>	None
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. Receive and note the annual and note the actions identified that are being taken by the LSCB and its constituent agencies to improve the safeguarding of Hillingdon's children and young people, and the concerns raised about the risks to future safeguarding.**
- 2. As per the agreed protocol, ensure that the Health and Wellbeing Strategy gives a high priority to safeguarding and promoting the wellbeing of children and young people, and that particular attention is given to improving support for children who experience neglect and emotional harm**

## **3. INFORMATION**

### **BACKGROUND**

3.1. The LSCB is a statutory multi agency body, established with the overall aim of monitoring, overseeing, supporting and challenging the work of all agencies with regard to their responsibilities to safeguard and protect children. It stands independently of other local bodies and its members are senior decision makers from all local agencies who work with children. LSCBs are required to produce an annual report which comments on the effectiveness of local arrangements to safeguard children. (The Apprenticeships, Skills, Children and Learning Act 2009) This is the fifth annual report under the new requirements, and we are required to publish this report by 1 April 2015. Working Together to Safeguard Children was updated in spring 2013, and requires that the annual report be 'submitted to the Chief Executive, leader of the Council and the Chair of the Health and Wellbeing Board'. The annual report was presented to Cabinet and the Community Safety Partnership in February 2015

3.2. The following areas are required elements of the Report (Working Together 2013)

- A rigorous assessment of the performance and assessment of local services
- Identification of areas of weakness and the action being taken to address them, as well as other proposals for action
- Lessons from reviews undertaken within the reporting period, including Serious Case and Child Death reviews
- Contributions made to the LSCB by partner agencies, and details of expenditure

3.3. Council Services and the LSCB were both given a judgement of 'requires improvement' following an inspection carried out at the end of 2013. Many positives were noted. Our own work confirms that, on the whole, agencies respond quickly to act on concerns and there is evidence for sound partnership work on the ground. This is evidenced particularly in activity to prevent trafficking – there is national recognition for the work done in Hillingdon – and to support those at risk of sexual exploitation. Activity in response to allegations of sexual exploitation resulted in a successful prosecution in late 2014, and the joint work was presented to other London Boroughs at the London annual conference in December 2014. Good services are in place to support those affected by domestic violence, and early intervention services have developed and more families are receiving early help assessments. Work around understanding child deaths and managing allegations is strong and there is an effective multi agency training programme

3.4. The Board has responded to the Ofsted findings by the development of an improvement plan that focuses on the seven major recommendations. These cover

- Ensure that there is sufficient time for LSCB meetings
- Improve communication with other strategic bodies
- Improve the Board's scrutiny function through audit and performance monitoring
- Ensure the Board provides effective challenge to partners
- Ensure that children, young people and the community are appropriately engaged
- Ensure the engagement of all partners in Signs of safety implementation
- Ensure that the impact and effectiveness of multi agency training is evaluated

3.5. The Board has now increased the time available for meetings and is now held separately from the Adult Board, although joint work will progress through a sub group reporting to both Boards. Protocols have been developed with a range of other partnerships, including the Health and Wellbeing Board, Community Safety Partnership, Domestic Violence Forum, Youth

Offending Service and Corporate Parenting Boards. Signs of Safety is now embedded across agencies and we have extended our evaluation of training courses on a themed basis

3.6. Actions against the other recommendations are progressing, though not as swiftly as we would like. This depends very much on resources held by the Board and by contributions both financial and in kind by all statutory agencies. Three Serious case Reviews will be carried out in 2014-15 and these place a huge pressure on limited resources. The Council and the Clinical Commissioning Group are the main contributors to LSCB functioning, and a full breakdown can be found in the annual report.

3.7. The Board is continuing to develop its quality assurance mechanisms and has been able to use the audit work carried out for this purpose within the Council and other agencies, as well as multi-agency audits. Improving and acting on our quality assurance mechanisms remains a priority, along with better identification and action in respect of long term neglect, those affected by domestic violence and more effective engagement with children and young people.

3.8. There are however some important risks and concerns. The level of permanent staffing in children's social care continued to cause concern in respect of both service quality and management oversight. The inspection raised issues of assessment and care planning, and the increased number of cases coming to the attention of the LSCB we take as an indicator of these issues. The Council responded in summer 2014 by bringing in a managed service to support front line child protection work. At time of writing this has led to improvements in timeliness of assessments and size of caseloads, although it is too early to assess the impact on quality of work

3.9. It is important that the developing work carried out on the thresholds and early help assessment is backed up by the availability of appropriate early intervention services. Of particular note here is the identification of children and young people at risk of sexual exploitation. Although recent multi agency work has resulted in a successful prosecution, there is some evidence that all agencies could be better attuned to the early warning signs of vulnerability. We hope that the development of the Multi Agency Safeguarding Hub ( MASH) at last reaches full fruition in 2014-15 with full multi agency input as this has been shown to be an effective mechanism for ensuring that families receive a service appropriate for their needs.

3.10. In previous annual reports the LSCB has expressed concerns about the availability of services to support the emotional wellbeing of children and young people, including those identified as at risk or experiencing sexual abuse and exploitation. The evidence from the local needs assessment indicates higher than average numbers of young people reporting to A&E because of self harm and alcohol misuse. At the same time lower than average referral acceptances by CAMHS was noted. A recent report by Healthwatch, and our own more limited work with young people, demonstrates this is an area of huge concern for them, as well as being reflected in case reviews. The CCG as commissioners of the service have instigated a review but, in the view of the LSCB, progress has been frustratingly slow and the LSCB is keen to see more services in place by spring 2015 as well as plans to enhance support at tier 2.

3.11. Partnership with Health agencies is strong on the whole, and we hope that the CCG will continue a high level consistent representation at the LSCB. Further work is needed with GPs as providers and with NHS England who so far has not been represented on the LSCB

3.12. There are other areas too that require attention. One is the relationship of the LSCB with schools. Many schools in the Borough have retained strong links with the LSCB but a current serious case review evidences the risk inherent in the schools becoming more independent of

local authorities, alongside a reduction in central support services. This remains an area of development for the LSCB and for schools.

3.13 The Youth Offending Service and The UK Border agency remain strong partners of the LSCB. However, we wish to further to develop this work in order to assess the risk of some key issues such as gang involvement, and female genital mutilation. We do not know enough as yet to assess the impact of these.

3.14. The LSCB is concerned about the high levels of poverty in a comparatively affluent Borough. In the southern wards in particular an estimated 40% of children and young people are identified in the JSNA as living in poverty. This is also the area where there are more children in need and at risk.

3.15. Finally, there is risk to the work of the LSCB in the future due to lack of resource. The current financial allocation does not cover the increasing demand for multi agency training, and there is no contingency for Serious and other case reviews. The Council is the lead contributor including financial and in kind contributions. Negotiations will be taking place with existing and potential funders, such as schools, to try and improve this position. In addition, an independent review currently underway of the Safeguarding Adults Partnership Board will look at possible synergies and efficiencies across the two.

#### **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

##### **What will be the effect of the recommendation?**

4.1 The recommendation will provide a way forward to agree a Hillingdon BCF plan in accordance with national guidance.

##### **Consultation Carried Out or Required**

4.2 The draft plan has been developed with key stakeholders in the health and social care sector and through engagement with residents.

##### **Policy Overview Committee comments**

4.3 None at this stage.

#### **5. CORPORATE IMPLICATIONS**

##### **Hillingdon Corporate Finance Comments**

There are no direct financial implications from this report, although it does highlight the potential risks to safeguarding of reduced resources

##### **Hillingdon Council Legal comments**

None directly from this report.

#### **6. BACKGROUND PAPERS**

NIL.