SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/5

Executive Summary

Background

The Local Safeguarding Children Board (LSCB) is required to produce an annual report under the auspices of The Apprenticeships, Skills, Children and Learning Act 2009 and the statutory guidance contained in Working Together 2013. It is a requirement that the annual report is published.

The report covers the year from 1 April 2014 to 31 March 2015. Publication was been delayed while verification of performance data took place. In future years there will be an intention to have the report published by the end of May.

It is worthy of note that the LSCB received a 'requires improvement' grading from Ofsted in December 2013 and that the safeguarding partners appointed a new Chairman, Stephen Ashley, in April 2015.

Governance

Over the course of 2014/5 protocols were agreed and signed with the following:

- Health and Wellbeing Board
- Corporate Parenting Board
- Domestic Violence Executive Board
- Youth Offending Service Management Board

Improvement plan

In December 2013 Ofsted undertook an inspection of the effectiveness of the LSCB, giving an overall grading of "Requires Improvement". An action plan was put in place to address the issues raised. Progress has been made, but further work is required in the following areas:

- Performance management and quality assurance (auditing).
- Progress with embedding the voice of children and young people in the Board.
- Training.

Reports from sub-groups

Performance and Quality Assurance sub-group

A Performance Web was agreed as the main reporting tool for the Board. This work requires embedding.

The subgroup commissioned audits on the Voice of the Child and Private Fostering and both were completed, with the learning added to the Learning and Improvement log.

Child Sexual Exploitation sub-group

A sub-group was established to take this work forward within the year. Significant progress was made assessing the prevalence of CSE across the Borough and developing the multi-agency response to address CSE. A specialist worker was recruited, based within Children's Social Care and working across agencies, in collaboration with the LSCB.

The Board was encouraged by the successful prosecution of three perpetrators of CSE in the Borough. This was the result of multi-agency team work. In particular, excellent collaborative work was identified as having taken place between the Metropolitan Police, Children's Social Care and the NHS.

In the latter months of the year, concentration has been on ensuring that there is strategic join-up between the agencies and a strategy and action plan was agreed at the LSCB in March 2014. A training programme has also been agreed and is underway.

Strong governance arrangements, as agreed across London, are in place to address CSE with a MAP (Multi-Agency Panel) for the discussion of individual cases and MASE (Multi-agency Sexual Exploitation) strategic group both of which meet monthly.

Vulnerable children and young people sub group

The group has prioritised the needs of children and young people living in families in which there is domestic violence and has, with the Performance and Quality Assurance sub-group commissioned an audit to better understand the quality of multi-agency practice for these children and young people.

There is, however, a lack of coordination in the approach and the extent of the problem is unquantified at the moment. Further work will be undertaken in the current year to understand the extent of the problem and to encourage a more strategic approach to be undertaken across the Borough.

Learning and Development

The sub-committee met regularly and agreed a feedback mechanism so that we could ascertain the impact that training had on practice. Less positively, we were unable to commission courses as the year developed, including the key Working Together training, due to a lack of funding. A charging mechanism was agreed in early 2015 and there is an expectation that a full training programme will commence in the forthcoming year.

Joint LSCB/Heathrow strategic group

Specific achievements during the year have included:

- Working through a route to notify LBH of children and young people identified as being privately fostered, ensuring that the right support is identified for them.
- Identifying risks associated with Ebola.
- Sharing knowledge of operations, including one relating to FGM with consequent referrals made to Social Care.
- Sharing information on age-disputed young people.

A work plan for the next reporting year has been agreed.

Serious Case Review sub-group

No Serious Case Reviews were published in the year, but one was completed and published in April 2015. This concerned a teaching assistant from a local secondary school who was convicted of sexual activity with a female pupil. The Board accepted the eleven recommendations made in this case and will oversee the implementation of these through the Learning and Improvement Framework.

Two Serious Case Reviews were commissioned with the intention to publish both in 2015. These will be reported in the 2015/6 Annual Report.

A further case was discussed, but it was agreed that this did not meet the threshold and a joint agency review was commissioned and completed in April 2015.

Policy and Procedure sub group

The Policy and Procedure subgroup spent the early part of the year drafting and agreeing a threshold document as required under Working Together 2013. This was agreed by the Board in December and was subsequently published.

The sub-committee also agreed an Escalation policy, Core Group guidance and began work on agreeing guidance for those working with children and young people who are engaged in sexually harmful behaviour.

User Engagement

The Board considers it important to develop its public profile. A communications strategy was agreed by the group with a commitment to run two campaigns per year from the current year. In addition, a new logo was produced and a Twitter feed launched (@hillingdon_lscb) providing general safeguarding information and advice. The Board also launched an e-bulletin for wide circulation and produced two editions within the year. Plans to develop the website with a clear and separate identity to that of the London Borough of Hillingdon site have been carried through to the current year.

The User Engagement subgroup was also established to develop mechanisms for consultation and feedback with children, young people and their families.

Child Death Overview Panel

The Child Death Overview Panel is a statutory requirement of the Children's Act 2004 which came into effect on 1 April, 2008 and conforms to the guidance of Chapter 5, Working Together 2013. The Hillingdon and Ealing Local Safeguarding Children Boards joined together to form a two borough Child Death Overview Panel. The Panel is chaired by a Director/Consultant of Public Health for either Ealing or Hillingdon and has a fixed core membership of senior professionals which is drawn from the key organisations represented on the LSCB.

All deaths of children under 18 years are reviewed by the Child Death Overview Panel and within all categories there are many cases that, whilst not preventable, have learning points and training issues in different agencies. The reviews of Sudden Unexpected Deaths of Infants have highlighted the importance of 'safer sleeping' and the dangers of co-sleeping, overheating, positional sleeping and include risk factors of smoking, drinking and taking drugs.

Other issues identified during reviews this year were:

- Transfer times by the Children's Acute Transfer Service (CATS).
- The importance of flu and other vaccinations in babies and vulnerable children.
- The need for police to be informed of children receiving palliative care.
- The importance of sharing emergency access plans with GP's.
- The need to share health and social care information across borders when children move or are treated out of borough.
- The importance of early diagnosis of Brain Tumours.

Good Practice

Safer Sleeping in Infants Integrated Care Project (SSLIIP)

The Board were very pleased to work alongside lead CDOP paediatrician, Dr Jide Menankaya to introduce a new initiative to the Borough. Sudden unexpected deaths in infancy (SUDI) is a significant cause of death in babies less than 1 year old. In London, a baby dies every 9 days from SUDI and in our boroughs of Hillingdon and Ealing, one in nine deaths in children is due to SUDI.

This is a really important initiative to safeguard the lives and well-being of children and requires the participation of key stakeholders in this borough to make it a success.

LSCB Conference

On 10 February 2015, the LSCB hosted a conference with the theme of Early Help. 150 people attended with 15 "Market Stalls". The review sheets filled in on the day showed a satisfaction rate of 7.9 out of 10. The most popular sessions were the drama group in the

morning and the afternoon round table case discussions. The opportunity to network with others from the community was praised.

Allegations against professionals

The Local Authority Designated Officer, LADO, plays a crucial role within the Local Authority managing and overseeing allegations that are made against professionals. The rate of LADO referrals remains high with the largest proportion received from schools and Early Year's provision. Awareness of the role of the LADO is communicated to staff on a regular basis through training and staff induction.

Independent Domestic Violence Advisor (IDVA) Service

The purpose of an IDVA Service is to address the safety of victims at medium to high risk of harm from intimate partners, ex-partners or family members in order to secure their safety and also the safety of any children.

There has been a steady increase in referrals to the IDVA Service over the last 3 years; however staffing numbers have remained the same resulting in the IDVA Service running out of capacity. In 2015 the IDVA Service will undergo some positive changes as funding from The *Mayor's Office for Policing And Crime (*MOPAC) means that there will be 4.5 additional IDVA positions; one will be permanently located within the Multi-Agency Safeguarding Hub (MASH) and another located within the Housing Department. It is hoped that the additional staffing will enable the IDVA Service to continue to provide the excellent level of Risk Assessment and Safety Planning to residents of Hillingdon.

Assessment of the quality of safeguarding

To be confident of the effectiveness of the partnership the Board requires regular data, both quantitative and qualitative. Although a start has been made on this with the agreement of the Performance Web, section 11 and school audits in the forthcoming year and a multi-agency audit programme we do not have sufficient data from the reporting year to be confident of the quality of practice.

The performance of partner organisations with regard to safeguarding provides mixed assurance for the Board. The Development of a Multi-Agency Safeguarding Hub is positive, though further development is required to ensure that the contribution of all agencies is embedded. Children's Social Care has achieved a degree of stability reducing their assessment backlogs and reducing staff turnover but now need to consolidate this progress and increase the number of permanent, employed staff.

The Hillingdon Hospital was subject to a CQC inspection during October 2014 with the report being published in February 2015. The overall rating was that the hospital "Required Improvement".

The Board was encouraged by the rapid progress at the hospital following the inspection and will continue to monitor this.

Taking the points above into account the Board is cautious about an assessment of the effectiveness of safeguarding across the Borough. Further work is needed by both the Board and its partners before we can be assured that children and young people are as safe as they can be across the Borough.

Priorities for 2015/6

Addressing **Child Sexual Exploitation** will remain a Board priority until we can be assured that the right multi-agency plans, procedures and guidance are in place to safeguard the potential victims.

With Britain's largest airport and the third largest airport in the world, Heathrow, in the Borough, **child trafficking** will continue to remain an issue for the Board.

In addition, the Board remains concerned that the response across the Borough with regard to both **FGM** and **radicalisation** has not been fully explored and may lack rigour. Both will be subject to further enquiries during 2015/6.

It is important that, over the year, the Board **develops a sound understanding of the quality of multi-agency practice and the child's journey between the agencies.** Work on this has begun but the programme of multi-agency auditing will be escalated and the Board will work to properly embed the child's voice in the Board.

Finance

There should be a **review of resourcing** for the Board to ensure that it has the ability to operate to, at least, "Good".