

# Hillingdon Local Safeguarding Children Board

## Annual Report

### 2014 – 15

*'That every child and young person is as safe and physically  
and emotionally secure as possible, by minimising risk of  
harm as much as we can.'*



## Annual Report 2014/5



### Chairman's introduction

The following report provides an assessment and summary of the work undertaken by the Hillingdon Safeguarding Children Board over the last year. I would like to thank all of those that have worked hard this year to improve the level of safeguarding in the Borough. In particular, I would like to thank my predecessor for her hard work over a number of years and wish her well in her future endeavours.

I was appointed this May to take over as the Independent Chairman of the Board. This report focuses on what has taken place over the last year. Whilst much of the attention is focussed on Children and Young People Services, the Board is formed of a partnership of all of those agencies and third sector organisations that are engaged in safeguarding our children. It is clear from recent reports that we can do better for our children and the Board must step up a gear to make sure this happens.

I have met with a number of senior members of the Board and I have been impressed with their determination and clear ambition to see improvement in the level of safeguarding in the Borough. I support their ambition and will do all that I can to see us succeed.

This report does highlight the progress that has already been made. The introduction of a multi-agency safeguarding hub (MASH), where agencies are located together, is just one positive development. I look forward to working with agencies to see further improvements. Moving forward it will be essential that we listen to the views of the public and most importantly the children we are responsible for safeguarding. I am looking forward to the challenge ahead and will provide regular updates throughout the year, on our website, detailing the progress that is being made.

I hope the report provides the information you need and is of interest. Please let us know what further information would be of use and what you feel we should be doing to improve safeguarding in Hillingdon.

Steve Ashley

## About Hillingdon

Hillingdon is the second largest of London's 32 boroughs with a population of 292,700 in 2014 of which 25% were under 19. This proportion is slightly higher than England and London. An increase in numbers of young children (0-9 age group) is projected to rise until 2017. However, these growth rates are comparable with London as a whole.

53% of the resident population aged 5-19 and 59% of the schools population (School Census 2014) belong to a Black and minority ethnic (BME) group (a group that is not White British). This diversity is expected to increase as 62% of the very young resident population (age 0-4 years) belong to a BME group. The School Census 2014 shows that 24% are Asian or Asian British, 11% Black or Black British, 10% Mixed background, 8% White backgrounds other than White British, 6% other ethnic groups, and 1% not known. Almost 40% of the school population do not have English as their first language. 183 languages were recorded in Hillingdon schools with 46% of Primary school pupils and 40% of Secondary school pupils having a first language that is not English.

Hillingdon is a comparatively affluent borough (ranked 23rd out of 32 London boroughs in the 2010 index of multiple deprivation, where rank 1 is the most deprived). Within Hillingdon there is variation between the north and south of the borough, with some areas in the south falling in the 20% most deprived nationally. Heathrow Airport is located entirely within Hillingdon boundaries and this has a major impact, particularly in respect of children and young people who pass through the airport. Close and effective multi-agency work has led to Hillingdon being considered a national leader in the field of protecting children and young people from potential and actual trafficking.

**Child Population Profile:** There are significant variations in the population of children and young people (age 0-19) across Hillingdon, with more younger people in the south of the borough, and also higher proportions who are from ethnic minority groups (e.g. 80% in Pinkwell, compared with 21% in Harefield). About 45% of children and young people (aged 0-19 years) in Hillingdon are White British, 26% Asian or Asian British groups, 11% Black or Black British groups, 8% in any Mixed background, 6% White backgrounds other than white British groups, and 4% in other ethnic groups. Over the last 10 years the proportion of children born to mothers who were born outside the UK has risen to over 50%, with the biggest increases in births to mothers born in Asia and the Middle East and in countries which have joined the EU since 2004.

**Poverty:** Over a quarter of children aged 0-15 in Hillingdon are deemed to be living in poverty, including over 40% of children in two wards in the south of the borough, and 17% of school age children across the borough are eligible for free school meals.

**Vulnerable Groups:** Some groups of children and young people are more vulnerable than others to poor health, educational and social outcomes. In Hillingdon 5,600 children were deemed to be in need throughout 2012/13 (latest nationally available data), and this number has increased in each of the previous 3 years. The most common primary need identified was abuse or neglect, followed by absent parenting which was the primary cause in almost 20%, probably related to the number of Unaccompanied Asylum Seekers who become the responsibility of Hillingdon Council through Heathrow airport.

**Disabilities:** Around 8% of children in need in Hillingdon have a disability, the commonest being learning disabilities, mobility and communication problems. More data on childhood disability in Hillingdon is awaited, but estimates based on national data suggest that 3.0- 5.4% of children and young people (about 2,300 - 4,100) are likely to have some form of disability. Disabilities are more common among children from more deprived socioeconomic groups, and there are more boys than girls with disability at all ages.

**Education:** A total of 1,200 pupils attending Hillingdon schools (2.9% of the total school age population) had a statement of Special Educational Need (SEN), and 2,470 (6.0%) were subject to School Action Plus (meaning that the school receives external help for the child.) The most common categories of SEN main difficulties are speech, language and communication needs (31%) and behaviour, emotional and social difficulties (16%), with smaller numbers with Dyslexia (11%), moderate learning difficulty (12%) and Autistic Spectrum Disorder (13%). In Hillingdon 19% of the school population was assessed as having SEN. For children with SEN, outcomes within the primary and secondary phases are broadly in line or just above the national picture, but are not yet as strong as London region. Children with some types of learning difficulty are also at significantly increased risk of mental health problems and estimates based on national research and local information suggest that 2.6% - 3.5% of children and young people aged 5-18 in Hillingdon will have both a learning difficulty and an emotional or mental health problem, equivalent to about 480-620 children and young people.

In 2014 around 230 young people in Hillingdon aged 16-18 were thought to be not in education, employment or training (NEET), which represents 2.4% of the population of that age, a lower proportion than in London or England. This proportion has fallen from 5.7% in Hillingdon over the previous 7 years. The largest numbers of the NEET cohort live in Botwell, Townfield, West Drayton and Yiewsley, and White British are over-represented in this group. In the 2011 Census 2,450 (2.6%) of those aged under 25 in Hillingdon reported that they were unpaid carers, with the highest proportions in Hayes and Harlington and lowest in Ruislip and Northwood. Data provided by the Hillingdon Carers service suggests that there are Young Carers as young as 5 in Hillingdon. 206 school children living in Hillingdon were Gypsy or Irish traveller children in the 2014 school census; in the 2013 School census nearly half of

the Gypsy or Irish traveller children were identified as having some special educational need.

**Child Deaths:** In total there were 138 deaths in persons aged 0-19 years in Hillingdon over the 5 years 2010-2014, 57% of which occur under the age of 1, and 14% in older teenagers aged 15-19. The commonest single cause of death in older children is external causes, accidents and injuries, and adolescent boys are particularly at risk.

**Hospital Admissions:** The rate of hospital admissions of young people aged under 18 for alcohol specific conditions (those which are causally related to alcohol) is the same in Hillingdon as the rest of England, and the trend has fallen only slightly in the last few years.

**Teenage Pregnancy:** There has been a decline in rates of teenage pregnancy, almost year on year since 2003; Hillingdon has followed the decline in rates that has been observed across London and England as a whole.

**Sexually transmitted infections:** The rate of new sexually transmitted infections (all ages) excluding Chlamydia in Hillingdon is significantly higher than the rate for England, but lower than the rate for London. Just over 600 people aged 15-24 years old had Chlamydia detected in 2013; the rate of detection in Hillingdon (1.5%) was significantly lower than the rate for England and London.

**CAMHS:** Over 1000 children aged 2-18 were referred to Tier 3 CAMHS in 2013/14, of whom 55% met the service's referral criteria and were seen. The number of referrals increases with age and there appear to be more White British children seen in the service than would be expected from the ethnicity profile of children and young people in Hillingdon. Almost one-quarter of those seen had hyperkinetic disorders, 12% had other behavioural and emotional disorders, and 11% other anxiety disorders. Estimates based on national data suggest that the numbers who used CAMHS services in Hillingdon are about half that expected for Tier 2 and Tier 3 services, and about two-thirds that expected for Tier 4. In 2012-13, 112 young people aged 10-24 in Hillingdon were admitted to hospital as a result of self-harm. This rate has remained stable over the last 5 years and is significantly lower than the England average.

**A&E Attendance:** Almost half of all 1-18 year olds attending A&E were children aged 1-5, and among these younger children injury and poisoning are the commonest reasons for attendance, followed by respiratory conditions. Emergency hospital admissions for intentional self-harm (all ages) are significantly lower in Hillingdon than England as a whole.

**Educational Outcomes:** Data on educational outcomes in 2014 shows that levels of development at the end of reception year are lower for Hillingdon than in London

or England. However at Key Stage 1 and Key Stage 2 overall achievement in Hillingdon is better than that for England and in most areas the same as London. At Key Stage 4 overall achievement is still better than England in most areas, but is below London. The exception is for White pupils who fare worse than the England average, and this is particularly marked for White boys in Hillingdon.

### **Commentary.**

Although, by and large, Hillingdon offers young people a good place to grow up there are some particular concerns. There is a danger that the overall affluence of the Borough can mask the difficulties for some. The Index of Deprivation scores are expected to be refreshed nationally later in 2015, but the current calculations that 16,000 children aged 0-15 live in poverty in Hillingdon (over 40% of children in some wards) is a particular concern given what we know about the potential outcomes for these children.

Any hospital admission for self-harm and alcohol related incidents amongst children and young people is of concern. This is particularly concerning when linked with lower than average referral acceptances by CAMHS. This will be of particular scrutiny during the forthcoming year.

## **Governance**

### **Statutory requirements**

Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specified the organisations and individuals (other than the local authority) that should be represented on LSCBs.

The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. Section 14 of the Children Act 2004 sets out the objectives of the LSCB which are:

- a. To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- b. To ensure the effectiveness of what is done by each such person or body for those purposes.

The Hillingdon Safeguarding Children Board (HSCB) has a statutory duty to publish an Annual Report on the effectiveness of child safeguarding and promoting the welfare of children in the Borough.

The report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and Wellbeing Board.

The Board were keen to agree protocols with the other key safeguarding strategic bodies in the Borough to ensure that each knew the priorities and main areas of interest of the other. It was agreed that the Chairman, or representative, of the LSCB would attend meetings of the other Board and that a representative would be invited to the LSCB. 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

The Chairman attended meetings of the Health and Wellbeing Board, the Corporate Parenting Board and the Young Offender Board. The interim Business Manager attended the Domestic Violence Executive Board.

Within the year the number of sub-groups was reduced from eleven to eight to include a new Executive group as the "engine house" of the Board. Over the course of the year two additional sub-groups were added, a joint LSCB/Heathrow Strategic Safeguarding and Trafficking meeting and a CSE sub-group. Other sub-groups meeting regularly are:

- Vulnerable children and young persons' group
- User Engagement
- Policy and Procedure
- Learning and Development
- Child Death Overview Panel
- Performance and Quality Assurance
- Serious Case Review

One of the priorities previously identified is that the voice of children and young people should be heard in the Board. Progress on this has begun with an inspection of the CAMHS service by members of the Youth Council and the report on this will be included in the Annual Report for 2014/5. We have agreed that once this report is finalised the Young Inspectors undertake further inspections.

Progress with embedding the voice of children and young people in the Board has been too slow over the reporting period and will be escalated through the Business Plan into next year.

### **How did we do? These were the priorities in 2013/14:**

In December 2013 Ofsted undertook an inspection of services for children in need of help and protection; children looked after and care leavers. It also reviewed the effectiveness of the LSCB giving an overall grading of "Requires Improvement". The action plan that followed the inspection set out the following priority areas for 2014/5.

- Ensure that time allocated to LSCB meetings is sufficient for partners to effectively undertake its work. ***Achieved, the LSCB meets on a separate day to the LSAB and there is sufficient time to cover the agenda and to allow for debate of priority items.***
- Improve the communication with other strategic bodies, including the Health and Wellbeing Board, to ensure strategies aiming to improve the lives of children and young people are effectively coordinated. ***Achieved, protocols have been agreed with all key strategic bodies in the Borough.***
- Ensure that the LSCB effectively evaluates safeguarding performance through audit and performance monitoring of multi-agency activity, and make sure evaluation is used to improve services. ***Achieved in part. Some auditing has taken place and a performance framework agreed.***
- Ensure that the LSCB provides effective challenge to partners and holds partners to account to improve safeguarding outcomes for children and young people. ***Achieved in part and evidenced through Board minutes***
- Ensure that children young people and the community are appropriately engaged in the work of the LSCB, strategically and operationally, so that its work reflects their views. ***We have begun this and will further develop the approach next year.***
- Ensure that partners are appropriately engaged in developing and delivering multi agency aspects of the Signs of Safety approach to risk management, so that there is full multi agency engagement in identifying risks and strengths to keep children safe. ***Achieved, Signs of Safety was rolled out from July 2014.***
- Ensure that the impact and effectiveness of multi agency training is evaluated so that its effectiveness can be assessed and improved. ***Achieved in part, the June Board agreed that for training courses running from September 2014 the pilot process would continue with an evaluation prior to, and after, training courses. For the remainder of 2014/5 this will be undertaken for the Domestic Violence, Impact on children course.***

In summary, good progress has been made but there is further work to do for the Board to reach "Good".



## **Reports from the sub-committees:**

Much of the work of the Board is delivered through a series of sub committees, each led by a Chairman from across the safeguarding partnership. The following section of the report sets out a brief summary of some of the sub-committee highlights to give a flavour of the important role they fulfil.

### **Executive:**

The Executive agreed new formats for both the Business Plan and the Risk Register during the Year. Both are reviewed at the Executive and discussion determines the priorities. During the course of the year the Executive agreed that the main concerns of the Board for the reporting year would be Child Sexual Exploitation, children and young people in a household where there is known domestic violence, assessing the Borough's response to youth violence and gang culture and children with a disability.

### **Performance and Quality Assurance sub-group**

At the September meeting a Performance Web was agreed as the main reporting tool for the Board. (see appendix 5). The web identifies seven key questions for the Board to ask and the accompanying dashboard provides the relevant data:

- 1. Is safeguarding really everyone's business?*
- 2. Do we know that children are safe and the right children have protection plans and that they are being fully implemented in a timely way?*
- 3. Are we sure that lessons from SCRs are disseminated and embedded in practice?*
- 4. Are we doing all that we can to reduce the risk of avoidable child death?*
- 5. Are we satisfied with the quality of care for any child not living with its parent?*
- 6. Are we satisfied with the quality and effectiveness of early help and intervention?*
- 7. Is the children's workforce fit for purpose?*

At each meeting the Board receives a performance report updating on these questions and, over time, the information will build up to provide the Board with a full picture of performance.

A Scorecard to accompany the web is present to the Board and will receive further development over the forthcoming year. 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. The results of the Private Fostering audit have since informed the work of a short-

life group which has further developed the work with the assistance of a specialist worker. The results of the Voice of the Child audit were of concern in that they demonstrated that children and young people were not sufficiently included in meetings about their safety and future and that minutes were not widely circulated. It also noted that the LSCB should undertake some further work on information sharing amongst partners.

The subgroup has agreed that further work on developing an agreed data set is required in the next reporting year and that a programme of multi-agency audits will be undertaken.

### **Child Sexual Exploitation sub-group**

Child Sexual Exploitation (CSE) was adopted as a Board priority and a sub-group established to take the work forward within the year. Significant progress was made over the year with assessing the prevalence of CSE across the Borough and developing the multi-agency response to address CSE. This was aided in no small part by the appointment of a specialist worker based within Children's Social Care and working across agencies in collaboration with the LSCB.

The Board were encouraged by the successful prosecution of three perpetrators of CSE in the Borough. This was the result of multi-agency team work and those involved in bringing the case were asked to give a presentation to the London Safeguarding Board conference in November 2014. In particular excellent collaborative work was identified as having taken place by the Metropolitan Police, Children's Social Care and the NHS. The Board commended the approach taken by the team in respect of preparing the victims for giving evidence and the support that they were given throughout the trial.

In the latter months of the year the 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. In addition the Board has a CSE sub-group which reports to the Board twice a year.

### **Vulnerable children and young people sub group**

Much of the work in developing the Child Sexual Exploitation strategy has been driven through the Vulnerable Children sub-group this year and, understandably, this has been the concentration of the group. In addition 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.

The group also facilitated a workshop to look at how effective the multi-agency response to female genital mutilation is. The outcome from this is that the Board were pleased to note that there are significant resources available in the Borough to address this issue. 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 year was a mixed one for the Learning and Development sub-committee. 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.

Partner agencies provide their own training returns in the appendix 1.

### **Joint LSCB/Heathrow strategic group**

Heathrow, situated within the Borough, is the busiest airport in the United Kingdom and the busiest airport in Europe for passenger traffic. Every day thousands of children and young people come through the airport some being identified as being of potential concern. Border Force will make assessments on a number of these children and young people and will call in staff from the London Borough of Hillingdon Children's Social Care where there are particular concerns. The working arrangements between the airport and Children's Social Care have been complimented by the Office of the Children's Commissioner.

Another new subgroup in the year, the joint LSCB/Heathrow strategic group was established with the following purpose:

- To provide scrutiny and overview of the safeguarding arrangements for children and young people arriving at Heathrow.
- To oversee the performance of relevant agencies and to advise the LSCB of any shortfall or major risks in respect of children and young people arriving at Heathrow.

New Safeguarding and Trafficking teams were established at Heathrow in April 2014 and, in preparation for this, all Border Force team members were trained in a four-day tier 3 safeguarding package developed within Border Force.

The Heathrow Safeguarding Children group is a sub group of the LSCB and will reports back to the main Board on its activities and outcomes.

Specific achievements with in 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 and sharing information on age-disputed young people.

The LSCB were pleased to note that the airport undertook an awareness raising day on the theme of Modern Slavery. In addition representatives from the Heathrow Safeguarding team contributed to the London Borough of Hillingdon's White Ribbon day.

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. The Board were concerned to learn from the SCR author that there were similarities with an SCR published by the Board in 2010 and that, if the learning from the previous SCR had been fully embedded the child might have been better protected.

Two Serious Case Reviews were commissioned with the intention to publish both in 2015, these will be reported upon 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 document includes:

- the process for the early help assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
- **section 17** of the Children Act 1989 (children in need);
- **section 47** of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
- **section 31** (care orders); and
- **section 20** (duty to accommodate a child) of the Children Act 1989.

The Document was drafted through the Policy sub-committee and was agreed by the Board at the meeting in December 2014.

The LSCB conference in February 2015 was used to promote the document and the practice changes.

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 LSCB has been described as the “multiagency window into safeguarding”, for this reason 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 (@hillington\_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. Work has commenced via an inspection of the CAMHS service but otherwise has progressed more slowly than we had hoped and progress will be accelerated next year.

## 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<sup>st</sup> 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 Chairmanned 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.

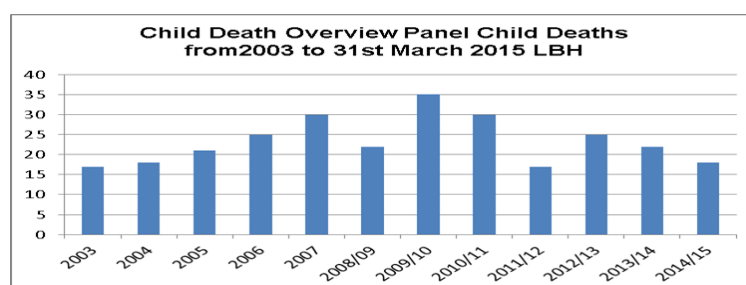
The overarching vision of the CDOP is to prevent future deaths of children by promoting the health, safety and well being of all children and improving the effectiveness of operational procedures to safeguard children and young people across the boroughs. An additional and important aim is to ensure that parents and families who experience the death of a child are appropriately supported.

At the end of each reviewing year Data is collected and submitted to the Department of Education detailing the number of deaths, reviews and outcomes or concerns for national studies/interventions.

The Chairman of the Panel attends the London wide CDOP Chairmans meetings and the CDOP co-ordinator attends the pan London SPOC meetings. There is also a national CDOP online forum which shares important messages in child death prevention that have been identified through reviews across the country and these messages are shared across our boroughs as preventative measures.

Excellent links are established with all agencies and in all relevant tertiary London Hospitals especially Great Ormond Street, Queen Charlottes, St Mary's and Chelsea & Westminster, as well as with bordering boroughs and counties.

CDOP also delivers training to professionals in A & E and for level 3 Child Protection courses in both hospitals. The role of CDOP and contacts and associated information is found on the Hillingdon borough website.



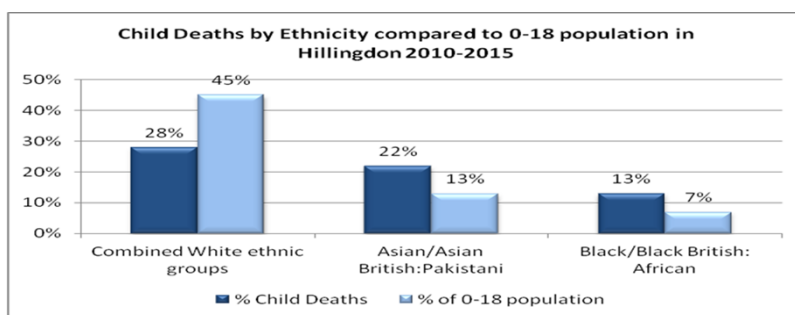
## Child Deaths in Hillingdon between 2008 and 2015

Area: 46% of children lived in Hayes and Harlington with a further 19% in the Uxbridge and Hillingdon area. These 2 areas have consistently had the highest number of child deaths every year for the 7 year period.

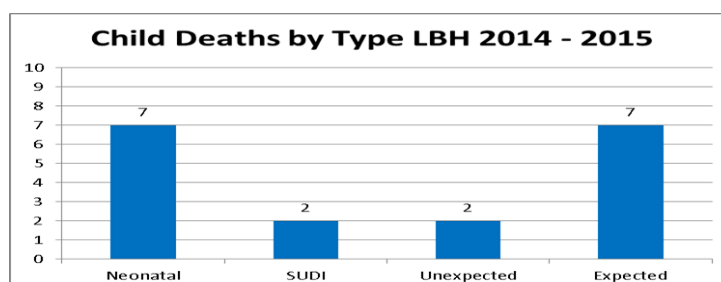
Age: 41% were neonatal (under 28 days), 28% were 29 days to under 2 years, 19% were 2 – 10 years and 12% were 11 – 18 years.

Gender: 48% Female 52% Male

Ethnicity:



Month: There are no statistically reliable trends in the months when child deaths occur in Hillingdon



The Child Death Overview panel met on four occasions from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 and reviewed 15 child deaths for Hillingdon Borough.

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. This learning is taken forward with view to improving services and care.

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. Whilst CDOP has already produced DVD footage and safety leaflets, the Hillingdon CDOP Designated Consultant Paediatrician and Hillingdon LSCB have launched 'The Safer Sleeping in Infants integrated Care Package' (SSLIP) after CDOP statistics bought out the importance of raising awareness in parents, carers and professionals of the identified risk factors associated with Sudden Unexpected Deaths in Infancy

The CDOP prevention campaign continues to raise awareness of key factors surrounding the unexpected deaths of infants and children i.e. drowning, shooting, road traffic accidents, co-sleeping and falls. The safety leaflets have been distributed to GP surgeries, Children's Centres and Public Health and in this year our DVD and safety leaflets have been requested by and supplied to Public Health England and the CDOP Chairs Meeting for onward distribution. The baby safety messages are included in maternity packs and CDOP took part in the Lullaby Trust Safer Sleeping Week distributing leaflets and giving advice at Hillingdon Hospital.

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

If new information is identified that indicates abuse or neglect was a factor in the child's death the case is referred to the appropriate Local Safeguarding Children Board, for consideration by the Serious Case Review (SCR) Panel.

### **Safer Sleeping in Infants Integrated Care Project (SSLIP)**

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.

Through a coordinated approach, Local Safeguarding Boards in many parts of the UK have implemented safer sleeping programmes with significant reduction in SUDI rates in their local communities. With support from our health and social care partners, we hope to adopt this multi-agency approach here.

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<sup>th</sup> February 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.

Those attending were asked to fill in a brief form before and after the conference to measure how their knowledge increased as a result of the conference.

By virtue of the feedback on the day, the pre and post conference ratings and anecdotal feedback the conference was a success. We are now moving to planning a conference for February 2016.



*The conference was attended by nearly 200 Hillingdon staff.*



*There was good discussion between young people and Hillingdon staff.*



*A powerful story enacted by young Hillingdon people*

### **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.

This role provides advice and guidance to employers where allegations have been made, and provides valuable liaison with the police and other agencies prior to and during the planning and investigation stages. Working Together to Safeguard Children 2015 advises that the LADO should now be referred to as the Designated Officer, but across the London LADO network it has been agreed that the term LADO will remain, as Designated Officer can be confused with other roles.

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. This includes how members of staff should conduct themselves when working with children, young people and vulnerable adults and how to report concerns regarding staff conduct through the organisation's whistle blowing policy. The LADO regularly

attends the schools safeguarding cluster meetings and meets with Heads through the Primary Forum and HASH (Hillingdon Association of Secondary Heads).

The findings from the recent Serious Case Review (SCR), regarding a Secondary school Academy within the Borough, highlight the importance of contacting the LADO at the earliest opportunity. One of the main concerns is that lessons do not appear to have been learnt following a previous SCR, also involving a school, where similar concerns were raised. The LADO will be working with schools and other agencies to ensure that the recommendations are implemented and to reinforce the referral process.

The following LADO actions are planned for 2015/2016:

Implement the recommendations from the recent serious case review.

Develop literature to inform employers and employees of the role of the LADO and how the LADO process works.

Continue to develop a database to record allegations against professionals.

### **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.

Serving as a victims/agencies primary point of contact, IDVAs normally work with clients from point of crisis to assess the level of risk to victim and any child in the family. IDVAs will create bespoke safety plans and action these safety plans to reduce immediate risk and address longer term solutions and preventative planning.

Studies show that when victims engage with an IDVA, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction of even cessation of repeat incidents of abuse.

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.

See appendix 2 for IDVA statistics

### **Hillingdon Association of Voluntary Services (HAVS).**

In previous years Hillingdon Association of Voluntary Services has been the main point of liaison for the LSCB with the various community groups in the Borough. For various reasons HAVS are operating at reduced capacity and are unable to sit on the Board. This has left a gap for the Board and we are working with all partners to seek a new solution to ensure that voluntary and community groups are properly represented.

### **Hillingdon Inter Faith Network**

Duncan Struthers, Chairman of the Hillingdon Inter Faith network joined the Board in September and has proved to be an effective link between the Board and the faith communities. An on-going piece of work from the reporting year is the dissemination of learning from a school-based serious case review into faith settings to ensure that the right level of knowledge about safeguarding exists and that the accountability for safeguarding is present and is understood.

### **Lay Members**

The Board has benefitted from the presence of two lay members who have contributed to the development of the Board over the year. In particular one lay member has a background in communications and she was instrumental in drafting and seeing through to fruition a Communications Strategy. The other has a background in education and has led the Board to seek further information with regard to children who are home-educated; this work is continuing to the current year and is identified in the Business Plan.

### **How do we know that we are effective?**

The most important questions to be asked in relation to Local Safeguarding Children Boards are “what difference does an LSCB make” and “what impact does the LSCB have”.

We are clear that within Hillingdon the Board is developing quite well but the pace of this will need to be accelerated in the forthcoming year. In looking for evidence of Board effectiveness we can identify a joint agency review, commissioned in December 2014 and completed in April 2015. It is also positive that two thematic audits, Private Fostering and the Voice of the Child have been completed within the year and have clear recommendations.

The adoption and development of the Performance Web, with further developments planned will allow the Board to see how effective multi-agency safeguarding is across seven domains. This has become the main performance reporting mechanism for the Board.

To be truly effective the Board needs to have the voice of children and young people at its heart. This was only begun in 2014/5 with an inspection of a partner agency and this approach will need further development and consolidation in 2015/6.

Board minutes reflect challenge and an e-folder is kept of challenge and outcome.

**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". One of the headlines that the Board was pleased to note was that the trust had a very committed workforce. This coincides with the experience of the Board. Less positively the Chief Inspector of Hospitals set out three relevant key findings in relation to safeguarding children:

- The risk that child protection issues could be missed due to a failure to follow agreed processes had been identified, but not addressed
- The risk of admitting children with high dependencies to wards that aren't appropriately staffed to meet their needs has been on the risk register for over a year without being appropriately addressed.
- Staff records regarding training showed poor performance in key areas such as infection prevention and control, **safeguarding** and moving and handling.

The Deputy Director of Nursing and Deputy Lead Doctor for safeguarding attended the Board in March 2015 to update on progress since the inspection. The Board were particularly pleased to note that safeguarding training, which had been as low as 50% then stood at 94%.

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

Although all statutory agencies have been affected by public sector change "Transforming Rehabilitation" has significantly altered the Probation Service with 30% of high risk cases going to a new national service and 70% of low and medium cases being held by the local Community Rehabilitation Service, MTCnovo. The CRC representative confirmed to the Board that arrangements are still being worked out with a fuller report being available to the Board later in the year. With a lack of clarity over safeguarding procedures and Board reporting accountability the Board will seek assurance over the forthcoming months that the new arrangements have safeguarding at their heart.

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 2015/16**

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. The Board will also need to continue to be assured that all agencies recognise the risk that CSE poses and that each agency apportions sufficient resources to combating CSE. The Board will monitor the developing response through the CSE sub-committee and will report twice-yearly to the Board. 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. The priority for the Board is to measure the incidence of trafficking and to ensure that the multi-agency response is strong enough to safeguard children and young people.

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. The Board will also make enquiries into the extent of gangs and youth violence in the Borough and the effectiveness of the response to this.

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.

The Board will need to be assured that those attending are at the right level in their organisations to be able to influence their own policy and procedures and to offer strong challenge to others. Whilst acting on behalf of their own organisations Board

members will also operate across the Borough as safeguarding ambassadors on behalf of the Board.

The Adult and Children's Boards should take the opportunity to collaborate to ensure that those issues of overlap for young people and adults are covered by one of the Boards, this should include mental health, commissioning and Care leavers.

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

## Appendix 1

Each LSCB partner agency was asked to self-report for this Annual Report on an agreed template describing the agency. These are reported below:

### **Children and Young People's Services – MASH, Asylum Intake Team, Children's Social Work Teams, Children in Care Teams, Young People's Teams**

|   |  |
|---|--|
| Name of agency  | Children and Young People's Services – MASH, Asylum Intake Team, Children's Social Work Teams, Children in Care Teams, Young People's Teams  |
| Description of service  | Statutory local authority children and young people's service.   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | To await info from AN  |
| Regulator inspection in reporting period and outcomes                                   | There was no Ofsted inspection during this period.   |
| Challenges in the reporting period  | In August 2014 the level of risk in the Children's Social Work Teams was deemed to be unacceptably high. This followed a high degree of disruption and changes in all levels of management and staffing within the service. A significant additional amount of resource was committed to the service which was used to implement a range of recovery actions and ensure that the service was stabilised. The recovery actions have successfully stabilised the service and the Service Improvement Plan will now drive forward further work to embed and sustain service improvements.   |
| Progress on safeguarding priorities in the reporting period                             | <ul style="list-style-type: none"> <li>• MASH and Triage are fully functioning</li> <li>• Predicted demand is currently aligned with actual numbers and capacity reducing caseloads to a manageable number across the service</li> <li>• Demand at the front door and conversion rates to referrals continue to be monitored.</li> <li>• Work is being carried out with Early Intervention Services to draft a protocol to ensure step downs are completed in a timely fashion and services utilised in an effective outcome led plan. This interface will deepen the understanding of demand and need in the future.</li> <li>• Audit compliance is now 100% and there has been an incremental increase on cases being graded as being good (including via moderation)</li> </ul> |



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|                                    | <ul style="list-style-type: none"> <li>• The Safeguarding Children's Service introduced the Signs of Safety model in July 2014 in the stated time-frame.</li> <li>• Greater understanding and awareness of the issue of Child Sexual Exploitation with a defined risk assessment</li> <li>• Young People at risk of CSE are monitored and tracked monthly through the MAP and MASE</li> <li>• Missing from Care Protocol completed and implemented</li> <li>• Joint working with UK Border Force embedded</li> <li>• Reduction in timescales in care proceedings</li> </ul>                           |
| Safeguarding priorities for 2015/6 | <ul style="list-style-type: none"> <li>• Recruitment of permanent social workers and managers across the service</li> <li>• Average caseloads to remain within 14-16 cases per qualified social worker</li> <li>• Improve quality of social worker assessment</li> <li>• Implement revise Practice Standards for Child Protection</li> <li>• Increased awareness CSE and use of CSE risk assessment and toolkits by frontline practitioners</li> <li>• Developing strategies and toolkits for frontline practitioners to risk assess in cases of FGM, Trafficking and Radicalisation</li> </ul>       |
| Good news stories                  | <ul style="list-style-type: none"> <li>• New social work team structure has been agreed and is currently being recruited to. The flattening of the management structure provides greater management oversight and opportunity to develop and improve practice</li> <li>• MASH and Triage are fully functioning</li> <li>• Skylakes has supported the service to reduce caseloads and ensure that cases have an allocated worker and plan</li> <li>• Reduced caseloads and an attractive social work offer has begun to make Hillingdon a desirable place to work in children's social care</li> </ul> |

### London Borough of Hillingdon - Safeguarding & Quality Assurance

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| Name of agency         | London Borough of Hillingdon - Safeguarding & Quality Assurance   |
| Description of service | <ul style="list-style-type: none"> <li>• Ensuring that children are properly safeguarded in the London Borough of Hillingdon through the child protection case conference process and also through</li> </ul> |

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|   | <p>the CP Chairmans quality assuring this work and challenging practice.</p> <ul style="list-style-type: none"> <li>• Auditing of casework across children's services and through themed audits by the Quality Assurance team.</li> <li>• The Quality Assurance team also has recently employed two Practice Learning &amp; Development mentors to assist and develop staff across a range of identified issues.</li> </ul>  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | The Child Protection Advisors have attended the Child Sexual Exploitation training which has been delivered by the CSE manager or consulted with the CSE manager in relation to CP conferences.  |
| Regulator inspection in reporting period and outcomes                                   | <p>There was no Ofsted inspection during this period.</p> <p>A reciprocal peer review of a London local authority was requested by the London Safeguarding Children Board and the Association of London Directors of Children's Services. This was carried out in December 2014. A joint report was submitted to the London Councils.</p>  |
| Challenges in the reporting period  | Since January 2015 there has been a rise in the number of child protection case conferences being convened which has put a strain on the service.  |
| Progress on safeguarding priorities in the reporting period                             | <ul style="list-style-type: none"> <li>• The Safeguarding Children's Service introduced the Signs of Safety model in July 2014 in the stated time-frame.</li> <li>• Greater understanding by staff around the issue of Child Sexual Exploitation.</li> <li>• The monthly MAP (Multi-Agency Panel meets to oversee CSE cases and the MASE meeting looks at the strategic issues arising from interagency co-operation.</li> </ul>   |
| Safeguarding priorities for 2015/6  | <ul style="list-style-type: none"> <li>• Ensuring that 'Signs of Safety' practice is embedded in Child Protection Conferences and that its delivery is consistent. Ongoing development of the CP plans to ensure they reduce risk and are outcome focused.</li> <li>• Continued improvement of the auditing process by extending cross-team auditing and use of more user-friendly audit forms.</li> </ul>   |
| Good news stories   | <ul style="list-style-type: none"> <li>• Signs of Safety was successfully introduced as a method of conducting child protection case conferences and there has been a general consensus from other agencies that this is preferred to the previous style of conferences through better engagement with the families.</li> <li>• The number of audits undertaken by the managers across children's services has risen steadily from September 2014. There is a trend clearly showing a</li> </ul> |

general improvement in the cases audited over time.

### Early Intervention Services

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| Name of agency  | Early Intervention Services (LBH)  |
| Description of service  | <p>Service purpose</p> <p>Working with families who need our support so that they may develop the skills, knowledge and resilience required to be self-reliant and prosper</p> <p>We do this by securing the following:</p> <p>Child and Family Development Services: Securing and providing a range of early learning, childcare and family development services delivered through early years centres and children's centres;</p> <p>Targeted Programmes: meeting the needs of families by securing and providing targeted programmes of developmental activity that enables children, young people and families to develop the behaviours, skills and capabilities to avoid or overcome problems and risks;</p> <p>Youth Offending Services (LSCB annual report submission provided separately): meeting the needs of young people who have come to the attention of criminal justice agencies by delivering intervention and tracking services with a view to reducing the likelihood of further offending behaviour; and</p> <p>Key-working Services: Meeting the needs of families by providing integrated 1-1 support and challenge to enable them to overcome problems including those identified within the terms of the Troubled Families programme, those concerned with school absence and non participation in education employment and training.</p> |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | The service has been going through a significant process of transformation which includes creating a new staffing establishment. The majority of staff within the previous delivery model will have completed the 'Working Together' training and will have also participated in recently provided CSE training. A 2015 / 16 training plan for the new service establishment will be development and implemented this year.  |
| Regulator inspection in reporting period and outcomes                                   | 7 Children's Centres have been inspected by Ofsted in this reporting period. 2 were judged as 'good' and 5 as 'requires improvement'.  |
| Challenges in the reporting period  | The service has been in a period of transition as it moves towards establishing its new delivery model. Service areas  |

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|  | <p>have been testing new ways of working in order to develop our approach to providing targeted support to families. This activity has been both challenging and productive. The outcomes have informed the new service structure which is in the process of being constructed.</p>  |
| <p>Progress on safeguarding priorities in the reporting period</p> | <p>Early Intervention and Prevention Strategy actions have been progressed which include the continued implementation of the Lead Professional, Early Help Assessment and Team Around the Family (TAF) processes. Use of TAF increased by 56% in 2014/15.</p> <p>The service has led the process of delivering on Troubled Families requirements to improve outcomes for 555 vulnerable families within phase 1 of the programme. The 555 'turnaround' target was achieved in this reporting period.</p> <p>The service has also embedded the Key-working Service within its revised service design. Managers, Team Leaders and practitioners continue to provide targeted and preventative support to families who are at risk of poor outcomes in collaboration with universal services, partner agencies and social care. This work includes the identification and tracking of children missing education. The service has also worked in collaboration with social work teams to establish clear 'step up' and 'step down' processes between social care and early intervention services in support of families in receipt of statutory intervention.</p> <p>The programmes' area of service has also been developing new ways of working in support of vulnerable families. These include targeted programmes for young people during transition from primary to secondary school and personal and social development programmes for girls and young women and boys and young men at risk. Prototype activity has seen over 250 young people benefiting from participation with learning outcomes including increased capacity to recognise and positively manage personal feelings and emotions. The service's young people's counselling service, Link, has continued to support young people at risk with over 400 young people supported to overcome emotional health and well-being issues. Sexual health services provided by KISS and alcohol and substance misuse services delivered via Sorted continue to enable young people to negotiate risk related behaviour associated in these areas. The prototype programme offer has now incorporated all these functions within the revised service delivery model.</p> <p>The Children's Centre programme has regularly worked with over 26,000 families over the past year with 26% of which were vulnerable families targeted for children's centre support.</p> |
| <p>Safeguarding priorities for 2015/6</p>                          | <ul style="list-style-type: none"> <li>• Finalising of revised Early intervention and Prevention Strategy 2015 - 2018;</li> <li>• Embedding structural changes within the service;</li> </ul>  |

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|                   | <ul style="list-style-type: none"> <li>• Full roll-out and embedding of the lead professional, early help assessment and team around the families process across the partnership;</li> <li>• Refining processes for identifying and targeting families in need of early help; and</li> <li>• Progressing service development and partnership activity in order to deliver outcome requirements of the extended Troubled Families programme.</li> </ul> |
| Good news stories | <ul style="list-style-type: none"> <li>• Target programme offer endorsed as good practice by Home Office led Peer Review regarding prevention of serious youth violence and gangs; and</li> <li>• The achievement of Troubled Families Phase 1 outcome requirements</li> </ul>   |

### The Hillingdon Hospital

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| Name of agency  | The Hillingdon Hospitals NHS Trust   |
| Description of service  | <p>The trust delivers acute medical services for the public. The services covered are Adult and Children inpatient and outpatients services, Emergency Department, Minor Injuries Unit (This is at Mount Vernon Hospital), and Maternity Services</p> <p>Statutory safeguarding children arrangements at the Trust are as follows</p> <ul style="list-style-type: none"> <li>• Executive Lead for Safeguarding Children</li> <li>• Named Nurse for Safeguarding Children</li> <li>• Named Doctors for Safeguarding Children</li> <li>• Named Midwife for Safeguarding Children</li> </ul> <p>The Trust has a multi-agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work. The Committee is Chairmaned by the Executive Director of the Patient Experience and Nursing.</p> |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>Level 1-3 Safeguarding Children Training Trust target is 80%. Successfully driving compliance with this has been an area of focus:</p> <p><u>Figures for December 2014:</u><br/> Level 1 was 69.38%<br/> Level 2 was 63.42%<br/> Level 3 was 62.77%<br/> By the end of the financial year training figures for all levels were above 80%.</p>   |

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|   | <p><u>Figures on 10/03/2015:</u><br/> Level 1 was 93%<br/> Level 2 was 89%<br/> Level 3 was 91%</p>   |
| Regulator inspection in reporting period and outcomes       | <p>Care Quality Commission planned inspection in October 2014. The Trust received a warning notice for Regulation 10, within which were requirements to improve some aspects of Services for Children and Young People; of note directly referring to safeguarding children:</p> <ul style="list-style-type: none"> <li>• Make sure staff are appropriately trained in safeguarding</li> <li>• Regularly monitor and assess completion of actions agreed at weekly “safety-net” meetings</li> </ul>   |
| Challenges in the reporting period                          | <ul style="list-style-type: none"> <li>• Due to incumbent’s retirement there was 3 month vacancy in Named Nurse for Safeguarding Children. Interim arrangements meant full scope of role was not covered during that period.</li> <li>• The systems in place in the Accident and Emergency department to identify, manage and reduce safeguarding risks to children were identified as not fully robust.</li> <li>• Safeguarding Children Training was below the 80% trust target for a significant period of the year.</li> </ul>                              |
| Progress on safeguarding priorities in the reporting period | <p>The Named nurse vacancy has been filled, the new post holder commenced at the Trust in January 2015.</p> <p>There has been a great improvement with Safeguarding Children Training since October 2014. Safeguarding Children training continues to be mandatory and is monitored by the live WIRED database to ensure staff compliance. Training will continue to be offered through hospital trainers, external trainers and LSCB.</p>  |
| Safeguarding priorities for 2015/6                          | <ul style="list-style-type: none"> <li>• To commence formal Safeguarding Children Supervision for staff working directly with children and families</li> <li>• Raise more awareness of Domestic Violence and Abuse. Devise clear guidance on Domestic Violence Guidelines for frontline staff. This is be in line with the Local Authority Domestic Violence Strategy</li> <li>• Maintaining Safeguarding Children Training above the 80% target</li> <li>• Embedding learning from the 2 serious case reviews to which the organisation contributed</li> </ul> |

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|                        | <ul style="list-style-type: none"> <li>• Ensure implementation of agreed actions in response to Kate Lampard Report</li> </ul>   |
| Good news stories      | <ul style="list-style-type: none"> <li>• Good interagency working. The MASH Senior Practitioner has joined our Accident and Emergency (A&amp;E) Safety Net Meeting. This is a meeting where safeguarding children cases presenting to A&amp;E and Urgent Care are discussed on weekly basis</li> </ul> |
| Good practice examples | <ul style="list-style-type: none"> <li>• There have been new appointments into the Trust's team of Named Professionals for Safeguarding Children and they are providing visible clinical leadership and taking an active role in driving forward service improvements.</li> </ul>                      |
| Any other comments     | The challenges faced this year were a catalyst for change and created a valuable opportunity to review and strengthen the service.   |

### Central and North West London Foundation Trust:

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| Name of agency  | CNWL  |
| Description of service  | CNWL provides a range of physical health, mental health, substance misuse, learning disability, offender care (prison and immigration removal centre) healthcare services across approximately 100 sites. It is one of the largest community facing trusts in England, with approximately 6,500 staff. CNWL provides services to a third of London's population and across wider geographical areas including Milton Keynes, Kent, Surrey, Buckinghamshire and Hampshire. After Milton Keynes joined the Trust in April 2013, approximately 40% of services are community health and 60% are mental health and allied health specialties. |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>Level 1: All staff including non-clinical managers and staff working in health care settings (100%)</p> <p>Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers (94%)</p> <p>Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns (90%)</p>  |
| Regulator inspection in reporting period and outcomes                                   | CQC inspection 23 <sup>rd</sup> February 2015, report expected in June.   |
| Challenges in the reporting period  | Maintaining high quality of safeguarding practice in light of the unprecedented financial challenges in the public sector. Safeguarding Children training was a high priority for CNWL  |

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|  | <p>although freeing up time for staff to attend remained problematic across the organisation.</p>   |
| <p>Progress on safeguarding priorities in the reporting period</p> | <ul style="list-style-type: none"> <li>• <i>Reviewing the structures for Safeguarding Children within the Trust-</i> completed. The Named Nurses attend the quarterly Safeguarding Group, a sub-committee of CNWL's Board, Chairmanned by the Divisional Director of Nursing. Following the implementation of the integrated governance review and the divisional restructuring, membership now consists of the Trust Named Doctor and Nurses, Associate Director of Quality, Safeguarding and Safety, Divisional Directors of Nursing and Safeguarding Advisors from Offender Care, Addictions and Sexual Health. This group also covers safeguarding adults due to the commonality of themes and issues and has appropriate leads, for example, from Human Resources, also attending.</li> <li>• <i>Learning lessons themes from SCRs/LLRs over the last 5 years-</i><br/>A Trust-wide review of lessons learnt from SCRs and learning lesson reviews (LLRs) produced a briefing note for practitioners. This was disseminated via the new divisions and presented at the Quarterly Safeguarding Group in January 2015. Bespoke training in specific localities takes place run by each LSCB after each review concludes. The format will be further developed in 2015/2016, when the Trust has 13 SCRs concluding and it will be important that any lessons are learnt across the Trust.</li> <li>• <i>Raise awareness of private fostering procedures-</i> referral numbers remain low within Hillingdon and nationally. CNWL Safeguarding Children Advisor contributed to the private fostering task and finish group. All levels of training include information on private fostering.</li> <li>• <i>All Health Care Professionals working directly with children, from birth to 18 years of age, will have access to child protection supervision-</i> completed. All staff working directly with children receives safeguarding supervision every 3 months as a minimum.</li> <li>• <i>Carry out clinical audits to ensure a safe, quality service is in place and that local and national standards are followed-</i> The Trust has developed a folder of supporting information to assure LSCBs which has been well received. The Trust has completed a large number of audits in the last year and had completed all of the audits it had planned for 2014/15.<br/>Audits undertaken in Hillingdon: <ol style="list-style-type: none"> <li>1. Child Protection and Voice of the Child: Are they reflected in children's records?</li> <li>2. Evaluation of Safeguarding Children Supervision</li> <li>3. Accident Prevention in under 5's.</li> </ol> </li> <li>• <i>Raise awareness of female genital mutilation with health</i></li> </ul> |



*care professionals via training and supervision-* ongoing, FGM is included in all levels of training delivered and health staff have accessed e learning courses. In March 2014, NHS England sent a letter to all provider Trusts in London “One of the recommendations in the intercollegiate document “Tackling FGM in the UK” is about empowering frontline professions and being clear about accountabilities, we are both keen to make sure we support this agenda through the multi-disciplinary steering group which was recently set up in London.” From April 2014, NHS hospitals were required to record:

- if a patient has had FGM
- if there is a family history of FGM
- if an FGM-related procedure has been carried out on a women - (de-infibulation)
- *Health staff are ideally placed to help identify and provide support for those at risk of child sexual exploitation-* ongoing, the CNWL Safeguarding Children Advisor attends the multi-agency child sexual exploitation group and the Safeguarding Children Team have adapted training material to ensure health staff are aware of how potential or actual victims may present and what the local arrangements are.
- *Raise awareness in relevant staff groups within Hillingdon’s children’s services to ensure they are able to identify and support missing children and runaways-* ongoing
- *Promote awareness in Hillingdon of the new threshold criteria adapted from the London Board Levels of Need-* completed
- *Monitor the relationship of the Trust staff with the MASH and contributing to MASH evaluations. Support health staff during MASH implementation in Hillingdon. Ensure Hillingdon staff access the MASH training courses-* completed. Staff attended training and the MASH health representatives have spoken to staff groups in children’s services.
- *The Hillingdon Safeguarding Children Team will support health professionals with the new Signs of Safety approach to assessment, intervention and case conferences-* completed. All staff were trained in Signs of Safety and ongoing support is given.
- *Publicise the Think Family agenda more widely-* The importance of ‘Think Family’ is well embedded in the Safeguarding Children training, and is well exemplified in the Harrow LSCB DVD on Neglect. The Divisional Directors of Nursing are holding Divisional Quarterly Safeguarding Groups covering adult and child safeguarding, which will strengthen the Think Family approach.
- *Increasing the safeguarding children training for Consultant staff-* ongoing

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|                                    | <ul style="list-style-type: none"> <li>• <i>Monitoring uptake of safeguarding children training following the new Learning and Development Zone-</i> completed. The new system is recording safeguarding children training compliance.</li> <li>• <i>Adapting the Named Nurse meeting to provide peer group supervision-</i> completed. The Named Nurses meet six weekly and discuss policy / procedures, training, emerging issues nationally and within CNWL. This group also provides peer supervision for members. Named Nurses also now provide cover for colleagues when on annual leave, etc. The group also considers issues around consistency of practice and share good practice examples.</li> <li>• <i>Develop Safeguarding Children Strategy-</i> As the new Working Together guidance was issued in 2015 and the final version of the London Child Protection Procedures in June 2014 it was agreed that the development of a strategy would be put on hold. This will be a priority in 2015/2016.</li> <li>• <i>Planning for implementation of the new IT System and reporting of data-</i> ongoing. The decision made strategically is for TPP SystemOne and this will go live in August. The Named Nurses have been consulted and are advising on configuring the software to ensure that the specification of the new IT system meets the requirements for safeguarding children. The Named Nurses are responsible for reviewing the practical application of the system and will link with other providers in London who will be using the same system for like services, to learn lessons and plan accordingly.</li> </ul> |
| Safeguarding priorities for 2015/6 | <p>2015/16 includes:</p> <ul style="list-style-type: none"> <li>• SC Strategy and Training Strategy</li> <li>• Review of safeguarding children arrangements in Divisional structures, particularly for Mental Health &amp; Allied Specialties and Sexual Health Services</li> <li>• Address the Implications of the Care Act</li> <li>• Review of Prevent training for children's workforce</li> <li>• Complete actions arising from the review of Savile Reports</li> <li>• Preparing for Health Visiting Service to be commissioned by Public Health</li> </ul>   |
| Good news stories                  | <ul style="list-style-type: none"> <li>• MASH now has a full time health visitor as part of the team</li> <li>• School nurses in Hillingdon asked young people in high schools subject to child protection plans about their views. 100% of the young people surveyed said they had been asked for their views about the CP plan, said they felt listened to and were treated with respect.</li> </ul>  |
| Good practice examples             | <ul style="list-style-type: none"> <li>• CNWL was represented at the workshop on sexually harmful behaviour by a school nurse and a CAMHS worker</li> <li>• Health partners are sharing information with the multi-agency sexual exploitation panel</li> <li>• CAMHS have a young person on interview panels</li> <li>• CNWL's intranet was updated in January 2015 and the new</li> </ul>  |

|                    |   |
|--------------------|---|
|                    | homepage has a dedicated safeguarding children section with easy access to all local and national guidance  |
| Any other comments | Safeguarding children and young people remains a key priority for the Trust. CNWL strives to ensure that local processes meet best practice standards and that lessons are learned from both national and local Serious Case and Learning Lessons Reviews. Work in 2015/16 demonstrated the energy and commitment of Trust staff to deliver a high quality service to the population CNWL serves. |

### NHS Hillingdon Clinical Commissioning Group (CCG)

|   |  |
|---|--|
| Name of agency  | NHS Hillingdon Clinical Commissioning Group (CCG)  |
| Description of service  | <p>Hillingdon CCG is a statutory NHS body with a range of statutory responsibilities including safeguarding children and adults.</p> <p>Like all CCGs, it is a membership organisation that brings together general practices to commission local health services for Hillingdon's registered and unregistered population.</p> <p>The CCG needs assurance from all organisations from which it commissions health services, that they have effective safeguarding arrangements in place.</p> |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>Level 3 – 100%</p> <p>Level 2 – 100%</p> <p>Level 1 – 90%</p>   |
| Regulator inspection in reporting period and outcomes                                   | <p>No inspections have taken place, however the CCG has quarterly Assurance meetings with NHS England (London Region) during which the Health economy Safeguarding concerns e.g. Serious Case Reviews, Domestic Homicide Reviews and gaps in service provisions, are discussed</p> <p>The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations</p>  |
| Challenges in the reporting period  | <p>Change in office premises</p> <p>Health economy concerns around working with new partner arrangements</p>   |
| Progress on safeguarding priorities in the reporting period                             | <p>Safeguarding Supervision for relevant staff in place</p> <p>Training arrangements in progress</p> <p>See good practice examples.</p>  |

|                                    |   |
|------------------------------------|---|
|                                    | <p>Safeguarding Children profile raised within CCG</p> <p>The CCG is represented on the LSCB and all relevant subgroups</p>   |
| Safeguarding priorities for 2015/6 | <p>Safeguarding Training – single and multi-agency (including specific training for Commissioners)</p> <p>Engagement of all Primary Care staff</p> <p>GP Section 11 Audit – collating, reporting and bridging any gaps</p>  |
| Good news stories                  | <p>Improved engagement and partnership working</p> <p>Co editing the updated Health Chapter in the London child Protection Procedures</p>   |
| Good practice examples             | <p>Development of CCG Safeguarding Children Leaflet and Flowchart of Health Economy Safeguarding Children Leads for cascade to all staff</p> <p>Safeguarding Children page on the CCG's extranet</p> <p>Regular Safeguarding Children items on staff newsletter</p> |

**Sue Pryor, one of two Headteacher representatives on the Board writes about Swakeleys school:**

|   |   |
|---|---|
| Name of agency  | Swakeleys School for Girls  |
| Description of service  | Secondary Academy   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | 100% of all staff – teaching and support  |
| Regulator inspection in reporting period and outcomes                                   | None – Ofsted visited in November 2013 and judged us to be Outstanding  |
| Challenges in the reporting period  | <p>Continuity of service – frequent changes in personnel dealing with a case</p> <p>Referral process involves giving the same info over and over again to different people</p> <p>There is still a lack of clarity re thresholds or they are not consistently applied</p> |

|   |   |
|---|---|
|   | There are too many times when professionals do not turn up to meetings or are very late – issues with communication   |
| Progress on safeguarding priorities in the reporting period | Good progress – FGM, sexual exploitation and extremism/radicalisation addressed   |
| Safeguarding priorities for 2015/6                          | Further work on the Prevent strategy  |
| Good news stories   | Since Skylakes have been involved, paperwork is better<br>The LSCB conference was successful<br>Collaboration at Headteacher level re safeguarding priorities and training is better<br>Safeguarding cluster meetings for designated leads are a positive |

### UK Border Force:

|   |  |
|---|--|
| Name of agency  | Border Force Heathrow  |
| Description of service  | Safeguarding of Children and Vulnerable Adults arriving in the UK through Heathrow Airport.  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>All Border Force officers receive training in the core skills for protecting children to give a greater understanding of how to identify children in need and the actions to take once you have done so. The Safeguarding and Trafficking Teams are trained to a higher, more expert level than ordinary front-line officers. In 2014 80 Officers and 12 Managers received this enhanced training. In 2015 104 Managers and 69 Officers have been trained to date, however the training is a rolling programme, and further courses are planned for the summer and winter of 2015.</p> <p>This enhanced training course has been validated by external agencies such as UKHTC and CEOP. This is a joint agency course primarily delivered by Border Force and the Metropolitan Police but incorporates training sessions delivered by Hillingdon Social Services, Salvation Army and ECPAT to provide a rounded experience. Elements of police ABE, (Achieving Best Evidence), training and expertise in areas of exploitation such as Juju, FGM and forced marriage have also been included.</p> |

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| Regulator inspection in reporting period and outcomes       | Section 55 Review conducted every 3 months by Heathrow Safeguarding Coordinator and Action Plan reviewed & updated.<br>Regular SAT Assurance conducted by local teams and fortnightly joint meetings with SS to review & progress arriving cases. .<br>Recent visit by HMCIP Prisons & Border Force Operational Assurance directorate to review handling SAT cases..   |
| Challenges in the reporting period                          | Consistently maintaining a fully trained SAT team and recruiting others to fill arising vacancies. New Vietnam Airways flights into TN4. Addressed by joint frontline operations.  |
| Progress on safeguarding priorities in the reporting period | We have seen excellent results by the pan Heathrow SAT teams. There are 2 SAT officers allocated on shift each day to progress any cases identified.   |
| Safeguarding priorities for 2015/6                          | We will continue to build on already considerable achievements of the SAT teams and work with other agencies to carry out frontline operations to identify PVOTs or FGM. A national project has been launched to train Airlines and stakeholders in trafficking awareness and to create a national hotline number for them to call BF with any concerns.   |
| Good news stories   | A very successful first year for the Heathrow SAT teams, established in April 2014 to replace Paladin. We have seen increased joint working with Hillingdon, including delivery of expert training, job shadowing & involvement in joint operations such as Op Limelight (FGM) and Op Jake (Vietnam Airlines). BF has increased the recruitment of volunteer responsible adults through Heathrow's Ambassador network and NGO organisations. A new quarterly joint strategic forum has been established with Hillingdon LSCB and fortnightly operational meetings held with SS and each Heathrow terminal. |
| Good practice examples                                      | Designated expert SAT teams. Joint agency working on front line operations.  |

### Police Child Abuse Investigation Team.

|                        |   |
|------------------------|---|
| Name of agency         | Police CAIT   |
| Description of service | Receipt and assessment of referrals from CSC, undertaking strategy discussions/meetings regarding safeguarding of children and joint investigation in appropriate cases within the CAIT remit.<br><br>Criminal investigation / prosecution in appropriate cases within the CAIT remit.<br><br>Investigation of sudden unexplained deaths in infancy (SUDI). |

|   |   |
|---|---|
|   | <p>Participation in multi-agency child care conferences.</p> <p>Disclosure of police intelligence to CSC in appropriate circumstances.</p>  |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | <p>All staff joining CAIT during the reporting period received safeguarding training.</p> <p>100% of police officers and police staff employed on CAIT received safeguarding training.</p>  |
| Regulator inspection in reporting period and outcomes                                   | None  |
| Challenges in the reporting period  | <p>Skylakes managers have an expectation that CAIT will deal with all matters pertaining to children when the reality is somewhat different with borough police, child sexual exploitation teams and other units taking primacy for some investigations involving children. This has led to tensions between Skylakes and CAIT which we are still working to resolve.</p> <p>Staff absence on CAIT continues to be a challenge with 2 officers long-term sick, 2 officers on maternity leave, 3 officers on restricted or recuperative duty and 3 vacant posts. The situation is exacerbated by abstractions for annual leave, court appearances, training and rest days accumulated through weekend working. This has impacted on the performance of the team.</p> |
| Progress on safeguarding priorities in the reporting period                             | <p>In the 2015-15 financial year, Northwood CAIT achieved the highest detection rate in London for child rape with 51.3% of cases detected; 15.5% more than any other London CAIT.</p> <p>During the same period reports of child cruelty offences dropped by 30% compared with the previous year.</p>  |
| Safeguarding priorities for 2015/6  | Crime reduction and improved detection rates for cases of familial violence against children.   |
| Good news stories   | Launch of a Safer Sleeping in Infants Project. This is a multi-agency venture to highlight risk factors associated with infant death. The aim of the project is to reduce the number of sudden infant death syndrome (SIDS) cases. Championed by Dr Jide Menakaya, this is a London-wide reduction campaign.  |
| Good practice examples  | <p>Establishment of an agreed escalation procedure between police and CSC for cases where managers from each agency cannot reach agreement.</p> <p>Agreement with borough police CSU regarding their role in strategy discussions with CSC.</p>   |

### Metropolitan Police, London Borough of Hillingdon

|   |   |
|---|---|
| Name of agency  | Metropolitan Police (MPS)   |
| Description of service  | Law enforcement   |
| Safeguarding training undertaken in reporting period. % of staff trained at each level. | The MPS are currently rolling out Multi Agency Sexual Exploitation training for all front line staff. Every officer in Hillingdon will receive this training . Being conducted locally with delivery input from the Child Sexual Exploitation Command (SO17)  |
| Regulator inspection in reporting period and outcomes                                   | Mayor's Office for Policing and Crime (M.O.P.C.)  |
| Challenges in the reporting period  | Pulling together stakeholders in the MASH to deliver resources previously promised. Driving the delivery group to a successful conclusion.  |
| Progress on safeguarding priorities in the reporting period                             | 1.Multi Agency Safeguarding Hub ,(M.A.S.H.). go live date 27th of April 2015.<br>2.Multi Agency Panel (M.A.P.) and Multi Agency Sexual Exploitation (M.A.S.H.) now fully operational with a monthly meeting.  |
| Safeguarding priorities for 2015/6  | 1.Complete, Child Sexual Exploitation Training cycle.<br>2. Develop support a bespoke "Operation Makesafe " bespoke to the needs of Hillingdon Borough.   |
| Good news stories   | The MASH launch on 27th April was a well attended presentation informing managers & partners of the remit of the MASH. Individual presentations assisted guests with short presentations of how each contributed in the MASH process. This launch was well attended and received and viewed as a success. |
| Good practice examples  | Operation Seacliffe. Investigation into CSE. Four arrested an additional four interviewed. Pending CPS disposal outcome.  |
| Any other comments  | A productive year with better joint working between police and partner agencies. This improvement has to increase and improve for the benefit of victims/subjects.  |

### Probation Community Rehabilitation Company

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|------------------------|---|
| Name of agency         | London Community Rehabilitation Company   |
| Description of service | The role of the CRC is to manage the majority of offenders under probation supervision. We work alongside the National Probation Service, which manages offenders who have been assessed as presenting high risk of harm to others. London CRC is one of 21 CRCs supervising offenders across England |



|  |   |
|--|---|
|  | <p>and Wales. London CRC employs around 1,200 staff and manages almost 30,000 offenders at any one time.</p> <p>Service delivery is currently based on geographical borough 'clusters'. The Hillingdon and Hounslow cluster is one of 15 clusters in London.</p>  |
| <p>Safeguarding training undertaken in reporting period. % of staff trained at each level.</p> | <p>London CRC has an Assistant Chief Officer who leads on Safeguarding issues for the whole of London. A Senior Probation Officer has recently been appointed to assist in this work. All operational Senior Managers are required to undertake Safeguarding training on a regular basis. London CRC has recently published its updated Policy and procedures in relation to Safeguarding children which remains one of the key priority areas of work.</p> <p>At a local level the Cluster ACO, lead Senior Probation Officer, Children`s Champion and the Practice Development Officers are responsible for work to improve our Safeguarding practice and quality. This assists in measuring local practice in key areas.</p> <p>London CRC carries out checks of employment history, identity and obtains at least 2 references which comment on suitability of working with children if appropriate. All staff are DBS checked before they commence work with London CRC. Further DBS checks are now to be carried out every 3 years.</p> <p>London CRC has a dedicated and fully trained recruitment team. Probation Officers coming into their first job will have all received the appropriate training in safeguarding as part of their course. Newly qualified probation officers applying for a job with the London CRC must pass an Assessment Centre which tests their knowledge about safeguarding amongst other areas.</p> <p>All Hillingdon practitioner staff (permanent/temporary) are up to date with the required safeguarding training.</p> |
| <p>Regulator inspection in reporting period and outcomes</p>                                   | <p>The London CRC Safeguarding Children performance framework was launched in Jan 2015 to measure and evidence that key routine tasks highlighted in the safeguarding procedures are implemented such as routine checks with Children's Social Care, responses received from Social Care and home visits undertaken on cases where child protection concerns are registered.</p>  |

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| Challenges in the reporting period                          | As a result of auditing activity in each London Cluster a number of actions will be taken forward as part of the Improvement plan.   |
| Progress on safeguarding priorities in the reporting period | In Hillingdon auditing activity demonstrates that probation staff exceeded the target to complete key practice activities in 3 of the 4 routine tasks identified. The Cluster has just missed the target to complete home visits in registered cases by 5%. Though significant progress was made in the months between Feb-April 2015 auditing activity led by a Senior Probation Officer is now taking place in <b>each case</b> where a home visit has not been carried out to identify the reasons why it has not been undertaken, making an assessment as to whether or not there is a good reason and to record these reasons with management oversight on the case record. This activity should provide reassurance that h/v is taking place in every possible case and allow for the current 'target' to be appropriately adjusted on the basis of the evidence compiled. |
| Safeguarding priorities for 2015/6                          | 2015/16 priorities are –<br>Children's Champion conference to take place – not yet achieved<br>Performance Framework in place - achieved<br>First all London report published - achieved.<br>Improvement in performance to be demonstrated by end May 2015 – partially achieved.   |

### Youth Offending Service

|  |   |
|--|---|
| Name of agency   | Youth Offending Service   |
| Description of service   | Carries out the partner's statutory functions with regards to young offenders (aged 10-18)  |
| Safeguarding training undertaken in reporting period.<br>% of staff trained at each level. | 50% of managers and 83% of practitioner staff have undertaken the Initial Working Together programme.<br><br>The majority of trained staff are due to undertake refresher training in 2015.<br><br>Staff untrained are those new to the service and will be booked on in 15/16.<br><br>All practitioner staff have been asked to complete the Child Sexual Exploitation - what professionals need to know briefing available this year. |

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| <p>Regulator inspection in reporting period and outcomes</p>       | <p>Her Majesty's Inspectorate for Probation undertook a Short Quality Screening Inspection (SQS) in November 2014. The key strengths notes included;</p> <ul style="list-style-type: none"> <li>• The YOS had made substantial progress since the last inspection</li> <li>• Assessment of diversity factors and barriers to engagement was strong</li> <li>• Work during the custodial phase of sentences was consistently good</li> <li>• Case managers were clearly committed to achieving positive outcome</li> </ul> <p>Areas for improvement included;</p> <ul style="list-style-type: none"> <li>• Assessment of and planning to address vulnerability</li> <li>• More attention needed to be given to victim safety</li> <li>• Actions to manage risk of harm need to be clear and precise, including contingency plans</li> <li>• Managers should provide greater support to staff to improve the quality of their assessments and plans</li> </ul> |
| <p>Challenges in the reporting period</p>                          | <p>Although the numbers of young people in the system have continued to reduce, the needs of those left in the cohort are increasingly complex and challenging.</p> <p>The assessed risk of harm posed by the cohort to others is also rising requiring greater supervision by the service in the community.</p> <p>There has been a rise in the re-offending rates (historical) for the 12/13 cohort reflecting this steady increase in complexity, although Hillingdon's rate remains below that of London and its family group.</p> <p>In the latter half of the year a number of staff changes have taken place with established practitioners and managers moving on. Recruitment of suitably skilled replacements has proven difficult.</p>  |
| <p>Progress on safeguarding priorities in the reporting period</p> | <ul style="list-style-type: none"> <li>• A custody improvement plan was developed based on data from previous years and there has been a reduction in custodial sentencing from 26 in 13/14, to 18 in 14/15.</li> <li>• The Combined Risk, Intervention and Safeguarding panel has been reviewed taking into consideration the comments of the SQS, to ensure that it is fit for purpose in meeting its stated objectives with respect to vulnerability and risk management.</li> <li>• Case auditing processes have also been reviewed to support continuous improvement in assessment quality</li> <li>• The Youth Justice Boards Re-Offending Toolkit has been</li> </ul>   |

|                                    |  |
|------------------------------------|--|
|                                    | <p>used to analyse data on re-offending behaviour and the characteristics of those perpetrating it in order that prevention strategies can be developed and resources allocated.</p> <ul style="list-style-type: none"> <li>• The YOS has implemented the 'live Tracker' tool for re-offending in order to implement immediate responses to re-offending.</li> </ul>   |
| Safeguarding priorities for 2015/6 | <ul style="list-style-type: none"> <li>• To implement the Asset Plus Assessment Tool which should support improved assessments, risk management and intervention planning.</li> <li>• For all practitioner staff to undertake CSE awareness training.</li> <li>• To develop referral pathways into early intervention services for out of court disposal cases.</li> <li>• To identify siblings of those involved in Serious Youth Violence and support their access to Early Intervention Services.</li> <li>• To identify suitable staffing resource to carry out assessments of young people for neurodisability conditions which impact on their vulnerability within the criminal justice system</li> </ul>   |
| Good news stories                  | <ul style="list-style-type: none"> <li>• The reduction in custodial sentences</li> <li>• There has been a slight reduction in the rate (per 100,000 of 10-17 population) of young people receiving their first court conviction in 2014/15 from 262 to 258.7</li> </ul>  |
| Good practice examples             | <p>A young person with significant learning difficulties was charged with sexual offences against younger family members.</p> <p>The assessment of his risk of harm to others was significantly affected by his learning difficulty. The YOS and Children's Social Care identified an independent specialist who carried out the assessment over a 12 week period. The assessment concluded that future inappropriate sexual behaviour could be influenced through a specific intervention regimen.</p> <p>Working together agencies developed a package of interventions and support which was accepted by the court in its sentencing.</p> <p>This enabled the young person to remain in the community where his needs were best met whilst maintaining a high level of supervision reducing the risks posed to others.</p> <p>The specific intervention designed to address the inappropriate sexual behaviours should reduce risk of future incidents in the longer terms.</p> |

## APPENDIX 2 - IDVA STATISTICS

### 1. Annual Total Victims 2014-2015

|  |            |              |
|--|------------|--------------|
| <b>Total New Referrals to<br/>HIDVAP</b> | <b>647</b> |              |
| <b>Total Female</b>                      | <b>624</b> | <b>(96%)</b> |
| <b>Total Male</b>                        | <b>23</b>  | <b>(4%)</b>  |
| <b>Total Repeat Referrals</b>            | <b>61</b>  | <b>(9%)*</b> |
| <b>Total Engaging</b>                    | <b>544</b> | <b>(84%)</b> |

\* repeat referrals can be victims that the service worked with a year or years ago; It can take some victims a few attempts before they finally leave.

### 2. Children and Young People

|  |            |
|--|------------|
| <b>Total Children</b>  | <b>749</b> |
| <b>Total Victims who stated<br/>that their children<br/>witnessed violence.*</b>                                     | <b>259</b> |
| <b>Total Victims who stated<br/>that their children had<br/>experienced direct abuse<br/>from the perpetrator. *</b> | <b>71</b>  |
| <b>Total Victims who were<br/>pregnant at the time of<br/>recent/referral or had a new<br/>born baby.</b>            | <b>70</b>  |
| <b>Total 16-24 Year Old Clients</b>  | <b>85</b>  |

\*It is important to recognise that this data is gained from information shared by the client through the Risk Assessment process. Some clients may not disclose if their children have experienced direct or witnessed abuse.

## APPENDIX 3 - LSCB Partners and Attendance

**Membership of Local Safeguarding Children Board and attendance during 2014-15**

| <b>Organisation</b>                                  | <b>Attendance<br/>2014-15</b>         |
|--|---------------------------------------|
| London Borough of Hillingdon including Public Health | 100%                                  |
| CNWL   | 100%                                  |
| Public Health  | 100%                                  |
| Hillingdon CCG                                       | 100%                                  |
| Schools  | 100%                                  |
| Probation and CRC                                    | 100%                                  |
| Voluntary Sector                                     | 100%                                  |
| Hillingdon Hospital                                  | 75%                                   |
| CAIT   | 25%                                   |
| CAFCASS  | 25%                                   |
| UKBF   | Unable to send<br>a<br>representative |

## **APPENDIX 4 - Finance**

### **LSCB Budget**

#### **Income 2014-15**

|                               |                 |
|-------------------------------|-----------------|
| London Borough of Hillingdon: | £96,100         |
| NHS:                          | £61,200         |
| Metropolitan Police           | £5,000          |
| Probation (NOMS and CRC)      | £2,000          |
| <b>Total:</b>                 | <b>£164,850</b> |

#### **Outgoings 2014-15**

|               |                    |
|---------------|--------------------|
| Staffing:     | £97,775.35         |
| Non-staffing: | £39,512.73         |
| Conference:   | - £183.33          |
| Training:     | £22,872.50         |
| Licences:     | £8,750.00          |
| SCR:          | £17,884.80         |
| Chairman:     | £26,850.00         |
| <b>Total:</b> | <b>£213,462.05</b> |

**Variance: £48,945 Overspend.**

## **APPENDIX 5 PERFORMANCE WEB (overleaf)**

