

# 2015- 2016

## LSCB Annual Report



Andrea Nixon

Local Safeguarding Children Board

2015- 2016

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## 1. Foreword



Thank you for taking the time to read our annual report. The report lays out the work undertaken by the Board this year, and includes specific reports from each of the agencies that make up the Board. The purpose of the report is to provide evidence about the standard to which the agencies responsible for safeguarding children in the London Borough of Hillingdon have performed.

I have been in post for a year. There has been considerable change over that period both to the Board and to the structure of a number of the agencies engaged in child safeguarding. In terms of the Board, we have restructured it so that it is more effective and I have been pleased that the Executive Board now has representation at the most senior level. We have also formed a small business unit to manage not only the Safeguarding Children Board, but also the Safeguarding Adults Board. This has enabled us to develop progressive training packages for all agencies and provide administrative and project management skill to move the Board forward. The appointment of a business manager has seen rapid development and, perhaps most importantly, the introduction of audit and performance processes to ensure I am able to properly hold agencies to account.

We are all aware that austerity measures have placed huge pressures on all agencies. Whilst I accept that this makes safeguarding children more difficult, it is not an excuse for failure and there is no doubt that organisations working together will be more likely to reach acceptable standards of safeguarding. I know that agencies have had to make difficult decisions and choices this year, but my experience has been that agencies in this Borough engage in open and honest discussion about the ramifications for children when services are to be cut or significantly changed. Agencies are prepared to discuss their plans and listen to the views of others before making any final decisions. I will, over the coming year, continue to monitor changes to services to ensure that children are not harmed as a result of those changes.

There will be a number of serious case reviews, some of which are historical, published by the Board this year relating to occasions where a child or children have been injured or lost their lives. These reports are a sad reminder that safeguarding children is a difficult task and that organisations and individuals make mistakes that can have tragic consequences. These reports will speak for themselves, but I am determined that where we have fallen short of the required standard we are able to ensure that the same mistakes are not repeated. This requires a multi-agency approach and a vigorous governance system holding agencies to account. The Board continues to provide this scrutiny, together with its partners, across the sector.

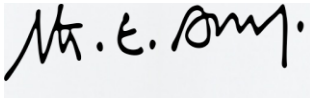
The report lays out in detail the areas where we need to make further progress, but I am pleased that, despite the difficult financial circumstances, agencies in the Borough of Hillingdon are providing services that ensure our children are properly safeguarded. In particular, it is worth drawing attention to the huge investment and re-structuring of Children's Services by Hillingdon Council and the work undertaken at Hillingdon Hospital to ensure that its child safeguarding standards are now regarded as 'good' by the Care Quality Commission.

We have looked again at our priorities this year and they are set out in the report. I am particularly pleased that the work around Early Intervention is making progress and will be the cornerstone of our work this year.

I am determined that we do more work to listen to the views of children and young people and will be exploring ways in which we can be more responsive and better engaged with all our communities; particularly young people.

Finally, I would like to express my thanks to all of those individuals and organisations who have worked together over the last year to safeguard our children. It is the most important work we can do and Hillingdon is fortunate to have so many dedicated and passionate individuals, across agencies, protecting our children.

I hope you enjoy the report and would always welcome any comments you may have through our website.



Steve Ashley



## 2. The London Borough of Hillingdon - Local Demographics and Safeguarding

Hillingdon is the second largest of London's 32 boroughs, with a population of 69,207 children and young people under the age of 18.

Greater London Authority population projections estimate that in 2014 there were 292,000 people living in Hillingdon. 22,000 (7.5%) are aged 0-4 years and 39,000 (13.3%) are aged 5-15 years. 193,000 (66%) Hillingdon residents are of working age (16-64 years). 20,000 are aged 65-74 (6.8%) and 18,000 (6.1%) are aged over 75.

Hillingdon is an ethnically diverse borough with 43% of residents from Black and Minority Ethnic groups.

The School Census 2014 shows that 24% of pupils in Hillingdon 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 deprivations, 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:** Children can become vulnerable and subsequently be at increased risk of harm for a variety of reasons. National case reviews have indicated that children living in households where there is domestic abuse, substance misuse or their parents are mentally ill are said to be at greater risk. In Hillingdon the most common primary need identified is abuse or neglect, followed by absent parenting which was the primary cause in almost 20% of cases, probably related to the number of Unaccompanied Asylum Seekers who become the responsibility of Hillingdon Council through Heathrow airport.

**Social Care contacts and referrals:**

Contacts have decreased by 11% since March 2015. Contacts are largely dealt with at the point of contact; this is reflected in the contact to referral conversion rate of 19% in March 2016, which has reduced from 20% in February.

The number of referrals in March 2016 has decreased by 11% compared to the same time last year.

Chart 1 shows the trend of referrals, contacts and the conversion rate for the past year from March 2015.

**Chart 1**

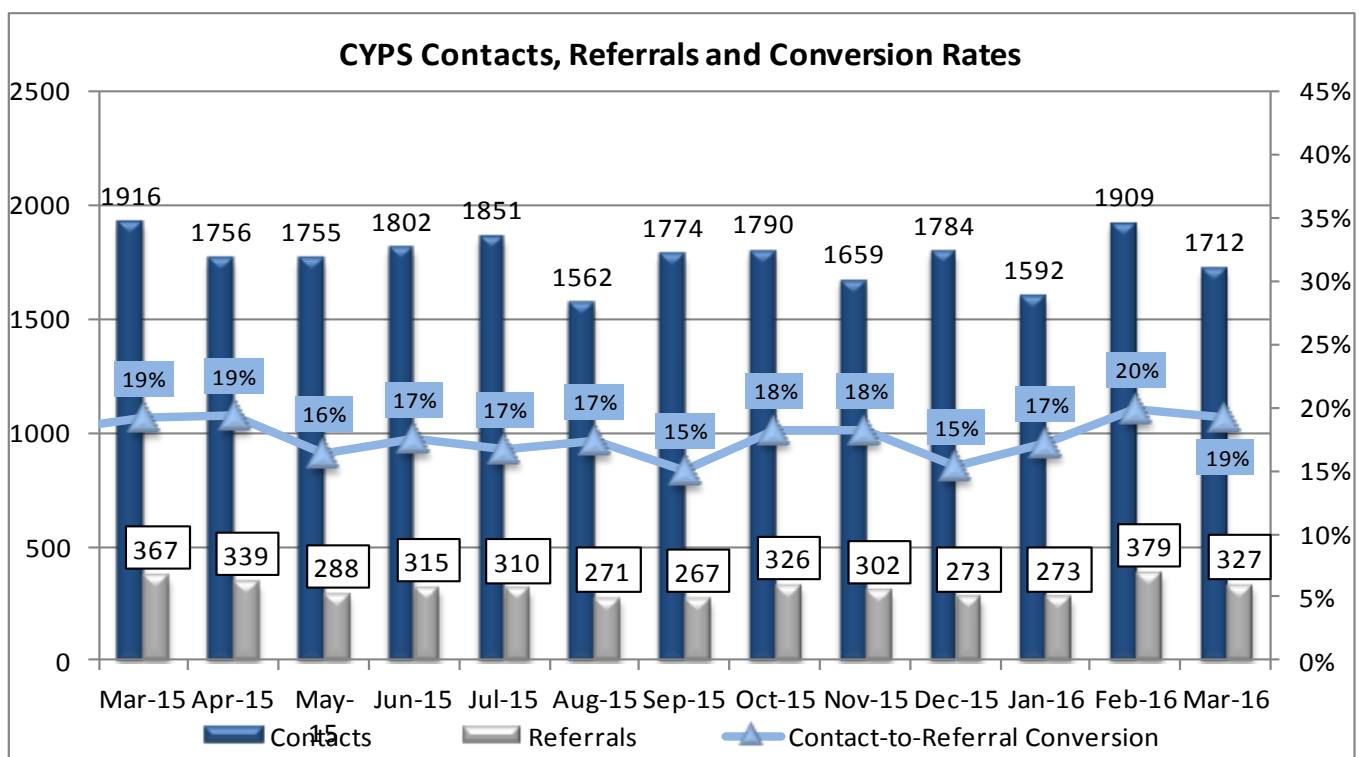


Table 1 provides the published data (2014/15 CIN Census) to compare Hillingdon to national and London referral rates per 10,000. The full year figure for 2014/15 shows a 21% increase in referrals compared to 2013/14. The referral rate in February shows a 0.2% rise against the 2014/15 position.

**Table 1**

<b>REFERRAL RATES PER 10,000 OF CHILDREN AGED UNDER 18</b>		
<b>2014/15</b>	England	548.3
	London	477.9
	Outer London	456.0
	Hillingdon	532.2
<b>YTD February 2016</b>	Hillingdon	533

The Hillingdon LSCB recognises the long term damaging effects of neglect on children, which is why this is listed as one of the Boards priorities for 2015/2016. We are also aware that children who go missing from school, home or care are placed at greater risk of abuse, not only child sexual exploitation but also targeted youth violence and crime. The Board wish to ensure that partners work together to protect Hillingdon children from identified risks to their safety.



### 3. Governance & Accountability

Hillingdon LSCB is made up of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Children and Family Court Advisory and Support Service (CAFCASS), Youth Offending, the Community & Voluntary Sector as well as Lay Members.

Our main role is to co-ordinate what is done locally to protect and promote the welfare of children and young people in Hillingdon and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people.

The efficacy of Hillingdon LSCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

Our purpose is to make sure that all children and young people in our authority are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well informed and trained.

**Regulation 5 of the Local Safeguarding Board Regulations 2006** sets out the functions of the LSCB as per section 14 of the Children Act 2004.

**The Children Act 2004** places a duty on every local authority to establish an LSCB.

The Government's Statutory Guidance, **Working Together to Safeguard Children (2015)** defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

This is to enable those children to have optimum life chances and enter adulthood successfully.

The Operational Board is made up of representatives at a senior level from across agencies in Hillingdon. Members take responsibility for decision making on behalf of their agencies to make sure they abide by policies, procedures and recommendations of the Board.

The Executive Board manages the business and operations of the board ensuring there are clear governance arrangements in place and drives forward the strategic priorities as outlined in the business plan.

The Executive Board and Operational Board meet 4 times during the year. Where there has been insufficient attendance or engagement at the Board, this has been challenged by the Independent Chair.

## 4. Board Membership and Structure

### i. Members and Lay Members

Hillingdon LSCB has recently recruited three lay members for the Board. The role of the lay members is to support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the LSCB's work within the community.

Following a robust induction programme, one of the areas that we wish the lay members to assist in is ensuring that we hear the voice of the child and young person. One of our lay members is themselves a Hillingdon care leaver and feels passionately about ensuring that children and young people have a voice.

### ii. LSCB Operational Board Members

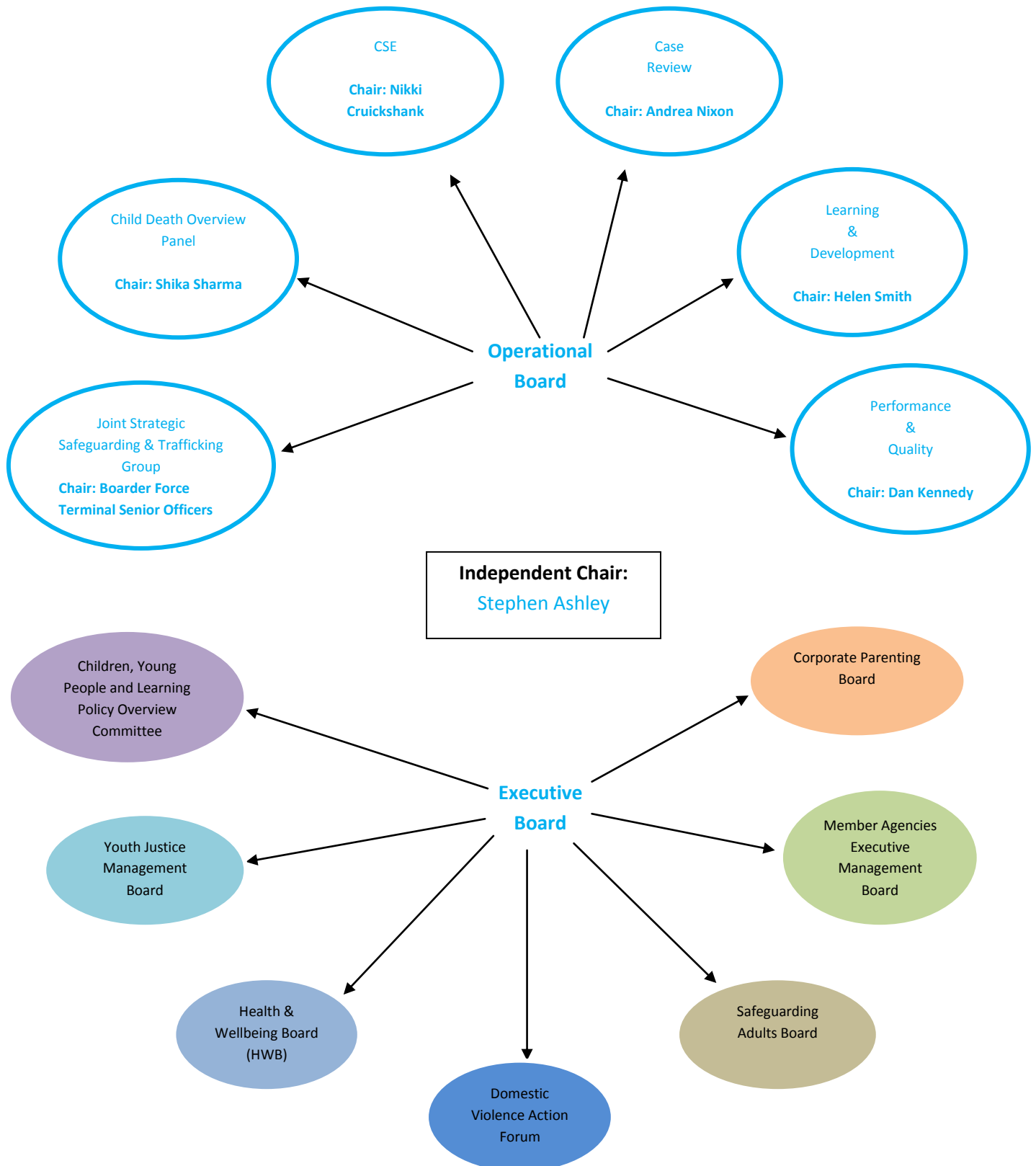
Name	Organisation	Job Title
<b>Ana Popovici</b>	London Borough of Hillingdon	Assistant Director of Children's Social Care
<b>Andrea Nixon</b>	London Borough of Hillingdon	LSCB & SAB Business & Development Manager
<b>Andrew Smith</b>	Metropolitan Police	Detective Inspector
<b>Ann Nardecchia</b>	London Borough of Hillingdon	Learning & Development Officer
<b>Ann Shelvin</b>	St Marys School	Head Teacher
<b>Annette Thomas</b>	Border Force	Senior Officer, Terminal 5
<b>Carole Jones</b>	Yeading Junior School	Head Teacher
<b>Chelvi Kukendra</b>	Clinical Commissioning Group	Designated Safeguarding Doctor
<b>Daniel Kennedy</b>	London Borough of Hillingdon	Head of Business Performance, Policy and Standards
<b>Deborah Mbofana</b>	London Borough of Hillingdon	Health Promotion Manager
<b>Duncan Struthers</b>	Interfaith Communities	
<b>Erica Rolle</b>	London Borough of Hillingdon	Domestic Violence Strategic Coordinator
<b>Fiona Gibbs</b>	London Borough of Hillingdon	Stronger Communities Manager
<b>Gloria Okello</b>	SSAFA	Personal and Family Support Worker
<b>Glyn Jones</b>	Metropolitan Police	Detective Sergeant
<b>Graham Hawkes</b>	Hillingdon Healthwatch	CEO

<b>Helen Smith</b>	London Borough of Hillingdon	LSCB & SAB Training & Quality Assurance Manager
<b>Jenny Reid</b>	Clinical Commissioning Group	Designated Safeguarding Nurse
<b>Joanna Smith</b>	London Borough of Hillingdon	Safeguarding & Reviewing Service Manager
<b>Lisa Crawshaw</b>	CNWL Trust	Named Safeguarding Nurse
<b>Lucy McLeod</b>	London Fire Brigade	Deputy Station Officer
<b>Lynn Hawes</b>	London Borough of Hillingdon	Youth Offending Service Manager
<b>Manjit Bringan</b>	Whitehall School	Head Teacher
<b>Naveed Mohammed</b>	London Borough of Hillingdon	Performance & Intelligence Service Manager
<b>Nikki Cruickshank</b>	London Borough of Hillingdon	Assistant Director for Safeguarding and Children's Service Improvement
<b>Nominated rep</b>	NHS	LAS
<b>Sally Morris</b>	London Borough of Hillingdon	CP Schools Advisor
<b>Seb Florent</b>	Metropolitan Police	Detective Superintendent CAIT
<b>Stephen Ashley</b>	London Borough of Hillingdon	Independent Chair
<b>Tendayi Sibanda</b>	The Hillingdon Hospital	Named Safeguarding Nurse
<b>Tom Murphy</b>	London Borough of Hillingdon	Assistant Director Early intervention and Prevention Services
<b>Vanessa Saunders</b>	NHS	Deputy Director of Nursing

### iii. LSCB Executive Board Members

<b>Name</b>	<b>Organisation</b>	<b>Job Title</b>
<b>Andrea Nixon</b>	London Borough of Hillingdon	LSCB & SAB Business Manager
<b>Antony Rose</b>	London Probation	Assistant Chief Officer
<b>CLlr David Simmonds</b>	London Borough of Hillingdon	Cabinet Member
<b>Daniel Kennedy</b>	London Borough of Hillingdon	Head of Business Performance, Policy and Standards
<b>Gavin Hughes</b>	Uxbridge College	Director
<b>Ian Macauley</b>	CAFCASS	Senior Service Manager
<b>Joan Veysey</b>	Clinical Commissioning Group	Executive Lead
<b>Manjit Bringan</b>	Whitehall School	Head Teacher
<b>Martina Lecky</b>	Ruislip High School	Head Teacher
<b>Nick Downing</b>	Metropolitan Police	Borough Commander
<b>Maria O'Brien</b>	CNWL	Divisional Director of Operations
<b>Reva Gudi</b>	Clinical Commissioning Group	GP Lead
<b>Richard Claydon</b>	London Fire Brigade	Borough Commander
<b>Sam Rosengard</b>	CRC (Community Rehabilitation Company)	Head of Stakeholders and Partnerships, NW London
<b>Shikha Sharma</b>	Public Health	Consultant
<b>Stephen Ashley</b>	London Borough of Hillingdon	Independent Chair
<b>Steve Hajioff</b>	London Borough of Hillingdon	Director of Public Health
<b>Sue Pryor</b>	Swakeley's School	Headteacher
<b>Theresa Murphy</b>	The Hillingdon Hospital	Director of Nursing
<b>Tony Zaman</b>	London Borough of Hillingdon	Corporate Director Adults, Children and Young People's Services

#### iv. LSCB Sub-Committees



## 5. LSCB Achievements 2015/2016



We have revised the structure of the LSCB. The LSCB now has an Operational Board and an Executive Board. This allows for decisions to be made at the appropriate level and for challenge at a senior level.



Development of LSCB & SAB business unit. This is a joint unit to include a coordinator for each board and a joint training and quality assurance officer.



Work of the Board has been informed by clear agreed priorities and underpinned by an up to date and well structured Business Plan.



We have raised the profile of Hillingdon LSCB by; disseminating LSCB newsletters, bulletins on children social care information screen and establishing a presence on Twitter.



Purchase and development of audit tool 'Enable'. Staff within children and adult services are now able to complete comprehensive audits and action plans.



LSCB Terms of Reference revised.



LSCB priorities agreed for 2016/2017.



Risk register implemented and updated regularly to provide regular progress on identified concerns.



SCR guidelines produced.



Development of case review sub-committee to ensure that recommendations from serious case reviews, domestic homicide reviews and serious adult reviews are acted upon and regular progress reports are fed back to the Operational and Executive Meetings.



Charging policy in place for LSCB training to ensure that we are able to deliver appropriate and quality training.



FGM resource pack produced and distributed to staff within children and adult services.



Health referral pathway for FGM developed and implemented within The Hillingdon Hospital.



We participated in 'Children's takeover day' supported by schools. Visits were made to ask children and young people what made them feel safe or unsafe. The results were presented to the Operational Board and this exercise is to be continued on a regular programme to encompass all the schools in the Borough.



We have developed a more effective multi-agency dataset which, whilst still a work in progress, is used to routinely scrutinise operational partners performance, and challenge and audit where necessary.



Learning & Development sub-committee now includes Safeguarding Adult Board L&D. New Terms of Reference and training needs analysis adopted.



Revised training programme available.



Chelsea's choice, CSE awareness production, delivered to secondary schools. Feedback from schools was extremely positive.



CSE audit completed by internal audit team. Outcome 'Reasonable' which is very positive.



Section 11 audit developed using Enable audit tool.



Schools section 175 audit developed using Enable audit tool.





DFE Campaign signposted through the Board 'Together we can tackle child abuse', developed to encourage members of the public to report concerns. The Board ensured that this campaign ran effectively in Hillingdon.



Explored and resolved concern raised regarding the organisation of invitations and minute circulation at Child Protection Case Conferences.



The Board facilitated discussions between the Hospital and children social care to ensure that child protection medicals take place in a timely and child focused way. Protocol for this has been developed.



Police checks for child death overview panel agreed.



We have recruited three Lay Members for the board including a young person who is a care leaver. This will help the Board receive challenge from a comprehensive section of our community.

## 6. What we have achieved against 2015/16 priorities

### i. Child Sexual Exploitation

- LSCB Child Sexual Exploitation Sub-Committee established. Terms of Reference and Membership from lead agencies.
- Operation Limelight continues at Heathrow with participation from Children's Social Care and Child Sexual Exploitation Prevention Manager.
- Audit completed and grade 'reasonable' achieved.
- Chelsea's choice presented in secondary schools.
- Risk Assessments and CSE toolkit embedded in practice.
- MASE meetings held monthly to track cases.
- Border Force, Asylum Team and ECPAT attend LSCB trafficking sub-group which identified trends and aims to improve intelligence sharing.
- Training available through LSCB and well attended.

### ii. FGM & Radicalisation

- FGM toolkit distributed to agencies which includes risk assessment.
- FGM good practice mapped within the local authority.
- FGM part of Operation Limelight.
- Training available through LSCB training programme.
- Prevent training available. All board members received Prevent presentation.
- Prevent strategy promoted by LSCB.
- Schools include FGM/Prevent in their Child Protection policies.

### iii. Develop an understanding of the quality of multi-agency practice and the child's journey

- Development of the Performance Web.
- Challenge of agencies through the Performance and Quality Sub-Committee.
- Purchase of 'Enable' audit tool to provide quality safeguarding audits and more robust evaluations.
- Section 11 audit to take place and to include more partners than before.
- Section 175 audit to be completed by schools.
- Core Group audit and audit of child protection plans to take place.

#### iv. Membership of Board

Membership of Operational and Executive Boards has been reviewed and the Chair is satisfied that we have membership at the correct level in order for members to influence their own policies and procedures, and to offer challenge to others.

#### v. Collaborative work between children and adult board

The Business Unit works across the Adult and Children's Board. Sub-committees have been developed to include both adult and children workforce e.g. Learning & Development and Case Review sub-committees.

### 7. LSCB Challenges 2015/2016

- i. Now that Early Help & MASH arrangements have become embedded, the LSCB will need to build an improved understanding of the effectiveness of early help assessments and interventions. We will want to be assured that the provision of early help is being delivered in a timely way and that the LSCB and our partners can evidence the difference for children, particularly those who are most vulnerable, in making sure they receive the help they need before things escalate to child protection.
- ii. With the retirement of our CDOP Manager, and awaiting the outcome of the national review of CDOP, the Board need to ensure that we are fulfilling our requirement in this area and support the CDOP Coordinator in this role.
- iii. The Board needs to improve its communication and raise its profile with the public by developing and launching its own website.
- iv. We need to collate and analyse information from children missing return interviews.



## 8. Learning and Development

One of the ways that Hillingdon LSCB fulfils its statutory objectives is by commissioning and providing training to the wide range of professionals who work directly with children and young people or in services affecting the safety and welfare of children in Hillingdon. The inter-agency training provided by Hillingdon Local Safeguarding Children Board offers a range of opportunities for practitioners to work together in a learning environment with a common aim of improving children's safety and wellbeing.

In December 2015 Hillingdon LSCB appointed a Training and Quality Assurance Officer to coordinate the multi-agency training and develop a multi-agency borough-wide picture of training needs, patterns in take up of training and gaps and to evaluate the quality and measure the outcomes of the multi-agency training programme. The role has enabled Hillingdon to become a substantive member of the Pan London LSCB training subgroup to enable sharing of skills and knowledge from across London to inform learning and development in Hillingdon.

### i. Multi-agency Training offer

In June 2015 following consultation and agreement at the Executive Board Hillingdon LSCB developed a charging policy for multi-agency training. This was implemented in December 2015 enabling the LSCB to charge agencies that do not financially contribute to the LSCB for delegates to attend training. The income generated from the charging policy is being reinvested into the LSCB and training programme for the forthcoming year. The 2015/2016 training schedule offered training to all our multi-agency partners. Training was offered across a variety of topics. In total 591 training places were accessed by 476 individual delegates over the 28 training sessions held.

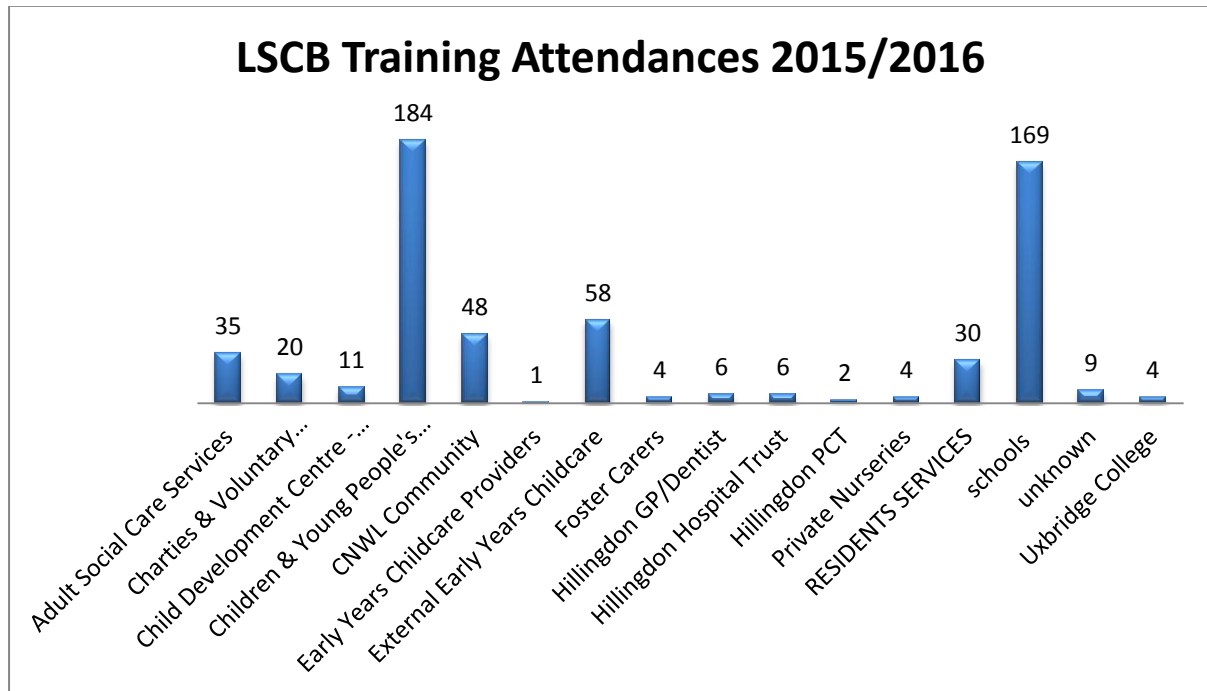
Table 2 Identifies the breakdown in number of delegates attending courses held - please note that some delegates attended more than one course in 2015/2016.

**Table 2**

<b>TRAINING PLACES ACCESSED</b>	
Domestic Abuse Awareness & the Impact on Children	70
Core Groups and Child Protection Plans	20
Initial Working Together to Safeguard Children (Level 3)	188
Introduction to Child Sexual Exploitation - What do professionals need to know?	133
Refresher Working Together (Level 3)	147
Signs of Safety Awareness	33
<b>Grand Total</b>	<b>591</b>

Chart 2 below shows the breakdown of delegates attending all LSCB training events in 2014/2015 by different employment areas.

**Chart 2**



## ii. Training evaluations

Using the Pan London training evaluation forms Hillingdon LSCB have evaluated all training sessions, using a two step process. Of all courses attended 99% of delegates agreed that the course met its aims and objectives, and 99.6% of delegates agreed that they would recommend the course to a friend. Comments from delegates included:



### iii. E-Learning

Hillingdon LSCB offers the E-learning package "Early Help Assessment and Team around the Family eLearning" with 63 delegates having completed the course in 2014/2015.

With the support of Hillingdon Learning and Development Team Hillingdon LSCB also developed an e-learning package entitled "Introduction to safeguarding children." The e-learning course provides delegates with relevant and clear information to support them to understand the types of abuse and neglect a young person/child may experience and how to identify the tell tale signs, how to respond professionally if you suspect a child is being abused and or when a child/adult discloses abuse and develop reliable methods of keeping accurate records. The package has been very well received by many of our partners with a total of 252 having registered to use the package since its publication in February 2016.

### iv. Developments for training for 2016-17

The 2016/2017 training schedule was released in March 2016 with a number of new and exciting courses being offered. The training programme has been developed to support professionals in working with children and families during the journey of the child. From undertaking Early help assessments, to recognising and respond effectively when action may be needed to safeguard a child from maltreatment, attending child protection case conferences and core groups meetings. This is then complimented with specialist courses in Child Sexual Exploitation, Domestic Abuse and two courses facilitated by the Women and Girls Network in respect of a Trauma focussed approach to Child Sexual Exploitation and understanding the Trauma and Psychological Impact of Harmful Practices (Honour Based Violence, Forced Marriage, Female Genital Mutilation).

A focus on making training localised has been supported by colleagues within children's services who are facilitating training in respect of Signs of Safety, Early Help and Domestic Abuse to support professionals in understanding the context of safeguarding within Hillingdon. Where external facilitators are commissioned the LSCB training and Quality Assurance officer has developed a "making training localised briefing" to enable the facilitators to understand the safeguarding context in Hillingdon and ensure that information provided is consistent with Hillingdon safeguarding policies and procedures.

In 2016/2017 we will be implementing a three step process to include post course evaluation to find out whether the learning from the course has been used in practice to change confidence or attitude of the learner.

## v. Audit

- CSE internal review
- CSE peer review.

### Audit activity 2016-2017

In 2015 Hillingdon LSCB purchased an online auditing tool called Enable. The tool, managed by Virtual College, allows the LSCB to develop its own audits and for multiple users to register for the completion of audits. Section 11 audits have been created and sent to partners, with a report to the board being scheduled for June 2016. Following this the LSCB will continue a biennial auditing schedule in line with "Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004."

A schools safeguarding audit has also been created, with the LSCB Training and Quality assurance officer attending the schools safeguarding cluster meetings to support understanding and use of the tool. It is intended that a report will be made available to the board in September 2016.

The enable audit tools are designed as a self assessment tool, to enable agencies and schools to reflect on, and identify actions to improve their safeguarding arrangements where required. Both the section 11 and section 175 schools audit also includes thematic questions regarding agencies responses to domestic abuse. This is an audit subject that was identified in 2015/2016 and will be reported to the board in September 2016.

In addition to this an audit has been commissioned by the LSCB in respect of the quality of core group meetings, recording and multi-agency attendance, which is hoped to be completed by June 2016.

## 9. Safeguarding Children in Hillingdon

### i. Children exposed to Domestic Violence

The Hillingdon Domestic Violence (DV) Steering Executive has strategic oversight of domestic violence and violence against women and girls (VAWG) strategy across the council. This includes ensuring that Hillingdon Council's Policy on domestic violence continues to be reviewed and updated, ensuring that there is a robust action plan. This includes taking high level policy decisions in relation to DV and VAWG issues. The DV Steering Executive has ultimate responsibility for the DV Action Forum that reports directly to the DV Steering Executive on the work, targets, progress and achievements of the DV Action Forum's individual subgroups.

The DV Steering Executive informs the LSCB of the successful achievements of the subgroups in reducing the risks of DV and VAWG to victims and survivors by continuing to provide equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DV/VAWG provision, including joint collaborative partnership working and critical integration of services for an effective victim centred approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success and highlighted some of the key themes on FGM, Safeguarding and empowerment of children, young people and vulnerable adults, Trafficking and Partnership working and continues in its commitment to raise the profile of DV/VAWG and to openly state its zero tolerance of all forms of Domestic Violence and other forms of harmful practices.

### ii. Private Fostering

London Borough of Hillingdon previously did not have any designated officer or team for Privately Fostered Children. In December 2014 this gap was identified. At the time, following receipt of notification, an assessment of need was undertaken by a social worker and it would be established whether the situation was a private fostering arrangement. However the case would then be closed if there were no child in need issues or concerns. But if there were elements of child in need then the case would be allocated to a generic social worker who would monitor and provide services.

A Private Fostering Project Lead was appointed in January 2015 and all existing privately fostered open cases were then transferred to the Project Lead who regularised the Private Fostering arrangement assessment and maintained the statutory visits. At the time there were 9 children identified in such placements.



All currently open privately fostered children's cases are allocated and Children's Social Care is maintaining their statutory responsibilities. To date the case numbers remain low, fluctuating between 11 and 5 children. The Project Lead provides expert consultation to social workers and other professionals if they come across such arrangements within their allocated caseload.

Awareness raising within the community and professional groups is a significant part of this role. Unfortunately people are genuinely not aware of these regulations, and as a result, this client group is easily missed and escapes the monitoring and support of such arrangements by the Local Authority. Engaging key agencies and local community groups has not been without challenge but after much perseverance there was success in reaching the early years and school head teacher's clusters together with safeguarding Health visitors group. A link in with Hillingdon hospital's safeguarding training was established and a short slot in their monthly training to a large number of hospital health staff as an ongoing programme was confirmed. Working relationships with the Hillingdon Women's Centre has been created. Posters and leaflets about Private Fostering have been distributed. Work is ongoing in creating links with the different ethnic minority's community groups that exist within the Hillingdon Borough. There has been success in building a link with UKBF at Heathrow airport with the delivery of presentations to their staff group in team meetings or a short slot in training sessions. Contact has been established with the GP subgroup within the Borough and the Project Lead is delivering presentations to seven GP subgroups at seven medical centres within the Hillingdon Borough. As a result of discussions with the school admission service, a few lines have been inserted in the application form about Private Fostering to try and identify if the child is being cared for by parent, relative or a private foster carer. Children's Social Care now receives regular queries from the school admissions service if they identify such possible arrangements through the forms received.

The information on Private Fostering on the London Borough of Hillingdon website and the LSCB website has been updated. The information leaflets for parents, professionals, carers and young people were updated. The Project Lead was being guided and supported by a newly formed Private Fostering Project Board and through this assistance the Project Lead developed the protocol, case workflow and case file audit systems. This project is still being monitored by the project board on a quarterly basis.

### iii. Child Sexual Exploitation

There is commitment of ownership to the Child Sexual Exploitation Prevention and Intervention Strategy from the highest level within all agencies in Hillingdon, the Chief Executive, lead member and elected members to ensure that all children are protected from child sexual exploitation (CSE). A CSE Prevention Manager has been in post since November 2014.

A London Borough of Hillingdon CSE Strategy was implemented in June 2015 and supported by Local Safeguarding Children's Board (LSCB) to ensure that individual agencies work effectively together to prevent CSE, intervene early when risks are identified, help, protect and support children who are being exploited and determinedly pursue the perpetrators. The Strategy aims to build on the pro-active multi-agency work which is already undertaken in Hillingdon by providing a framework for all professionals working with children and young people in the Borough to deliver a programme designed to raise awareness of CSE in age appropriate ways and provide young people with the appropriate life skills in order to prevent them becoming involved in sexual exploitation.

A CSE Action Plan has been incorporated into the CSE Strategy based around the 3Ps model: Prevention, Protection and Prosecution. This Action Plan identifies the work that will need to be progressed and clearly highlights responsibilities that have been agreed by the partner agencies. The Action Plan also includes a requirement to ensure that appropriate pathways and therapeutic support are available for those young people at risk of CSE.

New systems have been implemented to ensure CSE concerns can be registered and monitored. Information gathered in the community about CSE and statistical information provided by partners is now being recorded centrally. It is recognised that this database will need to be built upon to record a range of different data sets to include information in relation to sexual health, police prosecutions and children that go missing from school. The data information gathered is fed into the CSE Sub-Committee of the LSCB. Data currently available has formed a local profile where the trends and themes have enabled a preventive approach to the safeguarding of young people in the Borough as set out in the CSE Strategy.

Children and young people known to be at risk of CSE are tracked and reviewed at the monthly MASE meetings. MASE is chaired jointly by the Assistant Director of Safeguarding and Quality Assurance and a Detective Inspector from the Met Police and is attended by all partners. MASE is the driver for agreeing the appropriate operational activity to tackle CSE threats, linking in with other areas and providing information to inform problem profiles and Hillingdon Local Safeguarding Children's Board. The CSE prevention Manager is alerted to a CSE contact from MASH and all CSE risk assessments.

The LSCB has established a multi-agency Child Sexual Exploitation sub-committee, which includes other areas of concern such as missing children, trafficked children, FGM, radicalisation and serious youth violence and drugs. A number of key agencies including the Police, Children's Services, Education, Health, the voluntary sector and the Youth Offending Service are represented.

A recent internal audit of CSE has been rated as reasonable. Recommendations are:

- A comprehensive Victim Support Policy is being created which will contain post-trial support for victims, as well as witness support which are currently included in the Vulnerable Witness and Victim Strategy.
- A CSE process document which outlines the roles and responsibilities in relation to CSE as a whole process for all professionals.
- Police and CSC to share top 20 CSE risk cases data information, through MASE monthly meetings.
- MASE Tor to be updated to include named representatives and substitutes to attend in the absence of key members to ensure there is adequate representation from all agencies and teams.
- CSE Champions within CSC to be identified.
- A comprehensive information sharing document to be completed and shared with partner agencies to ensure safe and secure information sharing and data.



#### iv. Children who go missing from Care, Home and Education

The Department of Education's statutory guidance on children who run away or go missing from home or care advises that local authorities should have an agreed protocol for children and young people who go missing in their area and that this should be agreed and reviewed regularly with all agencies and be scrutinised by the LSCB.

A Missing Children Protocol document launched in May 2015, signed off by the LSCB, which details procedures which should be followed if a child is missing, including children/young people in care and children/young people missing from home. The document includes details in relation to the relevant legislation, roles and responsibilities, how to conduct return interviews with several appendices of the forms required to be completed as part of the missing child/young people process. Independent return interviews have been commissioned to NYAS and will begin in early April 2016.

The missing register is presented to SMT every week and quarterly to the CSE sub-committee for strategic oversight. A recently formed Missing Task and Finish group is reviewing the Joint Missing Protocol, roles and responsibilities of CSC. The CSE Prevention Manager is alerted to missing episodes from EDT, MASH and CSC. A quality assurance review of each missing episode takes place in consultation with the Team Manager and allocated social worker.

The current trend identified from missing strategy meeting information includes the following:

- The grooming process of being encouraged to use/sell drugs and alcohol
- Lack of appropriate parental supervision, guidance and boundaries
- Chaotic home life
- Asylum seekers
- Being unwilling to adhere to reasonable boundaries.
- Returning home past an agreed curfew time.

There is close working together with the virtual school teams, who attend the LAC reviews of young people. Information of missing children is also shared with the IRO and invitations to strategy meetings are sent. In addition, and as part of working together with MISPER Unit, information has been provided to all schools in Hillingdon regarding actions and reporting of a missing child.

## v. Female Genital Mutilation (FGM)

### Mandatory Reporting

The Serious Crime Act 2015 introduced the duty to report female genital mutilation. All regulated health and social care professionals and teachers are now required to report known cases of FGM in girls under 18 identified as part of their work to the police within 1 month.

### Local Multi-agency and Community approach

Tackling the issue of FGM locally and developing strategies to prevent, protect, identify and report FGM are progressed through established multi-agency forums which include the Local Safeguarding Children's Board, the Violence against Women and Girls Sub-group, the Sexual Violence and Public Health sub-group and the Domestic Violence Forum. Membership of these forums include Elected Members, colleagues from across Health (CNWL, Hillingdon Hospital, Public Health and GPs), Community Safety Partnership, Hestia, UK Border Agency (UKBA), Community Group representative and Children's and Adult's Social Care.

Each agency has a strategy for responding to FGM underpinned by the daily activity associated with their profession. Through the multi-agency forums agencies continue to share good practice and raise awareness.

### Awareness and training

Hillingdon LSCB provides training to all frontline staff across partner agencies. This includes an e-learning course 'Introduction to Safeguarding Children' which helps practitioners to understand the types of abuse and neglect a young person/child may experience, including domestic abuse, and FGM and how to identify the tell tale signs, how to respond professionally if you suspect a child is being abused and/or when a child/adult discloses abuse and how to develop reliable methods of keeping accurate records. This training is mandatory for all children's social workers.

A themed training session 'Understanding the Trauma and Psychological Impact of harmful Practices (honour based violence, forced marriage, FGM) is also available to all partner agencies including schools through the LSCB.

Children's Social Care has produced a FGM resource pack for frontline practitioners which is available to all children and young people's services staff, partner agencies and schools.

Some secondary schools have requested specific training from Public Health and information is provided through PSHE however this is not mandatory. The plan is for the Domestic Violence Education Officer who is located in the Safeguarding and Children's Service Improvement Service to include FGM in the Domestic Abuse training delivered to Colleges. This will commence April 2016.

Training on the subject of Domestic Abuse delivered by the Domestic Violence/VAWG Strategic/Lead Co-ordinator across the council includes FGM.

NHS England has produced specific training for health colleagues in identifying and reporting FGM. Health colleagues in CNWL, Hillingdon Hospital (GUM, Midwifery, A&E and Paediatrics), Health Visitors in Children's Centres and GPs have all received this training which is now included in induction and safeguarding training. Local Care Pathways for FGM are followed in local health settings with specific questions for practitioners to ask when seeing patients. Hillingdon has a named GP to refer cases of FGM to who is a member of the Hillingdon Sexual Violence and Public Health Sub-group.

There is established communication between the clinic and local community groups to raise awareness.

### **Heathrow**

There is a well established relationship between UKBA and Children's Social Care in preventing and deterring FGM through Operation Limelight. Social Workers assist Police, Border Agency and Home. The operation has been declared a success and forms part of an ongoing strategy to protect young women from FGM.

UKBA have delivered training to airline staff to identify possible signs of FGM and have processes in place to report concerns.

### **Reporting and Safeguarding Children**

All safeguarding training across the partnership includes FGM and the mandatory duty to report FGM. All reports of FGM to the Police will be passed to the dedicated FGM team in the MET.

Where a child or young person has suffered FGM the referral process into Children's Social Care is the same as for any other child abuse concern. The referral is made into the MASH and normal safeguarding procedures are followed.

## vi. Prevent

### Safeguarding children and young people at risk of radicalisation report for LSCB

Safeguarding those who might be vulnerable and at risk to radicalisation is part of the Prevent duty, as required under the Counter Terrorism and Security Act 2015.

In Hillingdon, we have been working in the following areas:

#### Partnership working

A local Prevent Partnership group has been in place in Hillingdon since 2008 and works together to develop and implement an annual and local Prevent action plan. This group has a broad membership from both within the Council departments and other local statutory services, including: police, probation, Uxbridge College, Brunel University, schools, mental health and adult services, community health, CCG, Hillingdon and Harefield hospitals, youth offending, children's services, LSCB and safeguarding.

Through this partnership, support and co-ordination of how each organisation is meeting their duties under Prevent are discussed alongside a shared risk assessment and an agreed proportionate approach for the borough.

This group meet quarterly and reports into the Strong and Active Communities Partnership which is a theme group of the local strategic partnership (LSP). Regular updates are also provided to the Safer Hillingdon Board and the LSP Executive as required.

Advice and support to partners is also provided by the Stronger Communities Manager as the Council's Prevent lead.

### Support for vulnerable individuals

The “Channel” process is established in Hillingdon, which consists of a multi-agency process for responding to identified risk and need, and in providing appropriate support to those individuals who are vulnerable.

Through the LSCB we are working collectively with partners to ensure that any safeguarding concerns are managed effectively and in a co-ordinated manner across all agencies.

Local guidance has been provided to partner organisations with regards to the Prevent duty, including how to respond and make referrals when there are concerns.

### Training and awareness raising

A programme of training for staff and other stakeholders in relation to Prevent is ongoing. The facilitation of these sessions has been accredited by the Home Office and delivered by the Stronger Communities Manager. These sessions are open to all Council staff as appropriate and to external partners, including schools.

Approximately 1500 staff from across the council and partner agencies, including schools have received this training since October 2014. Training is undertaken at the council as well as sessions undertaken within agencies venues.

Schools in particular have been increasing their demand for support, advice and training for staff, to ensure that they are able to meet the requirements of the new duty.



## Work with our communities

Engagement with the community is a key aspect of the Prevent work.

Hillingdon Inter Faith Network (HIFN) plays a key role in enabling us to work together with our faith communities in promoting greater understanding and strengthening relationships.

HIFN are a member of the Strong and Active Communities Partnership and there are a number of initiatives that have been developed in partnership with them. These include: the Annual Peace walk, Annual Inter Faith week events, Inter Faith workshops in schools and regular themed network meetings on community issues. We have also established an emergency response network of faith leaders, to support our management of any incidents or community concerns.

Through the Strong and Active Communities Partnership, a broader approach has been established to promoting community involvement, inclusion, access to local services and participation in learning, leisure, arts and culture underpin the aim of building stronger and more resilient communities.

## 10. Key Safeguarding Activities

### i. Early Intervention and Prevention

#### Description of service

Working with families who need our support so that they may develop the skills, knowledge and resilience required to be self-reliant and prosper. We do this by securing the following:

- Child and Family Development Services: Securing and providing a range of early learning, childcare and family development services delivered through early year's centres and children's centres;
- 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;
- 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

- 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.

### Progress on Safeguarding Priorities

- **Finalising of revised Early Intervention and Prevention Strategy 2016 - 2019:** A revised strategy has been drafted with further work required to ensure that the strategy is co-designed by, and embedded across the partnership.
- **Embedding structural changes within the service:** As previously referenced good progress has been made with all new divisions of service now in place.
- **Full roll-out and embedding of the lead professional, early help assessment (EHA) and team around the family (TAF) process across the partnership:** Good progress is being made with increasing adoption of the lead professional role and application of EHA and TAF by partners.
- **Refining processes for identifying and targeting families in need of early help:** Processes have been refined with progress including a review of the EHA tool. Further work is required at both an operational and strategic level to strengthen these processes.
- **Progressing service development and partnership activity in order to deliver outcome requirements of the extended Troubled Families programme:** Progress continues to be made to transform collaborative work in support of families within the terms of reference of the Troubled Families programme. Progress includes strengthening the use of data analysis to identify families in need of support, developing cross service communication in response to the needs of 'troubled families' and increasing the application of a 'one family, one lead professional, one plan' approach across agencies.

### Priorities for 2016/17

- Finalising and implementing the Early intervention and Prevention Strategy 2016 - 2019 with partners;
- Fully embedding structural changes within the service;
- Leading a process for ensuring the lead professional, early help assessment and team around the families processes are consistently applied by all partners;
- Continuing to progress service development and partnership activity in order to deliver outcome requirements of the extended Troubled Families programme.

## Good news stories

- Good and outstanding judgements secured by Oak Farm Children's Centre and Nestles Avenue and Uxbridge Early Years Centres;
- Over 100 vulnerable children and young people received records of achievement at a celebration event in December 2015 in recognition of their progress and learning through participation in targeted programmes;
- MOPAC funding secured to introduce a new, innovative and interactive theatre and group work-based learning package for secondary schools to enable exploration of pupil attitudes and concerns regarding serious youth violence and knife crime, through a participative drama production and facilitated discussion groups.
- Youth Offending Service Community Representatives winning the Hillingdon Volunteer Team Award in recognition of their role in reducing re-offending and ensuring that young offenders are aware of the impact of their actions on victims and the community in general;
- Resident commendation of the Restorative Justice work of Youth Offending Services;
- 110% increase in application of Team around the Family; and
- 20% increase in use of Early Help Assessment

Hillingdon LSCB have committed to overseeing the implementation of the Early Intervention and Prevention Service to ensure that an Early Intervention and Prevention Strategy is developed and implemented across partner agencies. This is listed as a Board priority for 2016/17.

### ii. Multi Agency Safeguarding Hub (MASH)

The MASH provides the gateway to secure safeguarding services for children in Hillingdon. This multi-agency triage service supports the children's workforce in delivering effective early help and safeguarding intervention for vulnerable children and families.

The MASH is made up of professionals from across the children's workforce and each member of the team is able to use their shared knowledge, skills and networks to ensure that children and families have access to the right services at the right time.

An example of good practice is a visit from Steve Rimmer, Home Office Lead for Crime & Police, to the MASH in February 2016 who noted the following:

- Strong, knowledgeable LA leadership
- Impressive range of partner agencies (other than adult mental health)
- Good metrics underpinning a clear straightforward operating model
- High levels of confidence in the quality and sustainability of early interventions, enabling significant shifts in caseload away from CPPs and S.47s, while overall contacts remain high
- Clear authority from MASH to individual agencies (including at management levels) in terms of decision-taking

The previous LSCB report noted from CYPS that in August 2014 the level of risk in the Children's Social Work Teams was deemed to be unacceptably high. The recovery actions have successfully stabilised the service and the focus going forward will be on improving the quality of practice.



### iii. Corporate Parenting, Children's Rights and Participation

Corporate Parents, which include elected Members, managers and staff in the Children and Young People's Services and its partners, are committed to children's rights and the participation of looked after children and young people and care leavers, in decisions which affect their lives. Our vision as corporate parents is that we will have children and young people at the heart of what we do - involving them in designing, monitoring and reviewing services.

All Looked After Children are consulted about their placement and experiences of being in care, including their health and education, throughout their time in care, Social workers meet with them regularly to seek their views, carers (foster carers or residential staff) are required to discuss and involve children in decision making on a day to day basis; and there is a more formal consultation process that takes place in advance of their LAC Reviews, which includes the Independent Reviewing Officer (IRO) who chairs the Review meeting arranging a time to see the child on their own in preparation for their review.

There are currently three groups that make up the Children in Care Council (CICC) in Hillingdon, each of these groups meet a minimum of once a month with the Participation and the Children's Rights Officers facilitating the groups with the support of Care Leavers.

- **Talkers:** (for 7 to 11 year olds) The sessions are based around fun, creative activities. It is an opportunity for looked after children to come together, meet with other children like themselves; this group took an active part in contributing to the Welcome Pack for children in foster care.
- **Step Up:** (aged 12-15 years) This group aims to be fun; thought provoking for young people and project based. Giving them opportunities to hear about and be consulted re new developments in Hillingdon Children Services.
- **Stepping Out** (16 plus and care leavers) This was a newly formed breakaway group as a decision was made to split the Step Up Group into younger and older as it was difficult for the older talkers to move up to Step Up with so many older young people and care leavers. This has enabled this group to focus more on issues relating to leaving care, training and service developments.

Children and young people from the older groups are trained to deliver training to other children and staff in Hillingdon and get involved in staff recruitment. They also have representation and take an active part in the Corporate Parenting Board meetings with Members and senior officers.

Staff from the Children's Rights and Participation Service regularly engage with foster carers, visit Children's Homes and Semi independent provision meetings with children and young people to get them involved in projects and checking they are happy and feel safe where they are living; where appropriate helping them to access Hillingdon's commissioned independent advocacy service, NYAS who provide individual support to Looked After Children to get their voices heard.

During 2015/16 there have been a range of projects and activities supported and promoted by the Working Groups of the Corporate Parenting Board in consultation with the CICC and facilitated by the Children's Rights and Participation Team to improve outcomes for looked after children. Such as the Care Leavers Conference in June, The Kids in Care Awards 2015, a new looked after children's information pack and we are about to launch a new consultation process 'My Review' to enhance gathering the wishes and feelings of children about being in care.

#### iv. Allegations against professionals

##### LADO Role

All organisations that provide services to children, or provide staff or volunteers to work with or care for children should operate a procedure for managing allegations that are consistent with:

- Working Together to Safeguard Children 2015
- Section 11 Children Act 2004 and Section 175 Education Act 2002 – duties on organisations and individuals to safeguard and promote the welfare of children.
- Keeping Children Safe in Education 2015
- London Local Safeguarding Children Board Child Protection Procedures, Chapter 7.

##### Responsibilities

- Prevent unsuitable people working/ volunteering with children and young people
- Promote safe practice and challenge poor and unsafe practice
- Identify instances in which there are grounds for concern about a child's welfare and take appropriate action to keep them safe
- Contribute to effective partnership working between all those involved with providing services for children and young people

## LADO Threshold

A person who works with children is alleged to have:

- Behaved in a way that has harmed or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicated they may pose a risk to children.

## Types of professional referred

- The largest cohort of staff being referred to the LADO is school staff. Schools are a universal service and have the most contact with young people, which is reflected in the referral rate– 61%.
- The second largest cohorts being referred are foster carers with 20%. There are complex reasons as to why some young people, make allegations against foster carer which are unfounded, often due to their own previously emotionally distressing circumstances.
- The third largest cohorts are passenger assistants and drivers of children with additional needs – 10%. This is concerning as these young people are often very vulnerable, with no verbal communication, hence why their support staff need to be outstanding.

## Threads of Investigation/Hillingdon Percentages

- Allegations Against Professionals – 29%. A meeting is held between the LADO, Social Care and the employer to decide next steps.
- LADO Strategy Meeting – 27%. A meeting is held between the LADO, Social Care, Police and the Employer to decide next steps.
- Internal Investigation – 18%. The referral does not meet the LADO threshold but there is a concern surrounding the subject of the allegation's conduct. The employer carries out an Internal Investigation and forwards the outcome to the LADO.
- Information – 20%. There is a concern raised that the LADO will keep on record should any future issues arise.
- Historical – 6%. Agencies requesting information about previous investigations/concerns raised.

## Types of Outcomes and Hillingdon Percentages

### Substantiated – 29%

This is an allegation that is supported or established by evidence or proof. The employer must consult the LADO to discuss whether a referral should be made to the DBS and/or to a professional or regulatory body.

### Unsubstantiated – 20%

An unsubstantiated allegation means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence. Where there is insufficient evidence to substantiate an allegation the employer must consider what further action, if any, must be taken.

### Unfounded – 4%

The term ‘unfounded’ means that there is no evidence or proper basis which supports the allegation being made and there is evidence to prove that the allegation is untrue. It might indicate that the person making the allegation had misinterpreted the incident or was mistaken about what s/he saw or was not aware of all the circumstances

### False allegations - 2%

The employer, in consultation with the LADO, must refer the matter to Children’s Social Care to determine whether the child is in need of services or may have been abused by someone else.

### Ongoing - 29%

Ongoing investigations that are still live and have not yet reached a conclusion.

### Information Only - 16%

Partner agencies will ask for information about historical allegations or schools and organisations will contact the LADO for case discussion and for advice about how to manage staff related incidences that do not meet the LADO threshold.



## Malicious – 0%

For an allegation to be classified as malicious, it will be necessary to have evidence to prove the intention to cause harm. Care should be taken in dealing with such allegations as some facts may not be wholly untrue. Some parts of an allegation may have been fabricated or exaggerated but elements may be based on truth. Children rarely fabricate an allegation. In cases that are deemed malicious, employers should work with the child to discover what was behind the allegation and seek further support for the child from other agencies as considered appropriate.

## Categories of Abuse/Percentage of Referrals in Hillingdon

- Physical Abuse e.g. kicking, hitting, spitting, throwing a missile, using weapons (belt, shoe, ruler) – 37%
- Sexual Abuse e.g. possession of indecent or abusive images, grooming, misuse of power, power imbalance -10%
- Emotional Abuse e.g. persistent sarcasm, belittling children, creating a climate of fear - 6%
- Neglect e.g. inadequate supervision, inadequate care - 0%
- Conduct e.g. where there is no allegation against a specific child but there are concerns about the suitability of an individual to be working with children – 31%
- Information - information about historical allegations or schools and organisations will contact the LADO for case discussion and for advice about how to manage staff related incidences that do not meet the LADO threshold - 16%

## Observations

- 29% of referrals are substantiated and this is likely to increase as 29% are currently still ongoing, which demonstrates that wider agencies have a good understanding of what the LADO role is and when to refer on.
- The majority of referrers are school staff concerned about personnel within their school, again suggesting that schools have a good understanding of the LADO Threshold and when to act.
- There is good attendance/engagement at the Safeguarding Cluster Meetings for schools.
- There is evidence of good attendance at LADO Meetings from multi-agency professionals including Police, Health, Social Care and school settings.

## Next Steps

- To roll out LADO awareness training to other partner agencies including voluntary sectors and all London Borough of Hillingdon's Foster Carers.
- To market/advertise the LADO Service to a wider audience.
- To build upon the existing recording systems to ensure there is a robust mechanism for storing all LADO information.
- To ensure that the Child Protection Lead for Schools and the Domestic Abuse Lead for Schools roles are working in alignment with the LADO function, to create a service that is time responsive, instils confidence in partner agencies and has demonstrable positive outcomes for children and young people whilst being sensitive to the needs of the Subject of the allegation.

## 11. Participation & Engagement

Following on from the publication of the communication strategy, the Board has continued to develop its public profile. The quarterly e-bulletin continues to be circulated to partner agencies and topics for articles and good news stories are requested of board members. The Board continue to use Twitter (@hillington\_lscb) as a log of highlighting activities and responses to news alerts.

A group of young people have completed a 'secret shopper' exercise relating to CAMHS services for young people. Once the report has been written, this will be fed back to the Board for action.

In order to ask children and young people what made them feel safe in Hillingdon and what made them feel unsafe, the schools Child Protection Officer led an exercise in primary and secondary schools. This information was presented to the Operational Board who requested that this exercise be rolled out across schools in Hillingdon. The main concern for young people was street lights and groups of other young people.

Hillingdon has also taken part in the DFE campaign 'Together we can tackle Child Abuse' which aims to encourage the public to report cases they are concerned about. The Board acted as a lead within the local authority to ensure that front line services were aware of the possible increase in referrals and that our communications team were briefed. This campaign is proving to be a success with adverts on radio and posters at bus stops.

The Board have recruited a care leaver as a lay member for the Children's Board. We hope this will encourage the voice of the child to be heard and to focus the work of the Board. This is a new appointment and therefore I hope to report on the progress of this role in the next Annual Report.

The Board continues to find ways of improving public awareness of safeguarding issues and of the Board and therefore we are developing a new website that will be easier to navigate and provide more information to children, young people, the public and professionals.

2015/2016 has seen an increased engagement with Hillingdon Library service, with libraries being used as a distribution point for awareness raising material including leaflets for families and carers in respect of private fostering.



## 12. LSCB Sub-Committees

### i. Performance & Quality Assurance

The focus this past year has been on strengthening the governance arrangements to enable the Board to properly scrutinise the work of the partnership and ensure that, when it comes to performance and quality, there is sufficient transparency across the partnership so that priorities and risks can be identified and addressed. The Performance & Quality Sub-Committee comprises key agencies across the partnership. The role of the sub-committee is to promote high standards of safeguarding work; foster a culture of continuous improvement and ultimately to provide assurance to the LSCB Executive Board.

Key items of work in progress include:

- Developing the 'Performance Web' - a structured and meaningful report aligned to the key priorities of the Executive Board. The Performance Web provides an opportunity for the Board to ask the pertinent questions in relation to how performance is being managed and the key targets the partnership needs to achieve. This includes developing an understanding of the cohorts of children and families we are working with, who are we trying to safeguard, measuring the quality of the services we provide, the difference we have made and what 'good' looks like. The web allows the partnership to align these questions with the specific measures that will enable the Board to test the effectiveness of what is done.
- Building transparency across the partnership - the partnership is moving from providing performance reports on single agencies to providing a performance report that covers the partnership as a whole. In the same way as positive practice is often underpinned by organisations working well together, so too are findings that service failure often involve more than one partner. Building transparency across the partnership to ensure key risks can be identified and avoided is therefore a key driver.
- Challenging and driving service improvement - whilst providing meaningful analysis and tracking progress are essential, it is just one part of effective performance management. Equally important are the tangible actions that partners, alone and in collaboration, will take to improve practice. Where warranted, the taking forward of these actions will be driven by task and finish groups with areas of immediate focus including scrutinising underlying reasons for re-referrals to establish key patterns and testing the arrangements for identifying children missing and children missing education. With this approach, the role of the sub-committee will be as much to identify emerging issues and possible future priorities, as well as dealing with the immediate work programme.

## ii. Learning & Development

### Training Subgroup

The focus of the learning and development subgroup has developed this year to wider its role to include representatives from the Safeguarding Children and Safeguarding Adults Board. The new joint subgroup is in its infancy, with Terms of Reference having been drafted and membership being reviewed. The role of the sub-committee is to promote high standards of safeguarding by ensuring that training opportunities are provided and learning and development from serious case reviews and other safeguarding activities are shared. The subgroup is chaired by LSCB training and quality assurance officer, who is also a substantive member of the Pan London LSCB training subgroup enabling sharing of skills and knowledge from across London to inform learning and development in Hillingdon.

Key items of work for the LSCB Learning and Development subgroup include:

- Development and review of the Learning and Improvement Framework
- Development of training needs analysis to inform training programme

## iii. Case Reviews

The case review sub-committee has been arranged in order to review serious case reviews, safeguarding adult reviews and Domestic Homicide reviews, and to ensure what learning is embedded and cascaded into the children and adult services. The sub-committee has representatives from both adult and children services, as learning needs to be disseminated across both service areas.

The sub-committee has met to draw up terms of reference and agree membership. We currently have four serious case reviews, two domestic homicide reviews and two safeguarding adult reviews. Once these have been completed the recommendations will be tracked through the case review sub-committee. Regular reports will then be reported to the Executive Board of both the LSCB and SAB.

#### iv. Child Sexual Exploitation

The CSE Sub-Committee was originally formed as a task and finish group, but due to the high priority placed on CSE within the LSCB, it is now a substantive sub-committee that reports directly to the Operational Board. The sub-committee has a robust action plan based on the model of Prevention, Protection and Prosecution.

Its key functions are:

- Scope the scale of the problem within Hillingdon by collecting and monitoring local data
- Share responsibility among members for the coordination and delivery of the CSE action plan
- Report to LSCB on progress, highlighting any specific barriers or areas of risk within the implementation of the action plan
- Raise awareness of sexual exploitation, missing, trafficked and gang related children/young people within agencies and communities
- Encourage the reporting of concerns about sexual exploitation, missing, trafficked and gang related children/young people
- Support the identification of training and awareness needs
- Disseminate guidance and examples of good practice

Its aim for 2016/17 is to ensure that the CSE prevention and intervention strategy is embedded into practice to ensure the risk to young people is reduced.

#### v. Child Death Overview Panel (CDOP)

Since April 2008, LSCBs in England have had a statutory responsibility for the child death review process.

The Hillingdon and Ealing joint CDOP receive notifications of the deaths of all children from birth to 18 years. Notifications are usually received from the Hospital or Police.

The CDOP review specified child deaths, drawing on comprehensive information from all agencies on the circumstances of each child's death. Particular consideration is given to the review of sudden unexpected deaths in infancy and childhood; accidental deaths; deaths related to maltreatment; suicides and deaths from natural causes where there are lessons to be learnt.

From April 2015 to April 2016, Hillingdon CDOP received 25 referrals relating to child deaths, of these, 2 were unexpected deaths and 1 led to a serious case review. Hillingdon CDOP also led the Safer Sleeping in Infants Integrated Care Pathway awareness campaign. This campaign highlighted concerns of parents co-sleeping with their babies which had resulted in a number of deaths. Dr Jide Menakaya, Paediatric Consultant at the Hillingdon Hospital, became the project lead. A multi-agency conference was held for professionals and information stands have been set up in Hillingdon Hospital and clinics to raise awareness to parents of how dangerous it can be to have their baby sleeping in the same bed as themselves.

April 2016 also saw the retirement of Carol Hamilton, the CDOP Manager for Hillingdon and Ealing. Both Ealing and Hillingdon LSCB need to look at the CDOP provision within the next year in light of Carol's retirement but also following recommendations from the current national CDOP review.

#### **vi. Joint Safeguarding of Children and Vulnerable Adults arriving through Heathrow Airport**

This sub-committee is unique to the Hillingdon LSCB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport and the LA. Operations at Heathrow remain a priority for children's social care who support Border Force Officers in preventing child trafficking and potential victims of FGM being taken out of and returning to the UK.

Members of the asylum intake team and MASH delivered training with Border Force to British Airways crew to raise awareness of safeguarding concerns and how to report them. This was a highly successful event and hopefully will be rolled out across other airlines.

The sub-committee now includes information regarding vulnerable adults travelling through the airport and therefore we have representatives from adult services.

### 13. Board Priorities for 2016/17

Strategic Priority	What does this mean?	Actions
<p><b>To ensure that there are effective arrangements across agencies to respond to early signs of neglect, including risks to unborn babies</b></p>	<p>The definition of neglect that the Board will work to is that contained in the statutory guidance; Working Together to Safeguard Children (2013).</p> <p>Neglect often takes place in environments in which one or more of the following issues is apparent within the family unit:</p> <ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• Drug/alcohol abuse</li> <li>• Mental Health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a multi-agency neglect strategy owned by all partner agencies</li> <li>• To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention.</li> <li>• Ensure the effectiveness of service provision through key performance indicators, for example, a reduction in the number of children subject to a child protection plan under the category of neglect and length of time of plan.</li> <li>• Ensure the Early Help &amp; Early Intervention programme is used appropriately in the early recognition and identification of neglect.</li> </ul>
<p><b>To ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare</b></p>	<p>We need to recognise that children and young people may face many risks. These could include:</p> <ul style="list-style-type: none"> <li>• Child Sexual Exploitation</li> <li>• Exploitation through the internet</li> <li>• Children missing from Care, Home and Education</li> <li>• Domestic Violence</li> <li>• Radicalisation</li> <li>• Female Genital Mutilation</li> <li>• Targeted Youth Violence</li> <li>• Drug Abuse</li> <li>• Trafficking</li> <li>• Force Marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that Task &amp; Finish groups are established where it is identified through local intelligence, or national trends, that targeted action needs to take place to reduce the risk to children and young people.</li> <li>• Ensure that young people are consulted in order that any preventative interventions are meaningful to them.</li> <li>• Ensure preventative measures are directed at young people in order to raise their awareness and more importantly what they can do to protect themselves.</li> <li>• That local strategic plans are regularly reviewed and embedded into local practice.</li> <li>• Partners share a common understanding of risks to children and young people via training.</li> </ul>



Strategic Priority	What does this mean?	Actions
<p><b>To oversee the implementation of the Early Help &amp; Early Intervention programme in Hillingdon</b></p>	<p>To ensure that children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise.</p> <p>The Board will oversee the development of an Early Help/Intervention strategy engaging all partners.</p>	<ul style="list-style-type: none"> <li>• To ensure an Early Help and Intervention strategy is developed and implemented across partner agencies.</li> <li>• Agree key performance indicators that can be measured against the strategy.</li> <li>• The Board to be satisfied with the Governance arrangements for the Early Help and Early Intervention programme.</li> </ul>
<p><b>To ensure that Hillingdon LSCB can evidence the effectiveness of single agency and multi-agency safeguarding arrangements to satisfy ourselves that risks to children and young people are identified early in order to protect them from harm</b></p>	<p>The Hillingdon LSCB is committed to challenging partner agencies to ensure that the Board can be satisfied that children and young people are safe in Hillingdon.</p> <p>The Board is committed to listening to the 'voice of the child' in order to learn lessons from practice and to challenge existing practice where necessary.</p> <p>The Board needs to be satisfied that all children and young people are seen, heard and helped; with the public and professionals being alert to risks posed to children and young people and how to report this when necessary.</p>	<ul style="list-style-type: none"> <li>• Effective auditing and quality assurance of partners practice.</li> <li>• Effective single agency and multi-agency training across all agencies and organisations involved in safeguarding children.</li> <li>• Monitoring and analysis of the LSCB Performance Web and the Board to effectively challenge.</li> <li>• Strong governance arrangements across all partner agencies.</li> <li>• An environment in which robust challenge is the norm.</li> <li>• A clear engagement strategy ensuring the voice of the child is heard.</li> <li>• An effective Board improvement plan that is regularly monitored at the Board.</li> </ul>

## 14. Conclusion

2015-2016 has been a very busy year for the LSCB, with the development of the business unit and prioritising a training and quality assurance programme. It is hoped that this report has provided you with reassurance of the effectiveness of local arrangements to safeguard and promote the welfare of children in Hillingdon.

This report demonstrates that safeguarding activity is progressing well and that Hillingdon LSCB has clear agreement on the strategic priorities achieved and what actions need to be taken forward over the coming year. The LSCB is aware of, and working to fulfil, its statutory functions under Working Together to Safeguard Children 2015.

Agency reports in Appendix 3 demonstrate that statutory and non statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

The Board has, throughout the year, begun a programme that has monitored, quality assured and evaluated the quality of services within Hillingdon, and this programme of robust auditing analysis and challenge will continue to ensure that children and young people remain safe.





## Appendix 1 - Glossary

Acronym	Meaning
CAMHS	Child & Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Children in Need
CNWL	Central & North West London
CPP's	Child Protection Plans
CSE	Child Sexual Exploitation
CSU	Community Safety Unit
CYPS	Children & Young Persons Service
DFE	Department for Education
ECPAT	End Child Prostitution, Child Pornography & Trafficking of Children for Sexual purposes
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
L&D	Learning & Development
LAC	Looked After Child
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MASE	Multi Agency Sexual Exploitation
MASH	Multi Agency Safeguarding Hub
MISPER	Missing Person
MPS	Metropolitan Police Service
Section 47	Child Protection Investigation

## Appendix 2 - LSCB Budget

### Income 2015/2016

London Borough of Hillingdon	£198,500
NHS	£62,800
Contributions from outside partners	£29,550
<b>Total</b>	<b>£290,850</b>

### Outgoings 2015/2016

Staffing	£200,300
Non-Staffing	£51,100
Training	£13,000
Licenses	£9,000
SCR	£25,000
Chairman	£33,000
<b>Total</b>	<b>£331,400</b>

**Variance: £40,550 overspend**

## Individual Agency Contribution

### Appendix 3 - CCG

Name of agency	<b>NHS Hillingdon Clinical Commissioning Group (CCG)</b>
Description of service	<p>NHS 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. One of the advantages of being a clinically led organisation is that the CCG is in the unique position of being able to take account of the experience of patients who are best placed as service users, to know the right services for the area and can comment objectively when new services are commissioned.</p> <p>The CCG ensures that Safeguarding is included in all of the services from which it commissions health services. and requires and obtains assurance from all Provider organisations that they are meeting safeguarding requirements.</p> <p>Safeguarding forms part of the NHS contract.</p>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>Level 1 – 95%</p> <p>Level 2 – 100%</p> <p>Level 3 – 100%</p> <p>Level 4/5 – 100%</p> <p>PREVENT (WRAP) – 90%</p>
Regulator inspection in reporting period and outcomes	<p>No inspections have taken place, however the CCG has been involved in 2 Safeguarding (Children and Adults) audits. Both audits are common to the CCGs in London.</p> <ol style="list-style-type: none"> <li>1. Baker Tilly – Good outcome with recommendations to share best practice regarding our safeguarding children Leaflet and Supervision across our Federation of CCGs</li> <li>2. NHS England ( London region) Deep Dive – 4 components were reviewed: <ol style="list-style-type: none"> <li>a) Governance/Systems/Processes – Assured as Good</li> <li>b) Capacity Levels in CCG – Assured as Good</li> <li>c) Assurance – Assured as Good</li> <li>d) Workforce – limited Assurance – This component reviewed training for both Children and Adults. It was noted that safeguarding children training figures/percentages have not been recorded in the audit. The numbers/percentages for</li> </ol> </li> </ol>

	<p>adult training is relatively low. Safeguarding Training will continue to be a priority for the CCG and an action plan is currently being developed to reflect this.</p> <p>The CCG is also involved in quarterly Assurance meetings with NHS England (London Region) during which the Health economy Safeguarding concerns e.g. Serious Case Reviews, Domestic Homicide Reviews and any gaps in service provisions, are discussed and action plans reviewed.</p> <p>The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations and will interrogate and review any irregularities.</p>
Challenges in the reporting period	<p>Child Protection Information System (CP-IS) has proved to be challenging for unscheduled care providers.</p> <p>The provision of information for the 2 Domestic Homicide Reviews (DHRs)</p> <p>Completion of a GP Section 11 audit</p>
Progress on safeguarding priorities in the reporting period	<p>All Provider Trusts have systems and processes in place for Safeguarding Supervision for relevant staff.</p> <p>Safeguarding Children Training has been updated to include Child Sexual exploitation (CSE); Female Genital Mutilation (FGM) and PREVENT. Domestic Abuse is already included.</p> <p>We continue to encourage recording and reporting of Interventions with victims of Domestic Abuse and a plan is in place to make this a regular norm.</p> <p>See good practice examples.</p> <p>Safeguarding Children profile continues to be raised within the CCG</p> <p>The CCG is represented on the LSCB (executive and operational) and LSCB subgroups, key pan Hillingdon groups as well as relevant patch, regional, pan London and national groups</p>
Safeguarding priorities for 2015/16	<p>Safeguarding Training – maintain and update single and multi-agency training (including specific training for Commissioners)</p> <p>Engagement of all Primary Care staff</p> <p>Continue GP Section 11 Audit – collating, reporting and bridging any gaps</p> <p>Engagement and participation with the North West London</p>

	<p>proposal for a local Sexual Abuse Referral Centre (SARC) for children.</p> <p>Participation in the development of a North West London CCGs Safeguarding (Children) Health Outcomes Framework (SHOF)</p> <p>To encourage recording and reporting of interventions with victims of : Domestic Abuse; CSE and FGM</p> <p>Continue to seek assurance from Provider organisations as regards Safeguarding requirements, arrangements and priorities</p>
Good news stories	<p>Links have now been made between GP sub groups and GP networks with Managers from the Multi Agency Safeguarding Hub (MASH); Child Sexual Exploitation (CSE) and the Children’s Early Intervention Team. This has led to improved communication/referrals when children, young people and their families are identified and in need of services from Children’s Social Care.</p> <p>We have now included High Street Dentists in our Level 2 training with good uptake.</p>
Good practice examples	<p>Information regarding Child Sexual Exploitation; Domestic Abuse; Female Genital Mutilation; Prevent updated and added to the CCG’s Safeguarding Children page on the extranet and cascaded to all staff.</p> <p>New CCG Prevent Policy and updated Safeguarding Children Commissioning Organisation Policy approved by the CCG Board and added to extranet.</p> <p>All of the above and other Safeguarding Children information cascaded to staff via CCG newsletter</p>
Any other comments	<p>Safeguarding Children is now a standing agenda item at all Contract Quality Monitoring and Quality, Safety and Clinical Risk meetings.</p>



## Appendix 4 - CNWL

Name of agency	<b>Central and North West London NHS Foundation Trust</b>
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. 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><b>Level 1:</b> All staff including non-clinical managers and staff working in health care settings <b>(93%)</b></p> <p><b>Level 2:</b> Minimum level required for non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers <b>(94%)</b></p> <p><b>Level 3:</b> 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 <b>(circa 89% - CNWL not able to retrieve all registers for staff attending LSCB level 3 training)</b></p>
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	<p>LSCB Level 1 Introduction- not accessed by CNWL staff</p> <p>LSCB Level 3- The LSCB offered Working Together Initial and Refresher courses until March 2015 and they recommenced in September 2015. CNWL kept their staff up to date with their level 3 training during this period by providing in-house courses that were multi-disciplinary.</p> <p>CSE awareness- this course has been well advertised and a good number have attended.</p> <p>DV- domestic violence is covered in-house as part of all level 1 and 3 training in CNWL. Staff are also able to access DV training via the LSCB although the LSCB training department are unable to provide registers of attendance to CNWL.</p> <p>FGM- The Home Office online course FGM awareness was sent out to staff and feedback was very positive.</p> <p>CAMHS staff have an annual update at Level 3 as required. For the year 2015/16 these sessions will cover a number of key areas:</p> <ul style="list-style-type: none"> <li>• Domestic Violence and Routine Questioning</li> <li>• FGM</li> <li>• Learning from Serious Case Reviews/Learning Lessons Reviews</li> <li>• Sexual Exploitation</li> </ul>

	<ul style="list-style-type: none"> <li>• Neglect</li> <li>• PREVENT</li> </ul>																																
Regulator inspection in reporting period and outcomes	<p>The CQC inspected CNWL in February 2015, the results from this inspection showed that overall CNWL is safe but ‘requires improvement’. In forming the overall rating, 18 different specialty reports were compiled which were aggregated up to provide an overall rating for the Trust. All our <u>Children’s Services</u> within the Trust, including Hillingdon, were rated as ‘good.’ The rating for all the Hillingdon services provided in CNWL are detailed below:</p> <table border="1"> <thead> <tr> <th>Service</th> <th>Type</th> <th>Overall Trust Rating</th> <th>Local Hillingdon Provision</th> </tr> </thead> <tbody> <tr> <td>Community health services</td> <td>Inpatient services</td> <td>Good</td> <td>Hawthorne Intermediate Care Unit, Woodlands</td> </tr> <tr> <td>Community health services</td> <td>Children, young people and families</td> <td>Good</td> <td>Multiple Hillingdon sites</td> </tr> <tr> <td>Community health services</td> <td>Adults</td> <td>Good</td> <td>Multiple Hillingdon sites/home care</td> </tr> <tr> <td>Community health services</td> <td>End of life care</td> <td>Good</td> <td>Multiple Hillingdon sites/home care</td> </tr> <tr> <td>Community health services</td> <td>Community Dental Services</td> <td>Good</td> <td>Uxbridge and Ickenham</td> </tr> <tr> <td>Community health services</td> <td>Community Sexual Health Services</td> <td>Outstanding</td> <td>Uxbridge/Hesa</td> </tr> <tr> <td>Mental health services</td> <td>Acute wards for adults of working age and Psychiatric Intensive Care Units</td> <td>Inadequate</td> <td>Riverside Mental Health Centre</td> </tr> </tbody> </table>	Service	Type	Overall Trust Rating	Local Hillingdon Provision	Community health services	Inpatient services	Good	Hawthorne Intermediate Care Unit, Woodlands	Community health services	Children, young people and families	Good	Multiple Hillingdon sites	Community health services	Adults	Good	Multiple Hillingdon sites/home care	Community health services	End of life care	Good	Multiple Hillingdon sites/home care	Community health services	Community Dental Services	Good	Uxbridge and Ickenham	Community health services	Community Sexual Health Services	Outstanding	Uxbridge/Hesa	Mental health services	Acute wards for adults of working age and Psychiatric Intensive Care Units	Inadequate	Riverside Mental Health Centre
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	Mental health services	Long stay rehabilitation mental health ward for working age adults	Good	2 Colham Road
	Mental health services	Wards for older people with mental health problems	Requires Improvement	Oaktree Ward, Woodlands
	Mental health services	Community based mental health services for adults of working age	Requires Improvement	Pembroke Centre, Mead House, Mill House
	Mental health services	Crisis services and health based places of safety	Good	Riverside Mental Health Centre
	Mental health services	Community based mental health services for older people	Good	Woodlands
	Mental health services	Specialist community mental health services for children and young people	Good	Redford Way
	Mental health services	Community mental health services for	Good	LBH/Riverside (not inspected)

		people with learning disabilities		
	Mental health services	Community substance misuse services	Not rated	HDAS, Uxbridge
<p>As a result of the rating, the Trust was required to implement a number of 'must do' actions to provide assurance to the CQC of compliance. One of the areas requiring significant work related to CNWL's Adult MH inpatient services, which were rated as inadequate. The main factor which determined this rating was the over-occupation of many of our wards due to the significant pressure on MH beds across the organisation which impacted on both patient experience and safety.</p> <p>Over the last year, significant work has taken place to reduce bed occupancy including Trust-wide bed management process, improved discharge planning, reduction in length of stay and use of beds outside of the Trust to assist in management of peaks in demand. Whilst this still remains challenging both locally and nationally, significant improvements have been made.</p> <p>Following implementation of all of the 'must do' actions required by the CQC, the Trust is now declaring full compliance with all CQC standards.</p> <p>As part of our on-going focus on safety and quality, CNWL undertakes regular internal peer reviews, which involve multidisciplinary teams inspecting other services to ensure all services are safe and effective.</p> <p>In addition, in November 2015, CNWL carried out a Trust-wide Quality Inspection of all services involving internal staff, patients, carers, commissioners and other external stakeholders. This provided a transparent framework to review our services and enable learning across all parts of the organisation.</p>				
Challenges in the reporting period	<p><u>Workforce</u> On-going challenges in relation to retaining specialist children's/CAMHs workforce in the context of demand outstripping supply.</p> <p><u>Finances</u> Increasing financial pressures</p>			

	<p><u>Increasing Demand</u></p> <p>Demographic pressures – year on year increase in the number of children in the borough with no corresponding increases in resources to match this.</p>
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> <li>• <i>Review of safeguarding children arrangements in Divisional structures, particularly for Mental Health &amp; Allied Specialties and Sexual Health Services.</i> This was completed, there are safeguarding groups in each division that feed into the trustwide CNWL safeguarding group.</li> <li>• <i>Review of Prevent training for children’s workforce.</i> CNWL are promoting Prevent training and new trainers have been identified and WRAP trained.</li> <li>• <i>Complete actions arising from the review of Savile Reports.</i> The Volunteering Policy was ratified in 2015 and provides explicit guidance with regard to supervising volunteers and how safer recruitment principles apply to volunteers.</li> <li>• <i>All Health Care Professionals working directly with children, from birth to 18 years of age, will have access to safeguarding children supervision-</i> completed. All staff working directly with children will receive safeguarding children supervision every 3 months as a minimum. Completed, 95-100% children’s services staff have received supervision every 3 months.</li> <li>• All CAMHS staff have monthly formal supervision and have weekly team supervision. There are now supervision groups on Safeguarding in each Borough run by the Safeguarding Nurse Advisor and a social worker in each borough.</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> Audits undertaken in Hillingdon in 2015-2016: 1. Child Protection and Voice of the Child: Are they reflected in children’s records? 2. Is training well embedded? A small scale study.</li> </ul>
Safeguarding priorities for 2016/17	<ol style="list-style-type: none"> <li>1. Focus on embedding learning from incidents, management reviews and serious case reviews</li> <li>2. Mental health/substance misuse</li> <li>3. Neglect</li> <li>4. Domestic violence</li> </ol>
Good news stories	<ul style="list-style-type: none"> <li>• A permanent MASH Health Practitioner was recruited and commenced in November 2015.</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• Health partners across Hillingdon are sharing information with and receiving information from the CSE Multi-Agency Panel</li> </ul>

## Appendix 5 - UK Border Force Heathrow Command

Name of agency	UK Border Force Heathrow Command
Description of service	Joint Safeguarding of children and Vulnerable Adults arriving 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 5 Managers and 61 Officers received the enhanced training, 68 Managers attended a bespoke Safeguarding and Trafficking Managers course and 22 Officers attended a specific Safeguarding and Trafficking awareness session in relation to drug mules, baggage searches and legacy customs work.</p> <p>The enhanced training is a rolling programme, and further courses are scheduled for 2016.</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 Jujy, FGM and forced marriage have also been included.</p> <p>New e learning to incorporate the Modern Slavery Act and changes to the NRM process is awaiting final approval and will be rolled out as mandatory training for all Border force staff in early 2016.</p>
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	<p>E learning modules cover these topics.</p> <p>Local SAT teams, SAT led Operations, Operational Shift briefs and Heathrow communications all further raise staff and stakeholder awareness.</p>
Regulator inspection in reporting period and outcomes	<p>Section 55 Review has historically been conducted every 3 months by Heathrow Safeguarding Coordinator and Action Plan reviewed &amp; updated.</p> <p>This has been superseded by regular internal SAT Assurances conducted by local teams and fortnightly joint meetings between</p>

	<p>the Terminal SAT teams and Hillingdon SS to review &amp; progress arriving cases.</p> <p>Regular visits by the Operational Assurance Directorate review the handling of SAT cases and SAT procedures in place.</p>
Challenges in the reporting period	<p>Arranging training courses, consistently maintaining a fully trained SAT team and recruiting others to fill arising vacancies. Joint frontline operations are arranged to address operational challenges such as Operation Limelight to target FGM.</p>
Progress on safeguarding priorities in the reporting period	<p>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.</p> <p>A national project is ongoing to develop e learning for roll out to Airlines and stakeholders in trafficking awareness. Pending its development there have been several joint events at the airport including a joint 2 day event to inform British Airways crew. Similar monthly road show events are planned with Heathrow Airport Ltd to engage with their security personnel.</p>
Safeguarding priorities for 2015/6	<p>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.</p>
Good news stories	<p>A very successful second 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, a programme of job shadowing &amp; involvement in joint SAT 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 quarterly joint strategic forum is held with Hillingdon and other stakeholders and fortnightly operational meetings held with SS and each Heathrow terminal.</p> <p>Anti Slavery day was marked again on 18/10 October at Heathrow by a SAT event hosted airside attended by SS and other NGOs.</p>
Good practice examples	<p>Designated expert SAT teams. Joint agency working on front line operations.</p>
Any other comments	<p>Ref JSSAT Strategic Joint work plan.</p>

## Appendix 6 - School Improvement Service

Name of agency	<b>School Improvement Service</b>
Description of service	<ul style="list-style-type: none"> <li>• Delivery of statutory duties ref school improvement including support and challenge, formal intervention and coordination of the LA strategy for school improvement.</li> </ul>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<ul style="list-style-type: none"> <li>• Na (Service currently comprised of external consultants. HoSI has received safeguarding training in schools and led training for previous local authority)</li> <li>• SILs expected to demonstrate understanding of latest KCSIE guidance and related inspection guidance</li> </ul>
Challenges in the reporting period	<ul style="list-style-type: none"> <li>• Some queries from schools ref safe schools practice - site safety/visitors etc</li> <li>• Safeguarding duties of governors following recent concerns ref boundaries</li> <li>• Council systems for triangulating information ref safe schools/complaints from parents would benefit from scrutiny and alignment</li> <li>• School Improvement Link reviews of whole-school practice triggered by complaints</li> </ul>
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> <li>• Ensuring that internal School Improvement Overview Database references safeguarding issues where appropriate in order to gather most holistic picture of individual school strengths and weaknesses</li> <li>• Linking with school leaders inc academies, where systemic concerns are raised by RSC, DfE or local officers</li> </ul>
Good news stories	<ul style="list-style-type: none"> <li>• Positive engagement of SILs supporting school leaders with advice including highlighting the need for staff training and signposting into the borough where appropriate</li> <li>• SILs routinely exploring/referencing safeguarding practice in schools (where allocated on the Schools At Risk Register)</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• Harefield Juniors - review of practice by SIL welcomed by HT and GB. Useful initial conversations between HoSI and AD Safeguarding</li> <li>• HoSI attendance at SMT to provide links between different areas of the directorate (schools safeguarding practice and challenges)</li> <li>• Highfield Primary School - school leader supported by SIL</li> </ul>



## Appendix 7 - Hillingdon Youth Offending Service

Name of agency	Hillingdon 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. % of staff trained at each level.	In 15/16 <ul style="list-style-type: none"> <li>• 11 Staff have or will have undertaken Initial Working Together Training</li> <li>• 5 staff undertook refresher training</li> </ul>
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	<p><b>Level 3 Working Together Training</b></p> <p>Of the permanent staff team</p> <ul style="list-style-type: none"> <li>• 93% have completed Initial Working Together Training</li> <li>• 50% have completed refresher within the timescale</li> </ul> <p>Of the sessional staff (casual contracts)</p> <ul style="list-style-type: none"> <li>• 47% have completed Initial Working Together</li> </ul> <p>Because many sessional staff are usually only available to work evenings and week-ends, Safeguarding is included in their core training programme.</p> <p><b>CSE Awareness</b></p> <ul style="list-style-type: none"> <li>• Completed by 50% of permanent team</li> <li>• Completed by 52% of sessional team</li> </ul> <p><b>DV</b></p> <ul style="list-style-type: none"> <li>• Completed by 40% of permanent team</li> <li>• Completed by 37% of sessional team</li> </ul> <p><b>PREVENT</b></p> <ul style="list-style-type: none"> <li>• YOS specific briefing delivered to the permanent team on 4.11.15</li> <li>• A similar session is being planned for sessional staff</li> </ul>
Regulator inspection in reporting period and outcomes	No Inspection during this year.
Challenges in the reporting period	<ul style="list-style-type: none"> <li>• Staff turnover at both practitioner and operational manager levels -higher than normal locum and 'acting up' posts.</li> <li>• This has led to variance in quality of assessments</li> <li>• Implementation of a new national assessment tool requiring all staff to be trained in both the theoretical models upon which it is based and the technicalities of the application within the computerised casework system. This has significantly impacted on time available to do other training and so targets for Safeguarding Training have not been met.</li> <li>• In year grant funding cuts</li> </ul>

<p>Progress on safeguarding priorities in the reporting period</p>	<ul style="list-style-type: none"> <li>• The new assessment tool Assetplus should support improved assessments, risk management and intervention planning however as it was only implemented at the end of November 2015 we have yet to evaluate the impact.</li> <li>• The pre-court system has been reviewed. A more robust assessment tool is being developed with greater emphasis on signposting and referring to targeted prevention services.</li> <li>• The violence and vulnerability (V&amp;V) forum has been developed with partners and is being used to identify siblings of those involved in Serious Youth Violence and support their access to Early Intervention Services.</li> <li>• The YOS has been an active partner in the CSE MAP and MACE forums</li> </ul>
<p>Safeguarding priorities for 2016/17</p>	<ul style="list-style-type: none"> <li>• To ensure all staff are trained to appropriate level in the key areas of working together, CSE and DV.</li> <li>• Audits of Assetplus indicate good quality assessment and analysis of safeguarding and well being issues.</li> </ul>
<p>Good news stories</p>	<ul style="list-style-type: none"> <li>• Reduction in custody rate per 1,000 of 10-17 year old population</li> <li>• Reduction in the rate (per 100,000 of 10-17 population) of young people entering the criminal justice system</li> </ul> <p>(Data as available January 2016)</p>
<p>Good practice examples</p>	<p>Young person on a full care order and placed in foster care was charged with serious sexual offences against a younger girl. This young person was himself the victim of sexual abuse and neglect which had resulted in him being removed from home and the subsequent care order. The offences clearly met the threshold for a lengthy custodial sentence however the concern was that unless some specialist work was undertaken with this young person he would continue to be a risk to others specifically the young and vulnerable. An AIM assessment (sexual offenders) was completed by the YOS and in collaboration with children's social care a specialist service able to offer a highly supervised placement and specialist interventions was identified. The Crown Court accepted the proposal made within the report prepared by the YOS for a community disposal with the placement and treatment as a condition.</p>

## Appendix 8 - Education

Name of agency	<b>Safeguarding Lead for Education - Hillingdon</b>
Description of service	Providing Level 1 Safeguarding Training to Staff in schools and school Governors.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	20 schools trained.  Approx 694 staff members trained Approx 42 Governors trained
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	Level 1 Introduction to Safeguarding Training
Good news stories	The secondary schools across the borough received "Chelsea's Choice", a drama production delivered to 14-16yr olds to raise awareness of Child Sexual Exploitation. The productions went extremely well with positive feedback from the schools involved.

## Appendix 9 - MPS Hillingdon BOCU

Name of agency	<b>MPS Hillingdon</b>
Description of service	Police Service
Safeguarding training undertaken in reporting period. % of staff trained at each level.	There has been no bespoke Safeguarding training given to Police with the exception of the limited input within the CSU Investigators Course. I would estimate that 60 % of CSU staff have undertaken this training.
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	Hillingdon has a small team dedicated to Safeguarding Vulnerable adults. Hillingdon CSU has specifically requested CSE awareness training with an outside trainer scheduled to provide this training on the 15/03/16 with Debbie WEISSANG. All Hillingdon CSU officers (with the exception of temporary attachments will have had significant input re DV - both at Corporate and BOCU level.) Training re FGM and knowledge thereof requires updating due to turnover of investigators.
Regulator inspection in reporting period and outcomes	Hillingdon CSU and MASH have been inspected internally by MPS. The MASH was considered to be the best in the MPS whilst the CSU was considered to be of the required standard. MASH now has CSE investigators attached.
Challenges in the reporting period	During the reporting period Hillingdon CSU has suffered two Domestic Homicides. Both victims had children.
Progress on safeguarding priorities in the reporting period	Progress has been made in that - 1. Increase in the size of MASH - Two extra CSE Investigators 2. Increase in staff to CSU - Bespoke unit for investigating Safeguarding Issues
Safeguarding priorities for 2015/6	1. CSE 2. Safeguarding Vulnerable Persons
Good news stories	
Good practice examples	MASH considered to be most effective in the MPS and increasing in size and scope
Any other comments	More partnership working involving MASH and CSU

## Appendix 10 - Hillingdon Hospital NHS Trust

Name of agency	<b>The Hillingdon Hospitals NHS Trust</b>
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 chaired 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%.</p> <p><u>Figures to date 24/02/2016:</u></p> <p>Level 1 93.9% Level 2 91.03% Level 3 84.65%</p> <p>Safeguarding training is closely monitored by the Trust's Safeguarding Committee, at Divisional performance reviews and by the Learning and Development department.</p>
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM Prevent	<p>These topics are part of the level 1-3 Safeguarding Children training mandatory training.</p> <p>In addition to the mandatory training the topics are also covered as stand alone sessions:</p> <ul style="list-style-type: none"> <li>• CSE sessions delivered by Child Sexual Exploitation Prevention Manager dates for the whole year available.</li> <li>• FGM is delivered as part of core Safeguarding training, with additional training provided for Midwives and Obstetricians. Staffs have access to FGM online. The Duty to report identified or reported FGM cases has been communicated with all members of staff.</li> <li>• Domestic Violence and abuse(DVA) in the process of arranging training specific to staff who are likely to identify and deal with Domestic Violence.</li> <li>• Prevent WRAP training booked for the year.</li> </ul>

<p>Regulator inspection in reporting period and outcomes</p>	<p>The Care Quality Commission(CQC) visit of October 2014 highlighted that the trust needed to:</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> <p>When the CQC came back in May 2015 they found that the Trust :</p> <ul style="list-style-type: none"> <li>• Had provided training above its target of 80%</li> <li>• Was monitoring and assessing completion of weekly Child safety net meetings.</li> </ul> <p>Comments</p> <p>The Child safety net meeting now included Senior practitioner from the MASH team which made and continues to facilitate more effective information sharing.</p> <p>CQC also highlighted the importance of other Safeguarding meetings in the trust to discuss specific children cases.</p> <p>The regulator also highlighted that the trust was working towards ensuring that identified staff working closely with children and families receive Safeguarding Children supervision.</p> <p>The trust has since identified supervisors and provided training. Supervision has commenced in other parts of the hospital including Paediatrics, Maternity and Minor Injuries Unit. Other high risk areas like A and E receive day to day supervision as required from trained supervisors. Formal supervision will commence in A and E and Sexual Health in the first quarter of 2016.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>The Trust has strengthened and expanded its provision of Safeguarding supervision. A number of staff have now completed the Supervisor training course to enable them to support the named professionals in Safeguarding Children supervision.</p> <p>Domestic Violence and Abuse is an area of increased focus. A Trust policy has been written and is currently being ratified. A Training Needs Analysis (TNA) is in progress, with needs-specific training to be delivered as identified by the TNA.</p>
<p>Safeguarding priorities for 2016/7</p>	<p>To instigate the learning from Serious Case Reviews and Domestic Homicide Reviews from the last year.</p> <p>By the end of the year, the Trust to have established a process of monitoring Safeguarding supervision.</p> <p>To increase training and engagement with staff based at and overseeing the Minor Injuries Unit in order to improve reporting and information sharing re vulnerable children and young adults.</p>

	To work with Social Services colleagues to ensure social worker presence at A&E Safety Net meetings.
Good news stories	The trust has made significant improvement since our last CQC inspection of 2014.
Good practice examples	<p>Multi-disciplinary and multi-agency safety net work towards ensuring that children either suffering or at risk of suffering significant harm are identified and that safeguarding/ child protection processes are put in place:</p> <ul style="list-style-type: none"> <li>• Child Safety Net- A&amp;E and UCC attendances, weekly meetings.</li> <li>• Sexual Health- 4 weekly.</li> <li>• Orthopaedics- 2 weekly.</li> <li>• Maternity Safeguarding meeting – 2 weekly for Hillingdon children.</li> <li>• Maternity Safeguarding meeting- 4 weekly for Ealing children.</li> <li>• Psycho-social meeting- for children admitted with Safeguarding concerns, weekly.</li> </ul>
Any other comments	<p>As Ealing maternity service has been decommissioned, the Trust has implemented arrangements to Safeguard children who will be born at Hillingdon Hospital. The Named Nurse and Safeguarding Midwives are working closely with Ealing local authority and London North West NHS Trust to ensure that there are clear, robust processes in place to safeguard children.</p> <p>In light of increased numbers of Ealing children attending A&amp;E or being admitted to the Trust, the Lead Nurse for Paediatric A&amp;E has also joined the Trust's safeguarding staff in working closely with Ealing.</p>

## Appendix 11 - LAS Safeguarding Report 2016 for inclusion in safeguarding board reports

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

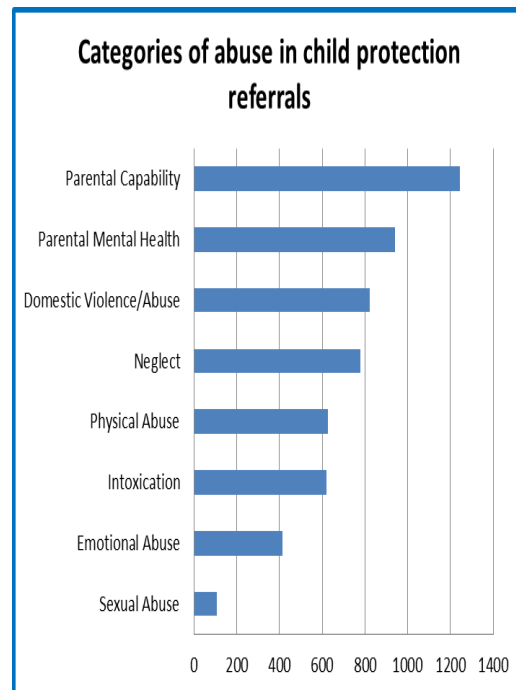
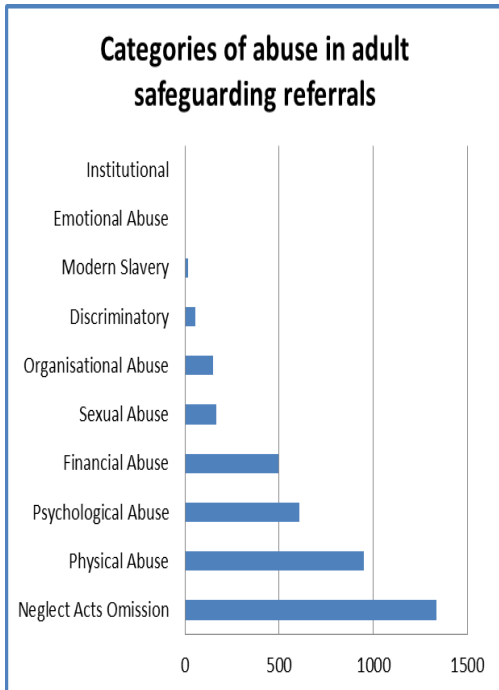
### Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year. 4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
<b>LAS</b>	<b>4331</b>	<b>8440</b>	<b>4561</b>	<b>17332</b>	<b>1.66%</b>
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
Croydon	262	458	343	1063	2.26%
Ealing	174	319	183	676	1.70%
Enfield	132	267	217	616	1.62%
Greenwich	137	274	220	631	1.93%
Hackney	128	238	113	479	1.67%
Hammersmith and Fulham	89	176	63	328	1.48%
Haringey	123	238	134	495	1.59%
Harrow	80	136	92	308	1.28%
Havering	148	205	116	469	1.42%
Hillingdon	148	260	150	558	1.32%
Hounslow	165	330	152	647	1.98%
Islington	129	240	91	460	1.53%
Kensington and Chelsea	72	155	39	266	1.42%
Kingston upon Thames	75	152	69	296	1.63%
Lambeth	185	327	188	700	1.65%
Lewisham	149	348	194	691	2.07%
Merton	108	171	111	390	1.80%
Newham	143	232	182	557	1.38%
Redbridge	121	237	125	483	1.46%
Richmond upon Thames	90	203	62	355	1.92%
Southwark	191	313	166	670	1.62%
Sutton	128	223	108	459	2.00%
Tower Hamlets	111	194	141	446	1.35%
Waltham Forest	160	309	136	605	1.96%
Wandsworth	153	238	141	532	1.67%
Westminster	98	256	58	412	0.95%

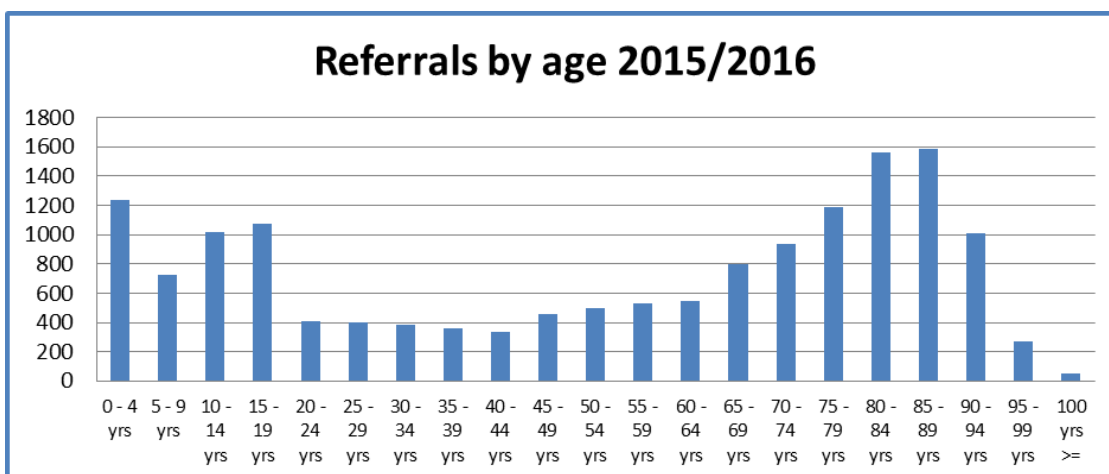


## Categories of abuse



## Referrals by age

Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



## Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The chart below shows staff directly employed by the LAS as well as voluntary responders and private providers who we contract to work on our behalf.

Training required	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained
<b>Level One</b>																			
Induction	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209		
E Learning	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%
<b>Level Two</b>																			
New Recruits	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689		
Core Skills Refresher	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%	
EOC Core Skills Refresher	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
EOC new staff	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154		
PTS/NET	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%	
Bank staff	390	annually	58	390	N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A	N/A	154	39%	54%
111	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%
Community first Responders (St John)	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%
Emergency responders	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%	
<b>Level Three</b>																			
EBS	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%	
111	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%
Local leads	various	3 yearly		various	6	5	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	N/A	36		
<b>Specific training</b>																			
Prevent- clinical staff	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%	
Prevent- Non clinical	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
Trust Board	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%	
HR/ Ops managers	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36		
Private providers	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%
Other safeguarding	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203		
Nil = no figures provided																	8399	total	
N/A= no course planned this month																			

Emergency Operations Control (EOC ) staff have safeguarding training planned for quarter 1 2016.

Patient Transport Staff (PTS) are also receiving safeguarding training in quarter 1-2 2016.

Bank staff position is currently under review by LAS Executive Leadership Team.

Trust Board training is arranged for May for those outstanding safeguarding training.

All non-clinical staff will undertake Prevent awareness in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the Trusts website.

