2016-2017

LSCB Annual Report

Hillingdon LSCB local safeguarding children board

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Local Safeguarding Children Board
2016- 2017

Contents

1. Foreword

The Local Safeguarding Children Board is in place to ensure that all agencies engaged in child safeguarding are working together to protect our children from harm. To be effective, the board must show that it has challenged those agencies, and actively engaged with them, to improve services.

The current environment is difficult for every agency. Financial restrictions and increasing demand are making for new challenges. Despite the difficulties, I am pleased to report that this year we have seen continued improvement in safeguarding across the borough.

Children's Social Care have seen huge changes to their structures, the signs are these changes are now resulting in progress towards an efficient and effective service. One important indicator is the number of permanent staff the local authority are employing compared with agency staff. This is important because it provides stability and continuity for children and families. In Hillingdon, over 70% of children's social care staff are permanent; higher than the national average. In addition, we have seen changes to the structure and management of our children's centres. This was a worrying development because in many areas, financial cuts have seen all children's centres closed. Whilst a small number of our centres will close, I am satisfied that changes to structures will ensure that families that need support will still have access to the facilities that can only be offered by a high-quality children's centre.

In November 2016, OFSTED and the Care Quality Commission conducted an inspection in to the service provided by children's social care, health and education professionals to children who have special educational needs and/or disabilities (SEND). The report was very positive about the service provided to these children and whilst there is no grading given, it is clear this area of service is now performing at a high level and is considered amongst the best service in the country.

This year, Her Majesty's Inspectorate of Constabulary (HMIC) published a devastating report in to the management of child protection and safeguarding by the Metropolitan Police. The report did not examine any cases in Hillingdon, but was concerned with policing across London. The Met have promised a re-structure of their services and that they will re-focus their priorities to ensure an improvement in this area. Locally however, I have been impressed that the Borough Commander and his officers have already moved forward and are taking a pro-active approach to child safeguarding. It will be important over the next year to track the changes being made by the Met to ensure that the promised improvements materialise.

We all know that our health colleagues have been under severe pressure. There have been some changes locally that have added to these pressures. The closure of maternity services at Ealing Hospital and the transfer of these services to Hillingdon Hospital has seen some unintended

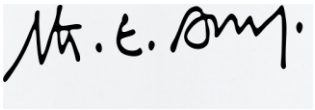
consequences. Whilst there is no evidence that safeguarding has been diminished during this time of increased demand, it will be important that the safeguarding board monitors these changes over the coming year.

The board itself has also continued to develop. We have pre-empted changes that will take place later this year, following the enactment of the Children and Social Work Bill. We have introduced a more efficient structure and the board will focus on ensuring that front line practice across agencies, and support for our most vulnerable families, is as good as it possibly can be. This year we have also increased our capacity to undertake audits. This is essential, as by examining cases and tracking the journey of children that enter the safeguarding system we can identify areas that need further work. One good example was a piece of work we conducted with the Borders Agency. We tracked a number of cases of children who had entered the country through Heathrow as asylum seekers. This in depth audit identified some very good and compassionate work as well as some areas for improvement. The board will now follow this work up to ensure standards are maintained and improved.

This report highlights much of the good work taking place across agencies in this borough and I would like to thank all the agencies that have worked with the board this year not only for the work they do, but for the positive contribution they make to the board.

I am pleased to report that children's safeguarding continues to improve, despite the pressures agencies are currently facing. Whilst I am satisfied that agencies are providing a good standard of safeguarding, there is room for further improvement, in particular, the level of intervention and support for those children and young people growing up in a family environment where drugs, alcohol, poor mental health and domestic abuse are a feature. We also need to be sure that we are doing everything we can to reduce youth violence and finally, to ensure that both looked after children and our young carers are being fully supported.

Thank you for taking the time and we would welcome any comments you have.



Steve Ashley

2. The London Borough of Hillingdon - Local Safeguarding Profile

It has been a busy year for Hillingdon's Children's Services department.

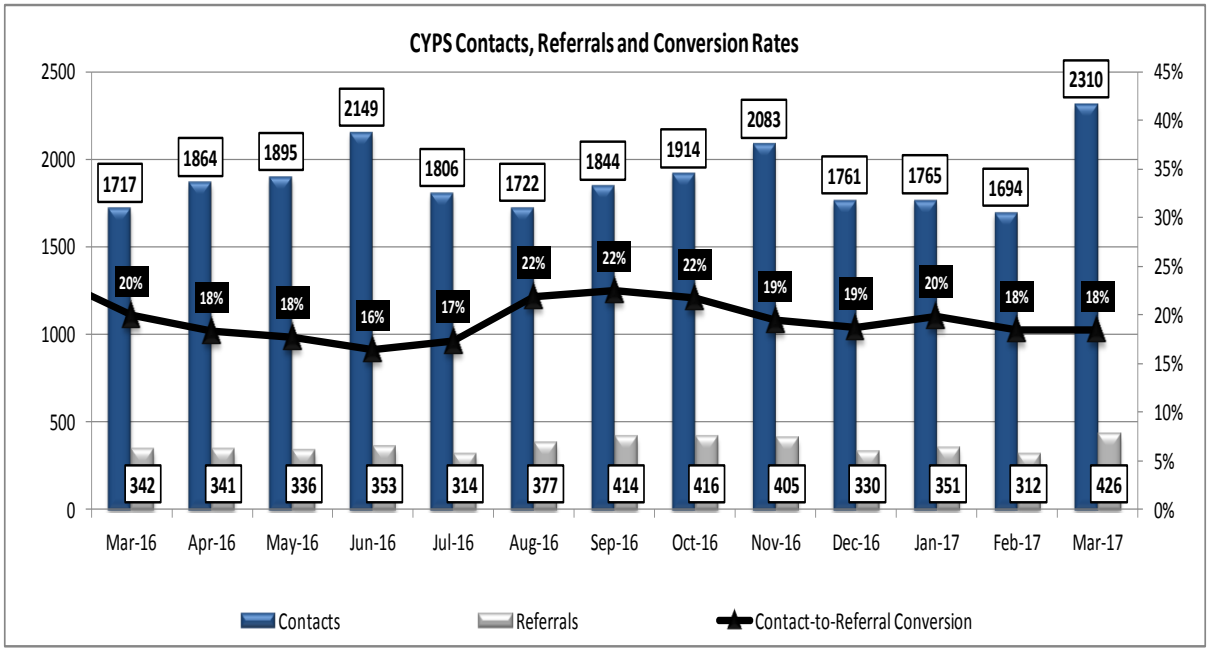
At the end of March 2017, Children's Services had 2,462 open cases. This is an increase of 4.6% from the end of March 2016 when 2,353 open cases were recorded as open to the service.

Contacts to Children's Services regarding concerns for the safety of a child are made through Hillingdon's Triage/MASH team. By way of a monthly comparison, the numbers of Contacts increased by 34.5%, from 1717 Contacts in March 2016, to 2310 Contacts in March 2017. However, the average number of Contacts received over the previous 12 month period has been steady at 1900 Contacts per month.

All Contacts are evaluated and those that meet the threshold for social work intervention are progressed via a Referral to the social work teams for assessment and further action where required. Contacts that are not progressed to social work intervention are sign-posted to other services or agencies, such as the Early Help and Prevention Service. The result of this is that no case results in 'No Further Action'.

2017 has also seen an increase in the conversion rate of Contacts to Referrals; this conversion rate has increased by 24.6% for the same period from 342 conversions in March 2016 to 426 conversions in March 2017. Over the course of the 2016-2017 financial year however, the average conversion rate per month has been steady at 364.5 conversions or just over 19%, with a range of 3% either side.

2.1 CYPS Contacts, Referrals & Conversion Rates



This table provides the published data (2015/16 CIN Census) to compare Hillingdon to national and London referral rates per 10,000. The full year figure for 2016/17 shows a 20% increase in referrals per 10,000 of population compared to 2015/16.

2.2 Referral Rates per 10000 children under 18 years

REFERRAL RATES PER 10,000 OF CHILDREN AGED UNDER 18		
2015/16	England	532
	London	491
	Outer London	463
	Hillingdon	526

2016/17	Hillingdon	632

There has been very little change in the number of Section 47 enquiries initiated. In March 2016 there were 132 recorded compared to 136 in March 2017.

Of the total 2,462 children known to social care at the end of March 2017, 744 were subject to Child In Need plans; this represents a 1% increase from 732 at the end of March 2016.

Children subject to Child Protection Plans have decreased by 15.2% from 348 at the end of March 2016 to 296 at the end of March 2017. The reduction in numbers of children subject to Child Protection Plans is directly linked to the success of our Early Help Programme, our joined-up working approach, the effectiveness of the front door MASH team and the improved first-time assessment process.

In March 2017, Children's Services were corporate parents to 304 looked after children (LAC). This represents a decrease of 11.8%, which is the lowest LAC number for the previous 13 months. (March 2016-2017). 83 of the 304 LAC were unaccompanied asylum seeking children (UASC) and represented 27% of the LAC population. This proportion has been stable throughout the last year.

In July 2016, the Home Office introduced the National Transfer Scheme (NTS) which outlined the process for the safe transfer of unaccompanied asylum seeking children from one UK local authority to another UK local authority. Young people who have been referred to, and are looked after by LBH prior to 1 July 2016 will not be impacted by the NTS.

In Hillingdon we remain above the 0.07% limit however we have successfully dispersed 28 young people via this scheme.

3. Governance & Accountability

Hillingdon LSCB is comprised of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Youth Offending Service, 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 a 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 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 Children and Social Work Act (2017) received Royal Assent in April 2017. Chapter 2 of the Act, entitled 'Safeguarding of Children' will affect the Board in three ways:

- The establishment of a Child Safeguarding Practice Review Panel. This panel will replace the existing national panel that looks at serious case reviews and in an essence abolishes serious case reviews as they currently work;
- Abolition of Local Safeguarding Children Boards;
- Changes to Child Death Overview Panels.

The Act abolishes the statutory requirement for an LSCB and deals with safeguarding arrangements under section 16: *"Local arrangements for safeguarding and promoting welfare of children"*
This section states that:

"The safeguarding partners for a local authority area in England ***must make arrangements*** *for—*

(a) the safeguarding partners, and

(b) any relevant agencies that they consider appropriate,

to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area."

The safeguarding partners are clearly identified as:

- *"the local authority;*
- *a clinical commissioning group for an area any part of which falls within the local authority area;*
- *the chief officer of police for a police area any part of which falls within the local authority area."*

In terms of what this means in practice, the Act firstly provides details on how the "*local arrangements"* are required to deal with local child safeguarding reviews.

In a separate section, it provides some detail on how the safeguarding partners put in place *"local arrangements".*

It states that local safeguarding partners must publish these arrangements. In terms of what the arrangements might look like, the only statutory requirements are:

- there must be arrangements for scrutiny by an independent person of the effectiveness of the arrangements;
- a requirement that all safeguarding partners and relevant agencies for the local authority area act in accordance with the arrangements;
- and at least once in every 12 month period, the safeguarding partners must prepare and publish a report on what the safeguarding partners and relevant agencies for the local authority area have done as a result of the arrangements, and how effective the arrangements have been in practice.

There are further statutory requirements regarding the provision of information by agencies, and the requirement to follow directives of the Secretary of State; but these are largely standard clauses.

The final two areas that the Act covers are relevant. In terms of funding, the Act states:

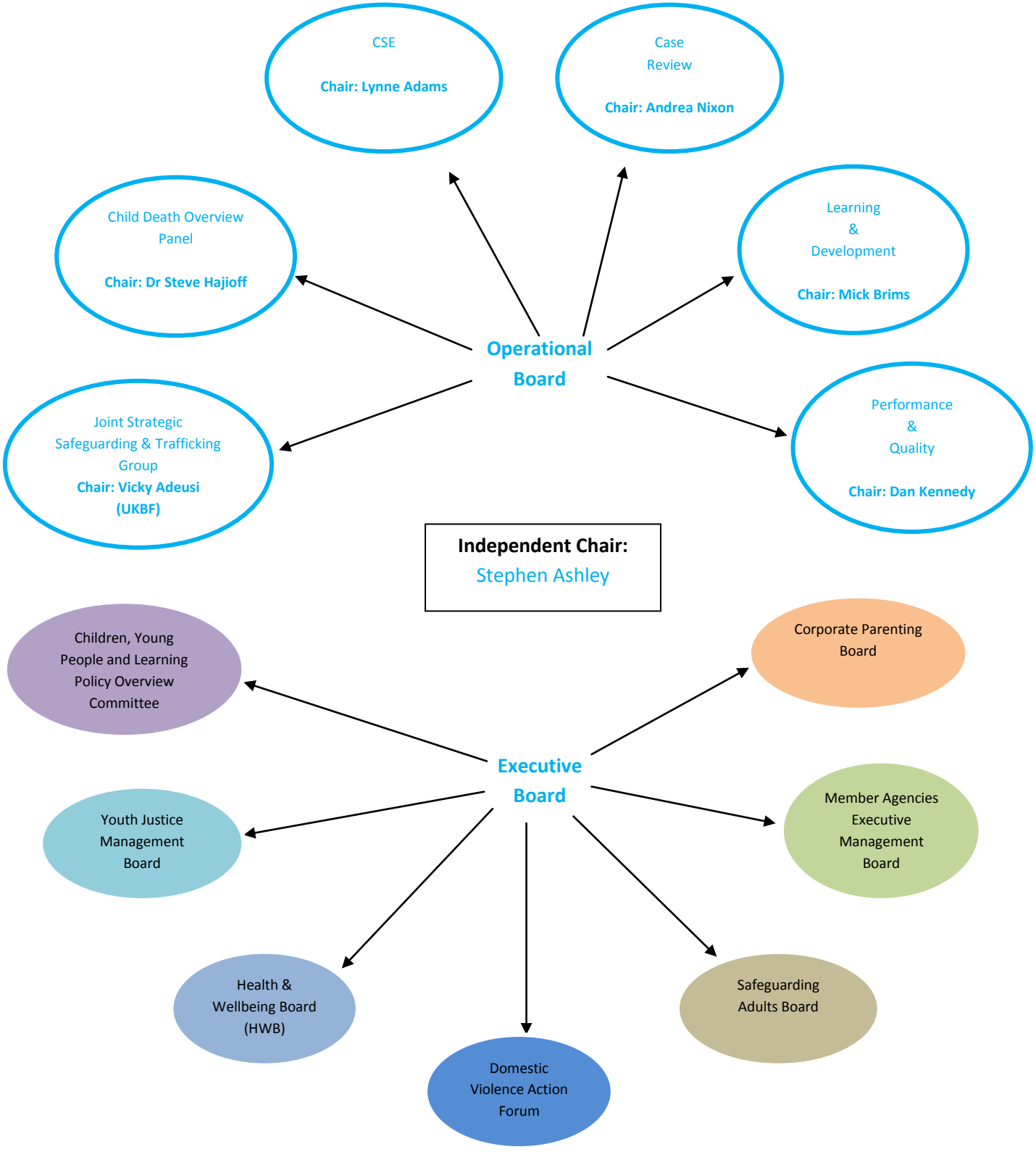
"The safeguarding partners for a local authority area in England ***may*** *make payments towards expenditure incurred in connection with arrangements: by making payments directly, or by contributing to a fund out of which the payments may be made."*

The next step will be for the key partners to meet and agree how this will move forward in line with the proposed new legislation.

4. Board Membership and Structure

The details of board partner representatives and their attendance at the LSCB Operational Board and LSCB Executive Board can be found below at 15.4 Appendix 4 and 15.5 Appendix respectively.

The graphic below outlines the LSCB Sub-Committee structure. Chairpersons are also designated for reference purposes.



5. LSCB Achievements 2016/2017

The Hillingdon LSCB is proud of the work it has achieved over the last year. This work could not have been possible without the support of its partners.

- We have produced and launched the HLSCB website**.** This has created an accessible platform for professionals and members of the public to access procedural support, information and learning from Serious Case Reviews and to raise awareness regarding key safeguarding issues for the children of Hillingdon. From 01 November 2016 (soon after the site's construction) to 31 March 2017, the LSCB's website had almost 12000 page views from over 2700 unique visitors, visiting on average at least 3 pages per each visit. Of these visitors, over two-thirds were returning visitors, suggesting that information on the site has ongoing utility. Almost one third of visitors were new to the site, suggesting that the website is reaching a new audience also. This is encouraging in aiding the LSCB in performing a core function of raising awareness and providing a safeguarding resource to the community.

- We have launched the HLSCB Twitter account, which has over 600 followers. The HLSCB has used this to share information about the LSCB and identify research, procedural updates, industry developments and general information to share with the Hillingdon Safeguarding & Quality Assurance Team. The HLSCB plans to make these information updates more widely available to Children's Social Care and on the LSCB website;

- We reviewed the Child Death Overview Panel (CDOP) process leading to a more effective & efficient service. Furthermore, we have developed a CDOP newsletter to provide information to members of the public and professionals around accident prevention and highlight national themes with regard to expected and unexpected child deaths;

- We launched the Information Sharing Protocol, providing clear guidance to professionals on when to share information if there is a concern for the safety or well-being of a child;

- We developed and launched a Child Sexual Exploitation (CSE) Toolkit, which is now widely used within Children's Social Care to assist in the identification and understanding of CSE risk to children;

- We have developed a Challenge Log to formally record safeguarding issues that are raised by the LSCB. This has improved inter-agency accountability, as agencies must provide a detailed response to the LSCB as to what action is being taken;

- We have developed a more effective multi-agency dataset which provides scrutiny and challenge to partner's performance, as well as our own. This has informed our audit programme and has already led to safeguarding improvements and inter-agency accountability;

- We have developed stronger partnerships with H.M. Harmondsworth & H.M. Colnbrook Immigration Removal Centres (IRCs) and now attend their Safer Community meetings. This ensures that the LSCB is sighted on any practice or multi-agency working concerns regarding children in detention and can provide multi-agency support in resolving these as required.

6. What we have achieved against 2016/18 priorities

6.1 Priority One - to ensure that there are effective arrangements across agencies to respond to early signs of neglect, including risks to unborn babies.

This priority goes to the heart of child protection. It ensures that safeguarding partners are focused on protecting those children most at risk. It is essential that agencies understand the problem of neglect and are confident in identifying this at an early stage.

Hillingdon Multi-Agency Safeguarding Hub (MASH) is now fully staffed with trained police officers. In addition to this, front-line police staff are given training and updates in relation to neglect and threshold levels for criminal cases, in particular around circumstances where the use of police protection legislation may be considered.

Early Help Assessment and Team Around the Family Guidelines relating to neglect have been developed by the Early Intervention & Prevention Service and circulated to front-line staff.

The London Child Protection Procedures Thresholds document has been adopted by Hillingdon LSCB, which includes clear threshold guidelines around recognising and responding to neglect. Information regarding neglect has been revised and placed on the LSCB website.

The West London Alliance training offer around neglect has now been made available to all partners.

Impact & Outcomes

In terms of the process used by front-line staff to identify and deal with neglect cases there have been a range of significant improvements.

All unborn babies known to Children's Services are tracked. Both pre and post-birth involvement by partner agencies is discussed, developed and reviewed at regular maternity concerns meetings.

Social Workers work in close collaboration with Early Intervention Services and their programme of work is circulated throughout Children Services teams. Early Intervention Services contribute to the identification of early signs of neglect by working directly with families and through the application and promotion of the Early Help Assessment and 'Team Around the Family' processes.

Early Intervention staff work in collaboration with social work teams to identify and meet the needs of families where early signs of neglect are evident, in order to address the risk through co-working of cases and 'step down' of cases where risk has been mitigated. The Early Intervention Service has also met with children's teams across partner agencies to ensure staff are able to understand processes and proactively complete Early Help Assessments and also make referrals to children's centres where required.

In order to ensure that partners are improving outcomes for those children at risk, the board has to ensure that it is able to hold partners to account. To do so, the board has developed a performance matrix that concentrates on those performance indicators that relate specifically to this neglect priority. This work has resulted in a more refined performance report that enables board members to hold each other to account. The performance indicators are supported by an audit process that is able to determine the quality of the work and not just relying on raw performance data.

One example of a successful outcome from this improved area of work concerned an audit conducted into pre-birth child protection conferences. The audit was conducted as a result of recommendations from a serious case review where physical abuse and neglect were, unfortunately, contributing factors. The audit raised issues around midwifery attendance at child protection case conferences and the consideration given to the role of midwifery in minuting contributions and formulating child protection plans. The Community Midwifery Service and the Children's Services Quality Assurance Service have taken these issues onboard, with Community Midwifery in the process of re-structuring their service to improve attendance issues. The Quality Assurance Service has made a renewed commitment to ensuring that midwives are fully engaged in child protection conferences and that Child Protection plans address their role in safeguarding unborn and newborn children.

6.2 Priority Two - to ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare.

This priority is designed to ensure that the board and its partners are focused on any issue that places children in the borough at risk. Clearly, this can cover a wide range of issues and it is essential the board listens to the concerns of children at risk, as well as taking account of nationally recognised issues and those areas of specific risk raised by partners.

To ensure the risks to children in the borough are understood the following work has been undertaken with children at risk:

Social Workers meet with children alone, in line with statutory expectations and carry out direct work with children to obtain their views, wishes and feelings and conduct safety planning where required.

Changes have been made to the current electronic recording system to make it impossible for practitioners to record a child protection visit as successful, unless the child has been seen alone, at home, and their bedroom viewed;

Multi-agency core group meetings are a statutory requirement and are integral to the child protection process. The use of SMART Child Protection Plans are being progressed by the social worker as well as the Child Protection Advisor;

The local authority has developed targeted services for young people aimed at developing positive self esteem, supporting emotional health and well being and developing leadership skills. New programs have also been developed that offer advice and support regarding sexual health and drug and alcohol misuse.

Children's teams conduct satisfaction surveys and the results have an impact on the service and how it is delivered to children and young people and their carers. Young people have been engaged from our LAC population to involve their views on our Board priorities and future programmes;

Children, young people and families are actively engaged in service development and delivery through ongoing family engagement and via specific consultative processes such as the Hillingdon Youth Council and through review processes such as the 0-19 review which engaged over 600 families;

The LSCB has developed a young person's page on the board website;

The assessment and intervention planning process for children and young people who are working with the Youth Offending Service incorporates a self-assessment by the young person, whilst their parents/carer sign off an agreed intervention plan.

Impact & Outcomes

Safeguarding partners have undertaken a number of specific areas of work to improve the level of safeguarding in specific areas.

Strategic development has continued around the management of risks of child sexual exploitation. The Multi-Agency Sexual Exploitation (MASE) Panel reviews risk assessments and ensures that relevant information is shared amongst partner agencies. The Youth Offending Service now contributes to both the MASE and Violence and Vulnerability (Serious Youth Violence) multi-agency meetings, ensuring that information is shared and co-ordinated strategies developed between agencies to keep children safe.

The 'Missing Protocol' has been developed and shared with agencies. The CSE strategic sub-group have collated relevant information which is shared within agencies. A 'Missing Register' has been developed and is updated each week and from this, a 'Missing Report' is shared with agencies showing the current cohort of missing children. In addition, the process for children and young people who are reported as missing, but are not open to Children's Services, has been reviewed and developed to ensure consistency.

'Asset Plus', the new national assessment framework, has been implemented by YOS and supports a more robust approach to identifying risks to safety and well-being and appropriate intervention measures.

Children educated at home have been identified as a concern by the Performance and Quality Sub-Committee and a subsequent report was scrutinised at the LSCB Operational Board. This work has resulted in a multi-agency agreement for the Hillingdon Home Education Service to conduct an audit to understand how many families there are in Hillingdon who educate their children at home and to identify what support they would like or may need. An update on the progress of this audit will be sought at the LSCB Executive Board Meeting in September 2017.

The LSCB Business Unit reviewed all of its internal policies in summer 2016 and agreed, updated policies have been placed on the LSCB website to ensure that up to date information is available for professionals and members of the public around safeguarding.

6.3 Priority Three - to oversee the implementation of the Early Help and Early Intervention programme in Hillingdon.

Children's Social Care have developed a new programme and asked the board to oversee implementation and in particular to secure the engagement of all safeguarding partners. The 2017/2018 Children and Young People's plan has been finalised. It sets out the vision for children's services and focuses on areas that require additional effort to help children and young people who are vulnerable. It is explicit in the engagement of safeguarding partners. The independent chair of the board facilitated a meeting of senior executive leads for safeguarding agencies who agreed to support the plan. The operational plan lays out clear priorities and targets. Partners have developed

an early intervention and prevention scorecard which contains the right performance indicators and outcome measures to assess the difference made by the application of the strategy.

Furthermore, in order to protect children at risk at the earliest possible stage it is essential that partners engage in effective Early Help and Intervention Programmes. The LSCB has initiated a process to review the Early Intervention and Prevention Strategy so that it is fully owned by all multi-agency partners and embedded in local practice. This strategy has been presented to the LSCB Operational Board, with a Task and Finish Group to be convened in June 2017 to devise a timetable for implementation.

The LSCB is also aware of the recent transition of oversight for Children's Centres from local schools and education providers to the Local Authority. The LSCB will continue to seek updates at Operational and Executive Boards as to how the impact of this transition upon providers and young children in Hillingdon.

Impact & Outcomes

The overall aim of the Early Intervention & Prevention Strategy document is to establish the foundation and framework for EIPS activity for children and young people across the partnership.

In addition, performance indicators for this strategy are shared across agencies and presented at the board's performance and quality sub-group. A quarterly report is presented at each LSCB Operational and Executive Board.

The LSCB has assisted the EIPS in devising safeguarding audits tools for Early Years and Children's Centres settings. This audit will be commenced in June 2017 and the LSCB will seek information as to the outcome of this audit of early years safeguarding in Hillingdon once all responses are received.

As noted below in section 10.1 b), the progression of the Early Intervention & Prevention Strategy has led to service re-structuring to better meet the needs of children and families, an embedding of the Early Help Assessment (EHA), Team Around the Family (TAF) and Lead Professional framework amongst Early Help professionals and progress in implementing the Troubled Families program.

6.4 Priority Four - 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.

It is essential that statutory safeguarding procedures are being correctly applied. This provides the assurance that those children at risk are protected. This is a critical part of the work of the board. Whilst the board is responsible for safeguarding all children, those that are referred to Children's Services by agencies are, by definition, at the highest risk. This section provides examples of the work conducted by the board to ensure that statutory guidance is adhered to.

The board has overseen a range of initiatives around safeguarding arrangements. A monthly audit program is now delivered by the Children's Services Quality Assurance Teams. Audit findings are reported to senior managers and triangulated by board performance and audit data which is presented to senior managers and the Operational and Executive Boards. Practice Improvement Practitioners now work with all Local Authority social work teams to develop practice.

Hillingdon Access to Resource Panel reviews care plans for children and care packages, to ensure the risk is owned and shared and to prevent drift and delays in achieving permanency for children. There are strong governance arrangements and a clear line of reporting. Service Managers' meetings within Children's Services take place monthly; the senior management team meets every fortnight. Information is shared via these forums with the policy overview committee and Cabinet.

All 'Asset plus' assessments and Intervention plans are signed off by YOS managers. The work of the YOS is overseen by a multi-agency management board.

Section 11 and 175 education audits have been completed and a summary of this audit has been presented to the LSCB Executive Board.

Recommendations from serious case reviews and domestic homicide reviews are monitored through the Case Review Sub-Committee. An action plan is presented to every LSCB Operational and Executive Board meeting for scrutiny and to understand learning points from these case reviews.

A robust audit programme has been developed by the LSCB. Current audits include a Children's Centre audit, an Early Years audit, a joint 'journey of the child' audit with the UK Border Force and Children's Social Care and a Pre-Birth conference audit of Midwifery contribution to Pre-birth Child Protection Case Conferences.

CNWL has ensured front-line staff are trained in safeguarding and safeguarding children training compliance is a standing item on all divisional and trust wide boards, trust policies and guidelines are on the Intranet and safeguarding updates are communicated to staff via the Trust's weekly bulletin, which is circulated to employees. There is a designated safeguarding section within the Trust's Intranet site which is regularly updated with any new developments and guidance pertinent to safeguarding;

The CNWL Safeguarding Children and Young People Policy provide procedural guidance and direction for the implementation of robust, high quality safeguarding services for children and young people. Bi-annual Section 11 audits are a requirement of the Children Act and CNWL completed the latest audit in June 2016.

Impact & Outcomes

The Pre-Birth Child Protection Case Conference has raised awareness amongst the LSCB Operational and Executive Board members as to the importance of the role of midwifery in safeguarding very young and unborn children. AS outlined below, the Community Midwifery Service has incorporated feedback from this audit into re-structuring some aspects of their service.

Information and learning points from Serious Case Reviews are informing the LSCB's audit program (eg. the upcoming Toxic Trio multi-agency audit) with a view to ensuring that learning from serious case reviews is disseminated amongst partners and there is evidence of resultant changes in practice where required.

In addition to the individual outcomes of the initiatives outlined above, the LSCB has recognised that there is a need to complete further work in understanding from children directly via engagement work what makes them feel safe, and which in turn will inform oversight of safeguarding arrangements going forward.

7. LSCB Challenges 2016/2017

It is a primary function of LSCB to facilitate discussions between agencies around areas of concern. Hillingdon LSCB has developed a healthy culture of 'challenge' between agencies. Whilst the auditing programme and performance monitoring form the major part of this work, partners regularly raise issues of concern. Detailed below are some of those issues and the action that has been taken. In addition, we have included some issues that have recently been raised and are currently being worked upon.

LSCB MEETING	RELEVANT BOARD	CHALLENGE	MADE BY	RESOLUTION
July 2015	Executive	Concern about high figures of self harm and alcohol abuse under 18 cases at Hillingdon Hospital A&E.	Cllr Simmonds	Chair of LSCB wrote to Director of Public Health. Numbers monitored through P&Q sub-committee and reported to Executive Board.
25/09/2015	Executive	Sharing information with children centres.	OFSTED	A new database has been purchased. 3 chairs of children's centres have met with Service Manager for Early Intervention & Prevention. Report to Executive following consultation.
18/03/2016	Executive	Governance arrangements for CDOP.	Cllr Simmonds	The function of the CDOP has moved to the LSCB Business Unit. Future CDOP meetings will look at prevention work, linked to child deaths. Public Health will chair future CDOP meetings. Report back to Executive Board following Children Social Care Bill implementation.
14/10/2016	Executive	Is the health visiting service in Hillingdon good enough?	Cllr Simmonds	Performance data received from the provider tells us the service is good; however there are areas to improve on. This data will need to be audited. Further specific work can be carried out by the Board when the current procurement process is completed.

October 2016	Executive	Are elective home educated children in Hillingdon safe?	Policy Overview Committee	Admissions Team are sending out a survey to YP currently Electively Home Educated (EHE). Children's Social Care has been requested by LSCB Chair to provide Admissions Team with number of EHE children subject to CP/CIN over past year. Triage nurses at The Hillingdon Hospital (THH) are having training to help pick up signs if child is EHE and this will be part of the standard questionnaire used for all children coming into THH.
LSCB MEETING	**RELEVANT BOARD**	**CHALLENGE**	**MADE BY**	**RESOLUTION**
December 2015	Operational	What is the impact on Hillingdon Hospital of Ealing Maternity Unit closing?	Jenny Reid	Monthly meetings are taking place with MASH/CSC Ealing, plus meetings with other hospitals in the surrounding area to confirm systems are in place to ensure safeguarding of women and unborn children. Ealing will provide THH with their list of children subject to CP plans.
7/6/2016	Operational	What is the impact on Hillingdon Hospital of Ealing Paediatrics closing?	Operational Group	Level of workforce at THH with regards to nursing is very good. A new paediatric department is opening on 21/10/16. Activity has increased but is stable.
1/3/2016	Operational	There is no representative from the voluntary sector on either the LSCB Operational or Executive Board (or SAB).	Safeguarding Adults Board	Hillingdon for All is taking over from HAVS. To be invited to future Op Meetings when up and running. TOR for voluntary groups checked to ensure include responsibilities for safeguarding.
7/6/2016	Operational	Safeguarding	Steve Ashley	Debbie Weissang has

		processes at the Haven.		visited Havens and discussed referral pathways for young people who are victims of sexual abuse. More work on raising awareness will be carried out.
3/10/2016	Operational	Future of the LSCB following the Wood report.	Steve Ashley	Task and finish group will look at what changes to the LSCB will look like in Hillingdon. Chair to submit report to Executive.
21/11/2016	Operational	Border Force protocols when children attend hospital from the airport prior to going immigration.	Tendayi Sibanda	Theresa Murphy clarified there had been some miscommunication and misunderstanding; Border Force has good processes in place, and there is no concern. Executive Board assured.
November 2016	Operational	Community midwives not involved in discussions at CP case conferences.	Tendayi Sibanda	An audit was carried out on 55 cases between 01/06/16 and mid December 2016; findings presented to the LSCB Operational Board on 06/03/17.
March 2017	Executive	CSE/Missing/Serious Youth Violence (SYV)	Steve Ashley	This Chairman's Challenge is in the process of being compiled for the next LSCB Executive Board in June 2017.

Recent board challenges and priorities going forward include:

- Engaging the voluntary sector in a meaningful way and ensuring safeguarding is a high priority;
- How do we ensure that home educated children are safe and their needs are met, especially under the current legislation?
- Implementing the Children and Social Care Bill;
- We want to ensure that the voice of the child is heard, we need to improve our engagement with children, young people and parents.

The independent chair also raises issues that he believes are of concern. The most recent examples (as outlined in most recent Chair's Challenge) are:

- Child Sexual Exploitation
- Missing Children
- Serious Youth Violence

Each agency is asked to report on their activity in these areas and a discussion takes place to ensure that all agencies understand the work being conducted. Action plans are formulated and monitored to improve service.

8. Learning and Development

Hillingdon LSCB has continued to meet aspects of its statutory obligations via provision of a varied, multi-agency training program for professionals and members of the public in the local area who may have a role or interest in safeguarding children. Hillingdon has provided ongoing access to Working Together to Safeguard Children Courses so that designated safeguarding lead professionals are able to access and maintain their knowledge around safeguarding obligations.

Hillingdon LSCB has also sought to raise knowledge and awareness around key areas including the Signs of Safety approach to safeguarding, Child Sexual Exploitation, Early Help, Domestic Abuse. Hillingdon LSCB has continued to enact the charging policy outlined in its Annual Report 2015-2016, which has enabled a wider variety of training courses to be offered this year, whilst still offering a comparable number of candidate training places.

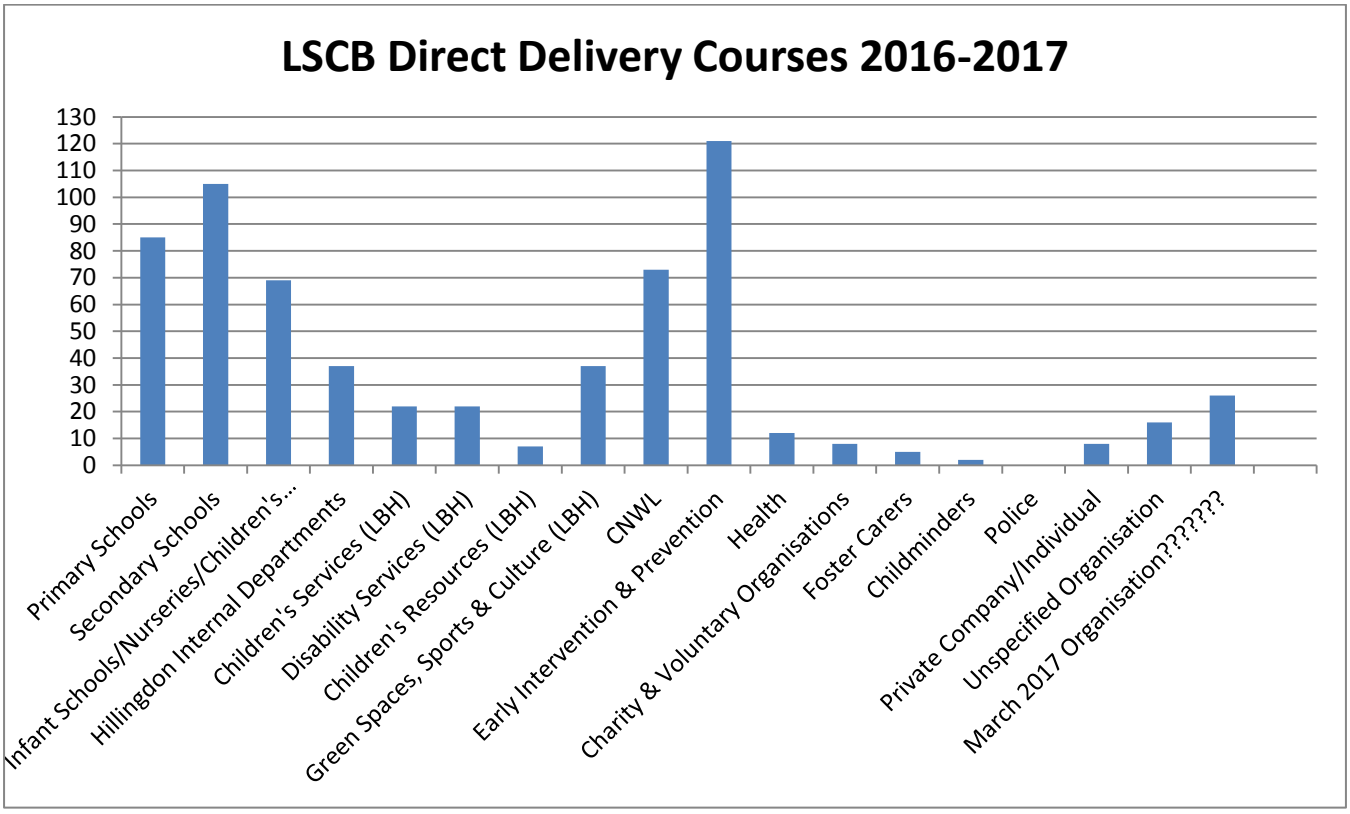
8.1 Table 2 - LSCB Training Summary

Course Title	Total Attendees	Total Places Offered	%
Child Protection Case Conferences - a Signs of Safety approach	48	75	64%
Child Sexual Exploitation: A Trauma-Focused Approach	28	32	87.50%
Core Groups and Child Protection Plans	35	50	70%
Domestic Abuse Awareness and Impact on Children and Young People	48	50	96%
Early Help Assessment and Team Around the Family eLearning	27	N/A	
Early Help in Hillingdon	12	25	48%
Education terminology and entitlements	13	25	52%
Initial Working Together to Safeguard Children (Level 3)	209	225	93%
Introduction to Child Sexual Exploitation - What do professionals need to know?	69	125	55%
Introduction to Safeguarding Children eLearning	573	N/A	
Refresher Working Together to Safeguard Children (Level 3)	160	200	80%
Understanding the Trauma and Psychological Impact of Harmful Practices	27	32	84%
Direct Delivery Subtotal:	657	839	78%
E-Learning Subtotal:	600	N/A	N/A
Grand Total training Places Accessed:	**1257**		

The LSCB views this training data as encouraging, particularly in that the table above indicates a very high level of uptake and penetration around direct safeguarding courses within the wider community. Overall, almost 4 out 5 Direct Delivery places offered by the LSCB have been taken up and the LSCB will review its training program in line with its priorities and attendance rates to try and further enhance the reach of its training program.

8.2 Direct Delivery Courses

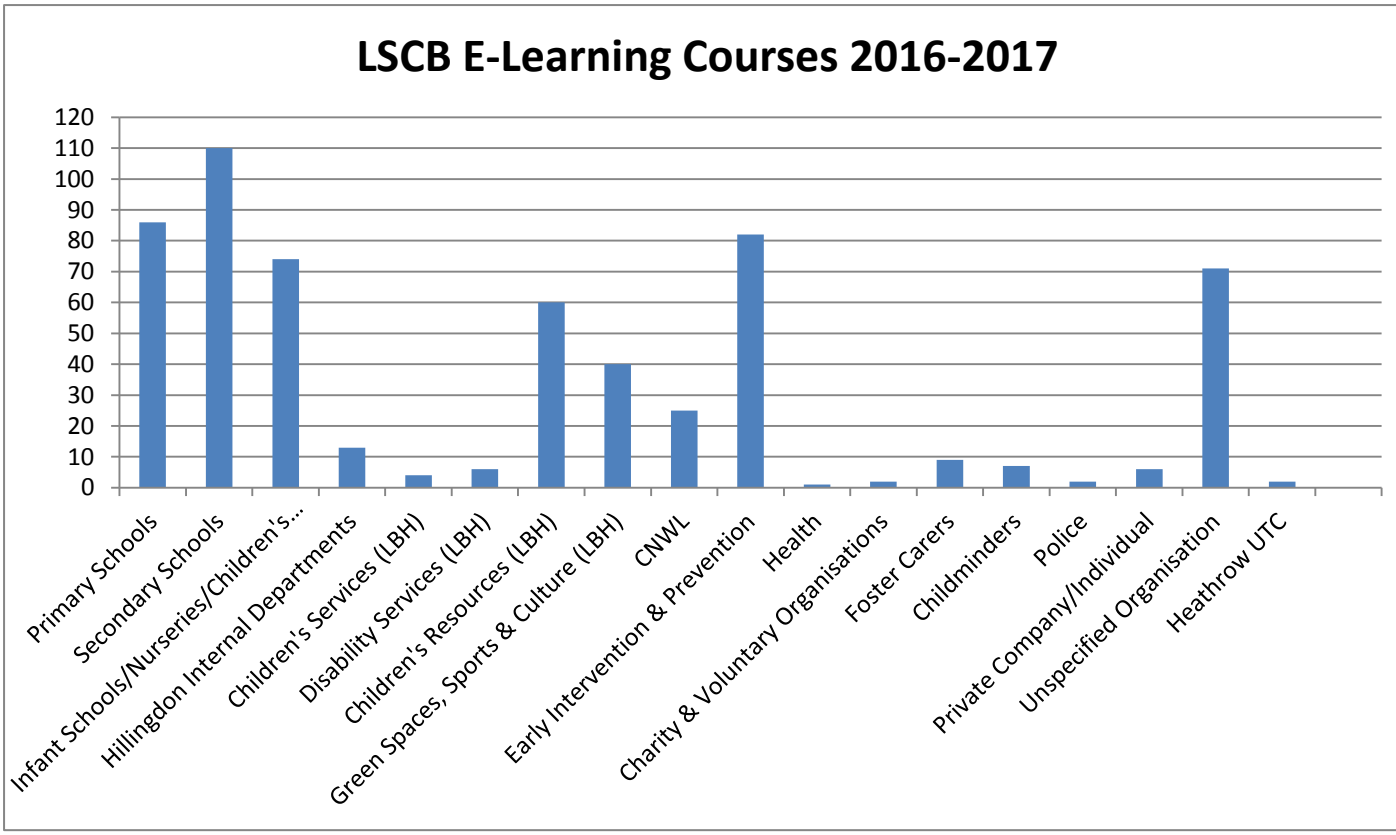
Regarding the uptake of courses delivered in person by a qualified trainer, partner agencies have accessed the range of courses offered in the table above as outlined below -



It is noted that a large proportion of the places offered in Direct Delivery training are for the Initial & Refresher Working Together to Safeguard Children Level 3 Course. Reviewing the graph above, the LSCB training attendance rate for Children's Services, Disability Services & Children's Resources may appear lower than anticipated. However, many workers in these departments are already trained to Level 3 and beyond and furthermore, may have accessed provision within their own department around this training. As such, this may account for attendance rates for larger safeguarding partner organisations here.

8.3 E-Learning Courses

Hillingdon LSCB has continued to offer a range of E-Learning opportunities for professionals and members of the public regarding the safeguarding of children. The most popular E-Learning course has been the 'Introduction to Safeguarding Course', accounting for over 90% of the virtual courses taken up by various partner agencies outlined below -



A similar caveat applies to E-Learning as with Direct Delivery training; many workers in council statutory services will have already accessed the training offered via E-Learning at a higher level and/or may have accessed provision within their own agency, which may be factor in the attendance rates for these services. This may also be a factor for some other large safeguarding partner organisations. The very high uptake from schools, nurseries and early years settings is positive and suggests a commitment to ensure staff have access to online training in these areas.

8.4 New Training Initiatives

Hillingdon LSCB has remained cognisant of safeguarding risks around Female Genital Mutilation, Forced Marriage, Honour-Based Violence and Modern Slavery. To offer an opportunity for safeguarding professionals and members of the public to learn more of these safeguarding risks, a package of training has been commissioned via the organisation 'True Honour'. This package will be delivered across the 2017-2018 year and will cover all four topic areas above. Hillingdon LSCB remains committed to ensuring that awareness and understanding of these complex social and cultural safeguarding issues is raised in order to enhance safety for children in Hillingdon.

The LSCB will continue to expand its training offer where possible in response to the dynamic nature of the needs of and risks posed to children in Hillingdon.

8.5 Audit Activities

Hillingdon LSCB has renewed its focus on audits as one method of understanding the multi-agency approach of partner agencies to safeguarding children locally.

In 2016, the LSCB has completed a number of safeguarding audits as follows -

i) s.11 Audit (Children Act 2004)

The Section 11 audit provides organisations with a self assessment tool to assess their effectiveness of the arrangements for safeguarding children at a strategic level and then identify actions for improvement. The audit is usually undertaken on a Biennial basis with a report provided to the LSCB. The audit was commenced in April 2016, with an initial completion date of 03.06.2016 and completed with the assistance of 'Enable' audit software.

A full report as to the methodology and results of the audit was completed by Helen Smith, LSCB Training & Quality Assurance Officer in September 2016. At the time that Ms Smith's report was completed, 65% (15 of 23) of agencies had fully responded. Key findings from this self-assessment exercise included -

- 53% (9) of agencies that responded rated themselves overall as 'Good' across a wide variety of 41 core safeguarding indicators and 17 additional thematic questions;
- 12% (2) of agencies that responded rated themselves overall as 'Outstanding' across a wide variety of safeguarding indicators and procedures;
- 12% (2) of agencies that responded rated themselves overall as 'Requires Improvement' across a wide variety of safeguarding indicators and procedures;
- 12% (2) of agencies that responded rated themselves overall as 'Inadequate' across a wide variety of safeguarding indicators and procedures, whilst 2 additional agencies provided only partial responses in addition to the 15 that full completed the entire s.11 audit tool.

Impact & Outcomes

It is expected that agencies will review their audit results and complete further self-assessment in 12 months (September 2017 onward)**.**

ii) s.175 Audit (Education Act 2002)

Hillingdon LSCB is required to ensure that schools, with regard to their duty under Section 175 and section 157 of the Education Act 2002, are fulfilling their statutory obligations regarding safeguarding and promoting the welfare of children. One of the ways this is done is by asking schools to self-evaluate their internal safeguarding arrangements and therefore assist schools in evidencing robust safeguarding procedures and/or identifying any areas where improvement is required.

The audit was sent to 114 educational establishments. This included colleges, independent schools, infant schools, junior schools, primary schools, secondary schools and special schools. Presentations were undertaken at the schools safeguarding cluster meetings, articles were placed in the heads briefing, and the Child Protection Lead for Education at all schools were contacted. The audit deadline was extended and a reminder letter was sent out in August 2016 to all Head Teachers to encourage as wide-ranging a response as possible.

Of the 114 audits sent out to local educational establishments -

- 56 schools successfully completed 100% of the audit;
- 10 schools completed between 90-99% of the audit;
- 6 schools completed between 50-90% of the audit;
- 8 schools started the audit however completed less than 50% of questions;
- 34 schools did not commence the audit.

s.175 Audit Themes

All schools that started the audit (hereafter referred to as 'All schools') have an identified designated safeguarding lead, who is fully trained, with a deputy. All except one school had updated the CP Lead for Education when the designated lead had changed.

All schools identified that child protection training was facilitated, either at INSET sessions, at induction or on an annual basis. Strategies used when staff are absent included E-learning or informal training session with the DSL.

Schools who reported that they did not have a staff handbook, noted that information about the child protection policy and who to contact was available as leaflets/flowcharts or on the school's network. All schools reported having child protection as a key part of induction for new starters.

All schools identified that decision regarding referrals are made via discussions with the safeguarding leads/teams and often with consultation with CP lead for education or MASH/Triage. All schools identified having a whistle blowing policy and identified a variety of ways of updating safeguarding procedures to staff - via training, discussion at team meetings, INSET day sessions, staff bulletins. Only one school identified that they "sent out the policy" and did not identify any form of discussion/training.

All schools identified measures in place to ensure children's voices are heard, that opportunities are provided for them to talk about anything that concerns them and that additional support was available for children at risk of, or have disclosed abuse, these included worry books, availability of learning mentors/pastoral staff, school counsellors, circle time, PSHE, open door policies, posters, growth and nurture groups and other groups.

Schools consistently identified the use of their websites for providing information to parents in respect of their safeguarding responsibilities. Other means of communicating with parents frequently included newsletters, notice boards, annual questionnaires, home/school link books. Many primary/infants/junior schools identified having an open door policy to encourage parents to seek advice, and using a home/school link book to communicate messages.

Schools consistently identified undertaking a parental questionnaire/survey to gather parent's views. In respect of e-safety schools report information being provided to parents via school website and e-safety briefings/evenings, although comments indicate that attendance at events is mixed.

Impact & Outcomes

It is expected that schools take forward any areas of identified improvement and implement improvements themselves in their business plans. Anecdotal feedback from schools indicate that many schools have used the audit as a reminder to update policies, and these were done in the summer term (2016), or identified as an action for the autumn term.

Where schools had identified areas of development or concern, the Child Protection Lead for Education from Children's Services has contacted the school in question to discuss and develop a plan to address any identified safeguarding issues.

Where schools did not respond to or complete the majority of the audit, the LSCB will write to these schools by July 2017, highlighting the value of completing the audit of safeguarding processes and outlining that the next s.175 Audit will commence in January 2017.

iii) Community Midwifery & Child Protection Case Conference Audit

A concern was raised by The Hillingdon Hospital at the LSCB Case Review Subcommittee in November 2016 that community midwives felt that their input was not adequately sought or incorporated into Child Protection Case Conference decision-making or subsequent Child Protection Plans. Concern was therefore held that the key role of midwifery in pre-birth and immediate post-birth child protection as not being adequately emphasized and supported by the multi-agency network.

In order to examine this issue, the LSCB Business Unit completed a focused thematic audit of the minutes and linked Child Protection Plans between 01.06.2016 to 16.12.2016 (53 conferences). This cohort included -

- every Pre-Birth Initial Child Protection Case Conference in the identified period;
- every Review Child Protection Case Conference prior to the child's birth (where applicable) in the identified period;
- every Review Child Protection Case Conference held within 28 days of birth in the identified period.

Key Findings included -

- That there was a significant proportion of Child Protection Case Conferences where a midwife was not present and written information was not provided;
- That there was a significant proportion of Child Protection Case Conferences where Child Protection plans did not consider and provide for the safeguarding role of midwives in the meeting minutes and Child Protection Plans;
- That there was considerable evidence in meeting minutes to suggest that the contribution of midwives is either not sought, not being fully minuted, or contributions provided by midwives contain limited analysis of risk.

Impact & Outcomes

The Community Midwifery Service & Hillingdon Children's Services Service Improvement Team have both acknowledged the findings of this audit and have devised action plans to further explore and address the issues identified in this audit. The Community Midwifery Service has utilised the findings of the audit to support a re-structure of local midwifery services to ensure more continuous midwifery services from an allocated midwife for expectant mothers.

The Service Improvement Team has taken on board feedback around ensuring that the views and attendance of midwifery at Child Protection Case Conferences are consistently detailed and minuted in full and that Child Protection or Child In Need Plans incorporate SMART tasks for midwifery in working to safeguard children and families.

The LSCB plans to complete a review audit of this issue in the fourth quarter of 2017 to ascertain what actions have been taken, what change has occurred and the influence this has had on outcomes for children and families.

iv) Joint Strategic Safeguarding and Trafficking Audit

The LSCB Business Unit in partnership with UK Border Force (Terminal 2) and Children's Services is at an advanced stage of a joint-agency case audit around the journey of Unaccompanied Minors - some of whom were identified as suspected trafficking victims - from point of entry at Heathrow through to the first few months of their time as Looked After Children in Hillingdon. This audit is near completion and it is intended to be presented at LSCB Board Meetings in June 2017.

v) MASH Health Check

Hillingdon's Multi-Agency Safeguarding Hub (MASH) has been in place since 2014, providing a single point of contact for all child safeguarding concerns in Hillingdon. As this model of multi-agency working has now been in place for over two years, the LSCB has decided to look at lessons that can be learned in keeping children safe from the experience and expertise that has developed in the MASH.

To this end, the LSCB in conjunction with Hillingdon Children's Services are actively developing a 'MASH Health Check' process. This will combine quantitative data measures with qualitative information-gathering to obtain an holistic overview of the multi-agency strengths of the MASH in keeping children safe and to identify areas where further development is needed. It is envisaged that this Health Check will be completed by summer 2017.

vi) Childminding, Early Years & Children's Centres Audits

Audit tools have been devised and readied for distribution to Childminders, Early Years Centres and Children's Centres in Hillingdon. These audits are context specific, self-assessment questionnaires along similar lines to those sent out to schools and other community organisations as per the s.11 & s.175 audits outlined above.

These tools are now ready distribution and it is anticipated that they will be circulated to relevant childminders, Early Years Centres and Children's Centres by June 2017.

vii) Toxic Trio Audit

Upon completion of the MASH Health Check, the LSCB intends to complete a multi-agency case audit with regards to the prevalence of and agency response to the Toxic Trio (mental health, domestic violence & substance misuse). The Serious Case Review regarding Baby W (published by the LSCB in April 2017) noted aggregation of risk factors as significant in the circumstances surrounding the death of Baby W and as such, the LSCB will undertake this audit with a view to understanding how we are responding to this cluster of risk factors as a multi-agency safeguarding group. It is anticipated that this audit will be completed in October 2017.

viii) Neglect & Multi-Agency Early Help Audits

Upon the completion of the audit exercises outlined above, the LSCB is looking to complete multi-agency audits around safeguarding arrangements for Neglect and Early Help in Hillingdon in line with board priorities.

ix) Further Audits

Consideration will be given to subsequent audits around safeguarding areas such as Private Fostering, Signs of Safety and Domestic Violence in the second half of the year as appropriate.

9. Safeguarding Children in Hillingdon

Hillingdon LSCB needs to be assured that safeguarding children in Hillingdon is a priority for partners and through this work children are kept safe. This section highlights the areas of safeguarding that the Board are prioritising and what has been achieved.

9.1 Safeguarding children and young people at risk of radicalisation

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:

a) 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, Community Mental Health Service, Adult Services, Community Health, Hillingdon CCG, Hillingdon and Harefield Hospitals, Youth Offending Service, Children's Services and Hillingdon LSCB.

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.

b) 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.

c) 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.

2500 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 agency's 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.

d) 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.

9.2 Missing

Children's Services have continued to develop strategies and working approaches to increase safety and prevent young people from going missing or being at risk of Child Sexual Exploitation (CSE). Recognising the risks and vulnerabilities of young people going missing a robust approach continues to assessment, management oversight and learning from return home interviews. A missing register has been developed with data commencing from April 2015 that provides both current and historic information relating to missing from home, care and education. This data provides themes and vulnerabilities for specific young people that are shared with multi agency partners. A fortnightly virtual missing panel has been formed that provides regularly management scrutiny and oversight of all young people who are missing to ensure necessary processes are being followed in order to achieve safety without delay.

NYAS is an independent organization that provides children in care and care leavers in Hillingdon with advocacy support and to assist children and young people in resolving their concerns and complaints by providing independent and confidential information, advice and representation. In 2016/2017, NYAS received 135 referrals and supported each of these young people.

NYAS also provided volunteer Independent Visitors for looked after children with 13 Hillingdon looked after young people having a Independent Visitor undertaking activities including swimming, eating out, and trips to the cinema, bowling, theme parks and recreational parks.

In August 2016, NYAS began independent return home interviews for children and young people open to all teams across Children's Social Care. Since this time, 40 independent return home interviews have been undertaken.

9.3 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of child sexual abuse.

Sexual exploitation results in children and young people suffering harm and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.

There has been an increase in the media exposure of Child Sexual Exploitation (CSE) which has heightened awareness of the issue amongst statutory agencies as well as amongst members of the public. However, Serious Case Reviews have looked at the way that certain cases have been handled by the responsible authorities elsewhere in the country. This has highlighted the need for all organisations to look at their practices and procedures and, most importantly, to use the lessons learnt to inform the further development of our joint work on child sexual exploitation.

a) CSE Strategy & Action Plan

A CSE Strategy was developed in 2015 to ensure that the 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 builds 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 to deliver a programme designed to raise awareness of CSE in age appropriate ways and provide them with the appropriate life skills in order to prevent them becoming involved in sexual exploitation.

An action plan was incorporated into the Strategy based around the 3Ps: prevention, protection and prosecution. This action plan identified the work that would need to be progressed and clearly highlighted all responsibilities that had been agreed by the partner agencies. The action plan also included a requirement to ensure that appropriate pathways and therapeutic support were available for those young people at risk of CSE. This is reviewed quarterly by the CSE strategic sub- committee.

b) The External Services Scrutiny Committee Review

At this meeting, Members considered the progress that had been made in the Borough over the previous two years in relation to the prevention of sexual exploitation, the protection of children and young people who are being (or are at risk of being) sexually exploited, as well as the disruption and prosecution of offenders.

The Committee highlighted a number of matters as set out below:

i) Communication / Information Sharing

Despite some restrictions in relation to information sharing contained within the Data Protection Act (1998), protocols are in place in Hillingdon to share information in relation to CSE. A review of the Caldicott Principles guidance was undertaken previously so that it now includes a presumption to

share information. This change has been particularly helpful to the health sector, making it clear to health professionals when they can share information.

MASH brings together safeguarding professionals from a variety of agencies in one location. When frontline police officers receive a report, they grade and assess it and MASH officers then flag those with CSE concerns. Some of the reports reviewed by the MASH are in relation to missing persons that show no concerns relating to CSE. These reports are monitored and assessed to ensure that there are no long-term implications or links to other safeguarding concerns. If there are no further developments within six months, these cases are marked as dormant and are only reopened if further information is received.

Hillingdon Hospital regularly receives young patients from outside of the Borough and is introducing Child Protection-Information Sharing (CP-IS) which is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England. As not all of the neighbouring boroughs use the same computer system, information sharing may continue to be a challenge. It should be noted that Hillingdon Social Care is already using this NHS system.

ii) Training/Awareness Raising

A peer review had been undertaken by Havering and deemed Hillingdon's CSE training to be of a high standard. Over the last two years, Council officers have delivered training to approximately 1,200 individuals, including hospitals, pharmacists, housing officers, health education and Stockley Academy staff. This training includes examples of good and bad practice and makes the referral process clear as this is everyone's responsibility. All Councillors are a possible point of contact for the parents or victims of CSE. Training will be available to all Members in order for them to provide the correct advice and understanding of the reporting system.

A programme of training has been designed and delivered to Metropolitan Police officers. This is now included in a rolling programme of training for officers due to it's success.

With regard to schools, a wrap around service is being developed and 'SAFE!' will be delivering online workshops to Harefield School with the intention of rolling these out across the Borough. The Social Care Bill includes a statutory requirement for PSHE to cover issues such as grooming.

CSE training has been provided for GPs and there are clear referral pathways in place. If a young person is known to Social Services, it will raise a flag with their GP who can contact the MASH and/or the Designated Doctor / Designated Nurse for Safeguarding Children at Hillingdon Clinical Commissioning Group (HCCG). CSE processes at Hillingdon Hospital have also been strengthened over the last year with induction training now including CSE. Systems are in place to support staff in reviewing cases. Weekly Child Safetynet meetings are held and any young person who is known to be sexually active (for example, they if they are using the GUM clinic or maternity services) will be asked a series of questions which have been designed to help identify CSE.

iii) Looked After Children (LAC)

Training is provided for foster carers in Hillingdon to help support their understanding of CSE. Young people are allocated a social worker who will, where relevant, be involved in Multi Agency Sexual Exploitation (MASE) meetings that consider high risk cases. Young people undergo initial and annual health assessments which can highlight concerns to social workers. To help support young people,

the Children in Care Council (CICC) has identified beneficial targeted programmes such as 'Unique Swagga'.

Personal education plan (PEP) meetings are a statutory school based requirement for children in care to help track their education and promote their achievements. If a young person discloses CSE at school, officers are confident that this information will be fed back to the Virtual School.

9.4 Harmful Sexual Behaviour (HSB)

Sexual abuse perpetrated by children is unfortunately not a rare occurrence. Around one third of all sexual offences against children and young people in the UK are committed by other children and young people (Hackett 2014).

Hillingdon LSCB has commissioned a task and finish group to firstly audit, using the NSPCC audit tool, the current position of agencies in their understanding of HSB, to create a HSB strategy and to implement the NSPCC Framework. The framework aims to support local work with children and young people who have displayed HSB, and their families, by delivering and developing clear policies and procedures, and by refreshing local practice guidelines and assessment tools. This work has only just started and a full report will be included in the 2018 annual report.

9.5 Domestic Abuse (DA)

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

The DA Steering Executive informs the LSCB of the successful achievements of the subgroups in reducing the risks of DA and VAWG to victims and survivors. Providing equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DA/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, this year's conference focused on the topic 'Sexual Violence'. The Domestic Abuse Action Forum continues in its commitment to raise the profile of DA/VAWG and to openly state its zero tolerance of all forms of Domestic Abuse and other harmful practices.

9.6 Female Genital Mutilation (FGM)

a) 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.

b) 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, CCG and GPs), Community Safety Partnership, Hestia, UK Border Force (UKBF), 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.

c) 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. A half day workshop has also been commissioned for all professionals to understand what FGM is and the impact on adults and children.

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, and can be accessed via the HLSCB website.

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

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.

d) 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.

e) 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.

9.7 Elective Home Education (EHE)

a) Legal Context

Every parent has a right to provide Elective Home Education (EHE) for their school age child(ren).

This means that, rather than attending school, parents take full responsibility for providing education to their child(ren) outside the school environment, which could be at home or elsewhere.

b) What the law says -

Section 7 of the Education Act 1996 provides that:

"The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable -

- to his age, ability and aptitude, and
- to any special educational needs he may have,

either by regular attendance at school or otherwise."

Current law does not require parents to inform the Local Authority of their arrangements to home educate. The information most Local Authorities hold on children receiving home education are from parents taking their children off a school's roll and giving EHE as their reason. Furthermore, the local authority has no power of entry to evaluate whether the education being provided by a parent meets the requirements of section 7 (Education Act, 1996). Guidance states that local authorities can make contact with families providing EHE and, although the families are not required to engage with us, it would be sensible for them to do so.

c) Hillingdon's Policy

In Hillingdon, action is being taken to strengthen engagement with families who have chosen to home educate. Families are contacted on occasions to request evidence of the education being provided, and this can take the form of, for example, the family providing samples of work or a meeting being arranged either at home or elsewhere to go over the type of provision on offer. The purpose of the meeting is not to establish the quality of the education, or to establish that certain subjects are being taught (there is no requirement for a family to follow any curriculum), but rather to establish that the education provision is full time, efficient and suitable. Following an assessment, a report is provided to the family which will summarise the education being provided and identify whether, or not, the local authority has any concerns.

d) The Hillingdon Picture

271 children are currently (as of 27th March 2017) known to Hillingdon Council to receive an elective home education. This is the highest number of children ever recorded by the council. (At the same point in 2016, 235 pupils were known to be receiving EHE).

This breaks down as 112 primary aged children and 159 secondary aged children. 142 of the pupils are girls and 129 are boys. The two largest demographics where we have records are White English/British and Travellers of Irish Heritage.

88 pupils have started receiving home education since 1st September 2016.

e) Improvements implemented since 2015 -

Improving Information to Parents -
A dedicated webpage is now in place which brings together information for parents as well as useful links and contacts for further support.

Seeking the Views of Residents
An Elective Home Education Survey has been produced and this has been sent to a sample of parents in spring 2017, with a view to sending out to all EHE parents in the summer.

EHE Policy Document Has Been Updated
Hillingdon's EHE policy has been reviewed to ensure all contact information is up to date. The policy has not been changed fundamentally, but is now reviewed every spring.

Joint Working
The School Placement and Admissions team work closely with the Special Educational Needs and Disability team as there are 11 children with an Education, Health and Care Plan who are known to be in receipt of EHE. Officers also work closely with Social Care to ensure coordination and careful risk assessment.

f) LSCB involvement

Elective Home Education has been one of the Chair's Challenges at recent Operational, Board and Executive LSCB meetings.

The challenge for the local authority is to:

- Ensure as many children receiving EHE in Hillingdon are known to us;
- Ensure that the quality and suitability of education is up to standard.

LSCB are promoting that agencies work together to help identify children who are receiving elective home education as well as providing ongoing safeguarding where required for children at risk of harm.

The most recent actions discussed at the LSCB meetings were

- EHE survey to be circulated - This has been sent to a sample of parents and we will seek feedback from those parents before sending to all other EHE parents
- Commitment to professional development of professionals - A Professionals Briefing Sheet has been agreed and the School Placement and Admissions team will be arranging Bitesize training events for professionals.
- Access granted to LCS (Social Care database) for senior admissions staff.
- Quarterly data on EHE is provided for the EHE dashboard, for ongoing monitoring.

The following actions will require continued support from the LSCB panel members

- Commitment for information sharing from NHS sources (eg A&E, GPs etc)
- Support to use alternative avenues to identify children in Hillingdon not in school and not classified as Children Missing Education (for example housing database).

10. Key Safeguarding Activities

10.1 Early Intervention and Prevention Services (EIPS)

a) Service purpose

Working together with families who most need our support, so that they may develop the capabilities required to be self-reliant and prosperous.

EIPS does this through the provision of:

- Child and Family Development Services: Securing and providing a range of early learning, childcare and family development services delivered through early years centres and children's centres;
- Families' Information Service: providing information, advice and assistance to families in the borough regarding childcare, early education and other services that may be relevant to them;
- Health Visiting Services: Supporting families before new babies arrive, in the early weeks following birth and during the early years by providing a range of services including antenatal visits, health reviews, parenting support and child health drop-in clinics;
- School Nursing Services: School health nurses work in partnership with parents, school staff, GPs, health visitors, and other agencies to protect children from serious disease, through screening and immunization, reduce childhood obesity by promoting healthy eating and physical activity and identify health issues early, so support can be provided in a timely manner;
- 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;
- 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; and
- Youth Offending Services: 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.

b) Progress on safeguarding priorities, impact and outcomes for children & families

- Implementing the Early Intervention and Prevention Strategy 2016 - 2019 with partners and fully embedding structural changes in the Early Intervention and Prevention Service. Recent changes include a move towards full staffing of all service divisions, the commissioning of an integrated Healthy Child Programme and the development of a locality-based, 'family network' model of early support provision for the delivery of the Children's Centre programme. Work is being progressed to finalise strategic priorities and implement revised strategy and operational plan for 2017 - 2018;
- Good progress has been made on ensuring the Lead Professional, Early Help Assessment (EHA) and Team Around the Family (TAF) processes are consistently applied by all partners. A review of the EHA and TAF processes was undertaken with partners in order to ensure the process was as streamlined and user-friendly as possible. Required changes were made, endorsed by the LSCB and implemented. As a result, a range of practitioners including key

workers, social workers and housing officers play a central Lead Professional role in securing troubled families related outcomes. Of the 1,036 identified as experiencing multiple and complex challenges as defined by the Troubled Families programme, 244 (23.5%) have achieved and sustained significant progress in relation to a minimum of 2 of the 6 prescribed criteria to date. EIPS is Continuing to progress service development and partnership activity in order to deliver outcome requirements of the extended Troubled Families programme;

- 408 EHA and TAF training events were delivered during 2016 with 278 delivered to date during 2017. The 2017 sessions have been delivered to managers and practitioners across the partnership with participants ranging from teachers to health visitors and school nurses. The number of actual EHA's and TAF's completed for the year are as follows -

	2015/2016	2016/2017 (to 23.03.17)
EHAs Completed:	253	252
TAFs Completed:	234	222

Safeguarding priorities for 2017/18:

- Continuing to increase and strengthen the application of the EHA and TAF processes;
- Developing our locality-based model for family support.

10.2 Multi Agency Safeguarding Hub (MASH)

In order to be responsive to the changing needs of children and young people resident in Hillingdon, the MASH provides a structure, ethos and initial foundation for effective safeguarding and the provision of family support services. The formation of a multi agency, interdisciplinary team enables five social work senior practitioners and a manager to work alongside a range of partner agencies to begin the social work process of engagement, information gathering, assessment and the provision of services for vulnerable children and their families. Five triage officers, supported by their team leader, screen a high level of contacts determining which require to be signposted to more appropriate forms of support, whether the service users or professionals request can be met through the provision of information and advice or if the information provided constitutes a referral. The co-location of triage, MASH as well as partner agencies including Victim Support, Housing, Education and health fosters a rapid collation and sharing of information to determine robust threshold decisions. In doing so, the best interests of children remain paramount whilst being mindful of the legal, policy and organisational framework for involvement and intervention. This is addition to the views of parents, carers and families in the decision making process in accordance with the principles of service user involvement, collaboration and partnership with parents.

Whilst the MASH has proven to be effective in one of the most challenging social care environments in London, the dedication of staff and passion for improvement has enabled the team to remain dynamic in the pursuit of excellence. The team's capacity to efficiently manage a particularly high volume of contacts and referrals is considered in the context of the commitment to more consistent threshold decisions, the timeliness of decisions and the monitoring of contacts with the outcome of signposting as well as information and advice. This is in order to improve the life chances of children

supported by universal services, children with additional needs, complex needs and children deemed at risk.

To further the progress achieved a new and innovative model is being proposed to fully integrate the referral and assessment duty team with the MASH. This will be achieved by the duty manager having oversight and making operational decisions in relation to the child's journey through the process of contact, referral and needs based assessment. This is with a view to safeguarding and promoting children's welfare and development from point of contact in triage to the agreed point of transfer or closure subject to assessment. The role of NGO's and the integration of a children's champion for potential victims of trafficking is being explored and implemented moving forward.

10.3 Corporate Parenting and Looked after Children's Rights and Participation

London Borough of Hillingdon is committed as corporate parents to provide the best care and support to its Looked After Children and Care Leavers population. The Corporate Parenting Board (CPB) is chaired and attended by elected members, officers and young people and is guided by the question "if this were my child...".

The CPB meets 6 times a year, with young people from Hillingdon's Children in Care Council sitting on the board. The views of the Children in Care Council are presented by the Children's Rights & Participation Team. The CPB is informed by 5 working groups, also chaired by elected members to drive forward the work of the board.

The Children's Rights & Participation Team undertakes monthly visits to London Borough of Hillingdon in-house residential units to support young people and signpost them to other services where required. The Children's Rights & Participation Team also engages with semi-independent accommodation provision in Hillingdon to ensure that young people are aware of their rights and participation opportunities.

The Children in Care Councils Talkers (7-11yrs), Step Up (12-15yrs) and Stepping Out (16+yrs) meet on a monthly basis alongside Christmas and summer holiday activities. They have been involved in consultation on subjects including sibling contact, health, mental health, participation and changes to 18+ transport allowance.

The Children's Rights and Participation Team have successfully developed the 'Myreview' consultation documents to support young people to have their voices heard and views taken into account in preparation for LAC reviews. The team is also part of a London-wide participation forum to share good practice and ideas to support participation for looked after children.

The last 12 months has also seen a number of participation activities which our young people have been involved in:

- Care leavers conference July 2016;
- 48 young people attended the day which focused on raising awareness of mental health;
- Care leavers questionnaire - 88 young people completed the care leavers questionnaire, which has been analysed and recommendations made by young people incorporated into the CPB working group plans;
- Kids in care awards (KICA) September 2016;
- 144 children and young people were awarded with 14 young people being on the KICA panel, organising and comparing the event; CPB training to support young people in understanding the role and responsibilities of the board;

- MyBNK money workshop to support young people to develop the skills and knowledge to become financially independent.

10.4 Local Authority Designated Officer (LADO)

High Profile Cases:

Professional/Volunteer	Allegation	Outcome/Update
1. Teaching Assistant	Husband of TA has been arrested for producing indecent images of children. Concern that mother did not safeguard children in the family home.	Husband has pleaded guilty and awaiting sentencing. TA is in process of being dismissed for breach of trust.
2. Table Tennis Coach	Concern that he had not followed safer recruitment of a 16yr old and concerns around CSE as he referred 16yr old female to another coach for money. The other coach gave the 16yr old gifts/money.	Police Investigation led to No Further Action, as 16yr old withdrew her concerns against adult coaches. Table Tennis Coach has been given a warning and additional training around safer recruitment.
3. Police Officer	Wife accused Police officer/husband of domestic abuse and rape. Wife expressed concerns for own child. Police Officer countered that wife has mental health issues.	On-going police investigation. Police Office has been redeployed to desk duties.
4. Trainee GP	Charged and been found guilty of driving under the influence of alcohol with 2yr old child in car, leaving the scene of a Road Traffic Incident and being intoxicated in charge of a child below the age of 7yr.	Mother has been suspended from direct contact with patients at this time. Sentence included fine, community service and driving course. General Medical Council are making a decision about her future at present.
5. Sports Complex Manager - Private School	Arrested for making and downloading indecent images of children and having illegal substances in property, located on the school grounds	On-going police investigation. School have dismissed him for admitting to having illegal substances on school premises.

a) National LADO Themes

1. In keeping with national newspaper headlines, Hillingdon has been affected by allegations being made against sports coaches, both historical and current.

Historical - 3 requests for information from the Police about former football coaches in the Hillingdon area, dating back to the 80's. The Local Authority has no knowledge of these coaches or any previous allegations.
Current - Active on-going police investigation into - 2 football coaches, 1 Rugby coach, 1 swimming coach and 1 cricket Coach.

2. Historical allegations against Religious members.
   Currently, there are two live police investigations of historical sexual abuse.
   a) A vicar of the Church of England - Historical allegation from a man who states he was sexually abused in the 70's. A second victim has come forward also alleging sexual abuse. Currently, the vicar has been suspended.
   b) An Imam - Historical allegation from a child of sexual and physical abuse. On-going police Investigation. From the investigation so far, it would appear the mosque has said the Imam does not work with them and he is a lone member of the community.

b) LADO Themes in Hillingdon

Designated Responsibility for Foster Carers - From LADO investigations, there appears to be uncertainty as to whether foster carers are clear on balancing the right to family life and leaving foster children with unconnected people not known to the Local Authority. One example is a Foster Carer left a Looked After Child with a friend overnight and said he thought he was able to do so as the person had designated responsibility. It is not clear to foster carers how long a Looked After Child can be left for and whether these carers need to be checked/known to the Local Authority.

Taxi Drivers/Passenger Assistants - The LADO has received several referrals about children with special educational needs and disabilities being restrained or mishandled by transport staff when travelling to or from school to home. A theme from the LADO meetings is that these staff often do not have any training to manage children with additional needs. This is at a time when the child is likely to be most vulnerable, because as we know, most children with additional needs struggle to manage change and transitions from one setting to another.

Police referrals - The LADO has excellent and effective working relationships with the Child Abuse Investigation Team, Met Police and these referrals flow both ways and are managed in a timely manner. There has been concern that referrals from other police teams are not being passed on effectively. The LADO has experience of contacting police officers who do not know what the LADO function is or that they should have referred onto the LADO within one working day. ACTION - The LADO is booked to deliver 14 Professional Development Trainings over the coming months starting in July 2017, to make police colleagues aware of the LADO functions and the police's responsibilities across the Hillingdon Borough.

c) Impact of LADO

The following initiatives have or are due to be implemented to ensure that the LADO process is robust and safeguarding children from professionals and volunteers who have had allegations made against them:

- Addressing the Primary Head Teacher's Forum to network and deliver awareness training about when to refer and what are the Head Teacher's responsibilities.
- Developed a strong working relationship with the Sergeants of the Child Abuse Investigation Team, with a good understanding for each other's thresholds.
- Both the Child Protection Lead for Schools and the domestic Violence Lead for Schools are filled with permanent staff.

- All of the LADO referrals and minutes/actions will be recorded on LCS, under the Allegations tab by July 2017, so that staff that need to can access information.

11. Participation & Engagement

11.1 Engagement Projects

The Board continues to provide information and raise awareness of safeguarding to members of staff, but also members of the public. The following methods have been developed to ensure that our safeguarding message is heard.

International Women's Day: Hillingdon LSCB provided a stall at Botwell Library to provide information to members of the public on the work that we do and to promote our Twitter and Website.

The day event was very successful with lots of visitors to the stall who were initially unaware of the amount of information available on our website.

White Ribbon Day: Hillingdon LSCB continued to support and promote White Ribbon Day which this year had the theme of sexual violence. The event was extremely well attended and we will continue to support this event in the future.

11.2 Media Engagement

Twitter: @hillingdon_lscb

Hillingdon LSCB launched a Twitter account in September 2016. Currently we have over 500 followers. Regular, relevant information is posted each week. From this we have developed a Twitter summary that is distributed to front line social work staff highlighting articles and news stories.

Website: http://hillingdonlscb.org.uk/

The development and launch of the Hillingdon LSCB website has proved to be a huge success. Members of staff, both internal and external, are using the site as a useful resource. We have also had feedback from a member of the public:

"My name is Jessica and I came across your website at http://hillingdonlscb.org.uk/parents/useful-links/ while searching for ways to keep children safe in the home, as I am expecting my first very soon :)

Firstly, thank you, I found your website very useful.

I have also found another page that may be worth adding to your site. It's a comprehensive guide to keeping children safe in the home. It contains tips on keeping children safe from medications, harmful chemicals, electrical appliances and much more.

The article can be found at: http://householdquotes.co.uk/keeping-children-safe/

I would love to know what you think.

Kind Regards,

Jessica"

As noted in Section 5 above, the Hillingdon LSCB website has had a significant number of users visit the page since its inception in October 2016. The LSCB will consider how to further develop and

promote the site to encourage more visitors to view our safeguarding material as part of its wider engagement plan.

Newsletter: Hillingdon LSCB continue to produce a quarterly newsletter that is distributed to all front line staff. The Newsletters can also be found on the Hillingdon LSCB website http://hillingdonlscb.org.uk/what-we-do/events-and-news/

12. LSCB Sub-Committees

12.1 Performance and Quality Assurance Sub-Committee

The Performance and Quality Assurance Sub-Committee brings together key safeguarding partners across Hillingdon. The role of the committee is to promote high standards of safeguarding work, foster a culture of continuous improvement and multi-agency accountability and ultimately to provide assurance regarding safeguarding arrangements in Hillingdon to the LSCB Executive Board.

This is achieved by all agencies sitting down together and reviewing a 'scorecard' of performance indicators from all partners. This scorecard has been reviewed and updated with a much wider range of performance indicators from safeguarding partners.

Wherever a possible trend or outlying figure is identified, the owner of the indicator provides commentary around this and all agencies consider together what may be causing this, provide feedback from their own area of expertise and highlight what may be required to address the trend, if this is felt to be an area of risk. In this way, multi-agency scrutiny of performance data to identify areas of risk occurs.

Challenging and driving service improvement

Where agencies feel that further investigation is needed to fully understand whether an indicator or trend indicates risk or concern, a 'deep-dive' audits is completed. The agency that owns the relevant indicator is asked to conduct further enquiries and provide more information to the Sub-Committee, outlining any underlying performance issues and practice conditions that might be influencing the trend and whether this suggests risk to children. The deep-dive process also calls for remedial actions to be identified to address performance and risk. The P&Q Sub-Committee seeks to complete a deep dive audit each quarter.

Improving partner engagement

The P&Q sub-committee is only effective where there is robust attendance and engagement from partners. There has been a real focus on establishing better working relationships and drawing in a broader pool of partners such as the UK Border Force and Fire Service as well as establishing relationships with a wider array of police teams that have a role in safeguarding. Improved relationships has meant access to wider array of safeguarding data to ensure that concerning trends are identified.

Actions & Impact

P&Q Subcommittee members have completed deep dive audits on the following areas –

a) Child Presentations to The Hillingdon Hospital A&E Department due to Drug & Alcohol Misuse

This analysis of this deep dive audit is currently in the process of being finalised by The Hillingdon Hospital.

b) Children on Child Protection Plans for 18+ months

This deep dive audit was requested by the P&Q subgroup after performance data across 2016-2017 indicated that there were a number of children across the year to date who had been subject to

Child Protection Plans for two years or more. Taking into account this metric, the P&Q Sub-Committee requested a deep dive audit by the Quality Assurance Service regarding the circumstances of each of these children and information as to the management review processes that were in place to review children subject to Child Protection Plans for 18 months or longer.

Feedback from the Service Manager of the Quality Assurance Team was shared at the P&Q Sub-Committee meeting in May 2017 and will be referenced in the LSCB's Annual Report for the year 2017-2018.

c) Future deep dive audits

The P&Q Sub-Committee has a further deep dive planned in the 2017-2018 year around persons presenting to The Hillingdon Hospital with mental health concerns.

12.2 Learning & Development Sub-Committee

The learning and development sub-committee has developed further this year to widen its role to include representatives from the Safeguarding Children and Safeguarding Adults Board. The new joint sub-committee has a clear Terms of Reference and renewed membership. 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 sub-committee 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 & SAB Learning and Development sub-committee include:

- Implementation of the Learning and Improvement Framework
- Implementation of training needs analysis to inform training programme
- Implementation of three stage course evaluation
- Development and roll out of Safeguarding Adults Pan London procedures workshops
- Development and roll out of training package from True Honour

12.3 Child Sexual Exploitation Sub-Committee

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

It's achievements for 2016/2017 has been;

- Over 2,000 professionals and young people have been trained. One good example is that 720 pupils received training at Ruislip High.
- LBH has participated in the update of the CSE operating protocol 2017.
- The CSE resource information pack for Young people, Parents and professionals has been updated.
- The new CSE definition has been distributed to Children's social care staff and partner agencies.
- The NWG membership for children's social care staff remains in place and is updated with new memberships at regular intervals.
- CSE sessions delivered by the CSE Strategic Manager, with young people, parents and carers are proving to be positive and effective.

12.4 Case Review Sub-Committee

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.

During 2016-2017 HLSCB have published 3 serious case reviews -

a) Children X&Y http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

Two children were poisoned by their mother who then took her own life. The family were not known to agencies other than universal services prior to this incident.

Learning

There were no key areas for learning from this review although there were areas to explore to promote good practise. The HLSCB were asked to write to the DFE in order for the DFE to satisfy themselves that procedure for schools regarding the safe storage of poisons is adequate.

To ensure that Midwifery ask expectant Mothers as a matter of course if they have experienced Domestic Violence. Although it's important to state the domestic violence did not feature within this family dynamic.

What has changed?

The DFE confirmed that they have reviewed their procedure for schools regarding storage of poisons and are satisfied that it is fit for purpose.

The Midwifery service has developed a safeguarding team that ensures that midwives receive regular supervision and updated training, including awareness regarding domestic violence and practice.

b) Death of a young person http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

A young person and their Mother held hands and both jumped in front of a high speed train at a busy London station.

Learning

Following an extensive review of agencies involvement and interviews with practitioners and family members, the independent review concluded that there was no learning and therefore no recommendations following this serious case review. The conclusion was that this was a tragic event that could not have been predicted.

c) Baby W http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

A baby on a Child Protection Plan presented at The Hillingdon Hospital with multiple fractures. Both parents denied causing the injuries. The baby made a full recovery.

Learning

HLSCB should conduct a multi-agency review of practice where the 'Toxic Trio' have been identified as a feature of the case.

The Hillingdon Hospital Trust should be asked to establish a system whereby records in relation to an individual are accessible to all departments within the hospital.

Children's social care should review their assessment format in order to ensure that, where first time parents are being assessed, all of their previous contact with Health, Police and Children's Social Care is sought. This should include mental health, drug and alcohol misuse, A&E and GP attendance. Assessments need to be scrutinised to ensure that the role of the Father and their background history is clear at the earliest possibility.

The CCG needs to review the time that a GP has available to assess first time parents.

HLSCB should review practice and develop training to assist practitioners in identifying on-going and changing risk and disguised compliance and where a decision not to refer is made how this decision is recorded.

Midwifery services to review their current safeguarding arrangements.

A review of agency contributions at Child Protection Case Conferences in order to ensure the best outcomes for the child.

What has changed?

This case has only recently been published and the subcommittee have developed an action plan to ensure that the recommendations are carried out.

Work to date:

Midwifery has reviewed their service and a safeguarding midwife who will be independent of the team will be recruited and supervision within the midwifery team will commence.

CNWL have trained all staff regarding visits to new parents and the need to report concerns and discuss concerns that are not clear cut with their supervisor.

An audit of Child Protection Pre-Birth case conferences has been undertaken and recommendations have been agreed by the HLSCB Executive Board. The Case Review Sub-Committee will ensure these are implemented.

Supervision training has been provided across all agencies.

12.5 Joint Strategic, Safeguarding and Trafficking Sub-Committee

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, Her Majesty's Immigration Detention Centre and the Local Authority. 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.

Border force has participated in an audit alongside children social care looking at the journey of the child. The sub group will monitor the recommendations from the final report and report back to the LSCB.

The LSCB attend safeguarding meetings that are held monthly at H.M.Colnbrook Immigration and Detention Centre. The LSCB has requested that data reported at these meetings are shared with the Board. This request has been made to the Home Office and we await a response.

12.6 Child Death Overview Panel (CDOP)

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.

CDOP are required to publish an annual report that details the cases that have been heard and any prevention programmes that have taken place. This will be published on the LSCB website in September.

A brief snapshot of our current figures is that from April 2016 to April 2017 we had 20 child deaths. Of these 8 deaths were classed as having modifiable factors and 12 with no modifiable factors.

Modifiable factors mean that there may have been actions taken that may have prolonged life expectancy, or measures taken to prevent an accident occurring.

Of the 8 deaths where it was identified that modifiable factors existed; 1x neonatal death,3x life limiting condition, 1x sudden unexpected death in infancy, 1x road traffic accident, 1x drowning, 1x suicide. It needs to be pointed out that none of these cases led to a serious case review.

The DFE published the Wood Report, a review of the role and functions of LSCB's, together with the government's response on 26 May 2016. The review found that the gathering and analysis of data on child deaths is incomplete and inconsistent, leading to a gap in knowledge. It suggests that child deaths need to be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death. It suggests greater regionalisation with consideration being given to establishing a national-regional model for CDOPs. The government says that evidence suggests that over 80% of child deaths have medical or public health causation and that only 4% of child deaths relate to safeguarding. Therefore, it intends to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the focus on distilling and embedding learning is maintained within the necessary child protection agencies.

13. Conclusion

2016-2017 has shown increased development of the board, embedding changes that were initiated in 2015-2016, with the continued development of the business unit and prioritising the quality assurance programme. The business unit has taken over the running of the child death process, organising rapid response meetings and the organisation of the Child Death Overview Panel. This has increased the work load of the business unit considerably, and with proposed changes to the LSCB in the future the management of the CDOP will also need to be considered. This report provides you with reassurances of the effectiveness of local arrangements to safeguard and promote the welfare of children in Hillingdon.

The 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 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, 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.

14. Appendices

14.1 Appendix 1 - Glossary

Acronym	Meaning	Acronym	Meaning
AIM	Assessment & Intervention Model	(H)LSCB	(Hillingdon) Local Safeguarding Children Board
CAMHS	Child & Adolescent Mental Health Service	LSCB BU	Local Safeguarding Children Board Business Unit
CCG	Clinical Commissioning Group	LSP	Local Strategic Partnership
CDOP	Child Death Overview Panel	MASE	Multi Agency Sexual Exploitation
CIN	Children in Need	MASH	Multi Agency Safeguarding Hub
CNWL	Central & North West London	MISPER	Missing Person
CPB	Corporate Parenting Board	MPS	Metropolitan Police Service
CPP's	Child Protection Plans	NGO	Non-Government Organisation
CSC	Children's Social Care (aka Children's Services)	NTS	National Transfer Scheme
CSE	Child Sexual Exploitation	NWG	Network for Women & Girls
CSU	Community Safety Unit	OFSTED	Office for Standards in Education
CYPS	Children & Young Persons Service	P&Q	Performance & Quality (Sub-Committee)
DA	Domestic Abuse	PSHE	Personal, Social & Health Education
DFE	Department for Education	RAS	Referral & Assessment Service
DSL	Designated Safeguarding Lead	SAB	Safeguarding Adults Board
ECPAT	End Child Prostitution, Child Pornography & Trafficking of Children for Sexual purposes	Section 47	Child Protection Investigation
EHA	Early Help Assessment	SEND	Special Educational Needs and/or Disabilities
EHE	Elective Home Education	SMART	Specific, Measurable, Achievable, Realistic, Timely (targets)

EIPS	Early Intervention & Prevention Service	TAF	Team Around the Family
FGM	Female Genital Mutilation	THH	The Hillingdon Hospital NHS Foundation Trust
HIFN	Hillingdon Inter Faith Network	UASC	Unaccompanied Asylum Seeking Children
HMIC	Her Majesty's Inspectorate of Constabulary	UKBF	United Kingdom Border Force
IRO	Independent Reviewing Officer	VAWG	Violence Against Women and Girls
L&D	Learning & Development		
LAC	Looked After Child		
LADO	Local Authority Designated Officer		
LBH	London Borough of Hillingdon		
LCS	Children's Services Database		

14.2 Appendix 2 - LSCB Budget Summary 2016/2017

Income 2016/2017

London Borough of Hillingdon	£227,586
NHS	£61,200
Contributions from Partner Agencies	£12,550
Revenue from Training Courses	£23,930
Total	**£325,266**

Outgoings 2016/2017

Staffing	£208,065
Non-Staffing	£73,778
Training	£12,550
Licenses	£4,946 (website costs)
SCR	£22,762
Chairman	£40,800
Total	**£362,901**

Variance: £37,635 overspend

14.3 Appendix 3 - Board Priorities for 2016/18

Strategic Priority	What does this mean?	Actions
To ensure that there are effective arrangements across agencies to respond to early signs of neglect, including risks to unborn babies.	The definition of neglect that the Board will work to is that contained in the statutory guidance; Working Together to Safeguard Children, (2015). Neglect often takes place in environments in which one or more of the following issues is apparent within the family unit:- • Domestic violence • Drug/alcohol misuse • Mental health issues. The Board will prioritise these three areas to tackle neglect.	• Develop a multi-agency neglect strategy owned by all partner agencies. • To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention. • 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 on plan. • Ensure the Early Help & Early Intervention programme is used appropriately in the early recognition and identification of neglect.
To ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare	We need to recognise that children and young people may face many risks. These could include: • Child Sexual Exploitation • Exploitation through the internet • Children Missing from Care, home and education • Domestic violence • Radicalisation • Female genital mutilation • Targeted youth violence • Drug abuse • Trafficking • Forced Marriage The Board will prioritise work to establish the level of risk in these areas and establish where there are gaps in service and how risk can be reduced and victims supported.	• Ensure that Task and 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. • Ensure that young people are consulted in order that any preventative interventions are meaningful to them. • Ensure preventative measures are directed at young people in order to raise their awareness and more importantly what they can do to protect themselves. • That local strategic plans are regularly reviewed and embedded into local practice. • Partners share a common understanding of risks to children and young people via training.

To oversee the implementation of the Early Help & Early Intervention programme in Hillingdon	To ensure that children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. The Board will oversee the development of an Early Help/intervention strategy engaging all partners.	• To ensure an Early Help and Early Intervention strategy is developed and implemented across partner agencies. • Agree key performance indicators that can be measured against the strategy. • The Board to be satisfied with the Governance arrangements for the Early Help and Early intervention programme.
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.	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. 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. 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.	• Effective auditing and quality assurance of partners practice. • Effective single agency and multi agency training across all agencies and organisations involved in safeguarding children • Monitoring and analysis of the Hillingdon LSCB performance web and the Board to effectively challenge. • Strong governance arrangements across all partner agencies. • An environment in which robust challenge is the norm • A clear engagement strategy ensuring the voice of the child is heard • An effective Board improvement plan that is regularly monitored at the Board.

14.4 Appendix 4 - LSCB Operational Board Members & Attendance

The charts below show the membership of both the Operational and Executive Board and the attendance of each Board member. Please note that due to the regionalisation of London Probation Service and CAFCASS are unable to continue to attend Board meetings. As partner agencies they still receive minutes of the meeting and if there is a specific issue raised that we would like them to address then they will attend for that meeting.

Name	Agency/Role	07/06/16	03/10/16	21/11/16	06/03/17
Andrea Nixon	LSCB Business & Development Manager	Y	Y	Y	Y
Ann Shelvin/Carole Jones	Schools Reps	Y	Y	N	Y
Chelvi Kukendra/Jenny Reid/Reva Gudi/Ceri Jacob	Clinical Commissioning Group	Y	Y	Y	Y
Chris Miles/Philip Powell/Vicki Hirst/Emily Grist	London Ambulance Service	N	N	Y	Y
Daniel Kennedy/Naveed Mohammed/Michael Zubek	LBH, Performance & Improvement	Y	Y	Y	Y
Dave Humphrey/Seb Florent/Emma White	Child Abuse Investigation Team	Y	Y	Y	Y
Deborah Mbofana/Kim Markham Jones	LBH, Public Health Well-being Team	N	Y	N	N
Erica Rolle	LBH, DV Forum	Y	Y	N	N
Fiona Gibbs	LBH, Prevent Lead	N	Y	Y	N
Clare Smart/Lisa Taverner/Glyn Jones/Steve O'Connor	Borough Police	Y	N	Y	Y
Graham Hawkes	Hillingdon Healthwatch	Y	N	N	Y
Helen Smith/Mick Brims	LSCB Training & Quality Assurance Officer	N	Y	Y	Y
Nikki Cruickshank	LBH, Safeguarding Children & Quality Assurance	Y	Y	N	Y
Lisa Crawshaw/Helen	CNWL Trust	Y	Y	N	Y

Willetts					
David Reid/Lucy McLeod/David George	London Fire Brigade	N	N	Y	N
Name	**Agency/Role**	**07/06/16**	**03/10/16**	**21/11/16**	**06/03/17**
Lynn Hawes	LBH, Youth Offending Service	N	Y	N	Y
Vicky Adeusi/Phil Douglas	Border Force	Y	N	N	N
Sally Morris	LBH, CP Officer for Education	Y	Y	N	N
Stephen Ashley	LSCB Independent Chair	Y	Y	Y	Y
Tendayi Sibanda/Bev Hall	The Hillingdon Hospital	Y	Y	Y	Y
Tom Murphy/Deborah Bell	LBH, Early Intervention Service	Y	Y	Y	N
Veena Majothi/Tahirah Muhammad/Kerri Prince	LSCB Laymembers	Y	Y	Y	N
Julie Gosling	LSCB Co-ordinator	Y	Y	Y	Y

14.5 Appendix 5 - LSCB Executive Board Members & Attendance

Name	Agency/Role	01/07/16	14/10/16	09/12/16	20/03/17
Andrea Nixon	LSCB Business & Development Manager	Y	Y	Y	Y
Antony Rose	Probation	Y	N	N	N
Ceri Jacob/ Reva Gudi/Caroline Morison/Jenny Reid/Sujata Chadha	Clinical Commissioning Group	Y	Y	Y	
Cllr David Simmonds	Lead Member	Y	Y	N	Y
Daniel Kennedy	LBH, Performance & Intelligence	Y	Y	Y	Y
Gavin Hughes	Uxbridge College	N	Y	Y	Y
Ian Macauley/Katie Warren	CAFCASS	N	N	N	N
Name	**Agency/Role**	**01/07/16**	**14/10/16**	**09/12/16**	**20/03/17**
Mangit Bringan/Sue Pryor	Schools Rep	Y	Y	Y	Y
Maria O'Brien/Helen Willetts	CNWL	Y	Y	N	Y
Matt Alexander/Richard Claydon/Martin Wilson	London Fire Brigade	N	Y	Y	Y
Nick Downing/Clare Murray/Colin Wingrove	Met Police	Y	Y	Y	Y
Shikha Sharma/Christina Atchison/Steve Hajioff	Public Health	Y	Y	N	N
Stephen Ashley	LSCB Independent Chair	Y	Y	Y	Y
Theresa Murphy/Vanessa Saunders/Tendayi Sibanda	The Hillingdon Hospital	Y	Y	Y	Y
Tony Zaman	LBH, Director of Children's Services	Y	Y	Y	y
Julie Gosling	LSCB Co-ordinator	Y	Y	N	Y

14.6 Appendix 6 - The Hillingdon Hospitals NHS Trust LSCB Annual Report

Name of agency	**The Hillingdon Hospitals NHS Trust**
Description of service	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. Statutory safeguarding children arrangements at the Trust are as follows: • Executive Lead for Safeguarding Children • Named Nurse for Safeguarding Children • Named Doctors for Safeguarding Children • Named Midwife for Safeguarding Children 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.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Level 1-3 Safeguarding Children Training Trust target is 80%. Figures on 31/03/2017 Level 1 91.3% Level 2 91.2% Level 3 86.1% Level 4 100% Safeguarding training is closely monitored by the Trust's Safeguarding Committee, at Divisional performance reviews and by the Learning and Development department.
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM Prevent	These topics are part of the level 1-3 Safeguarding Children training mandatory training. In addition to the mandatory training the topics are also covered as stand-alone sessions: • CSE sessions delivered by Child Sexual Exploitation Prevention Manager dates for the whole year available. Risk assessments are done for all sexually active children attending the Emergency Department and Minor Injuries Unit. • FGM is delivered as part of core Safeguarding training, The Duty to report identified or reported FGM cases has been communicated with all members of staff at all levels including induction • Domestic Violence and abuse (DVA) –Stand-alone sessions for DVA were commenced and are well attended by staff. This has seen an improvement in identifying and signposting patients and staff suffering DVA • Prevent WRAP training booked for the year.

Regulator inspection in reporting period and outcomes	The Care Quality Commission (CQC) visit of October 2014 and follow up May 2015 The outcomes were reported to the LSCB last year. There has not been another CQC inspection.
Progress on safeguarding priorities in the reporting period	Below are priorities that were set for 2016/17. **1. To instigate the learning from Serious Case Reviews and Domestic Homicide Reviews from the last year** Learning from Serious Case Reviews (SCR) and Domestic Homicide Review (DHR) continues within the Trust. In November 2016, a learning event for one of the Serious Case Reviews was well attended by different departments within the Trust. Positive feedback was given by the attendees. Safeguarding Children Training and Supervision has been adapted to ensure that learning from SCR and DHR is continual There are plans for further events for another SCRs **2. By the end of the year, the Trust to have established a process of monitoring Safeguarding supervision.** Supervision is currently being monitored via a database owned by Safeguarding Children. There are plans that the recording of sessions is done on the Trust Database held by the Learning and Development Department. This will make supervision progress more visible to persons interested. **3. 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.** The Safeguarding Children Policy was updated to ensure that the Minor Injuries Unit (MIU) get clear guidance regarding the referral system within the Trust and with other agencies. The Paediatric Liaison Services has ensured that there is clear communication between the main hospital and MIU **4. To work with Social Services colleagues to ensure social worker presence at A&E Safety Net meetings.** MASH Senior Practitioner now attends the A and E Safety Net meetings on a weekly basis. There is clear communication whenever this is not possible. MASH receives minutes for all meetings and update is always given.
Safeguarding priorities for 2017/18	• To Improve on existing liaison arrangements with Ealing Social Care and Community Health Services • To establish an electronic Interagency Referral to ensure that referrals are sent in a more timely and secure manner • To fully establish the Child Protection Information System (CP-IS) within A and E and Minor Injuries Unit

	• To continue the implementation of learning from Serious Case Review s and Domestic Homicide Reviews • Achieve CCG target for Safeguarding Children Training • To establish Safeguarding Supervision in area where staff works directly with children and their families • To establish a Safeguarding Caseload holding team for maternity services. This will ensure that safeguarding cases have an allocated midwife.
Good news stories	• Hillingdon MASH Senior Practitioner now attending the Multi-Agency A and E meetings. Minutes of the meeting are shared with MASH. Updates are given regarding Social Care decisions on referrals made each week. • Ealing Social Worker, Paediatric Liaison Health Visitor and Family Nurse Partnership attend monthly Maternity Safeguarding Children Meetings. This have been seen to improve communication between the agencies • Safeguarding Supervision is well established and regular with the TUDOR Sexual Health Service.
Good practice examples	• Our multi-disciplinary and multi-agency safety net work meetings continue to be an effective way of working 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.
Any other comments	

14.7 Appendix 7 - NHS Hillingdon Clinical Commissioning Group LSCB Annual Report

Name of agency	NHS Hillingdon Clinical Commissioning Group (CCG)
Description of service	NHS Hillingdon CCG is a statutory NHS body with a range of statutory responsibilities including safeguarding children and adults. 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. 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. Safeguarding forms part of the NHS contract.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Level 1 – 100% Level 2 – 100% Level 3 – 100% Level 4/5 – 100% PREVENT Awareness –100% The Named GP delivers training to CCG staff as well as GPs and Practice staff.
Regulator inspection in reporting period and outcomes	In quarter 3, the CCG took part in a joint Hillingdon inspection by CQC and Ofsted for Children and Young People with Special Education Needs and Disability (SEND) as set out in the Children and families Act 2014. The findings from the inspection identified many areas of strengths. There is an action plan in place to address those areas of improvement that were identified. The CCG has already identified a need for a Designated Clinical Officer (DCO) to complement the Send Paediatrician (Designated Medical Officer) and is in the process of recruiting to that post. It was noted that the CCG is committed to successful implementation of the Special Educational Needs reforms. The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations and will interrogate and review any gaps.
Challenges in the	**Child Protection Information System** (CP-IS) has proved to be challenging

reporting period	for Unscheduled Care Providers. However they are all working in collaboration with key Providers across North West London and NHS Digital (London) to ensure successful compliance by the end of 2017. **Child House/Child Sexual Abuse Hub** - This commissioned Review (by NHS England) has now been completed but work continues towards a relatively local service provision. **Capacity to fully engage with the many local and national organisational changes** and different commissioners of health service across the Health Economy will mean that the Safeguarding Children leads will have to be very creative with time management in order to retain full oversight of service providers' statutory duties and responsibilities.
Progress on safeguarding priorities in the reporting period	All Provider Trusts have systems and processes in place for Safeguarding Supervision for relevant staff. Safeguarding Children Training has been updated to include Child Sexual exploitation (CSE); Female Genital Mutilation (FGM) and PREVENT. Domestic Abuse is already included. We continue to encourage recording and reporting of Interventions with victims of Domestic Violence and Abuse and this is now reported in the quarterly Safeguarding (Children) Health Outcomes Framework (SHOF). Safeguarding Children profile continues to be raised within the CCG and all relevant meetings. 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 including of the London child Protection Procedures editorial group.
Safeguarding priorities for 2017/18	Safeguarding Training – maintain and update single and multi-agency training (including specific training for Commissioners). Engagement of all Primary Care staff. Engagement and participation with the North West London proposal for a local Sexual Abuse Referral Centre (SARC) for children. Reinforce recording and reporting of interventions with victims of : Domestic Violence and Abuse; CSE and FGM Establish a Safeguarding supervision forum for GP Safeguarding Leads and relevant Practice staff Continue to seek assurance from Provider organisations as regards Safeguarding requirements, arrangements and priorities.
Good news stories	Multi-agency attendance at Overview and Scrutiny Panel, with good

	representation from across the Health economy, regarding Service Provision and partnership working with children and young people who are or may be victims of Child Sexual Exploitation (CSE). A successful CCG Child Health Conference (held locally) included a wide range of child focused topics delivered by local experts including GPs, Designated Doctors for Safeguarding Children, Looked After Children and Child Death Overview Process; the Local Authority CSE Prevention manager and the Targeted Programme manager for the Early Intervention and Prevention Programme. CSE presentation, by the CSE Prevention manager, to the CCG Governing Body Increased and improved contact from Primary Care as regards all aspects of Safeguarding Children including the impact of Domestic Violence and Abuse. The CCG is currently 'Piloting' a Paediatric community integrated clinic (in Hayes & Harlington) where a local consultant Paediatrician works alongside a local GP to see children in the community as oppose to referring them to the hospital. All GPs across the Borough can refer children to this clinic. The success of this 'Pilot' will lead to three further clinics – another in Hayes and Harlington, 1 in Uxbridge and West Drayton and one in North Hillingdon. Recent investment in the increase in Paediatric Consultants at the Hospital has led to meeting the waiting times at Paediatric A&E to 95% – 100%.
Good practice examples	The Named GP has developed a Did Not Attend (DNA)/Was Not Brought Policy which will be shared with all GPs and placed on the CCG Extranet. Good communication links with GPs and Practice Staff. Commissioning of a 'cost by case' service for children who may have suffered FGM or Sexual Abuse. Establishment of a GP Practice Safeguarding Supervision forum. Monitoring Provider participation in the DHRs and SCRs Action Plans. Relevant Safeguarding Children information continues to be cascaded to staff via CCG newsletter.
Any other comments	Safeguarding Children is now a standing agenda item at all Contract Quality Monitoring and Quality, Safety and Clinical Risk meetings.

14.8 Appendix 8 - Youth Offending Service LSCB Annual Report

Name of agency	Youth Offending Service
Description of service	Carries out the partner's statutory functions with regards to young offenders (aged 10-18).
Regulator inspection in reporting period and outcomes	No Inspection during this year.
Challenges in the reporting period	1. Identifying suitable staff to fill existing vacancies. 2. The corresponding delays in recruitment impacting on case load levels. 3. Embedding the new national assessment tool and having to train new staff as they come on line. 4. System problems with the new assessment tool impacting on functionality 5. Funding reduction from the Youth Justice Board
Progress on safeguarding priorities in the reporting period	The key safeguarding priorities for the YOS in 16/17 were; **To ensure all staff are trained to appropriate level in the key areas of working together, CSE and DV.** <u>Working together/Refresher</u> 88% of core staff have completed 69% of sessional staff have completed <u>CSE Awareness</u> 73% of core staff have completed 69% of sessional staff have completed <u>DV awareness</u> 50% core staff have completed 61% of sessional staff have completed There has been an improvement in numbers of staff completing designated training. Sessional staff usually work evenings and week-end and are less available for the formal training provided through the LSCB. Themed workshops are delivered to sessional staff raise their awareness. **Audits of Assetplus indicate good quality assessment and analysis of safeguarding and well being issues** 51% rated as good 11% satisfactory 38% unsatisfactory The unsatisfactory findings relate to specific staff members and these are being addressed through supervision and training.
Good news stories	• Reduction in custody rate per 1,000 of 10-17 year old population

	• Reduction in the rate (per 100,000 of 10-17 population) of young people entering the criminal justice system • Reduction in the re-offending rate of young people receiving a criminal justice outcome (Data as available January 2017)
Good practice examples	Child DM is 13 year old young person whose offending escalated from public order offences and criminal damage to knife possession, carrying an offensive weapon and a number of assaults including a racially aggravated incident. In September 16 he was sentenced to a specific community court order as an alternative to a custodial sentence. This comprised of 12.5 hours programmed contact time each week plus a 3 month curfew. DM presented with emotional and behavioural difficulties, suffered from severe ADHD for which he was prescribed medication and was under the care of CAMHS. In addition there were safety and wellbeing concerns including; Associating with older males, Regular absconding from school and home, Use of cannabis Alleged visits to the home of an adult on his way to school and receiving money at those visits Poor school attendance DM was referred to Children Social Care and made subject of a Child Protection Plan due to concerns about his vulnerability from others (outside of the family). He was referred to the SAFE project for advice and support on healthy and safe relationships. Local police were notified of the address of concern and spoke to the resident, although he denied any wrong doing. DM complied fully with his order supported by his parents. Although his curfew ended in December 2016 at the time of writing there have been no further reports of him going missing or committing offences. There are still safety and well being concerns but these are being managed jointly through the CP plan and the YOS intervention plan. All the agencies tasked with various levels of interventions for DM have worked well together recognising both DMs risk to others and his own vulnerability. His mother has reported feeling very supported by professionals and as a result she in a better "place" to manage her sons behaviour.
Any other comments	

14.9 Appendix 9 - Central & North West London (CNWL) LSCB Annual Report

Name of agency	Central and North West London NHS Foundation Trust
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.
Regulator inspection in reporting period and outcomes	The Care Quality Commission- CQC -have been assessing compliance in the adult inpatient and the older adult in patient teams and services in Hillingdon, the standards include safeguarding children. The overall rating is "Good". The Prime Minister, Theresa May, delivered the annual Charity Commission Lecture on 9th January 2017 where she announced a series of measures to "transform mental health support". As part of this, she has asked the CQC lead "a major thematic review of children and adolescent mental health services across the country" to identify what is working well and what is not. CQC will take forward this work in discussion with other agencies and inspectorates, and expects to report on its findings in 2017/18. This is yet to be completed in CNWL.
Challenges in the reporting period	
Progress on safeguarding priorities in the reporting period	• **Mainstream safeguarding children and young people into everyday business** Safeguarding and promoting the welfare of all children and young people will be reflected in all areas of the Trust activities and business. ***Progress:*** - Robust Trust processes widely used across the organisation and easily accessible for all staff; - Policy in line with best practice; - Safeguarding intranet page for information and communication Trust wide. Page contains a library of safeguarding policies that are accessible, relevant, updated and available for staff guidance; - Robust monitoring of HR processes and compliance with safeguarding legislation in relation to recruitment; - Have a proactive stance and actively respond following publication of legislation, guidance, local and national case reviews, lessons

	learnt/recommendations from safeguarding investigations and incidents; - Think family approach embedded in all services helping parents/families secure better outcomes for their children through more effective and better co-ordinated interventions by CNWL staff; - Easy access to the oversight of those clients who are parents who have children and/or young people; to enable an essential to visit list as part of emergency preparedness; - Support all activities necessary to ensure that CNWL meets its responsibilities for looked after children and young people. • **Effective safeguarding structures and governance** Safeguarding children, young people and adults will be under taken by everyone; however, there will be staff employed in dedicated roles and structures within the Trust. This will provide a framework that supports best practice and allows the Trust to fulfil its key responsibilities. All Trust business and activity relating to safeguarding will follow the Trust's governance processes for oversight and monitoring purposes. ***Progress:*** - An effective safeguarding group that oversees and monitors all safeguarding business and activities; - Regular and scheduled safeguarding reports that inform the trust board of daily business and risks; - Safeguarding children arrangements in divisional structures, particularly for mental health, allied specialities, offender care and Sexual health reviewed, to ensure an established and robust safeguarding team - Safeguarding champions to promote the profile and importance of safeguarding across the trust; - Safeguarding children agenda item at all divisional and operational / service meetings; • **Learning through experience and the development of knowledge and skills for staff** We will systematically learn through experience and ensure that services are developed and monitored through these opportunities. Staff will demonstrate the values and competence required to effectively safeguard and promote the welfare of children and young people. ***Progress:*** - Review and update of training strategy; Improvement in training attendance to achieve agreed monthly targets - Tailored training for specialist services (offender care, additions etc.); - Review of supervision arrangements and policy to enable appropriate supervision and support for staff; - Safeguarding children addressed at staff personal development reviews and exit interviews; - Robust process in place for sharing learning relating to case reviews. - Audits widely undertaken relating to safeguarding issues to identify and

	improve clinical practice with outcomes shared with staff. • **Working in partnership** We will work professionally and in partnership with key agencies to protect, promote and provide services that meet all statutory regulation and local requirements of the population that we serve. We will embrace active representation on the Local Safeguarding Children Boards (LSCBs), participating in the work of its sub groups and engage with their priorities. ***Progress:*** - Continued attendance at Local Safeguarding Children Boards (LSCB) with regular communication at a senior level to inform / direct the wider safeguarding agenda across the economy - LSCB priorities incorporated into the safeguarding work plan - Continue to work in partnership with LSCBs as the government take forward the work following the Alan Wood review - IT systems that interface and an information sharing agreement in place to aid seamless service provision and communication between agencies - Planned programme of attendance at partnership agencies and sub groups with evidence of effectiveness. • **Engaging with service users** We will work together with families in relation to safeguarding and promoting the welfare of children and young people to shape services that are meaningful and have positive outcomes. ***Progress:*** - Provision of patient information that informs families of our statutory duties to safeguard; - Patient experience feedback reports; - Focus groups to assist with shaping services; - Safeguarding internet page for information and communication for use by partner agencies and service users.
Good news stories	
Good practice examples	In April 2016, in line with the national CAMHS Transformation plans, CNWL opened its Specialist Community Eating Disorders Service for Children and Young People. This service created the opportunity to replace and extend the CAMHS eating disorder mini-teams, by providing one unified service covering the five diverse Boroughs of: Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster. The service has received over 100 referrals, before celebrating its first birthday; and is on track to over-perform on expected referral targets; whilst feedback from service users has been overwhelmingly positive: “The advice given was good and really helpful “(Young Person), “Thank you for the excellent care” (Parent), “The help and support here is at a very high standard” (Young Person) The small highly dedicated multi-disciplinary team has been able to both prevent admissions, where possible, and facilitate early discharge, by

	ensuring that optimal outpatient service is provided. The team provide advice as well as discussing referrals and this has made the process much smoother than previously. They also offer to complete of joint reviews. By developing good relationships with both Community CAMHS and local paediatric services, the team have reduced lengthy admissions to Tier 4 Eating Disorder Units and increased identification and treatment of confirmed and suspected eating disorders. The support provided by the Paediatrics Team at Chelsea and Westminster Hospital has helped the team to medically stabilise some of the most unwell young people, through brief seven to fourteen day medical admissions, and facilitate rapid return to treatment in the community. The Commissioners are reviewing the service and will report in June. The out of hours CAMHS service is now fully operational across the Trust. An audit on in hours and out of hours assessments and the data collection part has concluded and the results are now being analysed. The service has established its own care governance meetings where issues are discussed and mitigated. Safeguarding updates are communicated to staff via the Trust's Weekly bulletin, which is circulated to all employees. There is a designated safeguarding section within the Trust's intranet site which is regularly updated with any new developments and guidance pertinent to safeguarding. Where Trust employees attend LSCB subgroups, relevant information is cascaded to the wider services, contributing to increased frontline knowledge and awareness. An example of the impact of the bulletin briefings on Safeguarding is the drive to increase staff attendance at training being run by Standing Together on Domestic Abuse, which has resulted in increased referrals to MARAC. CNWL's safeguarding children training is part of the Trust's mandatory training programme. A minimum 90% of staff are up to date with the relevant level of training for their role. A Domestic Abuse Enquiry Flowchart and a Domestic Abuse Risk Assessment Prompt Sheet have been ratified and rolled out to Health Visitors in Hillingdon. Hillingdon Community Children's Services staff received the following training: • Learning from a domestic homicide review • Health Visitors in Hillingdon have attended a series of bespoke learning sessions following a Serious Case Review. Ante natal and no access visit pathways have been revised in light of the review. Learning from serious case reviews is shared locally with those teams involved in the care and across the Trust. An overview of SCR's and Learning Lessons reviews is discussed in Part ll of the Quarterly Safeguarding meeting and quarterly at the Trusts Quality and Performance Committee.

14.10 Appendix 10 – Addendum Information to EIPS Report – Good Practice Examples

Good news stories:	• The creation of a new Healthy Child Service to deliver the Health Child Programme and provide an integrated health visiting and school nursing service; • The introduction of a 'Families in Need' funding scheme to support vulnerable families to access early learning and childcare; • The establishing of a menu of targeted programs which address specific risk related issues (including anti-social behaviours, substance misuse, and emotional health and wellbeing), or groups who are at significant risk of negative outcomes (including adolescent boys and young men, looked-after children and care leavers, and young people who are not in employment, education, or training).
Good practice examples	a) Key-working Service Case study *Family composition:* • *Parents-both parents in family home* • *Child age 12 Male* • *Child age 5 Male* *EHA completed by Secondary school* *Assessment details:* • *Anger at home directed towards parent, especially mother* • *School do not see this behaviour* • *Speech and language assessment to be undertaken to rule out any under lying condition* • *No identified needs for 5 year old* • *Parents wish for the 12 year old child to regulate his anger and not be violent* *TAF meeting convened* *Membership of TAF group:* • *Secondary School* • *School nurse* • *TAF Co-ordinator* • *Both parents* • *12 year old child (part of meeting)* *Actions from TAF Meeting:* • *S to have a Speech and Language assessment completed - School* • *Lunch spend to be monitored re: choices of refreshment - School*

	• *Key worker to be considered - TAF Co-ordinator* • *Parenting course to be considered - Parents* • *Targeted youth programme & Sportivate information to be shared with school - TAF Co-ordinator* • *After school clubs to be considered - Parents* *Outcome of EHA:* • *Key worker allocated to family to model positive behaviour techniques. Access to KWS Clinical Psychologist for S discussed during consultation between Key Worker and Clinical Psychologist and agreed as appropriate if S violence not eliminated.* *Family have emailed the TAF co-ordinator to thank her for the work to date:* • *"Many thanks for the meetings and the information conveyed. I would also like to take this opportunity to thank you greatly for your help, guidance and support in this very difficult matter. For us as parents, just knowing that there is a service out there (like yours) who is willing to listen to our worries and concerns is so re-assuring, otherwise we as parents would have felt alone and helpless. Your help is so important in resolving the problems that we are encountering."* b) Healthy Child Services *Overview of Family Situation and support provided* • *Mother was met during her pregnancy by the health visitor; therefore a relationship was built before the new birth visit* • *During the antenatal visit mother's history of depression was discussed* • *Mother had requested the same health visitor visit her and her baby when she gave birth. The same health visitor was allocated to continue the families care* • *At the new birth visit mother was tearful and stated that she feels she has not bonded well with her baby* • *The health visitor discussed strategies and gave advice on how to cope with this and improve the bond between mother and baby. The health visitor had discussed visiting a children centre, however mother was reluctant* • *At the maternal mood assessment mother stated that the bond had improved, however her maternal mood questionnaire evidently showed signs of postnatal depression* • *Mother and the health visitor discussed attending the local children centre for parent and baby groups and also groups for mother's health, for example adult yoga* • *Mother and the health visitor agreed to meet at the children*

centre later that afternoon for baby's weight review at clinic and to also be introduced to the children centre staff and find out about their facilities

- *Mother and baby attended the child health clinic later that afternoon as agreed. Baby's weight was reviewed and assessed by the allocated health visitor*
- *Mother and baby were then introduced to the children centre staff who gave mother information regarding groups etc.*
- *Mother completed the registration forms and booked onto two adult classes and also baby massage class for when baby is age appropriate*
- *Mother was introduced to the family support worker who supported the mother when she attended the children centre which mother stated she found supportive*

Outcomes and Impact:

- *Risk to child and mother as a consequence of post-natal depression avoided*
- *Mother enabled to fully bond with baby*
- *Mother able to avoid family isolation and build up social networks via the children's centre*
- *Emotional health and well-being of mother improved and sustained*

c) Targeted Programmes Case-Study:

Overview of family situation and support provided

- *A young woman who was referred to 'Unique Swagga' girls and young women's programme due to her involvement in serious youth violence and related concerns about her safety in the context of intimate relationships with boys.*

- *She attended the programme and, as she developed her confidence with the other participants and staff, began to disclose some of her experiences in relation to some of the risky situations she was putting herself in and, as a result, she become more aware of her own personal safety.*

- *She offered an opportunity to attend the Unique Swagga Part two programme, where she began to explore the consequences of her behaviour in a lot more depth, through her engagement in sessions that addressed issues in relation to personal safety and child sexual exploitation.*

- *Through the running of the level 2 programme, the young woman became a positive role model to other younger group members, and offered guidance around some of the risks the group were taking and highlighting the consequences of these risks.*

- *She also spoke out often about the importance of relationships with young people's parents/guardians, and reflected on her own personal experience after having a very turbulent relationship with her own mother.*

Outcomes and Impact

- *By the end of the part two programme, the young woman had re-established a developing relationship with her mother and was seeking to regain her mother's trust by being more honest about her whereabouts, as she understood that this is important to her own personal safety.*

- *The young woman was also able to engage positively with young women from outside her social and cultural circles, but she overcame this barrier and built some great friendships with all the girls on the project.*

- *As an outcome of her involvement in Unique Swagga, the young woman has shown a great interest in helping other young women and has expressed an interest in volunteering to work with other younger adolescents through the Hillingdon Young Volunteers Award programme.*

- *Personal reflective comment at the end of the programme: "Unique Swagga has encouraged me to become a better person. My self confidence has expanded and I am beginning to recognise my self-worth. Unique Swagga is a place where all types of girls can come together as one and express ourselves. I have made a family here and I will miss them very much!"*

Overview of Family Situation

Family was referred to the Centre following an intervention panel meeting. Mum was experiencing low mood following being trafficked into the UK and was awaiting Home Office confirmation of status. Mum was isolated and needed help with emotionally bonding with the 1 year old child and routines and boundaries

Support Provided

- *Attended Home Visit to meet family*
- *Continued home visits to gain mums trust and build a rapport*
- *Family Support Worker met Mum at her house and walked to the Centre to Introduce*
- *Mum was provided with Food Bank Vouchers*
- *Mum was encouraged to attend all appropriate sessions*
- *Mum was booked onto ESOL Writing course*

	• *Application was made for Family In Need Funding* • *Arranged a visit at local nursery and walked to the nursery with mum to show where Family Support Worker is* *Outcomes and Impact* • *Mum and child are attending the sessions at the Children's Centre regularly and booking sessions herself* • *Mum has started ESOL writing at the Children's Centre* • *Child is attending the Creche and is very settled* • *Early Year Practitioners key working and supporting mum with emotional bonding and both Mum and Child shown signs of improvement* • *Mums confidence has grown hugely and she is making plans for future courses at the Centre* • *Mums mood has lifted and she is less isolated, making friends in the centre* • *Child has registered with a local nursery for 2 mornings* • *Mums aspirations for what she can achieve for herself have increased* • *Mum is in a very positive place. She is taking care of her appearance, excited about the course she is on and looking forward to learning more,* • *She cannot believe her child will be starting "school" and has high expectations for her development* • *Mum is excited about her future and what she will become*

14.11 Appendix 11 – Addendum Information Corporate Parenting Report - Good Practice Examples

Good practice examples	a) Case Study - 'Elise' *'Elise' has been involved with The Children's Rights and Participation team for roughly 2 years. Elise came to the UK in 2014 as an Unaccompanied Asylum Seeking young person and has thrived during her time here. Elise has worked tirelessly to ensure she reaches her full potential both in education and wider life and receives positive reviews from both adults and young people she has come into contact with. Elise is an active member of the Children in Care Council (Stepping Out) and although she is unable to make some meetings due to study commitments she still consults with the group on issues that may be affecting others in care and care leavers.* *The Children's Rights and Participation Team have also supported Elise in various enrichment activities. Recently Elise has done some work with The Children's Commissioner through attending a meeting with Edward Timpson, Minister of State for Vulnerable Children and Families at the House of Parliament to discuss the topic of 'Staying Close' and wider issues for children in care and care leavers. Following on from this the Children's Commissioner sent Elise an opportunity personally to do a 'Take Over' day with Channel 4 news reporter Cathy Newman. Elise was given the opportunity to shadow reporter Cathy for the day and she even assisted her to write part of her report for the 10 o'clock news that night. Here is a what Elise had to say after the day "Monday was the most amazing and challenging, almost life changing day for me" " Thank you everyone who supported me and are supporting me"* *Again the positive feedback and response received about Elise have highlighted her commitment to making a change and her ever expanding skills set.* *The Children's Rights and Participation team will continue to support Elise to access opportunities which will further her aspirations and motivations and we will continue to be proud of her many achievements.* b) Case Study - 'Ryan' *Seventeen year old "Ryan" has been in care in Hillingdon for over 10 years. Ryan was referred to the Children in Care Council approximately 4 years ago and is still a member today. Ryan progressed from the middle Children in Care Council (Step Up) to the older group Stepping Out when he turned 16. This process was somewhat difficult for Ryan as he was settled and happy in the Step Up group, however him turning 16 meant he needed to move up to the oldest group so as to reflect the issues he would now face as a young person preparing to leave care. The Children's Rights and Participation Team supported Ryan in this transition and helped him to*

	understand the importance of the move. *Ryan is now settled in Stepping Out, The Children's Rights and Participation Team are all able to see and appreciate the difference in Ryan's actions and attitudes since progressing to this group. He has shown a marked improvement in his levels of maturity, understanding of issues faced by care leavers and commitment to the group and wider activities. The Children's Rights and Participation Team have supported Ryan to attend various different enrichment activities in a bid to help him improve his independent living skills and his confidence, for example he has attended MyBnk Money Workshop, receiving a Level 1 qualification in Money management. He has also attended and presented at various Corporate Parenting Board Meetings, interacting and fielding questions from council members and other senior staff members.* *The Children's Rights and Participation Team are currently supporting Ryan to complete a set of training opportunities which will hopefully enable him to take part in Social Worker interview panels and further corporate parenting board meetings. The team will continue to support Ryan in gaining further independent living skills via referrals made to Targeted Programme within Hillingdon and external workshops, including a Confronting Conflict workshop and the Become Coaching Programme. Despite facing many challenges in the last year, Ryan has shown resilience, allowing himself to get back up and is now currently attending college again and actively looking for a part time job. Ryan continues to show his commitment to the aims of the Children in Care Council and continues to make our team and his foster family proud in all that he does. The Children's Rights and Participation Team will continue to support Ryan to reach his full potential and in his journey to becoming a care leaver.*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