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

Annual Report

2009/10

Contents

Introduction

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

This report which covers the work of the Local Safeguarding Children Board (LSCB) during 2009-10, highlights the main achievements in safeguarding Hillingdon's children and young people, and identifies the priority areas for improvement for the following year and beyond. We are working in a local and national context which is becoming more challenging and uncertain. Numbers of children who need protection have increased, and this has an impact on workloads across agencies, at a time when financial constraints mean that everyone is trying to do more with less.

There has been recent changes in Government and, although many changes have been announced, the potential impact on safeguarding children is not yet clear. A great deal has been achieved by partner agencies in Hillingdon, and this has been confirmed by inspections. However, there is never any time for complacency in safeguarding children and the context in which we work makes it even more critical that everyone is working together as efficiently and effectively as they can, and that the Board is able to highlight and thus help reduce potential risks.

The main purpose of a Local Safeguarding Children Board (LSCB) is described in our vision statement (above). We use this vision statement to define safeguarding and, although much of the focus is on preventing abuse, we should be judged on how well children are safeguarded wherever they are; in school, day care, youth club, hospital, out in the community, or at home with their families and friends. Keeping children safe and secure is the responsibility of the children's families, professional staff who come into contact with them, the rest of the community, and the children and young people themselves. The LSCB consists of senior managers and key professionals from all agencies who work with children. They work together through the Board to make sure that all staff are doing the right things to ensure that children are safeguarded. It includes ensuring key professionals are talking to each other and that children, families and all adults in the community know what to do and where to go for help. Many of the Board's responsibilities therefore consist of setting up and overseeing systems and procedures.

The Board regularly checks to make sure these are working well. What has often gone wrong, when children have experienced abuse, is that people have not shared information, or have not understood or acted on the risks. Therefore the Board, as well as monitoring what is done within each agency, checks on how professionals are working together, and how they are working with children and their families. The Board has to reach a view about the safety of children in Hillingdon, and make suggestions for improvement.

Hillingdon has a population of approximately 250 000 of which approximately 26% are under 19. There has been an actual and projected increase in numbers of very young children, and a slight reduction in those aged 10 years and older. About 30% of the resident population belongs to BME groups and this diversity is expected to increase, especially among the very young, reaching 50% by 2016.

Hillingdon is a comparatively affluent borough (24th deprived out of 32 in London) but within that there is some variation between north and south, with a small area in the south falling in the 20% most deprived areas nationally.

Heathrow Airport is located entirely within Hillingdon boundaries and this has a major impact, particularly in respect of children and young people who pass through the airport.

During 2009-10, 2450 referrals were received by social care of which 2281 received some form of assessment. At 31st March 2010 there were 232 children with child protection plans.

Lynda Crellin
Independent Chairman

What we have done

What we planned to do — our key priorities.

The priorities for the 3 years 2008-11 were developed and agreed by the Board in early 2008.

http://www.hillingdon.gov.uk/media/pdf/q/s/business_plan08.pdf

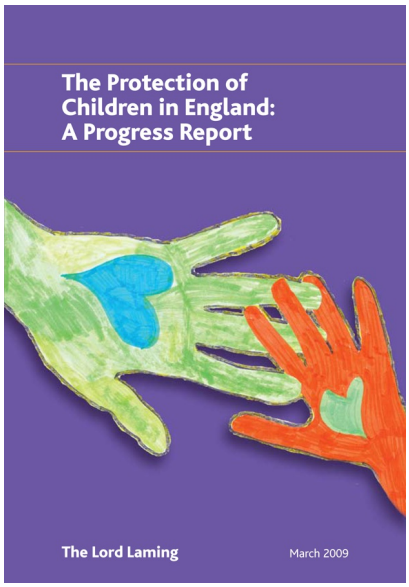
Eight priority areas of work were identified:

1. Strengthen the infrastructure of the LSCB
2. Prevention — to help identify and prevent abuse within the community
3. Anti-bullying
4. Trafficking, children who are missing, and private fostering
5. Serious Case Reviews and Child Death reviews — development and learning
6. Improvement of safeguarding procedures in relation to abolition of child protection register
7. Health — to ensure that safeguarding remains a priority within universal health services
8. E-safety

Actions relating to each priority area have been carried out through the Board sub-groups, and monitored by regular reports to the Board

Following the death of baby Peter, a second Laming enquiry made a total of 58 recommendations which have now been included in national guidance and regulation. The Board undertook a local audit against the Laming recommendations, and the resulting and subsequent actions have been incorporated into a Partnership Improvement Plan (PIP). This has been the main tool used by the Board to monitor progress.

As many actions in the Business Plan had been overtaken by those in the PIP, the Business Plan was refreshed and updated in spring 2010, and incorporates all activity relevant to the Board



All of this is consistent with the vision contained in the Children and Families Trust Plan. 'A commitment by all organisations to encourage children, young people and their families in Hillingdon to reach their full potential through co-ordinated services'

'Promoting a safer environment for children and young people' is an important element of the theme of Improving Health and Wellbeing, contained within the Plan

The LSCB has the lead responsibility for ensuring that the welfare of all children is safeguarded, and more specifically for ensuring children are actively protected from harm. The Children's Trust Board has the primary responsibility for promoting children's welfare and for generally ensuring vulnerable children, and children in need are receiving support to improve their outcomes and live safe, fulfilled lives. This is achieved through the co-ordination and production of the Children and Young People's Plan. These responsibilities are complex but necessarily overlap. Because of this it is important that the different kinds of accountability are properly understood locally.

- The LSCB through its chair is accountable to the Director of Children's Services.
- The LSCB however holds the Children's Trust Board accountable for its work on safeguarding

chi-dren.

- The Director of Children's Services is held to account by the Chief Executive of the Local Authority and the Lead Member by the Leader of the Council.

- The Children's Trust Board is held to account by all the partners together for achieving improvements in overall outcomes for children and young people. Whilst the parts of the system are not always directly accountable to each other, they are responsible for holding each other to account within the system.

Why not vist the LSCB website to learn more about the work of the board? www.hillingdon.gov.ul/lscb

What we achieved —progress on priority policy areas 2009-10

As one of the main functions of the LSCB is overseeing the work of all agencies, much of its work inevitably is to do with the development of policies, procedures and monitoring systems

Strengthening the infrastructure of the LSCB

We improved the monitoring role of the LSCB by:

- Completing an audit of the Laming recommendations and other audits with actions developed through the Partnership Improvement Plan

- Appointing an independent chairman

- Continuing to deliver a comprehensive and well attended multi-agency safeguarding training programme.

- Updating and improving the website to include relevant local and national guidance

- Producing a range of important guidance for professionals —particularly management of allegations, and guidance for schools on recruitment and safe working practices

- Delivering an annual conference for professionals focusing on key priority areas; bullying, safeguarding disabled children, safer recruitment, lessons from Serious Case Reviews (SCR).

- Appointing a young person's participation worker attached to the LSCB to improve our engagement with children at risk

Prevention.

To help identify and prevent abuse within the community, we focused particularly on working with parents and with faith communities.

- Regular newsletter about safeguarding was sent to parents via schools and health services.

- Strong liaison was established with faith groups, leading to discussion of key issues such as witchcraft and spirit possession, female genital mutilation and domestic violence.

Anti-bullying

This is an ongoing issue for children and young people. The Board therefore worked closely with the Behaviour Support Team to:

- Produce anti-bullying policy and guidance for professionals.

- Support schools in identification of and management of bullying.

Trafficking, children who are missing, and private fostering.

Trafficking and missing children has been a key issue relating to Heathrow Airport. The following actions have considerably improved local practice in this area

- An operational group was established to improve multi-agency working at the airport, and relevant procedures and protocols were put in place.

- Residential home guidance was updated to comply with an Ofsted inspection recommendation.

- Procedures were developed to ensure compliance with the Home Office action plan on human trafficking.

Serious Case Reviews and child death reviews — development and learning

- The Child Death Overview Panel continued to develop its role, and delivered a safety campaign locally to advise the public on key lessons learnt

- Lessons learnt from local management reviews and national learning from case reviews were disseminated though our training programme and annual conference

Improvement of safeguarding procedures in relation to abolition of child protection register.

The oversight of work with children at risk of harm remains a key area of activity for the Board and this year we:

- Produced improved guidance on core groups and incorporated this in training.

- Purchased and rolled out an e-learning system.

- Continued to receive reports from all agencies on casework audit across agencies to ensure compliance with Working Together.

Health

To ensure that safeguarding remains a priority within universal health services.

- Improved alert systems were established across health agencies to ensure identification of children with child protection plan.

- Guidance was produced for health practitioners on working with sexually active young people and fabricated illness.

- A shorter version of the referral form to social care was produced for A&E as recommended by the Care Quality Commission.

- A risk assessment was developed in respect of mental health issues in adults and children.

- Mechanisms were put in place across health agencies to ensure referrals to social care are followed up as necessary

- Appointment of a liaison health visitor jointly funded by the PCT and Hospital Trust, to improve communication between Hospital and community health

E-safety.

This is an area of work that continues to cause high anxiety among professionals and families. The LSCB has a dedicated sub-group focusing on this work. This year we have:

- Produced an overarching policy on e-safety for professionals placed it on the LSCB website.

- Achieved full compliance with national guidance on e-safety ahead of many other Local Authorities.

- Delivered an e-safety campaign in a local shopping centre and produced a training DVD on 'sexting' in partnership with Uxbridge College.

Governance & accountability arrangements

Operation

Throughout 2009-10 the Board operated in accordance with Working Together 2006, (subsequently revised in line with Working Together 2010)

Current Local Governance arrangements are identified below. There are currently 11 sub-groups who meet between Board meetings and take responsibility for some of the business plan actions (fig. 2). The Domestic Violence Forum sits outside the LSCB governance structure, so joint work is taken forward through the Community Engagement sub-group.

The Hillingdon Children and Families Trust Board (HCFTB) has recently been reconstituted and the LSCB chairman is a member of the HCFTB. Through quarterly reporting the Chairman has been able to bring issues to the attention of the HCFTB. The HCFTB is chaired by the Director of Children's Services, who also sits on the LSCB. The relationship between the two Boards is still

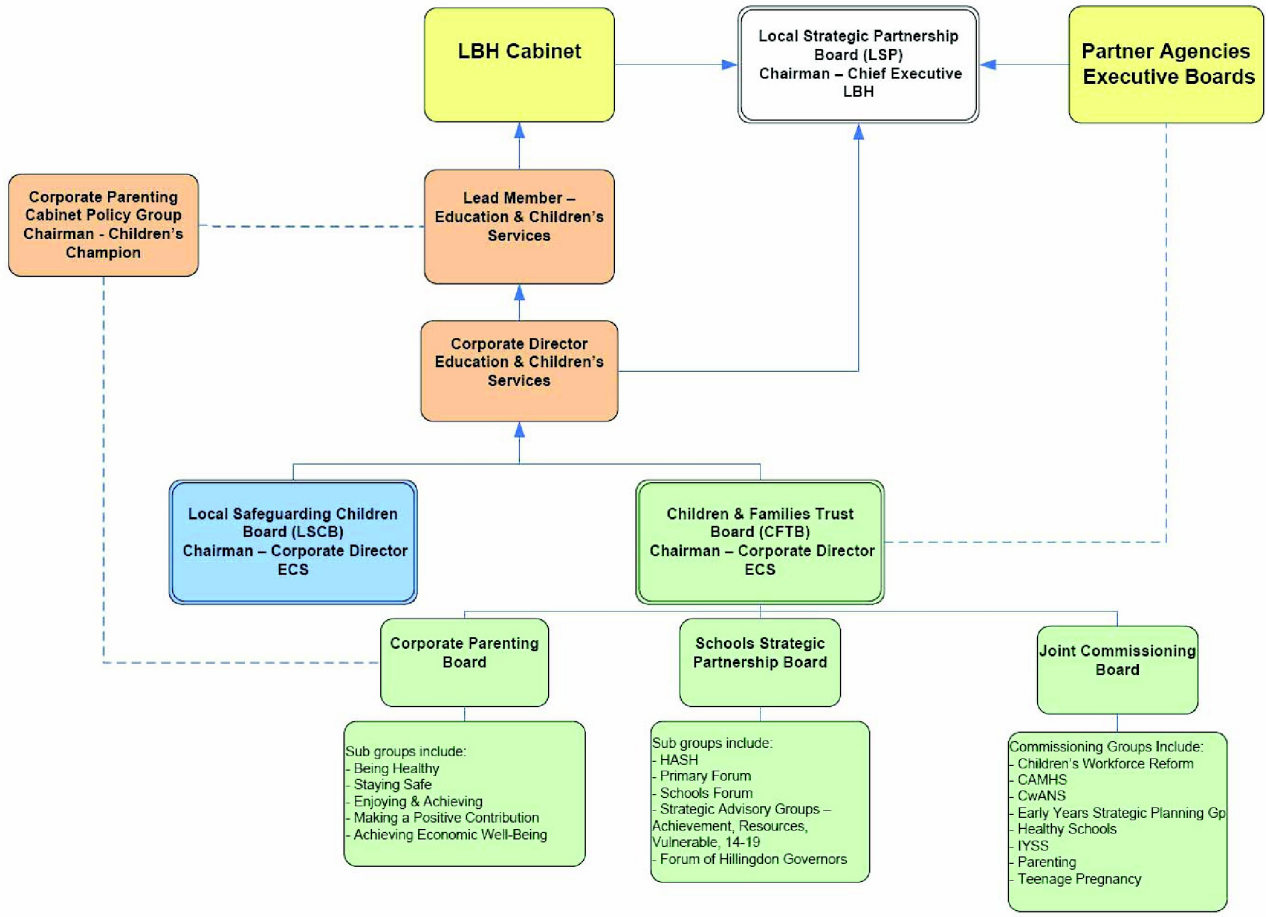


Fig. 1 Governance arrangements between LSCB and CFTB

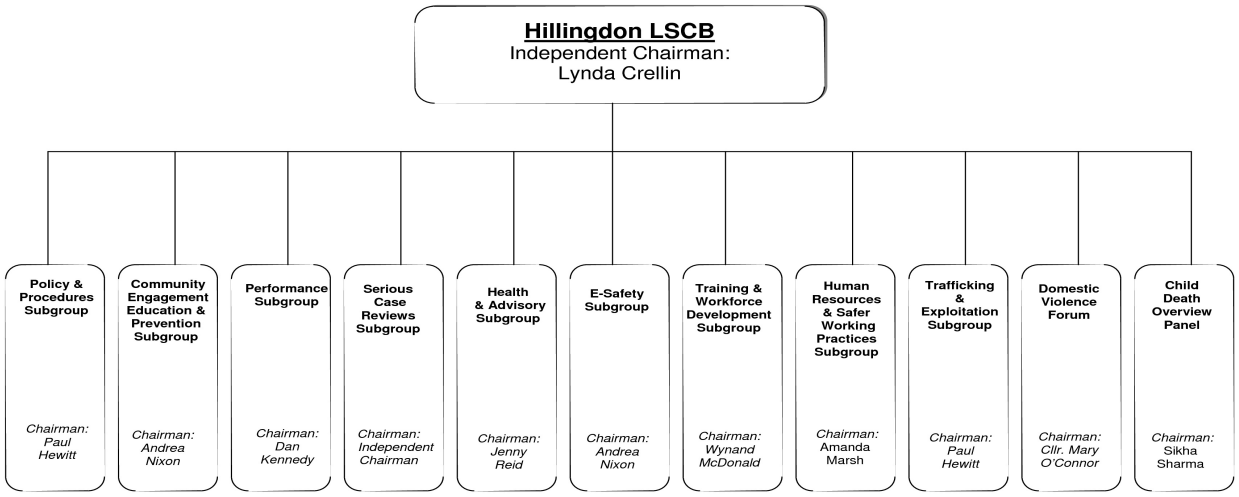


Fig. 2 LSCB sub-groups

evolving and may need to change further following changes in legislation due in autumn 2010 that may affect the relationship between the LSCB, HCFTB and Local Strategic Partnership (LSP). Organization of local parnerships can be seen in the chart on the preceding page. This report will be presented to the LSP later in 2010

Membership

The LSCB is a large, inclusive and well attended Board, supported by strong sub-groups attended by members from all the key agencies. In our work plan for 2010 we intend to review the membership to ensure consistency and effectiveness, to comply with the statutory requirement to have two lay members, and to support schools in their statutory role on the LSCB. The Executive (lead) member acts as a participant observer on the Board in order to ensure he is able to effectively discharge his political accountabilities. A full list of the LSCB membership can be viewed at: http://www.hillingdon.gov.uk/index.jsp?articleid=16452

Independent Chairman

For the first half of 2009-10 the LSCB was chaired by the Director of Children's Services (DCS). An independent chairman was appointed and took over in autumn 2009. The chairman operates within a protocol agreed by the Board, and based on that recommended by the London Safeguarding Board. The chairman reports to the DCS and, although employed on a sessional basis, will be assessed in accordance with Hillingdon Council performance framework. The chairman also meets regularly with the Chief Executive and Executive Council member. The Executive member attends the Board regularly, as well as meeting the Chairman on a one to one basis. This ensures that he is abreast of all relevant issues so he can effectively carry out his responsibilities under the Children Act 2004 and be able to hold services to account.

Relationship to agencies boards

Each of the statutory agencies has its own governance arrangements in relation to safeguarding. The relationship between these and the LSCB need to be more formally linked, and this will be picked up through a planned audit in 2011 to check that agencies are complying with section 11 of the Children Act 2004.

The Independent Chairman meets with the Chief Executives of statutory partners on at least an annual basis

Hillingdon Council

This report has been discussed at Cabinet and at the Education and Children's Services Scrutiny Committee. The Scrutiny Committee also receives regular reports on safeguarding issues and feedback on social care casework audits.

The Independent Chairman meets regularly with the Executive Member for children and with the Council's Chief Executive to update

them on safeguarding issues, and both attend the LSCB on an ad hoc basis and receive all Board paperwork.

The Chief Executive and Director are able to access and audit social care casework files.

In addition a Monthly Safeguarding Meeting considers key issues—this meeting is attended by Executive member, Chief Executive, Director of Education and Children's Services, and senior officers from education and Children's Services.

NHS Hillingdon and Hillingdon Community Health Arrangements

There are effective governance arrangements in place within the PCT to oversee its responsibilities in relation to safeguarding children.

There is an executive lead for Safeguarding who sits on PCT Board and carries PCT Board level responsibility for Safeguarding, (commissioning and provision). This executive function is carried out by the Managing Director of Hillingdon Community Health who is also the current vice chair of the LSCB. The executive lead provides a full written report to the PCT Board bi-annually and the Annual Reports for Safeguarding Children and Looked after Children is directly presented to the Board. Both of the Safeguarding Designated professionals directly report to the Executive lead and there is also a direct link with the Designated professionals for Looked after Children.

There is a NHS Hillingdon Safeguarding Committee in place which is multi-professional and consists of commissioners, GP, Designated professionals, Looked after Children Designated professionals, Named Safeguarding professionals, HCH governance and service leads, primary care leads and the Safeguarding lead from Hillingdon Hospital. The committee over see's all aspects of the safeguarding agenda — policy development, training plans, compliance, audit plan, agreeing organisational priorities, reviewing results of audits/inspections and tracking progress in relation to any required actions.

An annual training session is delivered for all executive and non-executive Board members by the Designated professionals. In relation to HCH, there are high percentages of staff trained at levels 1, 2 and 3. There are also Named professional in place within HCH who link directly with the Executive Lead for Safeguarding. HCH is fully compliant with the DH Provider Declaration for Safeguarding which is published on the organisation's website.

The Hillingdon Hospital

Named and designated professionals sit on the LSCB and are able to feed issues through to the Safeguarding Children Steering Group (SCSG), which meets bi-monthly and reports to the Trust's Clinical Governance Committee.

There is an internal audit programme which is monitored by the SCSG, and the SCSG and the Governance Committee are able to monitor and make improvements in key areas, e.g. take up of safeguarding training, to ensure compliance with the recommended 80% target.

The Hospital Trust is well represented on LSCB sub-groups, which enables professionals to drive through improvements at an operational level. During 2009-10 a weekly multi-disciplinary safeguarding meeting was formed in A&E and in maternity with representation from clinical staff, named professionals and social care.

The Community and Voluntary Sector

The Hillingdon Association of Voluntary Services (HAVS) is represented on the LSCB. The Children Youth and Families Forum (CYFF) are given regular written reports from each LSCB meeting, and are able to raise issues at the LSCB via their representative. In addition, e-circulation and a newsletter are used to inform all known voluntary organisations of policy updates, training, conferences and consultations as appropriate.

Financial arrangements

The LSCB is funded in partnership by the following agencies: Hillingdon Council, Hillingdon Primary Care Trust, United Kingdom Border Agency, Metropolitan Police, Probation, CAFCASS. Between them the Council and PCT contribute over 90% of the total budget. The Council also makes a major contribution in kind through the funding of the Service manager, Quality and Performance, who devotes 50% of his role to the effective functioning of the LSCB. The Council and the PCT also make the major staffing contribution to multi agency training, and this needs to be widened to other agencies in order to increase its effectiveness. The budget is currently sufficient for purpose, but considerable pressure is created by requirement to have independent authors for Serious Case Review reports.

CNWL

The governance arrangements for safeguarding children in CNWL are that there is an established quarterly Safeguarding Group, which covers both children and adults and produces quarterly reports to the Board of Directors. When the Safeguarding Annual Report is presented to the Board the safeguarding children team also provide annual training to the Board of Directors on safeguarding

children. The Board have ratified a 3 year Safeguarding Children Strategy which contains a clear vision and plans to achieve the strategy, especially training. Induction training is at Level 2, all staff receive this plus 3 yearly updates supported by e-learning package. All CAMHS staff are Level 3 trained. CNWL has a consistent representative at all 5 main LSCBs (plus 3 LSCBs where CNWL provides addiction services only), with briefings to relevant Service Directors following meetings for them to cascade to staff through their service structures. The CNWL CEO has received positive feedback from all of the 5 LSCB Chairs regarding the close working relationships between CNWL, PCTs, provider services, LA and other stakeholders. The CNWL Named Nurse meets the CEO quarterly and is supervised by the Designated Nurse for K&C, with the Named Doctor having similar arrangement regarding supervision. The CNWL Named Nurse currently manages 2 Safeguarding Children Advisers: this increase was to address the need for greater input in Adult Mental Health Services and Addictions, supporting the audit programme, providing training and advice to frontline staff and to represent CNWL at LSCB sub groups.

Metropolitan Police

Serious case reviews and CDOP

Serious Case Reviews (SCRs)

Serious case reviews have to be carried out if a child has died as a result of abuse or neglect, but may also be carried out if a child or children have experienced significant harm, and there are concerns about how agencies worked together. One local SCR commenced in 2009-10 and was completed and submitted to Ofsted by November 2010. This is a complex case involving alleged sexual abuse of primary age children over several years in school, by a skilled and manipulative adult.

There are many lessons to be learnt about safe working practices across all care settings, particularly schools. There is a strong commitment to safeguarding across Hillingdon schools and the resulting action plan will provide a platform on which to build on the LSCB's support to schools in their safeguarding role. Much learning from the review has already been implemented through a sub-group chaired by the LSCB independent chairman. The sub-group included head teachers, governors, and council officers and has already produced guidance to improve recruitment and safe working in schools

The biennial review of national SCRs (DFE 2010) has now produced information that covers six years of these reviews. The messages have been consistent over this time period. The majority—75%—relate to children under 5 with those under one year of age forming the biggest number (45% of the total). Universal health services therefore continue to have a key role to play. However, 25% were cases of older young people who pose a risk to themselves or others and whose needs are not always recognised. This highlights the issue of emotional harm identified elsewhere in this report.

20% of cases were community based—i.e risky adolescent behaviour, younger children harmed by carers in supervised settings, and sexual abuse from non family members. Neglect is a predominant theme in many cases, particularly those of serious harm rather than death. The incidence of the parental 'toxic trio' of domestic violence, substance misuse, and mental health issues continues to be high. All of this reflects the local pattern of children subject to child protection plan

Child Death Overview

During this year the Child Death Overview Panel (CDOP) continued to develop its role in line with Working Together chapter 7.

- Lessons learnt from CDOP were implemented locally, including production of a DVD and a safety campaign in a local shopping centre.

- There were more child deaths, compared to the previous year, and a marked increase in neonatal deaths. However, the Child Death Overview Panel (CDOP) has not found any significant issues of concern, and this could be a combination of the impact of the higher birth rate, and possibly a statistical aberration, as we only have two years figures. This will be monitored as part of the CDOP's work

Workforce

Evaluation of local single and multi agency training

During the early part of the year there was poor attendance at some training courses. This has been improved through LSCB reminders and some training designated as compulsory in health agencies. This overall improvement masks differences across agencies which will be followed up during 2010-11 and monitored through the performance profile. Evaluations have been generally good and concerns followed up. For example, the basic Working Together training was reduced to one day and refocused in response to poor attendance and evaluation. Core group training was redesigned and the introduction of an e-learning scheme has increased take up. We will continue to develop ways of ensuring that training is embedded in practice. The pie chart on the next page illustrates the number of delegate places taken up through the multi-agency training programme 2009-2010. The training programme covered a range of different safeguarding topics from fabricated and induced illness to internet bullying. Those of this specialist nature have been grouped together in the chart below as 'Other specialist training'.

The other data shows the take up of places in areas of specific need within the year. The delivery of the Safeguarding Introduction training was changed mid-year, from face to face training to e-Learning, providing a cost saving per delegate place. All agencies were given the option to use the e-learning package.

Capacity

Staffing capacity remains an issue in some service areas. There are comparatively high vacancy levels in social care particularly in those teams who are doing child protection work, where there are high numbers of agency staff, and some management gaps. However, improved recruitment systems are in place to recruit to posts, and numbers of front line managers have been increased to ensure consistent and effective oversight of risk assessment and management. Staffing in the referral and assessment service is currently sufficient for need, although that may change depending on workload. There are vacancies also in adult mental health services, which is of concern bearing in mind the impact of adult mental health on children. Another critical service is health visiting, which has also experienced high vacancy levels partly due to a national shortage of qualified health visitors. NHS Hillingdon has responded by increased investment and a creative use of skill mix in the local teams to improve staffing levels. Specialist posts for high risk areas have been developed and 8 month and 2 year contacts have been reinstated. This has been a positive and important response in terms of safeguarding very young children.The number of school nurses has also been increased, with changes in team skill mix and a requirement for school nurses to work during school holidays has been introduced.

Allegations

The Board issued revised procedures for managing allegations in staff this year. Increased awareness was reflected in the number of allegations rising from 44 in 2008-9 to 63 this year. These were allegations sufficiently serious to be considered at a complex strategy meeting. A large proportion of these are in schools. Eight of these allegations were referred to the Independent Safeguarding Authority (ISA), including 5 that were referred to professional bodies. One is subject to ongoing criminal prosecution. In addition 3 notifications were received from the Police under the notifiable occupations scheme, which has resulted in disciplinary action. We do not have previous comparator figures but this activity reflects a greater awareness of safe working practices. We are concerned that there are still services where awareness needs to be raised, and that we need to be consistently vigilant to protect children from risky adults, and also to support staff in avoiding situations where they may be vulnerable The Children and Families Trust needs to continue to promote raised awareness through multi agency induction processes. Safeguarding

can only be assured if there are sufficient numbers of staff in all agencies who have the capacity and ability to carry out their safeguarding duties. Any deficiency presents a safeguarding risk.

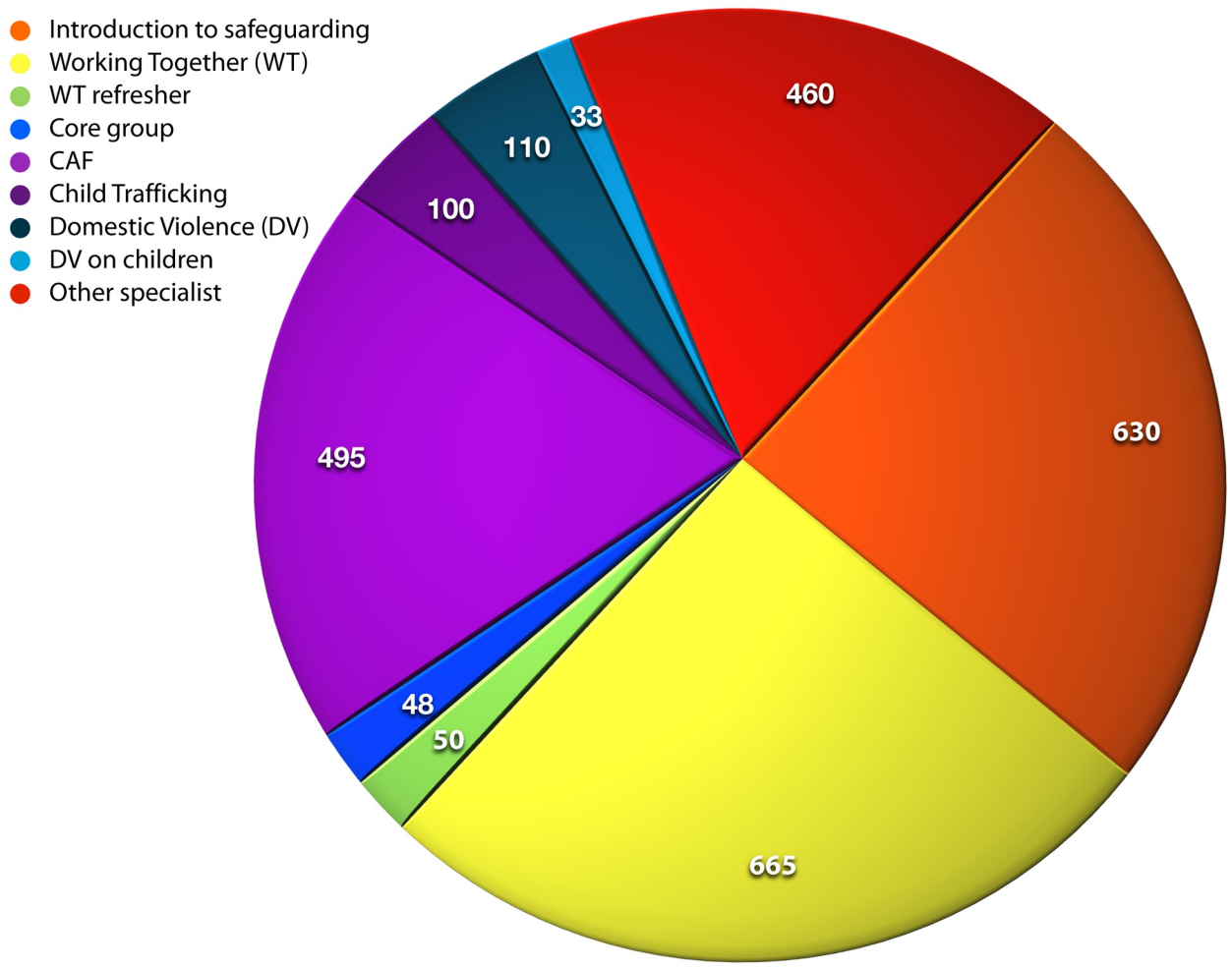


Fig. 3 LSCB training events

How we are doing

—assessment of effectiveness of safeguarding

How the LSCB has carried out its monitoring role.

The LSCB has put various mechanisms in place to assess individual and multi agency performance, and to assess the effectiveness of the LSCB:

- The PIP has been the main vehicle used for monitoring actions at the Board. 224 actions were included in the PIP before/ during the year, of which 158 were completed and 16 transferred to the Children's Trust, leaving 50 outstanding at year end. The PIP was identified by Ofsted and the National Safeguarding Delivery Unit as an example of good practice

- During the year the Board produced a Performance Profile, which is still under development. It is used to monitor performance against national indicators, inspection findings, and other indicators developed locally.

- The Board also received reports from key agencies about auditing activity during the year and the outcomes and impact of these. Resulting actions feed into the PIP.

- Ofsted carried out an unannounced inspection of the Council's referral and assessment service in 2009. This was followed up by a full announced inspection by Ofsted and Care Quality Commission (CQC)

Effectiveness of local arrangements to safeguard children

The Board's monitoring activity has enabled us to comment on the effectiveness of local safeguarding arrangements:

- Following the unannounced and announced Ofsted and Care Quality Commission Inspections in 2009, Hillingdon was awarded a strong 'good' for safeguarding. Areas for development were already in progress or planned. The only elements deemed 'adequate' were participation and involvement of children and young people and this forms an important part of our plan for 2010-2011.

- This has been confirmed by the Ofsted Annual assessment of Children's services, which has given a grade 3—performs well, an organisation that exceeds minimum requirements

- The joint Ofsted/Care Quality Commission inspection in 2009 identified particular strengths in health services—high awareness of safeguarding, good communication through liaison health visitor, and meeting of health needs of looked after children, in particular young asylum seekers.

- The performance indicators and Ofsted performance data set indicated that Hillingdon performed well or better in comparison with other authorities on most of the indicators, as compared with national 2008-9

"The board's Partnership Improvement Plan addresses all relevant aspects of safeguarding and child protection well, is suitably resourced and is a particular strength"—Ofsted inspection 2009

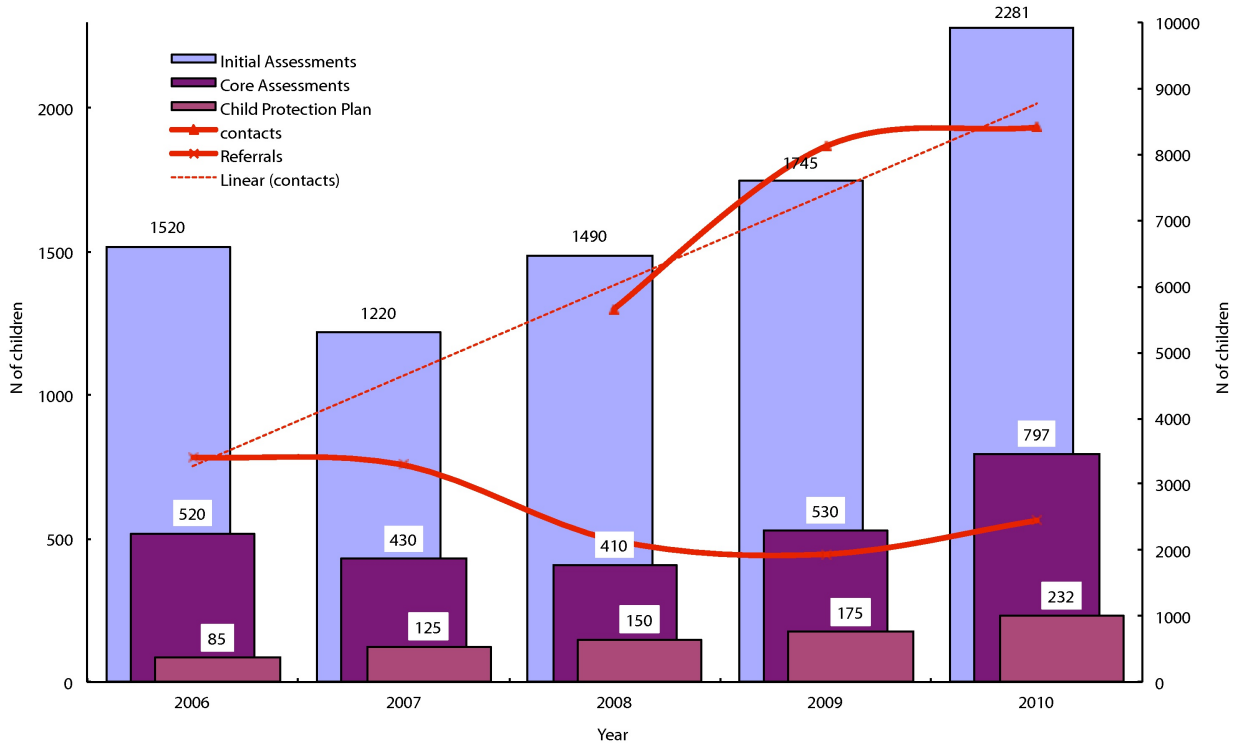


Fig. 4 Referrals to social services 2005-2010

stats. Completion of initial assessments in social care within the required 7 day timescale was poor at the beginning of the year but improved dramatically during the year. Core assessments completed within the 35 day timescale ended up slightly below those of other LAs. A high proportion of referrals to social care went on to receive initial assessments. However, an audit identified that other agencies still claim confusion about thresholds and this was confirmed by inspectors. This may well relate to a lack of understanding about the definitions of contacts and referrals. Much information comes into social care on Police notifications (Merlins) which have to be completed for any incident where a child is present. A large proportion of these are classified internally as 'contacts' with no further action. Work on this is ongoing and is included in our planning for 2010. Our local Police Child Abuse Investigation team (CAIT) performed well being the second best in London in relation to the proportion of abuse cases resulting in charges or other disposals. It should be noted that performance against indicators gives a snapshot in time and gives a very general picture of safeguarding. It has to be supplemented by rigorous audit of front line practice.

- Although the Ofsted inspection found that social care was working within appropriate thresholds, other agencies have said that these can be unclear. The monitoring and clarifying of contacts, referrals, and responses to these, is an important part of our work plan for 2010-11. However, there has been an increase in the number of children who reached the threshold for assessment—2281—during 2009-10, and a dramatic increase in those with a child protection plan — now 40 per 100k population compared with 30 in previous years. This overall increase is consistent with national trends (fig. 4).

- There has been an increase in the average length of time that children remain on child protection plans. Children of school age continue to form a big proportion of the total with a recent increase in those of primary age (fig. 5). Numbers who experienced neglect or emotional abuse show a marked increase (fig. 6). This reflects national trends and indicates a greater awareness of the importance of these issues. The only other significant issue is that Asian girls are more likely to have child protection plans than Asian boys, whereas boys outnumber girls in other ethnic groups. The significance of this is, as yet, unclear.

- This overall increase has a major impact on workload across all agencies, although does indicate that concerns are being identified and addressed. Audit and inspection have confirmed that planning management of

children who have child protection plans is on the whole good.

- Improved operational liaison has resulted in a dramatic reduction in numbers of children who go missing from the airport (fig. 7).

- However, numbers of privately fostered children are low which indicates that more needs to be done to identify and support them. Similarly we need to do more to identify those children who go missing from home or education. In addition there appeared to be unexpectedly low numbers of disabled children with child protection plans so an external audit was commissioned and recommendations will be incorporated into our work plan for 2010-11.

In 2009-10 8 out of 216 children coming to notice from the airport went missing, compared with 70 out of 251 in 2006/7 as a result Hillingdon was awarded a green flag for outstanding practice in this area of work.

•Children who experience domestic violence continue to form a high proportion of those with child protection plans. The definition of domestic violence includes a range of physical and emotional abuse. There has been a rise in referrals to Independent Domestic Violence Advocacy service (IDVA) by 25% and IDVA identified 795 children involved in families referred. The Multi Agency Risk Assessment Conference (MARAC) considers all cases of high risk victims of domestic violence and identified some children not known to targeted services. This confirms our hypothesis that children who experience domestic violence do not always come to attention. It is well known that the impact of domestic violence on children is considerable and that the experience continues to have a detrimental effect for many years, often presenting itself as adolescent disturbance/criminality. Support for these children and young people remains a big priority for the LSCB and the Children and Families Trust. A large number of children with child protection plans come from families with adult mental health and/or substance misuse problems. Joint working across agencies has been enhanced by the development of the Care Planning Approach in adult mental health services and linking that with core group guidance.

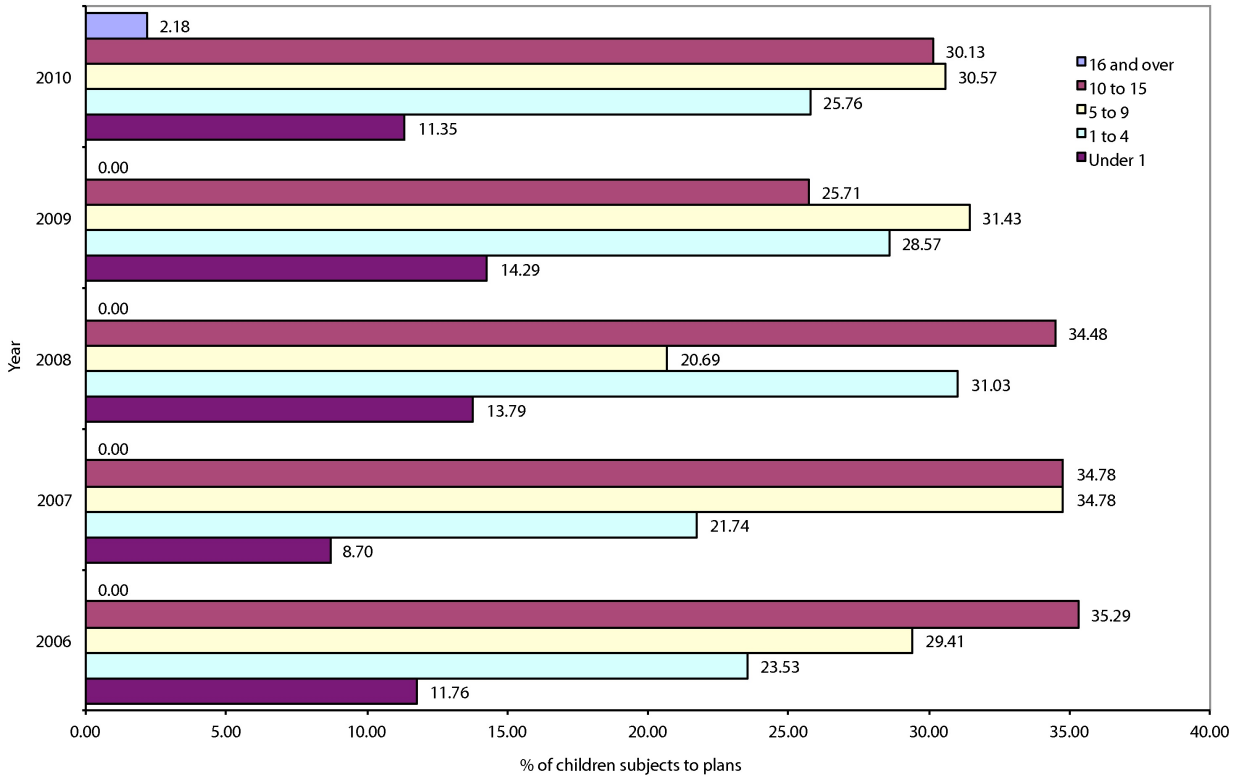


Fig. 5 Age distribution of children who were subject to child protection plans

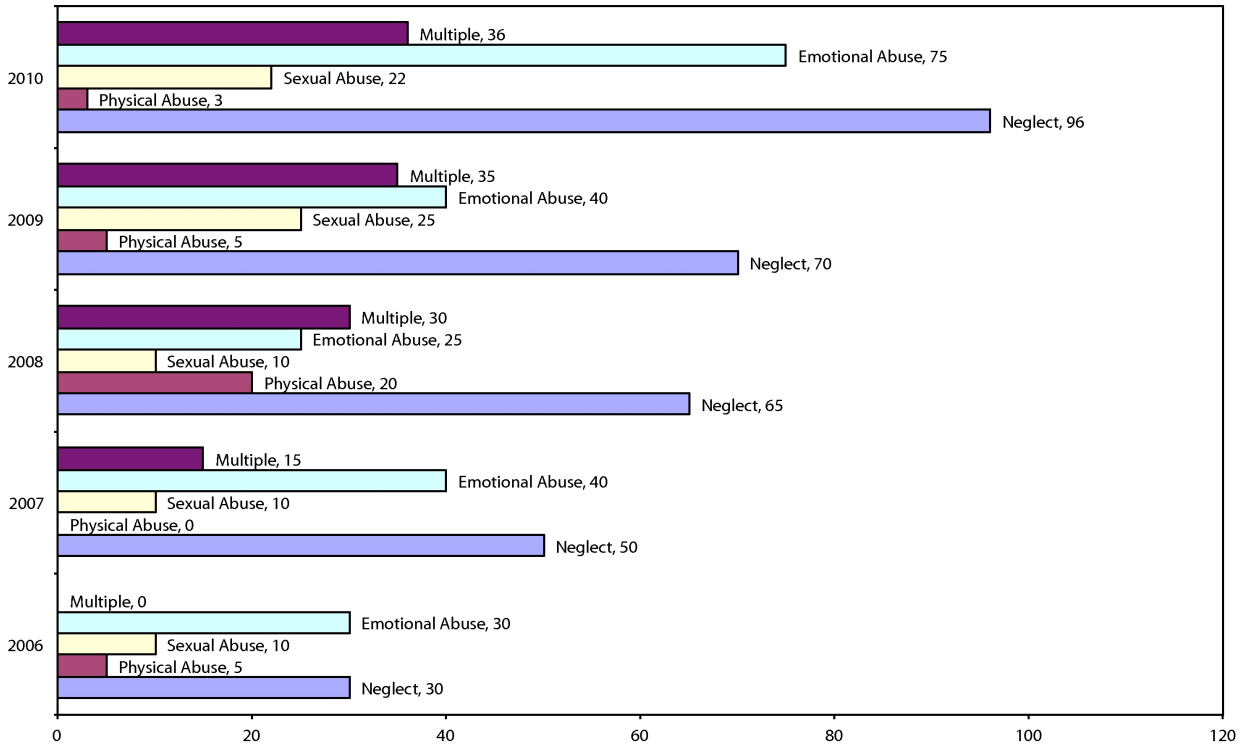


Fig. 6 Distribution by registration category of children who were subject to child protection plans

However, Ofsted made a clear recommendation in respect of joint working across children's social care and adult mental health services. For these children, and those affected by domestic violence, early identification and support is key to preventing future harm

- Audit activity identified that core groups were not working as well as they should, particularly in respect of attendance from some key agencies. Revised guidance was agreed by the Board and attendance will be monitored at LSCB through the performance profile in 2010-11.

- According to the results of TellUs and other surveys, children and young people appear to feel safe in Hillingdon, and reported bullying cases are close to national figure, although still a concern among younger children (NSPCC survey). The NSPCC survey also identified support needs for mother experiencing post natal depression, and treatment needs for children experiencing domestic violence. Children young people and their families identified in the NSPCC survey, their concerns about racism and discrimination.

- There has been an increase in the number of assessments completed under the Common Assessment Framework (CAF) and these are used in the provision of a range of preventative family support services. Many of them are also used as part of the referral process to social care and this has improved identification of need and improved the information available to support the referral. There is however, no evidence that the use of CAF has increased the numbers receiving support services before a referral to social care is considered.

- During 2009-10 245 children and young people passed through A&E, of which 117 were as a result of alcohol or substance misuse. About three quarters of these were admitted to a ward. A significant number came as a result of mental health issues or self harm—66 in total. Whilst accepting that such things as excessive alcohol consumption are sometimes a transitory problem of youth, these numbers do also indicate significant issues of emotional harm among some young people.

Risks, challenges and opportunities

There are many factors that may impact on our ability to safeguard children.

- An increase in numbers of children coming to the attention of the specialist agencies as being in need of protection. It is positive that these children are coming to notice, but there is a huge impact on the workloads of all agencies in order to ensure that this critical

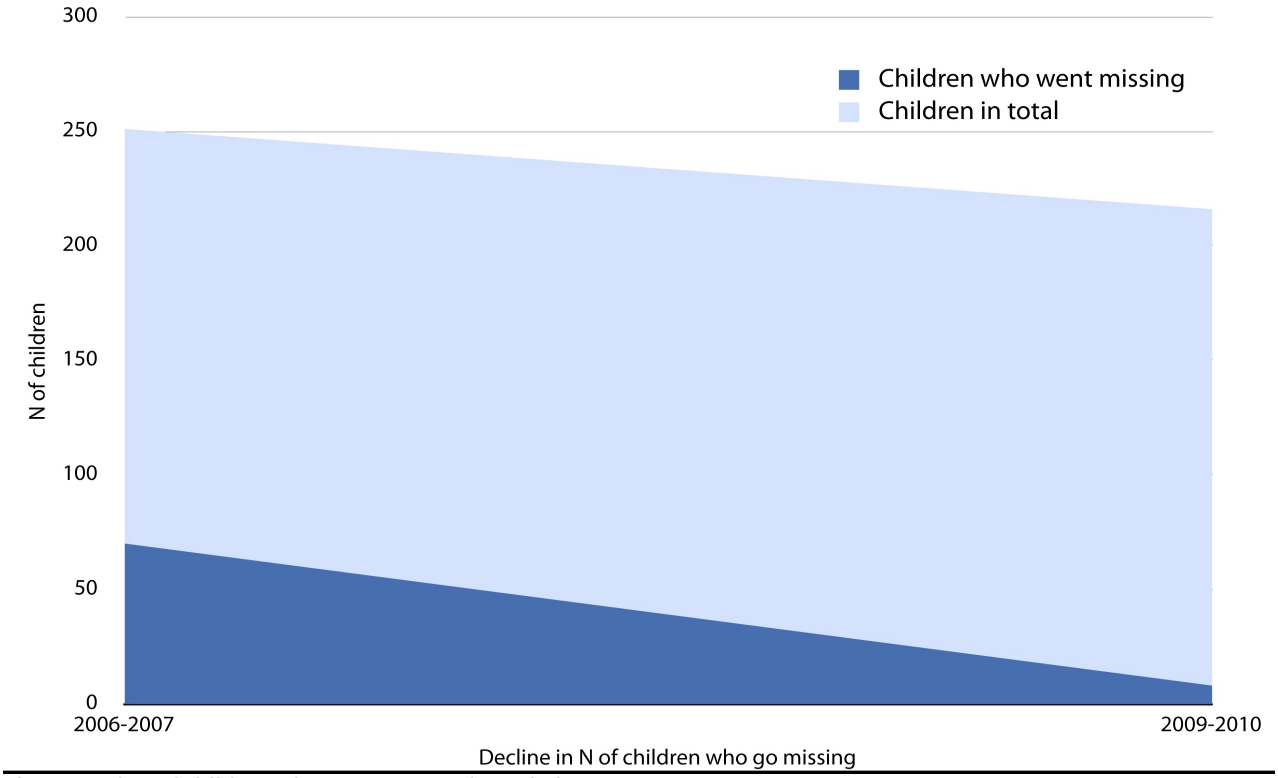


Fig. 7 Number of children who were reported as missing

high risk group are kept safe from harm. This consequentially reduces capacity in the specialist agencies for supporting children who do not meet the child protection threshold. However, we also know that preventative services are vital to ensure well being and avoid harm. Much of this support will fall on universal services.

- At the same time, there are difficulties in recruiting enough experienced staff in some key service areas, especially social care and health. Some work has been done to increase the skill mix in teams to ensure that specialist skills are available where needed

- There are significant local issues that require attention, particularly children and young people who pass through Heathrow airport. The action plan arising from the Serious case review, along with a possible consequential increase in work to ensure safe working practices, will have an impact on resources

- As a result of the recession, all agencies are required to reduce funding levels. It is hard to see how this can not have an impact on front line services. The universal services of schools and health will however be less restricted compared with other services.

- Some measures already introduced by the new Government will have an impact. The Independent Safeguarding Regulations are on hold, and this may have an impact on safe recruitment. The cap on non EU staff will reduce the recruitment options for health and social care.

- Other Government reorganisations in schools and in the NHS risk diverting funding and attention away from safeguarding, although the impact is by no means clear at this stage. Changes in health governance will require a redrawing of agency relationship mechanisms.

- Other initiatives could have a more positive impact. The Eileen Munro Review of Safeguarding is due to report in March 2011. The analysis published in October 2010 insert link suggests that the final report will recommend reduced regulation and some freeing up of frontline practice.

- It is also clear that the new Government wishes to reduce central regulation and the number of indicators, giving local areas more freedom to set priorities and establish services in accordance with local need.

What we need to do

—priorities for LSCB 2010-11

Our evaluation of progress against priorities

Our evaluation of the progress against the priorities, plus our assessment of the effectiveness of safeguarding arrangements and consideration of local and national issues, has led us to the following main priorities for the Board's work 2010-11

- Continuing to improve the infrastructure and functioning of the LSCB and ensuring an effective relationship with the Children's Trust. This remains a priority due to changing legislation and revised Working Together 2010.

- Ensuring effective and improving operational practice, particularly for those children in need of child protection. Implementation of Working Together requirements and continued monitoring through audit.

- Improving outcomes for children affected by adult issues, particularly domestic violence, adult mental health and substance misuse

- Ensuring effective engagement with children young people and their families, and with the wider community. We do not know enough about the views of children who are at risk of harm, and there are some key safeguarding messages that we need to impart to the local community. We need also to appoint lay members to the Board

- Improving identification and safeguarding for identified vulnerable groups, or high risk areas, e.g. missing and privately fostered children, disabled children, e-safety

- Ensuring a safe workforce, supporting all organisations in operating secure recruitment processes and safe working practices, that are compliant with procedures and effectively safeguarding children

- Implementing learning from Serious Case Reviews and Child death Overview Panel. We particularly need to ensure that the current SCR is of good quality and that the learning is implemented in practice.

What we recommend to the Children's Trust

Comments on needs assessment for Children and Young People's Plan

The comprehensive needs assessment produced for the Children and Young People's Plan has revealed some information particularly relevant for safeguarding

- There is a current and projected increase in the birth rate. Bearing in mind the particular vulnerability of very young children, as borne out in many Serious Case reviews, this is likely to increase the numbers of children coming to attention, and emphasises the importance of services for children in this age group

- There has been an increase in the numbers of disabled children, yet they are under represented on the list of those with a child protection plan. These have already been identified as a key priority group for the LSCB and plans are being developed to improve the safeguarding of this group of children

- Low levels of domestic violence are noted in comparison with other areas. However, this is known as an under reported issue and the impact and significance of this is identified elsewhere in this report.

- Reduction in death/injury on the road—there has been a reduction in death and serious injury of children and young people on the roads.

- Low numbers of 5-15 year olds accessing Child and Adolescent Mental Health Services (CAMHS) are noted, yet there has been an increase in numbers of that age with child protection plans, and a significant number of hospital admissions for self harm. Some agencies have identified difficulties in accessing CAMHS for this age group.

- There has also been an increase in numbers of young people under 18 being admitted to hospital with alcohol related issues. Reasons for this are not yet clear. However, all of this information indicates a need to continue to try and identify children with emotional problems earlier in order to avoid the adolescent emotional disturbance that is one of the possible causes of excess alcohol consumption, and certainly contributes to other issues such as criminal and anti social behaviour.

Messages for all agencies/Priorities for the Children and Young Peoples Plan

The LSCB will continue to develop its role in overseeing multi-agency work for those children most at risk of harm. The purpose of this report is also to use the information and learning we have in order to ensure that preventative services are appropriately targeted to reduce future numbers experiencing significant harm

- Due to the high and increasing numbers of children subject to a child protection plan, and the consequential risk of getting things wrong, services to this group must be secured and prioritised

- Universal services should try and find ways of using their resources to support children and families in need but who may not meet the threshold for social care. Within this, very young children will always be high risk due to age, and families who experience domestic violence, mental health problems or substance misuse must be targeted. Separation of adult and children's services have not helped the latter group and more focused and intensive work across the two service areas becomes more and more important.

- Children who are experiencing emotional harm tend to be missed, particularly when they are over 5. Commissioners should consider how the concept of 'comprehensive CAMHS' becomes more of a reality in order to identify and work with issues at an early stage. Services are under review for those children and young people who exhibit risky

behaviour and there are many correlations in circumstances with those children who experience neglect.

- None of this is possible without appropriate staffing. All agencies should ensure that staff working with children are recruited in sufficient numbers, and are managed and trained in a way to ensure a safe caring environment for children.