



Health & Wellbeing Board

AGENDA REPORTS PACK

**Meeting of the Health and Wellbeing Board.
Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA**

Thursday 26 January 2023 at 4.00 pm.

The Live Stream link can be view here:

Main - <https://youtu.be/CqCq5cwEDCo>

Backup - https://youtu.be/7b_dTg-LWPw

Contact: Peter Gray
Governance Services Officer
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Mark Carroll
Chief Executive
18 January 2023

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Mayor Philip Glanville (Co-Chair) Co-Chair, Hackney Council	Dr Stephanie Coughlin (Co-Chair) ICP Clinical Lead, City and Hackney Clinical Commissioning Group
Louise Ashley Chief Executive, Homerton University Hospital NHS Foundation Trust	Jacque Burke Group Director, Children and Education, Hackney Council
Vacancy, BCU Commander, Central East BCU (Hackney and Tower Hamlets) Metropolitan Police	Councillor Anntoinette Bramble Cabinet Member for Education, Young People and Children's Social Care
Nina Griffith Director of Delivery, City and Hackney Place Based Relationship	Councillor Susan Fagana-Thomas Cabinet Member for Community Safety, Hackney Council
Paul Calaminus Chief Executive, East London NHS Foundation Trust	Dr Tehseen Khan Clinical Director Springfield Park Primary Care Network (NHS)
Frances Haste Hackney Community Voluntary Sector	Stephen Haynes Strategic Director, Inclusive Economy, Corporate Policy and New Homes, Hackney Council
Dr Sandra Husbands Director of Public Health, City and Hackney	Rosemary Jawara Hackney Community Voluntary Sector
Dr Tehseen Khan NHS Primary Care Networks	Councillor Christopher Kennedy Cabinet Member for Health, Adult Social Care, Voluntary and Leisure
Susan Masters Hackney Community Voluntary Sector	Raj Radia Chair, Local Pharmaceutical Committee
Mary Clarke Director of Nursing and Corporate Development – GPs Confederation	Dr Kathleen Wenaden NHS – Primary Care Networks
Councillor Carole Williams Cabinet Member for Employment, Skills and Human Resources , Hackney Council	Helen Woodland Group Director, Adults, Health and Integration, Hackney Council
Dr Kathleen Wenaden Clinical Director Well Street Common Primary Care Network (NHS)	Paul Senior Interim Director of Education, Hackney Council
Vacancy Hackney Healthwatch	

Independent Advisers

Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board
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AGENDA Thursday 26 January 2023

ORDER OF BUSINESS

Item No	Title	Page No
1	Welcome (Chair) (1 Minute)	
2	Appointment of James O'Neill, Borough Commander for Hackney, London Fire Brigade as a Member of the Board (Chair) (1 Minute)	
3	Declarations of Interest - Members to Declare as Appropriate (Chair) (1 Minute)	
4	Minutes of the Previous Meeting (Chair) (5 Minutes) Previous responses to questions relating to Low Traffic Neighbourhoods are attached for information.	7 - 30
5	Action Tracker (Chair) (5 Minutes)	31 - 32
6	Questions from Members of the Public To hear the questions from members of the public. Responses to the questions will follow.	33 - 34
7	Childrens Annual Safeguarding Report (Rory McCallum) (15 Minutes)	35 - 226
8	CYP commissioning Update - (Carolyn Sharpe/ Nadia Sica) (10 Minutes)	227 - 246
9	Start for Life and Family Hubs update (Donna Thomas) (10 Minutes)	247 - 254
10	Hackney Anti-Racism Action Plan - Update (Sonia Khan and Addicus Cort) (20 Minutes)	255 - 266
11	Discussion and Next Steps (Chair) (40 Minutes)	
12	Date of the next Meeting	

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Public Attendance

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council. We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet. We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the Livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the Agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - <https://hackney.gov.uk/coronavirus-support>

RIGHTS OF PRESS AND PUBLIC TO REPORT ON MEETINGS

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

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ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members. This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

You will have a disclosable pecuniary interest in a matter if it:

- i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

If you have a disclosable pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.



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If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email dawn.carter-mcdonald@hackney.gov.uk





MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY 9 NOVEMBER 2022, 4:00PM

THE COUNCIL CHAMBER, HACKNEY TOWN HALL

THE LIVESTREAM LINK IS HERE:

MAIN - [HTTPS://YOUTU.BE/U8C2EmUMRFY](https://youtu.be/U8C2EmUMRFY)

Board Members Present:

In Person:

Mayor Philip Glanville (In the Chair)

Dr Sandra Husbands (Director of Public Health, City and Hackney)

Councillor Susan Fajana-Thomas (Cabinet Member for Community Safety, Hackney Council)

Councillor Christopher Kennedy (Cabinet Member for Health and Adult Social Care, Voluntary Sector and Culture, Hackney Council)

Councillor Carole Williams (Cabinet Member for Employment, Human Resources and Equalities, Hackney Council)

Virtually:

Louise Ashley (Chief Executive, Homerton Hospital Foundation Trust)

Paul Calaminus (Chief Executive - East London Foundation Trust)

Mary Clarke (Director of Nursing and Corporate Development, General Practitioners Confederation)

Dr Stephanie Coughlin (Clinical Lead - Integrated Commissioning Board)

James Goddard (Director of Regeneration, Hackney Council) (Substituting for Stephen Haynes)

Nina Griffiths (Director of Delivery - City and Hackney's Place Based Partnership)

Frances Haste (Hackney Community Voluntary Sector)

Susan Masters (Hackney Community Voluntary Sector)

Rosemary Jawarra (Hackney Community Voluntary Sector)

Helen Woodland (Group Director, Adults, Health and Integration, Hackney Council)

Officers in Attendance: Peter Gray (Governance Officer, Hackney Council)
Donna Doherty-Kelly (Principal Public Health Specialist, Hackney Council)
Diana Divajevo (Principal Public Health Analyst - Hackney Council)
Chris Lovitt (Deputy Director of Public Health)
Sonia Khan (Head of Policy and Strategic Delivery, Hackney Council)
Carolyn Sharpe (Consultant in Public Health, City and Hackney Public Health team)
Mark Watson (Senior Commissioner, Hackney Council)
Emily Plane (Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge)
Hilary Ross (Director of Provider Development and Collaboration, East London Health and Care Partnership)

Also in Attendance: Adi Cooper (Chair of the Adults Safeguarding Board)
Lauren Tobias (Chief Executive - Voluntary Centre Hackney)
Lorraine Sunduza (Director of Nursing and Deputy Chief Executive of the East London Foundation Trust)

1 Welcome

1.1 The Chair welcomed all those present to the meeting.

2 Appointment of New Members to the Board

RESOLVED:

2.1 The Chair noted that Annie Gammon and Laura Sharpe would no longer be members of the Board due to their retirements and thanked them for their work on the Board, with particular thanks to Laura Sharpe for her work during the COVID-19 Pandemic.

RESOLVED:

- That Mary Clarke of City and Hackney's GP Confederation and Paul Senior (Interim Director of Education - Hackney Council) be appointed as members of the Health and Wellbeing Board.

3. Apologies for Absence

3.1 Apologies for absence were submitted on behalf of Stephen Haynes, Raj Radia and Paul Senior.

4. Declarations of Interest - Members to Declare as Appropriate

- 4.1 The Chair declared that he was a member of the East London Integrated Commissioning Board.

5. Draft Minutes of the Informal Meeting on 22 September 2022

RESOLVED:

- That the minutes of the informal meeting of the Board on 22 September 2022 be agreed as a correct record.

5. Action Tracker

- 5.1 The Principal Public Health Specialist updated the Board on the action tracker.

RESOLVED:

- To note the contents of the tracker.

6. Questions from the Public

- 6.1 Mayor Glanville told the Board that there were no public questions submitted for this HWB meeting.

- 6.2 The Director of Public Health told the Board that the resident who had previously posed a question to the Board had been responded to. Similar questions had been received from other residents. The answers were being prepared and would be sent imminently.

7. Community Voice - Cost of Living Update

- 7.1 Sally Beaven introduced the report capturing how local people were experiencing the Cost of Living Crisis. It was known that the health and mental the wellbeing of people across the country was suffering as the cost of living rose. Sally Beaven highlighted the following:

- 56 local residents had been consulted;
- Most respondents were over the age of 60;
- Large numbers reported being less able to make additional purchases or buy essentials, having to decide between food, gas and electricity;
- Household bills were rising without consequent increases in income and benefits;
- Significant consequent impact on wellbeing and mental health;
- Requests were made for advice on debt, energy efficiency, home budgeting, meals on wheels, help to insulate,
- A large number of individuals were not aware of what was available to them in the community.

- 7.2 Councillor Fagana-Thomas stressed the need to focus on those on low incomes and helping people who are facing challenges to build resilience in terms of their mental health.
- 7.3 Susan Masters thanked those involved in the preparation of the report. She told the Board that the Community and Voluntary Sector was carrying out similar work looking at the impact of increases in costs on the Community and Voluntary Sector. She suggested the submission of a paper to the Board on this in January 2023 to include on building resilience, considering solutions and training for other voluntary sector organisations. Susan Masters asked if any of the feedback received had been surprising.

Action: Susan Masters

- 7.4 Councillor Kennedy asked for clarification on whether this type of work was being carried out in other areas and whether these could be coordinated to assist in identifying any particular issues in Hackney.
- 7.5 Rosemary Jawara highlighted that the current crisis was impacting on relationships within households, particularly people with mental health issues. She continued that the crisis was impacting the most vulnerable, with consequent changes to diets and routines and growing anxiety. There would be a need to support this in an environment of stretched resources.
- 7.6 Mayor Glanville asked whether the demographic of the cohort consulted was known and whether they were well known to Healthwatch. He stressed the importance of using trusted partners to put out messages and assist Healthwatch in this regard. He asked if the Board could assist the process in shaping questions to ensure that when the matter is returned to the Council any gaps are filled in. Mayor Glanville considered that those individuals with long term conditions on the edge of care would require exploration in particular in relation to those on fixed incomes. He referred to the need to track those vulnerable individuals moving between different health care settings.
- 7.7 Sally Beaven highlighted that:
- That those consulted varied from those already known by Healthwatch to others who were reached through outreach work with opportunities to establish networks to be used for messaging and signposting;
 - That consideration would be given to a focus on resilience;
 - Healthwatch had been surprised by the large numbers who had stated that they had to decide between electricity and food, in particular as the weather was not yet as cold as it would be in the future;
 - That it would be a positive step to ascertain what work had been undertaken by other Healthwatches in the north-east area on this issue, with agreement to pursue this matter;
 - There was a need to consider the nuanced impact of the crisis on individuals.

8. Cost of living and Poverty Reduction - Update

- 8.1 The Head of Policy and Strategic Delivery introduced the report setting out the

response that the Council had developed to respond to the Cost of Living crisis, which was seeing already high levels of poverty becoming even more entrenched. The report was submitted to the Board to ensure that the opportunities to work across the system to support residents were maximised. The Board was asked to consider, in particular the development of a system wide plan and governance, which the Council was working closely with the Director of Delivery – City and Hackney Place Based Partnership to establish.

8.2 The Head of Policy and Strategic Delivery highlighted the following:

- There was a need to bear in mind the drivers of poverty such as wage entrenchment, good quality employment and housing cost;
- The necessity to make the case for a benefits system that works;
- That any response should take into account material needs, ensuring a preventative approach;
- There was need to consider our ways of working, involving the Voluntary and Community Sector in delivery, building relationships and identifying vulnerable people;
- There was a need for collaborative work across the system in regard to progressing the work of the Poverty Reduction Framework;
- Residents often had multiple needs;
- Strong political leadership existed in regard to the Cost of Living Crisis and poverty reduction;
- The focus of the report was to consider what can be put in place to meet people's needs;
- There was a need to consider the community impact of the crisis;
- Staff needs and service viability required consideration;
- The need to consider ways of working with the health and care partnership;
- A system-wide group was in place to consider the Cost of Living Crisis and Poverty Reduction;
- There was a need to consider interactions with the Health and Wellbeing Board, with the possibility of situating the framework within its area of responsibility;
- The provision of advice on energy efficiency was an important element;
- How long term health conditions interact with poverty;
- Thanks for the work carried out by Healthwatch Hackney in regard to the Cost of Living crisis;

8.3 Mayor Glanville highlighted the following:

- the need to distinguish between Council governance and the System's governance. The Board had an inequalities focus with consideration also being given to long term poverty reduction;
- Would direct accountability for this work fall within the System group?
- Discussion was ongoing with the Voluntary and Community Sector about volunteering and learning from the lessons of COVID-19 Champions, building these into the cost of living crisis response;
- That the current arrangements for the provision of energy advice was not adequate and that there was a need to explore this area;
- Thanks to the health partnership for its investment in the response.

8.4 Deputy Mayor Bramble thanked all those involved in the preparation of the

report. She stressed the need to ensure that the principles of this work sit within the poverty framework. She highlighted that some residents may find it difficult to seek help and that this should be taken into account as part of this work, with outreach in place.

8.5 The Director of Public Health highlighted:

- The advantages of having the partnership in place to carry out the response to the current crisis with the use of neighbourhood teams, ensuring effective information sharing about the impact on residents;
- The negative consequences of turning off electricity such as not only cold but the longer term exposure to mould in homes.
- The need for outreach to the most vulnerable, rather than waiting for individuals to come forward for help;
- That, in the event of power cuts or severe weather it would be necessary to have arrangements in place to target support to the vulnerable people, within the resources that were available. This would require the ability to identify who these people were and being in a position to share this information.

8.6 The Director of Delivery, City and Hackney highlighted:

- That there was a need for a system response to the current crisis with the need to maximise the partnership in place;
- The need to identify the risks involved;
- The need to maximise trusted relationships in engaging and supporting individuals, bringing together collective resources;
- A group had been formed during the summer to consider a more involved response to the cost of living crisis, looking at what was available, empowering frontline staff to provide advice to residents. This approach had achieved some benefits.

8.7 The Director of Nursing and Corporate Development at the GP Confederation asked for clarification on attendance at 'the tools for staff sessions'. She stressed the need to ensure that maximum outreach was achieved in regard to sharing the information available, particularly for staff who were dealing with patients, linking back to the output from Healthwatch survey.

8.8 The Head of Policy and Strategic Delivery highlighted:

- That work was ongoing within the Strategic Delivery Team to embed the principles in the Poverty Reduction Framework, putting the principles of the framework into practice on the ground, working with a diverse set of community organisations, recognising the need to work with those with whom there were trusted relationships rather than taking a corporate approach;
- Two members of Council staff were working to find ways to take support into the community in regard to the crisis;
- The importance of working at a system wide level;
- There was a need to design a mechanism to meet material needs;
- The tools for frontline staff sessions were well attended by a diverse group of staff. The sessions were open to all frontline workers with different topics at each fortnightly meetings. Details could be circulated if required;

- There was a need to consider whether the energy advice currently available was adequate, looking at how support could be increased around fuel;
- There was a need for winter planning. The worsening crisis had been recognised with the acceleration of the crisis response.

RESOLVED:

- To note the report.

9. Update on development of Strategic Plan

- 9.1 The Head of Policy and Strategic Delivery introduced the report. Hackney Council adopted a corporate plan in 2018 which set out borough and corporate challenges. This was refreshed in the light of the pandemic with a direction of travel for the plan agreed in July 2020. The plan identified the direction of travel for new ways of working, learning from work that had been accelerated during the pandemic. With new corporate leadership and a new political administration elected in May 2022, a new Strategic Plan has been developed. The move to describe this as a “Strategic Plan” rather than a “Corporate Plan” is reflective of the outward facing nature of the plan, which considers the role of the Council within a wider partnership.
- 9.2 The Head of Policy and Strategic Delivery highlighted:
- The emphasis on the wider framework of partnership working;
 - The Plan contained the key policy commitment for the coming 4 years, reporting on a yearly basis to ensure stakeholder accountability;
 - The emphasis was to work with existing statutory Boards on cross cutting issues;
 - There was a need for increased working in localities with neighbourhood work and a place based approach;
 - The entire plan needed to be seen as supporting health and wellbeing and priorities for tackling the wider determinants of health;
 - The Health and Wellbeing Board involvement could include around the drivers of poor mental health, social connecting opportunities, financial security, impact of impact on in work poverty, drivers of serious violence, climate change, etc.
- 9.3 Mayor Glanville referred to the possibility of an enhanced role for the Board in particular around shared areas of responsibility. He emphasised that the Health and the Wellbeing Strategy was reflected in the Strategic Plan with an increased emphasis on working with existing Boards across the system. He re-emphasised the need to focus on mental health, financial security and social connection and the challenges involved given the budgetary work that was currently underway. It was necessary to recognise the dangers of retrenchment under financial pressure with partnership work sometimes suffering such as around reducing social isolation.
- 9.4 The Director of Public Health stated that she welcomed the opportunity to take health and wellbeing into the community strategy and make a firm connection between the health and wellbeing strategy and the community strategy with an

offer of support from the public health team in developing this during the strategy refresh.

- 9.5 The Director of Delivery, City and Hackney's Place Based Partnership thanked all those involved in the engagement with wider partners on the Strategic Plan. She stressed the need for strong links between the Strategic Plan and the Health and Wellbeing Strategy, together with the City and Hackney Integrated Care Board, given the overlap in ambitions.
- 9.6 The Chief Executive of the North East London Foundation Trust welcomed the potential for joining up of corporate responsibilities in terms of community cohesion.
- 9.7 The Head of Policy and Strategic Delivery highlighted:
- That the Strategic Delivery Team was involved in the next steps of the Health and Wellbeing Strategy to ensure that the necessary join up with stakeholders was in place;
 - The need to bring together a wider set of individuals from the Council to support the cross cutting significance of Health and Wellbeing;
 - The Council was facing difficult financial challenges and saving would be required with the strategic plan utilised to understand the full impact. Whilst there was no new funding to fund, for instance social connection, the Plan could assist in ensuring valued partnership working and decision making in the wider frame.

RESOLVED:

- To note that the Council has developed a Strategic Plan that will be taken to Cabinet for adoption this month.
- To note the key issues that the plan is seeking to address which are set out in this report.

10. Hackney Health and Wellbeing Board Strategy Update

- 10.1 The Deputy Director of Public Health introduced the report seeking approval from Board members on the approach for improving mental health and increasing financial security. Work is already taking place across the Strategy's 3 priority areas, through the connections in place in the partnership. Local mental health strategic plans were being reviewed and action plans are currently being developed. The proposal was for the Population Health Hub (who will lead on the HWB Strategy action plan and implementation) to work with the existing strategies that are being developed to ensure a broader focus around mental wellbeing and mental health promotion in addition to increasing access to acute and community mental health services. Work was being carried out around social connectedness priorities with a well attended workshop across the partnership to develop the action plan draft. The workshop attendees felt that it would be important for there to be a social connection champion in each of the Health and Wellbeing Board membership organisations, working together to produce a detailed action plan around social connections.
- 10.2 Mayor Glanville asked for a fuller explanation of the role of Population Health

Hub to be outlined to the Board. He stressed that there would need to be a collective effort in relation to mental health champion representation. He considered that there would need to be a mechanism in place to measure the impact of the action plans put in place, to ensure effective delivery.

- 10.3 The Director of Delivery at City and Hackney's Place Based Partnership welcomed the overarching objective around social connection. She considered that the various groups involved should be asked to contribute to the development of the action plans and to track progress of the action plans to support the objectives, ensuring effective engagement.
- 10.4 Susan Masters welcomed the objective on resourcing for the Voluntary and Community Sector organisations to deliver appropriate programmes. She referred to the established programmes in Hackney supporting social connections, such as lunch clubs.
- 10.5 The Chief Nurse and Deputy Chief Executive at the East London Foundation Trust stressed that it would be necessary to consider how to measure loneliness and to have in place the most effective approach to take for each community on loneliness. There would be a need to work with residents on the action plan and measure impact through residents. She stressed that there may be groups isolated because of language barriers.
- 10.6 Lauren Tobias from Volunteer Centre Hackney emphasised the difficulties in measuring and reducing loneliness. She said she wished to raise awareness of the community programme introduced during the Pandemic with 176 matches in the first 6 months. The programme trained volunteers, matching them with people with complex mental illness. The project was experiencing financial difficulties.

RESOLVED:

- To agree the approach to improving mental health and increasing financial security
- To agree a system of social connection leads from organisations to work together to finalise social connection action plan

11. City and Hackney Safeguarding Adults Board Annual Report 2021/22

11.1 Dr Adi Cooper, Chair of the Safeguarding Adults Board introduced the report. She referred to the fact that it had been a challenging year and thanked partners for sustaining their responsibility to safeguard adults in Hackney. Dr Adi Cooper highlighted the following:

- There had been a significant increase in reporting around self neglect related to the impact of COVID-19 and the Cost of Living Crisis;
- Advocacy had been commissioned to ascertain resident experience;
- 3 adult safety reviews had been carried out; learning from these was important in terms of development and improvement;
- Work was being carried out around fire safety;
- There were challenges around fuel poverty going forward;
- There continued to be challenges in the delivery of adult and social care;

- The future of adult safeguarding would be challenging given issues around the cost of living crisis, austerity and workforce issues, etc;
- 11.2 Councillor Kennedy thanked Dr Adi Cooper and Raynor Griffiths for their work in this area. Raynor would be leaving the service after years of good service. He told the Health and Wellbeing Board of the good work of the Safeguarding Board on anti-social behaviour and housing and how this intersects with adult safeguarding.
- 11.3 Mayor Glanville thanked Dr Adi Cooper and the Safeguarding Board for its work.

RESOLVED:

- To note the report

12. Better Care Fund 2022-23 Plan

- 12.1 The Lead Commissioner (Hackney Council) introduced the report. Members are asked to: consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy, comment on, and shape the development and content of the strategy. The Lead Commissioner Hackney had recently refreshed its strategy, based on extensive engagement with local residents.
- 12.2 The Lead Commissioner highlighted priorities:
- The delivery of the Integrated City and Hackney Integrated Delivery Plan;
 - To help reduce health inequalities;
 - To support the big ticket items for the partnership transformation programme;
 - To continue to support the neighbourhood work and the hospital discharge.
- 12.3 Mayor Glanville expressed concern at the dependence on this funding mechanism. Councillor Kennedy expressed concern at being dependent on one off funding to enable delivery across the system. He considered that there would be a better use of resources and the ability for improved planning if funding arrangements were known well in advance.

RESOLVED:

- To note and endorse the national planning requirements and the Plan for Hackney for 2022/23.
- To note that the BCF Plan will benefit residents by continuing to fund:
 - Effective Hospital Discharge including temporary accommodation
 - Homeless Pathway to support hospital discharge
 - Support to Carers
 - Disabled Facilities Grant to support adaptations for residents
 - ● Increase costs to care packages

13. North East London Integrated Care Strategy Development

13.1 The Director of Strategic Development, East London, highlighted the following:

- There was a focus across North East London on health and inequalities, greater financial wellbeing for the population and employment;
- The 4 systems priorities were:
 - Babies, children and young people;
 - Long term conditions;
 - Workforce and employment;
 - Mental Health.
- The importance of social connectedness with a growth in social isolation. Workshops were being run;
- There was a current focus on tackling the Cost of Living Crisis, financial sustainability and workforce using the collective voice to influence;
- Increased focus on prevention with an integrated focus.

13.2 Mayor Glanville highlighted the following:

- That both the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy were always evolving with the need for the interactive work to continue;
- The need to reduce inequalities in outcomes under the 4 systems priorities;
- The need to improve the overall performance of the system including around access;
- Hackney Council had made some clear positions around conditions such as Sickle Cell and HIV. A long COVID-19 motion had recently been passed to ensure that this was fully recognised as a long term condition;
- The need to reducing inequality in work around Mental Health;
- The importance of the community and co-production together with resourcing the Community and Voluntary Sector in a sustainable way to ensure effective delivery;
- The challenges facing the NHS were recognised but in focusing entirely on financial difficulties there was the chance of losing opportunities around prevention.

13.5 The Group Director for Adults, Health Integration and Public Health welcomed the report, stressing the importance of a place based strategy feeding into the work of the Integrated Care System/ Integrated Care Board. Hackney Council had a coherent strategy linking to the other Council Strategies, preventing overlap. There was engagement with the place based strategy to ensure that there was a bottom up approach.

13.6 The Director of Public Health stressed that some conditions affected particular communities. She considered that the Strategy should relate to people with long term conditions, providing examples of these. She emphasised the need to recognise the entire workforce, incorporating the needs and views of the Community and Voluntary Sector into the Workforce Strategy for the health and care system in addition to employment and strategy.

- 13.6 The Director of Nursing and Corporate Development at the GP Confederation stressed the importance of having a Workforce Strategy across health and social care, including community and voluntary organisations in this. She considered that equalities and diversity should be considered in relation to Workforce and Employment. In addition to the system's priorities there was a need to be aware of the priorities from NHS ENgland, the Department of Health and Social Care and Health Education England, dovetailing these into work programmes to meet all priorities.
- 13.7 Susan Masters considered that there were currently a gap in the North East London Workforce in relation to the Community and Voluntary Sector. Further, those working in the voluntary sector were paid less than those in other sectors. This issue had been raised at a recent workshop where it had been proposed to open up the training available in the NHS and Local Government to the Community and Voluntary Sector.
- 14.8 Councillor Kennedy considered that the training referred to should be available to the Community and Voluntary Sector, Volunteers and unpaid carers. There was much value to be derived from co-production at grassroots level, co-producing solutions, providing resilience in delivery.
- 14.9 The Director of Strategic Development highlighted that:
- There was a tight timeline for producing the strategy;
 - The timeline centred around providing guidance of the NHS 5 year plan, to be submitted by March next year;
 - The need for a dynamic process, working together on system development and learning and improvement;
 - There was a requirement to develop a workforce strategy which was currently in the early stages of production;
 - Work was ongoing on developing a collaborative across the Community and Voluntary Sector
15. Any other business that the Chair considers urgent
- 15.1 There was no other urgent business.

Duration of the meeting: 4pm - 6pm

Contact:

Peter Gray; Governance

governance@hackney.gov.uk

Questions Submitted on Low Traffic Neighbourhoods

The responses to these questions are attached.

Question 1

Can medical professionals on the board please explain involvement of any health or medical professionals in the monitoring of and research into the health & well-being impacts resulting from the creation of Low Traffic Neighbourhoods for those benefiting and for those now living and perhaps most importantly attending schools and nurseries on roads traffic has been re-routed?

Question 2

In terms of health and well-being, could health practitioners on the Board please explain the public health benefits of displacing traffic from roads with relatively low levels of air pollution onto residential & community roads already known to have higher levels of air pollution?

Question 3

As someone who has been prescribed a second inhaler since the implementation of Low Traffic Neighbourhoods, I would like to know what measures local health practitioners (and more generally the NHS) have been taking to monitor, research and address the harmful respiratory health impacts of pollution over the past 2 years with respect to those living, working or going to school on roads now receiving high volumes of relocated traffic? If nothing has been done in this regard, why not?

Questions 4

I suffer from COPD, Bronchiectasis and Asthma. My question is why have the council failed to implement the Department of transport directive on LTN's which state the elderly and blue badge holders should not be affected by the LTN's. I ask this question as the closures have had a really negative affect on my life and my ability to lead a normal one. I did not see myself as disabled prior to their implementation but I certainly do now.

Question 5

Much is being made by the council about LTNs tackling climate change, but where is the evidence that LTNs reduce the amount of overall fuel burnt, rather than simply deterring a small proportion of short journeys by making everyone else drive further and queue longer, resulting in an overall increase in fuel burnt? LTNs demonstrably increase traffic, pollution

and congestion on boundary roads which are often bus routes. The slowness of bus services is a common reason for people not choosing to travel by bus. Why does the council choose to slow them further by funnelling all the traffic into bus routes? Given that buses disproportionately serve poorer members of the community, surely undermining the viability of buses increases inequalities.

Via email

Philip Glanville, Mayor of Hackney
London Borough of Hackney
Town Hall
Mare Street
London E8 1EA

22 December 2022

Response to your letter to Health and Wellbeing Board members

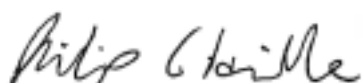
Dear,

Thank you for your letter, dated 22nd September, regarding Low Traffic Neighbourhoods. I apologise for the delay in responding.

I understand that Dr Sandra Husbands has addressed the majority of your specific concerns, which I believe to be appropriate given that this is an issue primarily in the responsibility of the Council's Public Health team. I have attached a copy of this letter for your records, and I don't have anything more to add..

In terms of your other question, namely "Why has Philip Glanville taken the decision to prevent you hearing my question?", I must inform you that this is not the case. The HWB collectively agrees which questions are due to be answered, and this is done strictly in accordance with the Terms of Reference for the committee. I would like to stress that I personally welcome scrutiny from residents, as does the Board as a whole. You have also asked questions on these issues in a variety of Council meetings in the past and received clear and detailed answers.

Yours sincerely

A handwritten signature in black ink that reads 'Philip Glanville'.

Philip Glanville
Mayor of Hackney

Via email

Philip Glanville, Mayor of Hackney
London Borough of Hackney
Town Hall
Mare Street
London E8 1EA

22 December 2022

Response to your letter to Health and Wellbeing Board members

Dear,

Thank you for your question, dated 22nd September, regarding Low Traffic Neighbourhoods. I believe that your question was addressed to health practitioners on the board, and as an elected official without formal training in public health, it would be inappropriate for me to respond to you directly.

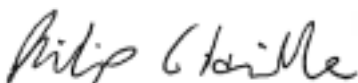
I further asked colleagues from our public health team, who are working with our transport team, to respond to your question, and they have provided the following response:

“One of the primary aims of LTNs is to improve public health, with objectives to reduce overall air pollution (as part of broader measures within a borough-wide air quality action plan) and to encourage active travel for as many people as possible (as part of wider sustainable transport plans).

Displacing traffic from roads with relatively low levels of air pollution onto resident and community roads already known to have higher levels of air pollution is not an aim of the Low Traffic Neighbourhood schemes. Hackney Council continue to monitor the impacts of LTNs, and is committed to ongoing engagement with residents to ensure we understand how they are working and address issues as they arise. Feedback on Hackney’s LTNs can be emailed to streetscene.enquiries@hackney.gov.uk at any time.”

I trust that this answers your question. Please accept my apologies for the delay in responding and I know that both your local councillors and Cllr Mete Coban plan to meet you in the new year to discuss these issues further.

Yours sincerely



Philip Glanville
Mayor of Hackney

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Philip Glanville, Mayor of Hackney
London Borough of Hackney
Town Hall
Mare Street
London E8 1EA

22 December 2022

Response to your letter to Health and Wellbeing Board members

Dear,

Thank you for your question, dated 22nd September, regarding Low Traffic Neighbourhoods. I believe that your question was addressed to health practitioners on the board, and as an elected official without formal training in public health, it would be inappropriate for me to respond to you directly.

I have asked colleagues from our public health team to respond to your question, and they have provided the following response:

“In response to your question related to health practitioners’ involvement in the monitoring of and research into the health and wellbeing impacts resulting from the creation of LTNs, the NHS does not routinely monitor these impacts.

Routine monitoring of the impacts of LTNs is undertaken on behalf of local partners by Hackney Council, using the measures outlined below which are known to be strongly linked to key health outcomes. Directly measuring the health impacts of traffic control measures, such as LTNs, is complicated. It is very difficult to reliably assign cause and effect outside of a controlled study and these types of study take time to design, implement and evaluate.

[Such a study](#) in London, funded by the National Institute for Health Research and in which Hackney is participating, will be completed in 2025.

The Council measures the impacts of LTNs through traffic counters, air quality monitoring and active travel data^{1,2,3,4}. We outline the borough-wide impacts of LTNs

¹ <https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/consultations-and-surveys#on-this-page-1>

² <https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2021>

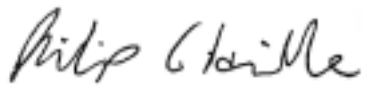
³ <https://activelives.sportengland.org/>

⁴ We also survey Hackney school children every year on how they travel to school

below, using information that we have collected to date, which shows an overall reduction in traffic flow and improvement in air quality, in line with wider research evidence. We will have more data on walking and cycling impacts towards the end of the year.”

I trust that this answers your question. Please accept my apologies for the delay in responding.

Yours sincerely

A handwritten signature in black ink that reads "Philip Glanville". The signature is written in a cursive style with a large initial 'P' and a long, sweeping underline.

Philip Glanville
Mayor of Hackney

11 October 2022

Dear.

Thank you for your question intended for the September Cabinet meeting regarding Low Traffic Neighbourhoods (LTNs). As you're aware, following the death of Her Majesty Queen Elizabeth II and in line with protocols, the Cabinet meeting went ahead with only urgent items on the agenda, to reflect the fact that we were in a period of national mourning; all questions and non-essential business were removed from the agenda. As a result, I understand you were offered a written response which you agreed to.

I am sorry to hear that you suffer from COPD, Bronchiectasis and Asthma. Your specific question was "why have the council failed to implement the Department of Transport directive on LTN's which state the elderly and blue badge holders should not be affected by the LTN's."

Please be assured that the Council has adhered to all Department of Transport directives with regards to Low Traffic Neighbourhoods. The Council consulted on and implemented a policy for LTNs in 2021, which since has made all Blue badge and Companion e-badge Holders living in the borough eligible for an exemption to a selection of traffic filters located on bus routes.

The 'HAC01' permit allows a single registered vehicle to pass freely through some of the boroughs LTN traffic filters, without receiving a Penalty Charge Notice (PCN). Since 21 March 2022, HAC01 permit holders have been exempt from the following traffic filters (also known as 'Bus Gates'):

- Stoke Newington Church Street - *Stoke Newington LTN*
- Shepherdess Walk - *West Hoxton LTN*
- Downs Road - *Hackney Downs LTN*
- Richmond Road - *London Fields LTN*

Further details on this policy, including on eligibility for an exemption and to apply for a permit, can be found by visiting the following webpage:

<https://hackney.gov.uk/blue-badge#ltn>.

Additionally, the Council will continue to review feedback related to LTN's and their impact on those with disabilities to determine whether further policy development is required.

All addresses and properties within an LTN remain fully accessible by foot, cycle or vehicle. As part of our decision-making process due consideration has been given to the impact on all people within a protected group as defined by the Equality Act. Comprehensive EQIA

(Equalities Impact Assessments) were carried out on all LTNs to assess the impact on various protected groups of making the scheme permanent.

The aims of the LTNs of reducing pollution, reducing traffic, and reducing road danger are of critical importance to disabled people, who are among the worst impacted by increased pollution levels and the effects of climate change. The local bus service routes upon which many disabled people depend have not been diverted as a result of the road closures introduced by the scheme.

Roads within the LTN have seen a reduction in traffic levels, it has likely become easier to (informally) cross the road for people, including people with disabilities or using mobility aids like wheelchairs (noting that this should not be encouraged, but is something that people frequently choose to do).

I hope that this response is helpful, but if you have any further questions please do come back to me.

Yours sincerely

Mete

Cllr Mete Coban MBE
Councillor for Stoke Newington
Cabinet Member for Environment and Transport
London Borough of Hackney

By Email - 11 October 2022

Dear

Thank you for your question intended for the September Cabinet meeting regarding Low Traffic Neighbourhoods (LTNs). As you're aware, following the death of Her Majesty Queen Elizabeth II and in line with protocols, the Cabinet meeting went ahead with only urgent items on the agenda, to reflect the fact that we were in a period of national mourning; all questions and non-essential business were removed from the agenda. As a result, I understand you were offered a written response which you agreed to.

This is a common fear when residential road closures are installed which assumes that trips which used to pass along a road simply divert to other roads in the immediately surrounding area and problems are shifted to those other roads. This misses the fact that roads are designed for different purposes. Roads in residential areas are not designed to carry through traffic which is better accommodated on main roads. It also misses the phenomenon of 'traffic evaporation' where some short car trips will not divert when the journey becomes slightly less convenient because of road closure. Instead the person making the trip might decide to walk or cycle instead of using a car or they might decide not to make the trip at all.

The concept of "traffic evaporation" reflects the fact that, when changes such as modal filters and low traffic neighbourhoods are introduced, some drivers change their travel choices to alternative forms of transport, while others (i.e. through-traffic) make diversions further away to avoid the locality altogether.

The concept was established in academic research carried out by Sally Cairns, Carmen Hass-Klau, and Phil Goodwin in 1998 and followed up in 2002 and has since been widely observed in scheme evaluations. Cairns et al looked at 70 case studies and found that in half of the case studies examined, where road space for traffic was reduced, there was an 11% reduction in the number of vehicles across the whole area, including on the main roads.

Initial analysis of the impact of the LTNs in Hackney have seen a significant drop in the number of trips within the LTNs. The same analysis did show some roads experiencing higher levels of traffic. However, the analysis points to evidence of an overall reduction in traffic volume on the boundary and main roads across Hackney. Air quality modelling based on traffic counts shows that this reduction in traffic has improved air quality at all modelled receptors.

To understand whether the schemes have had an overall impact on bus passengers, bus speeds have been analysed using pre-pandemic performance as a benchmark. Bus speeds increased during each of the lockdown periods and decreased in between when traffic

returned to the roads.

At the end of the 2nd lockdown in mid-2021, with the LTNs still in place, speeds had broadly returned to pre-COVID levels closely shadowing broader London trends. On a borough-level, the bus speeds in Hackney track the trajectory of bus speeds across London and do not show an impact from the introduction of LTNs on speeds.

I hope that this response is helpful, but if you have any further questions please do come back to me.

Yours sincerely

Mete

Cllr Mete Coban MBE
Councillor for Stoke Newington
Cabinet Member for Environment and Transport
London Borough of Hackney

Ref	Meeting Date	Agenda Item	Action	Responsible Officer	Response	Action to be completed by	Status	Notes
1	2092021	Community Engagement Plan (Hackney Healthwatch)	Healthwatch to submit a report to the Board be made on the engagement proposals and how these would work in practice	Jon Williams	See notes	TBC	OUTSTANDING	Update March 22: Healthwatch are continuing to meet with Public Health, CCG and VCS colleagues to complete the review of public involvement. Further workshops to take place. It is hoped this task will be completed by April 2022. Once this is in place the Community Involvement Plan for Hackney's HWBB can be completed. Update 8/6 followed up with Catherine @ Healthwatch, as Jon has moved roles. DDK followed up 1/11/22
2	16062022	Connect Hackney Report	Sadie King to bring update on NHS work to progress relevant Connect Hackney recommendations.	Nina Griffiths/Sadie King		Mar 23	IN ACTION	Awaiting confirmation of plan for
3	9112022	Community Voice - Cost of Living Update	Susan Masters told the Board that the Community and Voluntary Sector was carrying out similar work (related to cost of living crisis insight work) looking at the impact of increases in costs on the Community and Voluntary Sector. She suggested the submission of a paper to the Board on this in January 2023 to include on building resilience, considering solutions and training for other voluntary sector organisations. Susan Masters asked if any of the feedback received had been surprising.	Susan Masters		Jan 23	IN ACTION	Report submitted, will book slot for discussion at upcoming HWB meeting.

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Questions from Members of the Public

1. Question from Matt Albrow

School Streets notwithstanding, how will the Board monitor the negative health impacts for children and young people living, walking, playing and attending schools on roads suffering even higher levels of traffic, congestion and pollution as a result of displacement from roads that already had better quality air?

2. Question from Claire Battaglino

Will the Health & Well-being Board be monitoring the health impacts resulting from the creation of so-called Low Traffic Neighbourhoods on the children and young people who live, walk, and most importantly perhaps attend schools and nurseries on roads onto which traffic has been re-routed as a result of this policy?

I have recently discussed this issue with my MP and know that she shares my concerns. For the information of Board members below is a list of schools and nurseries where parents and/or staff have reported an increase in traffic, congestion and harmful pollution.

Please share this with the Board members.

Parents and/or staff have noted an increase in traffic, congestion and harmful pollution in the following schools and nurseries:

Schools

Primary (inc nursery class)

Mossbourne Parkside Academy

Queensbridge

Northwold

Hackney New

St Dominic's RC

St John & St James

St Paul's with St Michael's

Lauriston

Kingsmead (high levels of pollution from Homerton High St congestion)

Rushmore

Morningside

Princess May

Orchard

The Olive School

Simon Marks

Beis Rochel; D'Satmar school & Nursery Dept

Tawhid Boys School

Holy Trinity CE

Ickburgh Special School

Secondary

The City Academy
Clapton Girls Academy
Cardinal Pole RC
Our Lady's RC
Mossbourne Victoria Park Academy
The Urswick School
Haggerston School
Clapton Girls' Academy (off Lower Clapton Rd)
Lubavitch Senior Girls School
Waterside Academy

BSix Sixth Form College

Group Pre-school/Nursery Provision

RoofTop Nursery (Dalston Ln)
Bright Kids (Kenworthy Rd)
Monkey Puzzle Day Nursery
Sebright Children's Centre (Queensbridge Rd)
Linden Children's Centre (Rectory Rd)
Little Pioneers Nursery & Pre-school
Mapledene & Queensbridge Children's Centre
Minik Kardes Children's Centre (Balls Pond Rd)
Bloomers Day Nursery
Wentworth Nursery School & Children's Centre (Cassland Rd)
Pembury Nursery
Pembury Pre-school (Dalston Lane)
Sunrise Nursery (Cazenove Rd)
Co-op Nursery (Morning Ln)
N Family Club (Mare St)
Zeeba Daycare Centre
Amazing Days Nur

3. Question from Malcolm Alexander

I know you are fully aware of the data below regarding 12 hour plus waits in the Homerton A&E for patients in a mental health crisis needing a bed to be found for them. Such long waits not only exacerbate their crisis but are likely to be unlawful in terms of breaches to the statutory duty of Parity of Esteem. Long waits in AE for patients in a mental health crisis also puts a strain on the AE staff and reduces their capacity to admit patients needing emergency

care arriving in AE. The consequences for patients are dire. In one case a patient waited in A&E for 48 hours and twice fled from the A&E, and in another a patient having waited for a long period in A&E for readmission to ELFT attempted suicide.

i. Can you please tell me what action you are taking at ICB and LBH level to resolve this crisis?

ii. Will the ICB commission the provision of more beds to meet local need?

iii. How are the ICB, ELFT the City and Hackney Health and Care Partnership and NHS England, collaborating to secure adequate numbers of beds for patients in an acute mental health crisis?

iv. Is each organisation committed to reducing and eventually eliminating these very long waits, with the aim of bringing A&E waiting times for patients in a mental health crisis, back to no more than four hours from arrival in A&E to admission?

I am aware that this matter was discussed at the HUH Board meeting on November 30th.

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Title of Report	CHSCP Annual Report 2021/22
For Consideration By	Health and Wellbeing Board
Meeting Date	26 January 2023
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Rory McCallum, Senior Professional Advisor, CHSCP

Is this report for:

<input checked="" type="checkbox"/>	information
<input checked="" type="checkbox"/>	discussion
<input type="checkbox"/>	decision

Why is the report being brought to the board?

The sharing of the CHSCP annual report provides an opportunity for reciprocal scrutiny and challenge on the effectiveness of the local safeguarding children arrangements covering the City of London and Hackney.

Has the report been considered at any other committee meeting of the Council or other stakeholders

The CHSCP Executive
Hackney CYP Scrutiny

1. **Background**

The City & Hackney Safeguarding Children Partnership annual report for 2021/22 sets out examples of the impact, evidence, assurance and learning arising from the

safeguarding arrangements in the City of London and the London Borough of Hackney.

It covers and reports on activity between 1st April 2021 and 31st March 2022 and includes the following:

- The governance and accountability arrangements for the CHSCP’s safeguarding arrangements.
- The context for safeguarding children in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The CHSCP’s priorities going forward and its most recent Strategic Threat Assessment.
- The key messages for those involved in the safeguarding of children and young people.

The Annual Report can be accessed via the CHSCP website: [HERE](#)

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input checked="" type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

<input type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input type="checkbox"/>	Making the best of community resources
<input checked="" type="checkbox"/>	All of the above

1.2. **Equality Impact Assessment**

N/A

1.3. **Consultation**

N/A

1.4. **Risk Assessment**

N/A

1.5. **Sustainability**

N/A

Report Author	Rory McCallum
Contact details	rory.mccallum@hackney.gov.uk
Appendices	CHSCP Annual Report

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city & hackney
safeguarding
children
partnership



**Annual
Report**
2021-22



Foreword

The CHSCP Annual Report 2021/22 is focused on evidencing what the partnership has done over the reporting year, the impact we have had, the learning we have identified and the steps we have taken to ensure we continue to reflect and improve.

It covers a challenging year, beginning just as children started returning to school and ending as a level of post lockdown normality was settling in. Within its pages you will see evidence of the range of work undertaken. This covers the 'business as usual' / day-to-day issues that partners manage, as well as our collective response to the ever-changing operating environment and uncertainty brought about by Covid-19.

I therefore wish to begin by thanking all our partnership leaders, staff, volunteers, and their families for what they have done and the sacrifices they have made whilst facing challenges that were unimaginable a few short years ago. Their hard work and determination have undoubtedly helped make many of our children safer.

That said, there is still more to do. We remain committed to embedding our *Safeguarding First* philosophy across and within all agencies. This means we must always see the child first, understand the context of their life and respond to their specific needs. This means a relentless focus on the basics, ensuring we apply best practice when sharing information, assessing risk, and making records. It also means we must continue to encourage an environment in which people feel able to ask difficult questions and to challenge and escalate concerns. To this end we have reviewed policies, developed our strategies, and created and shared key learning resources, including easily accessible video guides.

During the reporting period we addressed the disturbing issues arising from the 'Everyone's Invited' disclosures, responding to findings from the Ofsted and other reports that reflected on the harm inflicted by sexist, misogynistic and homophobic attitudes, and behaviours in schools. We sought reassurance, and will continue to do so, on what City and Hackney schools and colleges were doing to strengthen their arrangements to respond to sexual abuse and harassment.

The crisis in Afghanistan created a need to support families and their children and to this end the City of London Corporation excelled. They led and coordinated a partnership response fundamentally focused on safeguarding young people and supporting them and their families.

Unfortunately, and despite local political and partnership led best efforts, I cannot report any significant advances in our work to ensure children in Unregistered Educational Settings are appropriately safeguarded. It is therefore deeply frustrating to report that the Schools Bill, the vehicle through which progress might have been made, has been 'shelved' by central government. This means that we must continue to apply constructive influence in the absence of actual authority to ensure compliance. This has not worked in the past and I am very doubtful that it will work in the future. I remain convinced that a statutory instrument is the only way to effectively address this issue.

In early 2022, the CHSCP published the Child Q Local Child Safeguarding Practice Review. The Review speaks for itself and is available to read [here](#). I believe this report shook the system and because of this, it must be a foundation that drives real change. As part of my work in this area I have spoken with a number of young



people from Hackney. Many raised credible, critical issues about the reality of their lives and experiences when engaging with the police and attending school. I will shortly publish an update report highlighting responses to the initial recommendations, what has been done to date, the impact of such activity and what else is required to complete this work moving forward

Context is key in such cases and our work in this area is also informed by the significant learning accrued from other reviews, particularly the legacy arising from Tashaûn Aird and the acceleration of work on preventing exclusions in Hackney.

Racism is a real problem, it is a safeguarding issue and it undermines the opportunities for some young people to thrive in an environment that should be supportive. Denying it exists is simply not good enough. Nor is hiding beneath the umbrella of unconscious bias. Beyond a written commitment, training and awareness raising, we expect all partners to be actively anti-racist. This means being able to evidence what they have done, who they have challenged and the sanctions (where appropriate) they have applied. The CHSCP is committed to testing this commitment going forward.

From a Local Authority perspective, this reporting year saw the departure of Anne Canning, an outstanding advocate for children and thoughtful leader. She created the foundations upon which the new leadership team in Hackney have been able to make impressive progress. I wish to record my thanks to her and to formally welcome Jacquie Burke and the new Chief Executive, Mark Carroll. They have hit the ground running and their commitment to our children and their teams is evident in everything they do.

We recognised that annual reports by their nature are published after the fact, and therefore began the process of developing shorter and more focussed assessments on the 'here and now' issues. Our first draft of the CHSCP's Safeguarding Strategic Threat Assessment is included in this report. It remains a work in progress, but our intention is to keep this assessment dynamic so that partners can respond at pace.

At the time of writing this foreword, I am mindful of the growing cost of living crisis and the impact this will have on everyone. To that end, I am pleased to say that my engagement with leaders, at all levels reinforces my belief that they too are committed to doing whatever is necessary to support our children and their families in what are increasingly difficult times.

Finally, I remain determined to ensure that we maintain momentum, reflect on what could, and indeed what must be done better.

Jim Gamble QPM

Independent Child Safeguarding Commissioner
The City & Hackney Safeguarding Children Partnership





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THE CHSCP

COMMUNICATION

TECHNOLOGY &
SOCIAL MEDIA

SAFEGUARDING IN THE
CITY OF LONDON

SAFEGUARDING
IN HACKNEY

LEARNING &
IMPROVEMENT

KEY MESSAGES FOR
PRACTICE

TRAINING &
DEVELOPMENT

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About the Annual Report

The City & Hackney Safeguarding Children Partnership annual report for 2021/22 sets out examples of the **evidence, impact, assurance** and **learning** of the statutory safeguarding arrangements in the City of London and the London Borough of Hackney. It reports on the following activity:

- The governance and accountability arrangements for the CHSCP.
- The context for safeguarding children in the City of London, highlighting the progress made by the City of London partnership.
- The context for safeguarding children in the London Borough of Hackney, highlighting the progress made by the Hackney partnership.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The CHSCP's priorities going forward and its most recent Strategic Threat Assessment.
- The key messages for those involved in the safeguarding of children and young people.

In line with statutory requirements, the CHSCP annual report 2021/22 has been sent to the Child Safeguarding Practice Review Panel and The What Works Centre for Children's Social Care.

IMPACT

EVIDENCE

ASSURANCE

LEARNING



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Glossary

ABH	Actual Bodily Harm	HE	Hackney Education
BME	Black and Minority Ethnic	HHFT	Homerton Healthcare NHS Foundation Trust
CAF	Common Assessment Framework	ISCC	Independent Safeguarding Children Commissioner
CAFCASS	Children & Family Court Advisory and Support Service	IRI	Independent Return Interview
CAIT	Child Abuse Investigation Team	LA	Local Authority
CAMHS	Child and Adolescent Mental Health Services	LAC	Looked After Child / Children
CCG	Clinical Commissioning Group	LADO	Local Authority Designated Officer
CDR	Child Death Review	LSCB	Local Safeguarding Children Board
CHSAB	City and Hackney Safeguarding Adults Board	MAP	Multi Agency Panel
CHSCP	City and Hackney Safeguarding Children Partnership	MAPPA	Multi Agency Public Protection Arrangements
CHYPS	City and Hackney Young People's Service	MARAC	Multi Agency Risk Assessment Conference
CP	Child Protection Plan	MASE	Multi Agency Sexual Exploitation
CRIS	Crime Reporting Information System	MASH	Multi Agency Safeguarding Hub
CS	Children's Social Care	MAT	Multi Agency Team
CSE	Child Sexual Exploitation	MPM	Management Planning Meeting
CYPPP	Children and Young People's Partnership Panel	NHS	National Health Service
DBS	Disclosure and Barring Service	NSPCC	National Society for the Prevention of Cruelty to Children
DfE	Department for Education	OFSTED	Office for Standards in Education, Children's Services and Skills
DVIP	Domestic Violence Intervention Project	PPU	Public Protection Unit
EIP	Early Intervention and Prevention	PSHE	Personal, Social and Health Education
ELFT	East London NHS Foundation Trust	PSP	Pupil Support Plans
ESOL	English for Speakers of Other Languages	SCR	Serious Case Review
FGM	Female Genital Mutilation	SDVC	Specialist Domestic Violence Court
FGMPO	Female Genital Mutilation Protection Order	SEND	Special Educational Needs and Disability
FJR	Family Justice Review	SLT	Senior Leadership Team
FRT	First Response Team	RSE	Relationships and Sex Education
GLA	Greater London Authority	TRA	Tenant Resident Association
GP	General Practitioner	TUSK	Things You Should Know (CHSCP briefing)
HCVS	Hackney Council for Voluntary Service	UASC	Unaccompanied Asylum-Seeking Children



The CHSCP

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Summary

The City of London and Hackney Safeguarding Children Partnership (CHSCP) is established in accordance with the Children Act 2004 (as amended by the Children and Social Work Act 2017) and the statutory guidance issued within Working Together to Safeguard Children 2018. The CHSCP's safeguarding arrangements define how safeguarding partners, relevant agencies and other organisations work together to coordinate their safeguarding services. These arrangements meet the requirements of statutory guidance and include details about how safeguarding partners will identify and respond to the needs of children, commission and publish local child safeguarding practice reviews and provide for independent leadership and scrutiny. The published arrangements are available [HERE](#).

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Purpose

The CHSCP's safeguarding arrangements support and enable local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted.
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children.
- Organisations and agencies challenge appropriately and hold one another to account effectively.
- There is early identification and analysis of new safeguarding issues and emerging threats.
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice.
- Information is shared effectively to facilitate accurate and timely decision making for children and families.

Vision

That all children in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together.



Principles

As leaders across a range of organisations, the commitment of the CHSCP is to work together to make the lives of children safer by protecting them from harm; preventing impairment to their health and development, ensuring they receive safe and effective care; and ensuring a safe and nurturing environment for them to live in. The CHSCP wants to make sure that everyone who works with children across the City of London and Hackney has the protection of vulnerable children and young people at the heart of what they do. In practice, this means that children are seen, heard and helped:

- **Seen;** in the context of their lives at home, friendship circles, health, education and public spaces (both off-line and on-line).
- **Heard;** by professionals taking time to hear what children and young people are saying - putting themselves in their shoes and thinking about what their life might truly be like.
- **Helped;** by professionals remaining curious and by implementing timely, effective and imaginative solutions that help make children and young people safer.



The CHSCP's aim is to ensure that safeguarding practice and outcomes for children are at least good, and that staff and volunteers in every agency, at every level, know what they need to do to keep children protected, and communicate effectively to ensure this happens. All of our activity is underpinned by the following principles:

- **Safeguarding is everyone's responsibility.** As a partnership, we will champion the most vulnerable and maintain a single child-centred culture.
- **Context is key.** Capitalising on the unique opportunities presented by a dual-borough partnership, we will have an unswerving focus on both intra-familial and extra-familial safeguarding contexts across the City of London and the London Borough of Hackney.
- **Anti-Racist practice is key.** The CHSCP's safeguarding arrangements are proactively anti-racist. Our focus in this context moves beyond the rhetoric and is evident in our leadership, our practice and in the outcomes of the children, young people, and families we engage.

- **The voice of children and young people.** We will collaborate with children and young people and use their lived experience to inform the way we work. We will regularly engage with them as part of our core business and ensure their voices help both design and improve our local multi-agency safeguarding arrangements.
- **The voice of communities.** Improving our understanding of the diverse communities across the CHSCP's footprint, we will regularly communicate with, listen to, and engage local communities in the work of the CHSCP. We will harness their experience to both inform and improve the way we safeguard and promote the welfare of children and young people.
- **Enabling high quality safeguarding practice.** We will promote awareness, improve knowledge and work in a way that is characterised by an attitude of constructive professional challenge.
- **Fostering a culture of transparency.** We will enable the CHSCP to learn from individual experience and continuously improve the quality of multi-agency practice.

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Key Roles & Relationships

SAFEGUARDING PARTNERS

The safeguarding partners agree on ways to coordinate safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning. All safeguarding partners retain an equal and joint responsibility for local safeguarding arrangements. In situations that require a single point of leadership, safeguarding partners will decide on which partner will take the lead on relevant issues that arise. The safeguarding partners in the City of London and the London Borough of Hackney are Hackney Council, The City of London Corporation, NHS North East London (NHS NEL), The Metropolitan Police Service (MPS) and The City of London Police. The lead representatives of the safeguarding partners during 2021/22 were:

- **Tim Shields, The Chief Executive of Hackney Council** (retired in May 2021 and replaced by Mark Carroll in July 2021)
- **John Barradell, The Town Clerk of the City of London Corporation**
- **Jane Milligan, The Accountable Officer of the City & Hackney CCG** (left in June 2021 and replaced by Zina Etheridge in June 2021)
- **Marcus Barnett, The Commander of the MPS Central East BCU**
- **Ian Dyson, Commissioner, City of London Police** (retired in January 2022 and replaced by Angela McLaren in January 2022)

ASSURANCE

The Statutory Safeguarding Partners have equal and joint responsibility for local safeguarding arrangements. The leadership role of the safeguarding partner is based firmly on the notions of authority to act and the accountability for action taken. Its purpose is to 'remove the blockages, bureaucracy and organisational self-interest that bar the route to the effective and efficient delivery and practice of multi-agency services to protect and safeguard children.' Wood Report 2021. Lead representatives of the Statutory Safeguarding Partners have scheduled bi-annual meetings that include the Independent Safeguarding Children Commissioner of the CHSCP.

ASSURANCE

In May 2021, Sir Alan Wood published his second report into the new safeguarding arrangements. In response, the CHSCP's safeguarding arrangements were updated in July 2021 and now include the following:

- *Anti-Racist Practice as a key principle of the CHSCP*
- *Arrangements for the lead representatives of statutory safeguarding partners to meet together with the Independent Child Safeguarding Commissioner.*
- *The escalation of issues from the Executive to the lead representatives of statutory safeguarding partners.*
- *A specific section on Unregistered Education Settings.*
- *The CHSCP's Scrutiny Oversight Board, Strategic Analyst, the revised Self-Assessment process and Child Safeguarding Statements.*
- *Revised narrative about annual reporting requirements.*





RELEVANT AGENCIES

Safeguarding partners are obliged to set out which agencies are required to work as part of the CHSCP's arrangements to safeguard and promote the welfare of local children. These agencies are referred to as relevant agencies and have a statutory duty to cooperate with the CHSCP's published arrangements. A defined number of relevant agencies will meet regularly with safeguarding partners through the City of London Safeguarding Children Partnership Board and the Hackney Safeguarding Children Partnership Board. Others are invited when deemed necessary and/or be included in various sub-groups / thematic groups. The relevant agencies to which the CHSCP's safeguarding arrangements apply includes all those agencies defined in part 4 of the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 . They include:

- Page 54
- Homerton Healthcare NHS Foundation Trust
 - East London NHS Foundation Trust (ELFT)
 - All schools (including independent schools, academies, and free schools), colleges and other educational providers.
 - The Probation Service (London Division)
 - Children and Family Court Advisory and Support Service (CAFCASS)
 - Hackney Council for Voluntary Services (HCVS)
 - London Ambulance Service (LAS)
 - London Fire Brigade (LFB)
 - NHS England
 - All registered charities within the geographic area of the CHSCP whose staff / volunteers work with or come into contact with children and their families.

IMPACT

As part of the CHSCP's ongoing recognition of the value that schools and colleges play as 'relevant agencies' in our safeguarding system, the CHSCP's website was updated to include a specific section for the education sector. Whilst a work in progress, our intention is to set out the range of safeguarding support available to schools and colleges from safeguarding partners, other relevant agencies and key services within the partnership. Structured under three key headings of people, policy and practice, we aim to keep this up to date and to alert schools / colleges to any changes as they arise. For many, the information will be familiar, but we hope that having a central repository for schools and colleges on the CHSCP website will help make the information easier to access and strengthen our collaboration.



IMPACT

Through the CHSCP's Quality Assurance Sub Group, multi-agency guidance, policies and procedures are developed and reviewed by safeguarding partners and relevant agency representatives.

Over 2021/22, amongst a range of documentation produced, the CHSCP launched the following:

- [Safeguarding Disabled Children: Practice Guidance](#)
- [Working with the Risk of Intra-Familial CSA: Practice Guidance](#) and
- [Plans: Best Practice Examples](#) (to support professionals develop clear and coherent plans for children in need and/or at risk).

More material can be found within the CHSCP's [A-Z directory of Practice Guidance](#).

IMPACT

Following a number of injuries and sad deaths of children falling from windows in the East London area over the last two years, Hackney's Resident Safety Team have produced a leaflet advising Hackney residents about ensuring that children are kept safe around windows and balconies. It offers advice and for council tenants, contact details of repairs teams if there are faults with safety catches and closing mechanisms. It is hoped that this reaches as many households as possible in order to prevent any further tragedies. Find the leaflet [HERE](#).

ASSURANCE

The CHSCP has taken a broad approach in the 'naming' of relevant agencies as part of our local architecture. If an organisation works with children and is covered in the regulations, why wouldn't they be deemed as relevant and why wouldn't they have a statutory duty to cooperate with the CHSCP? There remain challenges in identifying the full spectrum of such agencies, particular those that might be charities and smaller VCS organisations. With that in mind, emerging thinking involves the introduction of a process that would see only 'registered relevant agencies' being able to access the CHSCP's free training offer. This will help incentivise agencies to register with us, whilst maintaining a comprehensive list of those agencies we need to engage in our self-assessment, staff survey and Child Safeguarding Statement processes. Scoping is underway to plan for what the registration mechanism will involve.



NAMED ORGANISATIONS

Safeguarding partners can also include any local or national organisation or agency in their arrangements regardless of whether they are named relevant agencies. Whilst not under the same statutory duty, there remains an expectation of compliance, with legal powers existing in some areas to ensure this happens. For example, Section 16H of the Children Act 2004 contains a wider power exercisable by the safeguarding partners to request a 'person or body' to provide information to them. There is no limitation or definition of 'person or body' therefore the request can be made to anyone. Local organisations named to the CHSCP include all 'Out of School Settings' (providing education, training, instruction or activities without the supervision of parents or carers) and Social Housing providers.

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ASSURANCE

The CHSCP also intends to explore the viability of a registration process involving named organisations, recognising the important contribution they make to safeguarding children and the need for such organisations to be fully part of our local system.





THE INDEPENDENT SAFEGUARDING CHILDREN COMMISSIONER

Jim Gamble QPM is the Independent Safeguarding Children Commissioner (ISCC) of the CHSCP. This role is appointed by safeguarding partners and given authority to coordinate independent scrutiny of the local child safeguarding arrangements.

The ISCC is fundamentally independent and has delegated authority from safeguarding partners to instigate Local Child Safeguarding Practice Reviews. The ISCC has significant experience of operating at a senior level in the strategic coordination of multi-agency services to safeguard and promote the welfare of children.

ASSURANCE

Through engagement, commentary, and lobbying, the ISCC provides independent leadership in respect of local matters relevant to the safeguarding of children and young people. The ICSC holds both safeguarding partners and relevant agencies to account for their effectiveness in safeguarding children and young people. The ISCC chairs the CHSCP's Executive and the CHSCP Boards to ensure fundamental independence is built into the oversight of statutory safeguarding partners and relevant agencies. The ISCC also chairs the Case Review sub-group to ensure independent decision making in respect of the commissioning and progress of reviews. The ISCC continues to be engaged with elected officials to brief on specific issues, raise concerns and to provide an independent overview of practice. This takes place via 1:1 meetings and other forums (such as 'joint chairs' meetings) and those that engage elected members and other local boards (Health & Wellbeing / SAB / CSP). The ISCC is also engaged by the Local Authority scrutiny functions in both the City of London and Hackney.

ASSURANCE

Following the accidental deaths of two children in their homes in Hackney, the Designated Doctor for Child Deaths in the City and Hackney escalated her concerns about the circumstances for the families involved. As a result, the ISCC asked for the relevant housing protocols to be reviewed to ensure that sufficient regard is given to a household's circumstances when a traumatic child death occurs, specifically the mental health impact on the family in remaining in the home where the death took place. In the City of London, Members discussed this request and noted that the City Corporation's Housing Allocations Scheme already gives officers wide discretion to assist families in traumatic circumstances - via the 'Management Transfer' route. However, the scheme has now been amended to explicitly state that families suffering a child bereavement will automatically be eligible for Management Transfer; the highest category of priority on the housing register.



Consistent with Working Together 2018, independent scrutiny of the safeguarding arrangements in the City of London and Hackney acts as a constructive critical friend and promotes reflection to drive continuous improvement. It helps improve outcomes for children and young people. The CHSCP's approach to independent scrutiny is built on the fundamental premise that multi-agency working neither happens by itself nor via the good will of dedicated staff. Multi-agency work needs to be harnessed and driven and must at its heart be open to independent challenge to do better.

Whilst led by the ISCC, independent scrutiny is delivered by more than one role and one person. It is embedded in the culture of how the CHSCP operates and how cross-agency challenges from one agency to another can provide both a level of independence and the support needed for improvement. It is also part of a wider system which includes the independent regulation of safeguarding partners and relevant agencies by inspectorates and the partnership itself via the Joint Targeted Area Inspection's regime.

IMPACT

In September 2021 and March 2022, the CHSCP commissioned external safeguarding experts to undertake independent audits on the quality of referrals and strategy discussions respectively. Details of the learning and impact are set out in the [Learning & Improvement section](#) of this report.

IMPACT

In line with recommendations from the Wood reviews into Local Safeguarding Arrangements, the CHSCP continued to utilise the in-house expertise of its Senior Professional Advisor. The SPA is fundamentally independent from operational activity and has authored a number of case reviews for the CHSCP, alongside quality assuring those undertaken by external reviewers. Details of the learning and impact from the work of the SPA are set out in the [Learning & Improvement section](#) of this report.

IMPACT

Hackney Children & Education commissioned the LGA to undertake a peer review of its arrangements to safeguard vulnerable adolescents. Findings from this process were shared in February 2022 and are being used as a platform by partners to further develop our local response in this area.



ASSURANCE

Independent scrutiny similarly features as a fundamental principle of the CHSCP's approach to learning and improvement, reflecting the partnership's commitment to independent challenge and support. It is focused on achieving good and safe outcomes as follows:

- *Agencies being subject to external inspection and positively responding to any findings and recommendations for practice improvement.*
- *The ISCC being granted a 'right to roam' and the ability to access relevant information to test the sufficiency of the CHSCP's safeguarding arrangements.*
- *A Senior Professional Advisor being appointed by safeguarding partners and working on behalf of the ISCC to lead the CHSCP support team. The SPA chairing the Quality Assurance Sub Group and being responsible for the delivery of the CHSCP's Learning and Improvement Framework.*
- *The ISCC providing an objective and independent assessment of the effectiveness of the safeguarding arrangements as part of an annual reporting cycle.*
- *The ISCC being engaged in resolving operational disputes through the CHSCP's escalation process.*
- *Safeguarding partners, relevant agencies and the ISCC actively strengthening networks and building opportunities for local peer review and sector-led support. Where available, this will include independent support as negotiated with safeguarding partners in other local authority areas and/or any such support coordinated via the Local Government Association (LGA) and pan-London Safeguarding Children Partnership.*
- *The CHSCP commissioning external scrutiny as part of its Learning and Improvement Framework to help provide independent reassurance on the quality of practice.*
- *A Scrutiny Oversight Panel (SoP) meeting twice yearly to provide strategic insight, collective oversight and coordination of all scrutiny activity relating to the safeguarding children in the City of London and Hackney.*



THE CHSCP EXECUTIVE

CHSCP Executive members are senior officers that can speak with authority for the safeguarding partner they represent. They can hold their organisation to account, take decisions and commit them on policy, resourcing and practice matters. The Executive is chaired by the ISCC and during 2021/22, comprised the following:

- **Anne Canning, The Group Director of Children, Adults and Community Health (Hackney Council)** (replaced by Jacquie Burke, Group Director, Children & Education)
- **Andrew Carter, The Director of Children and Community Services** (The City of London Corporation)
- **Siobhan Harper, Director of Transition (North East London CCG)** (replaced by Amy Wilkinson, Integrated Commissioning Director)
- **Marcus Barnett, The Commander of the MPS Central East BCU**
- **Dai Evans, T/Commander, City of London Police**
- **Annie Gammon, Director of Hackney Education (Hackney Council)**

THE CHSCP BOARDS

In mid-2021, the former CHSCP Executive group split to become two separate forums – The City of London Safeguarding Children Partnership Board and the Hackney Safeguarding Children Partnership Board. These groups comprise representatives from safeguarding partners and several relevant agencies. They include named and designated professionals. Both are independently chaired by the ISCC and are responsible for delivering the CHSCP business plan. The core membership of the CHSCP Boards can be found [HERE](#).

ASSURANCE

Covid-19: *This reporting year commenced in April 2021, shortly after children returned to school following the second extended period of national home learning (January - March 2021). This coincided with the launch of the national vaccination programme for COVID-19 and a large part of the partnership's work was therefore again dominated by the COVID-19 pandemic.*

Partnership meetings and subgroups continued to engage digitally. Contingency Oversight Group (COG) meetings (having been stood down) were also re-initiated for a number of sessions. These concentrated on the direct and indirect impact of the pandemic by focussing on health and wellbeing of the partnership workforce (COVID fatigue, work pressures, isolation and vaccine hesitancy), line of sight of children and emerging safeguarding themes, as well as multi-agency interoperability. COG meetings also reviewed the partnership risk assessment and multi-agency responses to the pandemic, including the emerging safeguarding concerns following the national return to school.



THE CHSCP TEAM

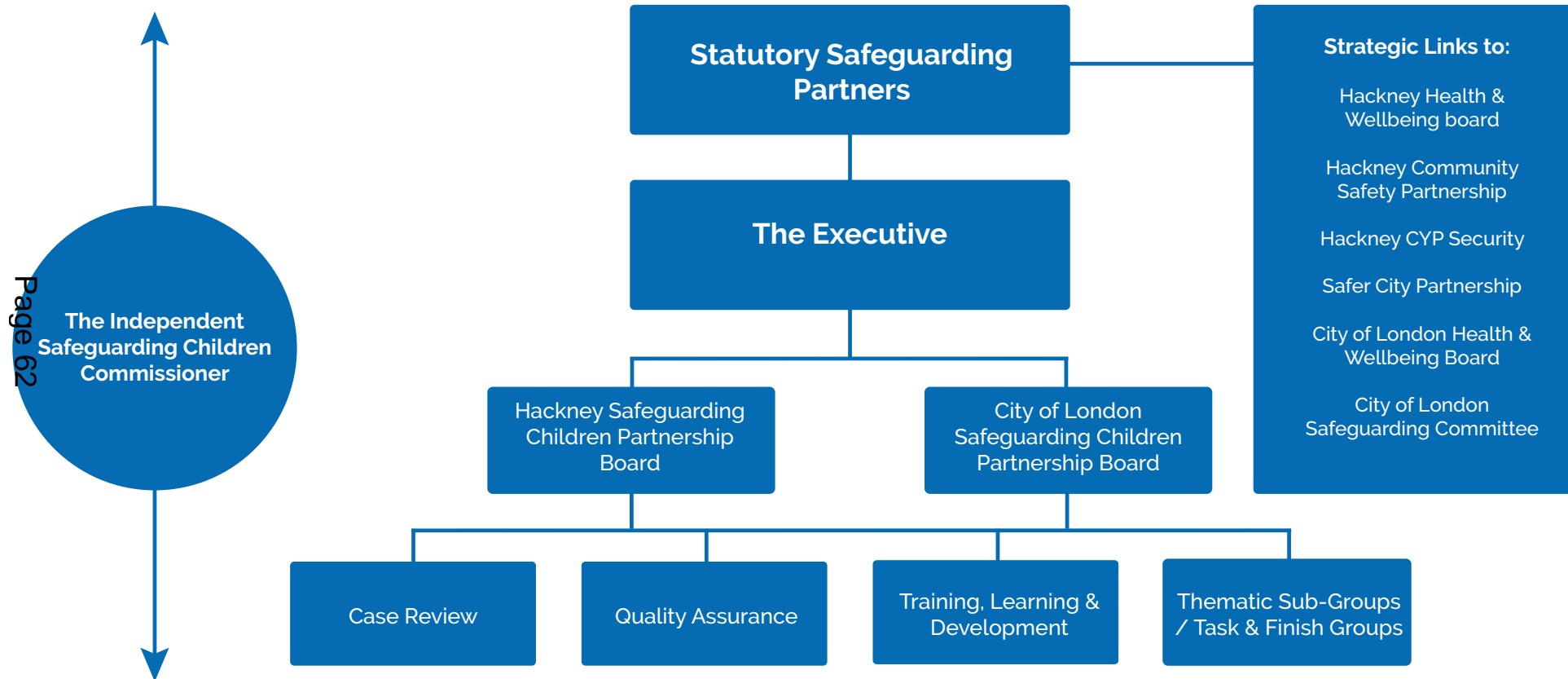
The CHSCP continues to be supported by a dedicated group of staff. The core team includes a Senior Professional Advisor, a Business and Performance Manager, a Training Coordinator and a Partnership Coordinator.

RELATIONSHIPS WITH OTHER BOARDS

There was ongoing engagement with the City & Hackney Safeguarding Adults Board (CHSAB) and other strategic partnerships in the City of London and Hackney during 2021/22. A Joint Strategic Chairs meeting continues to help facilitate oversight, coordination and challenge across these key forums.



CHSCP Structure 2021/22





Attendance

CHSCP EXECUTIVE (FORMALLY KNOWN AS SLT)

Organisation	April 2021	July 2021	Jan 2022	April 2022	Agency Specific Attendance (%)
City of London Corporation	Yes	Yes	No	Yes	75
Hackney Council	Yes	Yes	Yes	Yes	100
City & Hackney NHS North East London	Yes	Yes	Yes	Yes	100
Metropolitan Police Service	Yes	Yes	Yes	Yes	100
City of London Police	No	No	Yes	Yes	50

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HACKNEY BOARD (FORMALLY KNOWN THE HACKNEY EXECUTIVE)

Organisation	June 2021	Sept 2021	Nov 2021	Feb 2022	Agency Specific Attendance (%)
CAFCASS - Children & Families Court Advisory & Support Service	No	No	No	No	0
Hackney Education	No	Yes	No	Yes	50
London Fire Brigade	No	Yes	No	No	25
Hackney Children & Families Service	Yes	Yes	Yes	Yes	100
Hackney Community & Voluntary Services	No	No	No	No	0
Homerton Healthcare NHS Foundation	No	Yes	Yes	Yes	75
NHS North East London (City and Hackney)	No	Yes	Yes	Yes	75
East London NHS Foundation Trust	Yes	Yes	Yes	Yes	100
Hackney Housing Services	No	No	No	Yes	25
Metropolitan Police Service	No	No	No	No	0
Probation Service	No	No	No	No	0
Public Health	Yes	Yes	Yes	Yes	100

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CITY OF LONDON BOARD

Organisation	June 2021	Sept 2021	Nov 2021	Feb 2022	Agency Specific Attendance (%)
CAFCASS - Children & Families Court Advisory & Support Service	No	No	No	No	0
City of London Corporation	Yes	Yes	Yes	Yes	100
London Fire Brigade	No	Yes	Yes	Yes	75
Homerton Healthcare NHS Foundation	No	No	Yes	Yes	50
City & Hackney NHS North East London (City and Hackney)	No	Yes	Yes	Yes	75
East London NHS Foundation Trust	Yes	No	Yes	Yes	75
City of London Police	No	No	Yes	Yes	50
Probation Service	No	No	Yes	Yes	50
Public Health	Yes	Yes	Yes	Yes	100

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Financial Arrangements

IMPACT

As part of its Corporate Social Responsibility (CSR) programme, INEQE Safeguarding Group continues to support the local partnership in the production of its annual report.

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EXPENDITURE

£

Serious Case Reviews	5,995
Staffing and Travel	281,763
Training, Learning & Development	40,977
Printing, Supplies & Equipment	15,592
Venues & Miscellaneous	613
Total Expenditure	344,940

INCOME

£

Hackney Council	236,972 (not including overheads)
City of London Corporation	29,480
Hackney Education	24,480
East London NHS Foundation Trust	24,480
City & Hackney CCG	12,000
Homerton Healthcare NHS Foundation Trust	12,000
Metropolitan Police Service	5,000
Probation Service (London Division)	2,000
London Fire Brigade	500
Training Income	200
DFE Project funding	40,000 (one-off)
Total Income	347,112



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THE CHSCP WEBSITE

www.chscp.org.uk

23,274 visitors to the CHSCP website.

1,403 monthly average visitors.

83% UK based visitors. **17%** Global visitors.

97 unique languages accessed the site.

Following the publication of the Child Q review, **1,748** people visited the site on a single day (Wednesday 16 March 2022).

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INTERACTION

Total Page views	24,447 times
Home Page views	13,593 times
Case Reviews views	9,860 times
Child Q Review views	2,899 times
Training Calendar views	2,691 times
Membership Page views	1,624 times
Practice Guidance views	1,443 times





CHSCP TWITTER

 @lscp_chscp

In March 2022, **3,154 visitors** landed on the **CHSCP Twitter homepage**. The CHSCP's Tweets regarding Child Q were viewed **64,300 times** with **#ChildQ** having a significant profile and reach:

4,790 original #ChildQ posts (not including retweets)

39,000 #ChildQ tweets (including retweets)

1,160 #ChildQ engagements (how many times a tweet has been clicked on, liked or retweeted)

55,400,000 #ChildQ impressions (how many Twitter user timelines Child Q appeared on)

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PRIVATE FOSTERING APP

The CHSCP continues to promote its Private Fostering App. To date, there have been over **16,000 downloads**. Alongside providing information about private fostering, the App includes a training module and other important advice for safeguarding professionals.



TUSK BRIEFINGS

 www.chscp.org.uk

The CHSCP produces e-briefings called **Things You Should Know**, more commonly referred to as '**TUSK briefings**'. These are circulated to subscribers and also cascaded by safeguarding partners, relevant agencies and named organisations. The number of subscribers to the TUSK remained broadly static over 2021/22, increasing from **1,432** to **1,441**.

YOUTUBE

The CHSCP has produced several video guides covering a range of safeguarding topics. These can be viewed [HERE](#). These have attracted just over **1,500 views** to date.





Technology & Social Media

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With the growing use of technology and social media, all professionals need to adopt a much more sophisticated approach to their safeguarding responsibilities. They need to reflect on the changing nature of communication and how this impacts upon practice issues, particularly those focused on the identification and assessment of potential risk. To do this successfully, professionals need to recognize that children and young people do not use technology and social media in isolation. Their offline and online worlds are converged, and both need to be understood when trying to identify the type of support that a child, young person and their family might need.

To help professionals (and parents / carers) better understand this complex environment (and to help mitigate the escalation of this threat following the first Covid-19 lockdown), two Apps were launched by Hackney Council and the City of London Corporation. The Safer Schools App provides support on topics including online bullying, mental health, sexting, media literacy, gaming and sexual exploitation online. It costs nothing to download and provides access to advice, guidance and CPD accredited training, with a specific focus on making children and young people safer in the online world. [It costs nothing to download.](#)

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City Safeguarding Snapshot

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KNOW



↘ **653** children and young people aged 0-18

↘ **7.7%** of total population

↔ **12%** of children living in poverty

↔ **13.7%** of children in primary schools in receipt of free school meals (national average 20.8)

↗ **40** cases referred / stepped-down to the City's Early Help Team

↘ **35** Team around the Child (TAC) meetings held

↘ **4** young people going missing from care (12 incidents)

↔ **0** incidents of children & young people missing from home

↗ **551** contacts to the City Children & Families Team Hub

↗ **139** referrals

↗ **15%** re-referrals

↘ **41** statutory social work assessments completed by The City Children & Families Team

↕ **72%** of assessments completed within 45 days

↗ **23** child protection investigations

↘ **2** children on a Child Protection Plan as of March 2022

↗ **139** Children in Need episodes as of March 2022

↘ **12** children & young people looked after as of March 2022

↘ **5** MARAC meeting involving children

↔ **15** referrals to the LADO

↔ **0** Private Fostering arrangements as of March 2022

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Safeguarding in The City of London

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THE CHSCP

COMMUNICATION

TECHNOLOGY &
SOCIAL MEDIA

SAFEGUARDING IN THE
CITY OF LONDON

SAFEGUARDING
IN HACKNEY

LEARNING &
IMPROVEMENT

KEY MESSAGES FOR
PRACTICE

TRAINING &
DEVELOPMENT

PRIORITIES & PLEDGE

STRATEGIC THREAT
ASSESSMENT

WHAT YOU NEED TO
KNOW



City of London Demographics

The City of London has an estimated resident population of about 8600 people and approximately 587,000 workers. City jobs have grown over 15% between 2017 and 2021, with nearly 75,000 more jobs than in 2017. Of the resident population, 2940 children and young people (0-25) live in the City of London. 709 are from ethnic minority backgrounds. The City of London is an economically diverse area, with its population characterised by areas of affluence and poverty. Within the Square Mile, there are large disparities. The Barbican West and East residential areas are among the most affluent areas in England. Portsoken Ward, however, is among the most deprived. The Bangladeshi community makes up 3.3% of the total population. Poverty and overcrowding in housing was identified as a significant issue in children's wellbeing as well as the Covid 19 pandemic. The pandemic increased the demand for mental health and speech and language services, and had a detrimental impact on children's personal, social, and emotional development. Within the City, there is one maintained primary school (with a Children's Centre attached), four independent schools and several higher educational establishments. It has no maintained secondary schools. The majority of children attending these schools come from other boroughs and most of the local authority's secondary school age children go to school outside of the City.

*Note: The City of London total population from the Census 2021 was 8579. The under 18 population (0-17) was 653. Census figures are lower than they were expected to be. Official mid year population estimates from ONS are not due to be officially released until 21 December 2022.





Early Help

Early help services across the City of London are delivered by People's Services and a range of partners, including schools, children centres, one GP surgery and health colleagues as well as other local service providers, including the community and voluntary sector. They are effective, and some are particularly strong. The range of services available to children, young people and their families in the City continue to adapt and evolve based on the needs of the local population. The early help arrangements in the City have been in place now for a number of years and are embedded with agencies. All children needing an early help service in the City receive a well-sourced, dedicated service, which is provided by trained staff. Over 2021/22, the Early Help Strategy for the City of London continued to drive partnership improvements. With a focus on ensuring the right help is provided at the right time and in the right place, the strategy is focussed on key strategic objectives and is coordinated by the CHSCP City Early Help Sub-Group. Through critical reflection, consultation and co-production with children and families, partners from the Multi-Agency Practitioners Forum and the City's Parent Carer Forum for children with SEND, the following progress has been made.

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EVIDENCE

In 2021/22, 40 cases were referred or stepped down to early help services. This is a substantial increase on the 12 referred the previous year. In Q1 of 2022/23 there were 30 reflecting the support provided to families as part of the Afghan Resettlement Programme. 31 Early Help assessments were completed and 35 Team around the family meetings held.

EVIDENCE

No child resident in the City aged under 18 years has committed an offence in the last two years. One child committed an offence in the last five years. Whilst child population numbers remain low, the robust Early Help offer in the City of London and its outstanding social care service are likely to be key contributors to low levels of both offending and recidivism.

ASSURANCE

No cases were stepped up to Children's Social care reflecting the effectiveness of the City's multi-agency intervention to improve outcomes for children and young people and preventing problems getting worse.



ASSURANCE

The City of London has a clear *Thresholds of Need* document that has been agreed with partner agencies. This is used to provide services at an appropriate stage and as early as possible to prevent higher levels of need in the future.

There is a single point of contact for referrals to Early Help services and Children's Social Care, enabling timely and appropriate decision making and allocation.

The Early Help Assessment is co-created with the family, including discussions with the child/ young person as well as with practitioners from involved agencies.

Early help practice in the City of London is **Empowered**: evidenced through insightful assessments by highly skilled staff, that lead to robust offers of help. **Child-centred**: evidenced by children and young people routinely being present at meetings or represented through direct work. **Integrated**: evidenced through a strong 'Think Family Focus', and a 'top-three' (cases of concern) collaboration across children's, health, adult, housing and homeless service





Children in Need of Help and Protection

Good practice with children and young people who are in need of help and protection can be seen when help is provided early in the emergence of a problem and there is a well-coordinated multi-agency response. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Risk is effectively mitigated and outcomes improved through good assessment, authoritative practice, planning and review.



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ASSURANCE

In January 2022, a review project was started for MASH processes, following on from an Audit of contacts, assessments and referrals that took place in late 2021. This is also factoring in the findings from a London-wide review of the MASH process as they emerge. Additional strengthening of the MASH and Front door system is ongoing. Currently 100% MASH responses have been timely, and MASH is checked consistently by staff. A consultant has been recruited to add additional capacity. Data monitoring and audit work have confirmed that children and families are receiving a timely, safe decision-making service.

ASSURANCE

MASH health contributes to the CoL virtual MASH through participating in strategy discussions, representing health, gathering health information for MASH checks, and identifying /facilitating appropriate health professionals to participate in strategy meetings. Working with the Homerton informatics team, data has now been disaggregated to show CoL specific information. The CoL virtual MASH continues to be effectively supported by Homerton colleagues. During 2021/22, there were 10 health requests for MASH checks and participation in 27 strategy discussions.



Contacts, Referrals and Assessments

The Children and Families Team Hub provides responsive screening activities and ensures all contacts are immediately progressed as a referral if the threshold for a statutory social work assessment is met. Signposting activity requires staff to have a continually updated knowledge of local services alongside a comprehensive understanding of the City of London Thresholds of Need. The Children and Families Team Hub aims to ensure that only those children meeting thresholds for statutory assessments are progressed as referrals. Local Authorities undertake these assessments to determine what services to provide and what action to take. The full set of statutory assessments under the Children Act 1989 can be found [HERE](#).

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EVIDENCE

The 551 contacts made to the Children and Families Hub reflects a substantial increase on the 259 in 2020/21. Referrals also increased from 62 in 2020/21 to 139 in 2021/22. The re-referral rate in the City of London increased from 9.7% in 2020/21 to 15%. Notwithstanding the increased demand during 2021/22, the performance data in the City continues to be indicative of a good social work response and timely access to appropriate support that helps children and their families. The Children and Families Team completed 59 assessments during 2021/22, compared to 38 in 2020/21. 71% of assessments were completed within 45 days or less. Child protection activity increased significantly. There were 23 child protection (Section 47) enquiries in 2021/22, compared to just five in 2020/21.

ASSURANCE

Despite the clear challenges arising from identification of need and risk, children continued to receive a swift service during 2021/22 when safeguarding concerns became apparent. All Section 47 enquiries undertaken in the City are led by a suitably qualified and experienced registered social worker.





CHILDREN ON CHILD PROTECTION PLANS

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP). Children who have a CPP are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how professionals, the family and the child or young person (where appropriate) will know when progress is being made. Ten children were subject to a CPP in the City over the course of 2020/21.

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ASSURANCE

100% of Initial Child protection Conferences were held within 15 days of the strategy discussion triggering a child protection enquiry. 100% of all children who had a Child protection Plan were reviewed within 3 months of the plan being made.





Children in Care

A child or young person who is 'looked after' is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum-seeking children; or in other circumstances, The City of London Corporation and partners will intervene because the child or young person is at risk of significant harm. As of 31 March 2022, the City of London Corporation was responsible for looking after 11 children and young people, a reduction from 20 (81%) in 2020/21. There were 30 looked after children throughout the reporting year which represents a decrease of 36% (there were 41 children looked after throughout the previous reporting year).

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EVIDENCE

27 of the 30 children looked after during this period required accommodation due to being unaccompanied asylum-seeking children (UASC) and in each of these cases, they were received into care under Section 20 of the 1989 Children Act and appropriately remained looked after under this legal status throughout the year.

ASSURANCE

There was continued focus on the promotion of the Children's Right services in the City of London, resulting in a significant rise and consistent use of advocacy and independent visiting service. This helps increase the level of support for looked-after children and gives them access to social opportunities.

PLACEMENT STABILITY, TYPE AND LOCATION

In 2021/22, no looked after child had three or more changes of placement over the year. This continues to reflect good performance and means that children looked after by the City tend to enjoy good stability and placements that meet their needs well. The local authority does not have its own fostering service due to the size of the looked after children population, but spot purchases from the Pan London consortium. Ofsted rates all independent fostering agencies used by the City either Good or Outstanding. There are sufficient suitable placements available to meet the needs of the City's looked after children and young people. All placements are outside of the local authority, with eight young people being placed over 20 miles from the City.



Care Leavers

There is a strong range of support for care leavers in the City of London. Care Leavers are well supported, workers remain in touch with them, there is availability of suitable accommodation, and they are provided with health support. There were 42 Care Leavers at the end of March 2022.



ASSURANCE

A permanent Independent Reviewing Officer (IRO) has been in post since 2017. During 2021/22, the IRO embedded the use of the independent skills checklist. This has been a key area of focus for the IRO service and is prioritised when reviewing young people's pathway plans. This helps to identify any gaps in young people's skills and helps them to be more prepared when they start to live independently.

ASSURANCE

Face-to-face work with Care Leavers has resumed in 2022 and additional support has been put into place to support care-leavers with issues arising from the pandemic. Mental health, loneliness and isolation have been identified as key issues, so face-to-face meetings and small group outings with social workers and other Care Leavers have been implemented in order to help them feel more connected to their peers and their workers. Feedback from care leavers highlighted the success of the ongoing practical and emotional support which had got them to a stage of managing their own lives successfully and with confidence. City of London Self Assessment 2022.



Violence Against Women and Girls

Children and young people who are exposed to domestic violence and abuse can grow up in a vacuum of what is expected in terms of a positive and healthy relationship. This can create additional vulnerabilities and/or harmful behaviours. Responding proactively and in collaboration with the Safer City Partnership (SCP), violence against women and girls remains a key priority for the CHSCP, recognising both the short and long-term impact on the safety and welfare of children and young people. During 2021/22, the SCP continued its focus on developing services and a new **Violence Against Women and Girls Strategy**.

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EVIDENCE

Between 2019 and 2021 there were just under 200 crimes in the City of London where the victim was under the age of 18 (most related to non-City residents). Just over a third of these offences affected girls. Whilst overall crime decreased due to the Covid-19 lockdowns, there was a sharp jump in the number of sexual offences committed against female children in 2020. These offences comprised rapes, sexual assault and reports of peer on peer sexual assaults of teenage girls. Publicity surrounding the website 'Everyone's Invited' may have encouraged these latter victims to report.

MARAC

Operational arrangements for MARAC (multi-agency risk assessment case conference) processes are clearly defined in the City. The City MARAC operates a lower threshold than in other local authorities and takes cases where a preventative approach would be helpful. This is good practice and enables children with these families to have a better co-ordinated multi agency service.

EVIDENCE

In 2021/22, 10 MARACs were held, four of which involved children. This increase mirrors the patterns seen elsewhere across London and the UK in terms of domestic violence and abuse escalating during periods of lockdown.



Safeguarding Adolescents

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCP, this issue remains central to our overall approach in making children and young people safer. Context is key. During 2019/20, the CHSCP refreshed its defined strategy for safeguarding adolescents. This strategy builds on the progress made by the partnership in safeguarding children and young people at risk of child sexual exploitation (CSE) and those missing from home, care and education. It was developed in parallel to our improved understanding of the issues facing young people; established through focused problem profiles, national and local learning and intelligence pictures involving vulnerable adolescents.

The strategy continues draws on evidence about effective practice from contemporary research. It is a focussed document that sets the parameters for developing our understanding of the complexities of young people's vulnerabilities and finding more effective multi-agency responses to these issues. The strategy maintains a focus on making sure that professionals are getting the basics right whilst striving to develop best practice in terms of the following priorities:

- Knowing our Problem, Knowing our Response
- Strong Leadership
- Prevention and Early Intervention
- Protection and Support
- Disruption and Prosecution



CHILD SEXUAL EXPLOITATION

Understanding the nature and prevalence of child sexual exploitation (CSE) and harmful sexual behaviour (HSB) and ensuring that partner agencies provide appropriate safeguarding responses and interventions remains a priority. In February 2017, a revised definition of CSE was issued by the Department for Education (DfE).

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'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

DfE 2017

The City of London continued to experience a low number of cases relating to Child Sexual Exploitation (CSE), with most contacts being about non-residents. Over the last four years, the crimes relating to CSE that have been recorded by the City Police include rape, sexual activity and possession of indecent images. Cases have also included grooming by offenders via the internet / social media. Partner agencies engaged in the City continue to share intelligence that may influence the knowledge of the profile. Of significance is the City's location as a major transport hub. A quarterly data set of over twenty indicators produced for the MACE Group supplements the information provided by the City Police. This informs understanding, and the identification of risk indicators. In recognition of the overlapping vulnerabilities adolescents face, the City Multi-Agency Sexual Exploitation panel was changed to the Multi-Agency Child Exploitation panel to include all forms of abuse and exploitation that adolescents are at increased risk of. Although few in number and type and relatively lower level risk in comparison to neighbouring LAs, the City is not complacent and maintains an 'it could happen here' stance.



CHILDREN MISSING FROM HOME, CARE AND EDUCATION

The City Police lead on all children who go missing from home or care and a coordinated response takes place with the City Children and Families team, working closely with the child's parents or carers. Numbers of children who go missing in the City of London are very low. A specific part of the Safeguarding Adolescent Strategy focuses on the effective management of children who are missing. The City of London has reviewed its Missing from Care Procedures and the arrangements for Return Home Interviews. There remains senior leadership oversight through the missing period with robust partnership arrangements in place. All strategy meetings have health, social care and police engagement as a minimum. This has helped with the timely response to missing episodes and alerting relevant authorities to missing episodes.

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ASSURANCE

NCH Action for Children is commissioned by the City of London Corporation to give missing children a return home interview within 72 hours. These interviews are followed up with therapeutic support depending on the outcome to address risk-taking behaviour. This is in line with statutory guidance published by the Department of Education in 2014. Return home interviews are reviewed and used by the partnership to understand the reasons why children go missing and inform strategy and service delivery.

ASSURANCE

Since 2015, the City of London Corporation has implemented a rigorous system to identify all children of statutory school age and where they attend school. The City of London maintains this record of where children are placed through the primary and secondary transitions process. A school tracker is updated and reviewed regularly.

ASSURANCE

There is senior leadership oversight through the missing period with robust partnership arrangements in place. All strategy meetings have health, social care and police engagement as a minimum. This has helped with the timely response to missing episodes and alerting relevant authorities to missing episodes.

A Vulnerable Children's list includes missing and includes oversight by social care and education. This is currently reviewed monthly and throughout Covid-19 was reviewed weekly.



GANGS, CRIMINAL EXPLOITATION AND SERIOUS YOUTH VIOLENCE

There are a number of ways in which young people can be put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household. The City of London Drugs Profile found that the largest area of drug misuse was among affluent City workers with the supply of drugs controlled by organised criminal groups involving male 'runners' in their 20s who often deal pre-ordered drugs out of their cars. While drug related crime involving resident CYPs is low, a case involving a trafficked young person highlights this as an emerging theme that requires close attention and partnership working between Police, Adult and Children's Social Care, and businesses in the City. There is concern in the north that young adults known to be associated with Islington gangs have started to hang around Golden Lane Estate. Community safety partners are monitoring this closely and report 'no hard issues' other than gang related graffiti to date. Work with the estate and Islington is needed to understand this emerging pattern and mitigate associated risks for CYP.

LEARNING

Child Criminal Exploitation is an issue of abuse not a lifestyle choice and the children who are criminally exploited are victims. It is important that practitioners understand this when engaging young people and recording any information about them. In many cases, the boundary between 'victim' and 'offender' will often be blurred. Practitioners need to give sufficient priority to both areas as part of their practice. Put simply, when offending is driven by exploitation, one won't be addressed without the other. In response to local learning, the CHSCP developed a briefing on Child Criminal Exploitation including what it is, recognising vulnerability and signs to look out for. Download the briefing [HERE](#).

LEARNING

To help influence practice when responding to children subjected to exploitation, as well as wider organisational culture across the partnership, the CHSCP promoted the excellent guidance issued by the Children's Society on the use of appropriate language in child exploitation. Read the guidance [HERE](#).



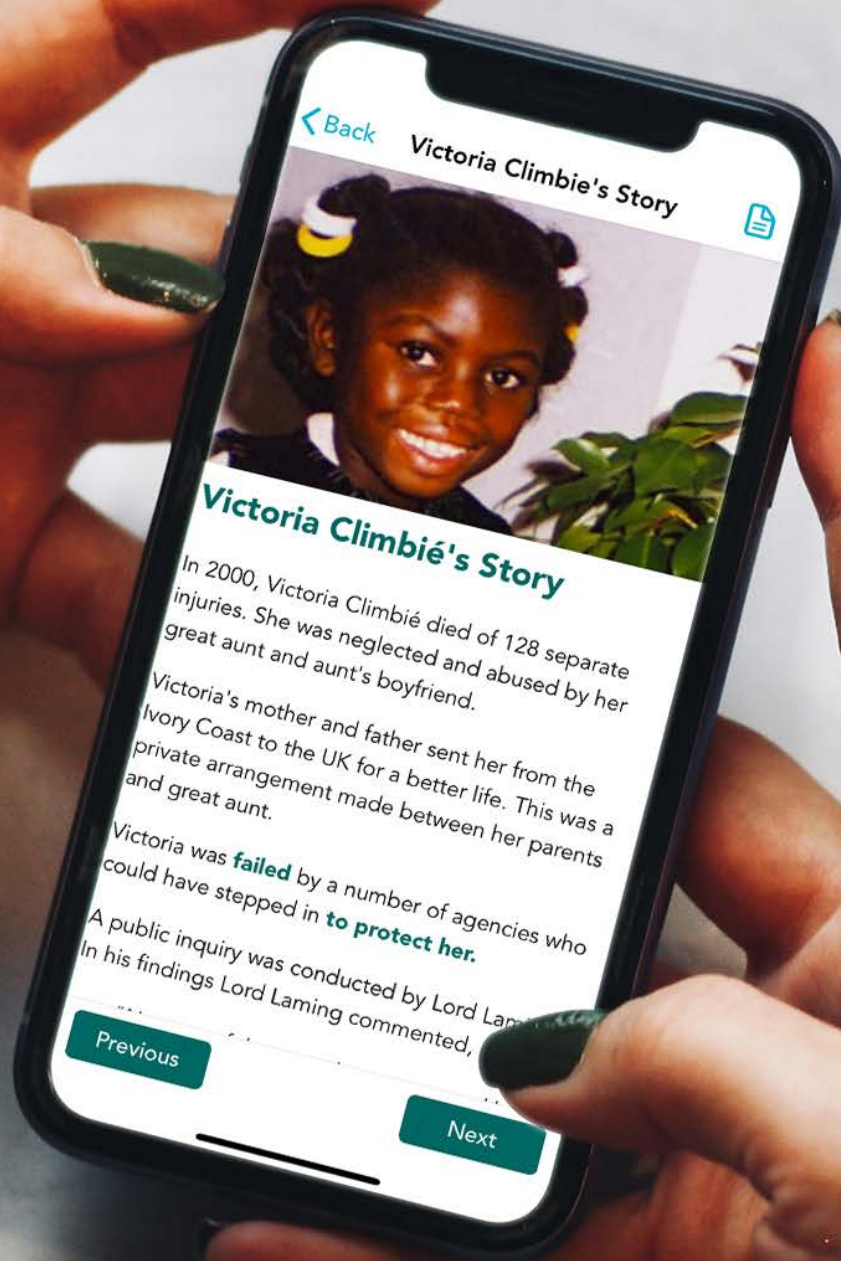
RADICALISATION

The Counter Terrorism and Security Act received Royal Assent on 12th February 2015. Prevent was placed on a statutory footing in July 2015 to ensure all specified authorities in local areas, as a minimum, understand the local threat and take action to address it, assess if local frontline staff need training to recognise radicalisation, and to ensure that all of those who need to work together to deliver the programme do so in the most effective way. The City of London has not been identified as a Priority Area and as such, receives no additional Home Office funding to deliver its Prevent programme. The Safer City Partnership (SCP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. The City of London Police delivers Prevent training to schools, youth providers and businesses.

Project Servator was established in the City of London in partnership with the Centre for the Protection of National Infrastructure in 2014. It aims to disrupt a range of criminal activity, including terrorism, while providing a reassuring presence for the public. Since then, 23 other police forces have adopted it under the leadership of the CoLP, including New South Wales Police Force in Australia. During 2016–2019 :

- over 33,500 engagement messages were given to the public;
- 78 people received ACT (Action Counters Terrorism) training within the year 2019;
- enhanced collaboration with the Corporation of London public realm teams has led to the implementation of a number of security and safety projects across the City of London;
- 1,000+ Project Servator deployments;
- 115 reports of suspicious activity related to terrorism were investigated; and
- 57 arrests were made by Project Servator officers.





Private Fostering

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. The arrangements for managing private fostering in the City accord with statutory requirements. No notifications were received in The City of London during 2020/21. Promotion continues via the CHSCP Private Fostering App.

IMPACT

A [Private Fostering App](#) originally launched in the City of London (and subsequently developed by the CHSCP) to support awareness raising across the partnership has been downloaded 16000 times.



Children with Disabilities

Since the introduction of the special educational needs and disability (SEND) reforms in September 2014, the City of London Corporation has made good progress in implementing these. All former Statements of Special Educational Needs were transferred to Education, Health and Care (EHC) plans well in advance of the national deadline of 1 April 2018. All statutory assessments are completed within 20 weeks (the statutory timeframe). There remains a very high level of satisfaction rate amongst families accessing the City of London's services and their view of multi-agency working is good. The SEND Joint Strategy and self-evaluation form (SEF) has been developed with both partners and families to set out the City's priorities and to highlight the areas where the most progress is being made.

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MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively.

EVIDENCE

Across London on 31 March 2022, there were 6700 Category 1 'Registered Sex Offenders' (RSOs) (6549 in 2020/21, 6581 in 2019/20 and 6452 in 2018/19), 3660 Category 2 'Violent Offenders' (3521 in 2020/21, 3735 in 2019/20 and 4128 in 2018/19) and 55 Category 3 'Other Dangerous Offenders' (61 in 2020/21, 31 in 2019/20 and 27 in 2018/19).

153 RSOs were cautioned or convicted for breach of notification requirements.



Afghan Families Resettlement Programme

Since August 2021 the UK government has evacuated over ten thousand Afghan nationals to the UK. The government established bridging hotels around the UK as temporary accommodation for evacuees to reside in until they are matched with long term homes.

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EVIDENCE

There are two bridging hotels within the City of London, secured by the Home Office, that have accommodated 556 individuals (including new-borns) to date. Over the last 9 months, 104 individuals (across 26 households) have moved on to settled homes or alternative short term accommodation. Move on accommodation offers are being sourced and offered by the Home Office based on the support of local authorities across the country.

IMPACT

Partners in the City of London moved at pace to respond to this rapidly evolving situation. With the City of London Corporation leading coordination, a dedicated steering group was set up with defined terms of reference. This group was responsible for:

- Identifying those affected and in need of universal, targeted or specialist support*
- Working proactively with the Home Office regarding wrap-around support and provision at the hotels*
- Ensure an appropriate level of support is available for families and individuals*
- Monitoring of performance and intervening to bolster the response where necessary*
- Liaising with communities, including the business and faith communities to co-ordinate effective responses and promote community cohesion*
- Ensuring effective mechanisms exist for sharing of information and workload between relevant agencies, voluntary and community groups and neighbouring boroughs*
- Promoting safeguarding, health and safety and the minimisation of risks for Afghan citizens, volunteers, staff and communities.*

Overall, City of London leaders and practitioners have provided comprehensive wraparound support to Afghan families to help their transition to the UK. This has covered the full spectrum of services and has (and continues to be) a tremendous response.



IMPACT

Guests at Afghan Resettlement Programme hotels have been helped throughout this last year with accommodation, practical and emotional support, cultural orientation, parenting help and consistent kind Early Help support via twice weekly drop-ins. Staffing was increased with an Afghan Project Lead social worker, additional administrative capacity, and an additional social worker. The project has helped families leave the hotel, either to move to their new permanent accommodation, or to their next accommodation provided by the Home Office. Support was offered to help understand new areas, transfer of schools and health services, as well as basic tasks such as buying bags/suitcases. This project is coming to an end as guests relocate. The project lead has capacity to further strengthen the City's Children in Need work.

ASSURANCE

To help improve the ability of hotel staff to recognise the signs and symptoms of child abuse and neglect, the CHSCP delivered bespoke training to a range of hotel managers and operatives.

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EVIDENCE

Recognising the new environment in which families would be living, the CHSCP partnered with the Royal Society for the Prevention of Accidents to issue translated material for families in both Pashto and Dari.





Everyone's Invited

Following the murder of Sarah Everard in March 2021 there was increased awareness of the issue of violence against women and girls. It was at this time that the Everyone's Invited website came to national prominence. Everyone's Invited stated that it was *'a place for survivors to share their stories'* and had as its mission *'to expose and eradicate rape culture with empathy, compassion and understanding'*.

The website saw thousands of young women report their experiences of harassment, abuse and assault perpetrated by boys or young men who either attend their own school, a neighbouring school or their university. The reports were anonymous though the testimonies often named the school or university the perpetrator attended. Independent and state schools nationally were named on the site. Reported incidents occurred both in school and out of school (e.g. at parties). Some boys also posted their experiences. Nationally in response the following occurred:

- Nationally coordinated police response.
- A 'Report Abuse in Education' helpline set up.
- Ofsted were asked to conduct a review; and
- Entries reviewed and, where appropriate, local safeguarding partners notified.



EVIDENCE

In June 2021 Ofsted published their review of into sexual abuse and harassment in schools and colleges having visited 32 schools and spoken with over 900 young people in those settings. Ofsted's review highlighted how prevalent sexual harassment and online sexual abuse are for children and young people and that incidents were so commonplace that children and young people saw no point in reporting them.

risk of being ostracised by peers or getting peers into trouble is not considered to be worth it for something perceived by children and young people to be commonplace. They were also worried about how adults will react, because they think they will not be believed, or that they will be blamed. They also think that once they talk to an adult, the process will be out of their control.

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Girls told Ofsted that sexual harassment and online sexual abuse was much more prevalent than adults realise and that it occurred so frequently that it had become commonplace. The frequency of harmful sexual behaviours means that some children and young people consider them normal.

The Ofsted review found that children and young people reported that they were rarely positive about the relationships, sex and health education (RSHE) they had received. They felt that it was too little, too late and that the curriculum was not equipping them with the information and advice they needed to navigate the reality of their lives.

When asked about where sexual violence occurred unsupervised spaces outside of school, such as parties or parks without adults present, were mentioned though some girls reported to Ofsted that they also experienced unwanted touching in school corridors.

In the schools and colleges Ofsted visited, some teachers and leaders underestimated the scale of the problem. They found that schools either did not identify sexual harassment and sexualised language as problematic or they were unaware they were happening. They were however dealing with incidents of sexual violence when they were made aware of them, and following statutory guidance.

Children and young people, especially girls, told Ofsted that they do not want to talk about sexual abuse for several reasons, even where their school encourages them to. For example, the reported that the



IMPACT

Since publication of Ofsted's report, schools and colleges have responded to the issues raised in the review and have sought to create a culture where girls and young women are safe in schools. Different schools and colleges nationally have responded to the report in different ways depending on their school or college context. Activities have however broadly fallen into one of five categories:

- **Understanding the current situation** by meeting with groups of pupils / meeting with staff & reviewing behaviour incidents
- **Handling disclosures** by reviewing and updating reporting mechanisms / Introducing anonymised reporting & discussing how best to report with pupils
- **Policies, procedures and training** by updating safeguarding and behaviour policies & providing training for relevant staff
- **RSHE Curriculum** by reviewing and updating the RSHE curriculum, ensuring key topics were revisited & training for staff delivering the RSHE curriculum
- **Raising Awareness** by holding age-appropriate assemblies with pupils & briefing staff on the report and any changes to policies

ASSURANCE

In September 2021, the Executive of the London Safeguarding Children Partnership met and discussed the ongoing work to protect children from sexual harassment and assault. Following that discussion, it highlighted to local safeguarding partnerships a joint letter from the Department of Health and Social Care, the Department for Education and the Home Office that had been sent to all safeguarding partners.

The letter reminded safeguarding partners of the request from Minister Ford to review how they work with all your schools and colleges locally [including academies and independent schools] and to set out your offer of support to schools and colleges. The CHSCP's offer of support can be found on its dedicated schools and colleges webpages [HERE](#).

ASSURANCE

The CHSCP recognises the vital role of schools and colleges in safeguarding and promoting the welfare of children and young people. As part of our local safeguarding system, all schools and colleges in the City of London and Hackney are designated as relevant agencies. This places them at the centre of our arrangements.



ASSURANCE

A key collaboration of people is evident within the City of London's Safeguarding Education Forum (SEF). The SEF provides an opportunity for the City of London Schools to meet on a termly basis to share and consider policy, practice and procedural issues relating to safeguarding arrangements in school settings.

The SEF will review national, regional and local issues in terms of statutory requirements and best practice developments. The partnership will provide an opportunity to share learning and best practice, drawing upon school inspections, reviews, self-assessments and school improvement plans in order to improve safeguarding arrangements across all City of London schools.

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ASSURANCE

There are a range of organisations, teams, forums and individual practitioners in the City of London that can provide direct support to schools, colleges and the wider education sector.

These arrangements help make children safer and support positive experiences for them in education.





Safer Workforce

Despite all efforts to recruit safely there will be occasions when allegations are made against staff or volunteers working with children. Organisations should have clear procedures in place that explain what should happen when such allegations are raised. These should include the requirement to appoint a Designated Safeguarding Lead (DSL) to whom these allegations are reported. It is ordinarily the responsibility of the DSL to report allegations to, and otherwise liaise with, the Designated Officer in the local authority (referred to as the LADO). The LADO has the responsibility to manage and have oversight of allegations against people who work with children. Reporting to the Assistant Director of People Services, the LADO role in the City is held by the Safeguarding and Quality Assurance Service Manager. The LADO should always be contacted when there is an allegation that any person who works with children has:

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



EVIDENCE

Activity - There were 15 referrals made to the LADO during 2021/2022, the same as 2020/21. Sources of referrals were varied, with the highest proportion coming from other Local Authorities. There was also a noted increase in referrals from employment agencies based in the City of London (covering health, social care and education). Concerns from this sector involved allegations that occurred outside of the City of London (where the professionals worked). Whilst the City of London LADO provided support and advice, all these allegations were managed by the LADO in the area they occurred.

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EVIDENCE

Activity - Of the 15 referrals received, five required an Allegation Against Staff and Volunteers (ASV) Meeting. Of the 10 remaining referrals, three did not meet the threshold for LADO involvement, and seven required advice and support from the LADO in managing the concerns.

EVIDENCE

Themes - Of the 15 referrals received, eight related to incidents involving physical contact, six related to sexual concerns and one was due to the professional's behaviour. In total there were five cases that related to incidents in the personal lives of the professionals (four of these case related to concerns of a sexual nature).



IMPACT

The allegations management process can be especially difficult for those smaller agencies or charities who have minimal support from human resources. Support from the City of London LADO helped assist many of these agencies in the management of risk and disciplinary processes as required. All the agencies that were supported over 2021/22 fully understood the role of the LADO and managed the allegation appropriately within their agency.

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IMPACT

Virtual working allowed for the ongoing rapid engagement of the LADO in cases of concern. The speed at which meetings could be convened was enhanced without availability being affected by travel, distance and room availability.

IMPACT

LADO Training & Awareness Raising - Designated Safeguarding Leads accessed training through the CHSCP. Part of this training focuses on the role of the LADO. Due to the pandemic, face-to face training by the LADO was similarly hindered in 2021/22, but key professionals remained engaged through the Safeguarding Education Forum, CHSCP meetings, CHSCP training and the Contingency Oversight Group meetings convened in the City of London.



ASSURANCE

The responsibility of the LADO is set out in Working Together to Safeguard Children 2018 and Chapter 7 of the London Child Protection Procedures (7th edition). All allegations made against staff, including volunteers, that call into question their suitability to work with or be in a position of trust with children, whether made about events in their private or professional life, need to be formally reported to the LADO.

Chapter 7 of the London Child Protection Procedures has recently been amended to provide consistency in respect of the response to low level concerns and to include the wider definition of people in 'Positions of Trust' (The Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the Sexual Offences Act 2003 section 22A to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion).

ASSURANCE

In January 2022, the CHSCP Executive discussed the interface between the police and the Local Authority Designated Officer (LADO). This related to the absence of routine contact from the police concerning conduct matters that meet the threshold for the LADO to be notified. This has been an ongoing issue for some time and is not unique to the City of London or Hackney. A Pan-London group looked at solutions, although work was placed on hold due to COVID-19 and subsequently stalled. With the agreement of the Executive, a small group was scheduled to meet to discuss the possibility of a local protocol, although for a variety of reasons, this did not go ahead.

Given there remained no consistent mechanism allowing for oversight on possible LADO issues concerning the police, the ISCC wrote to Commanders in both the City of London and Hackney seeking their cooperation in this regard. The request has been relatively simple in that the City Police and CE BCU should include a trigger point within their processes to notify the LADO of any case that meets the criteria. This will not interfere with conduct procedures and will create immediate alignment with other safeguarding partners and relevant agencies. At present, the police remain an outlier to working within our defined safeguarding arrangements and procedures.

LEARNING

LADO Training & Awareness Raising - CHSCP training at Level 1 and 3 covers the management of allegations against staff and volunteers. The City of London LADO has agreed to run a number of seminars for the CHSCP training programme during 2023/24.



Hackney Safeguarding Snapshot

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THE CHSCP

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SAFEGUARDING IN THE
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SAFEGUARDING
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LEARNING &
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KEY MESSAGES FOR
PRACTICE

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DEVELOPMENT

PRIORITIES & PLEDGE

STRATEGIC THREAT
ASSESSMENT

WHAT YOU NEED TO
KNOW



Approximately **55,560** children and young people under 18

21% of total population

24.7% of under 16s live in a low income family

483 children were subject to a CAF and MAT intervention

291 new early help cases identified and supported through the MAT process

12,313 contacts to Hackney CFS

3,559 referrals

17% re-referrals

3,293 assessments completed by Hackney CFS

82% of assessments were completed within 45 days

795 child protection investigations

211 Children on a Child Protection Plan as of March 2021

405 children & young people looked after as of March 2021

301 MARAC meetings involving children and young people living in families with domestic violence

311 contacts to the LADO

16 Private Fostering arrangements

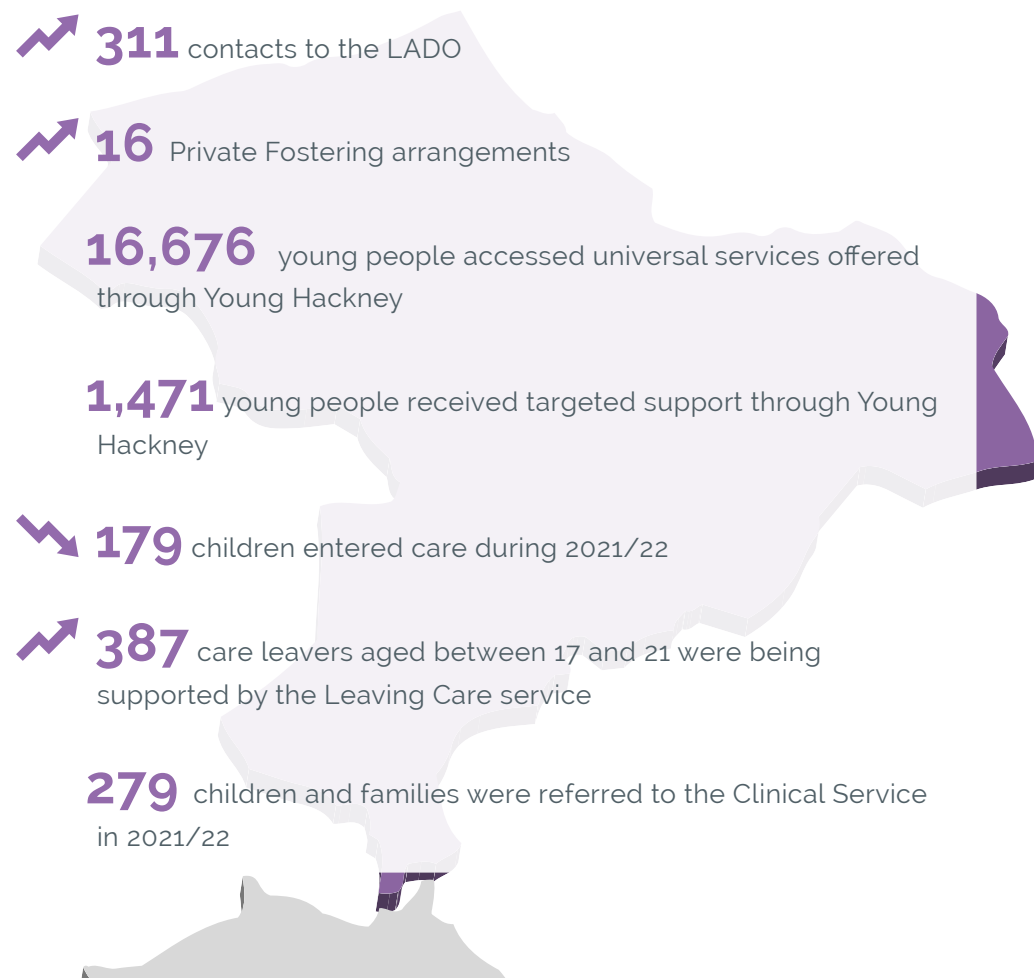
16,676 young people accessed universal services offered through Young Hackney

1,471 young people received targeted support through Young Hackney

179 children entered care during 2021/22

387 care leavers aged between 17 and 21 were being supported by the Leaving Care service

279 children and families were referred to the Clinical Service in 2021/22





Safeguarding in Hackney

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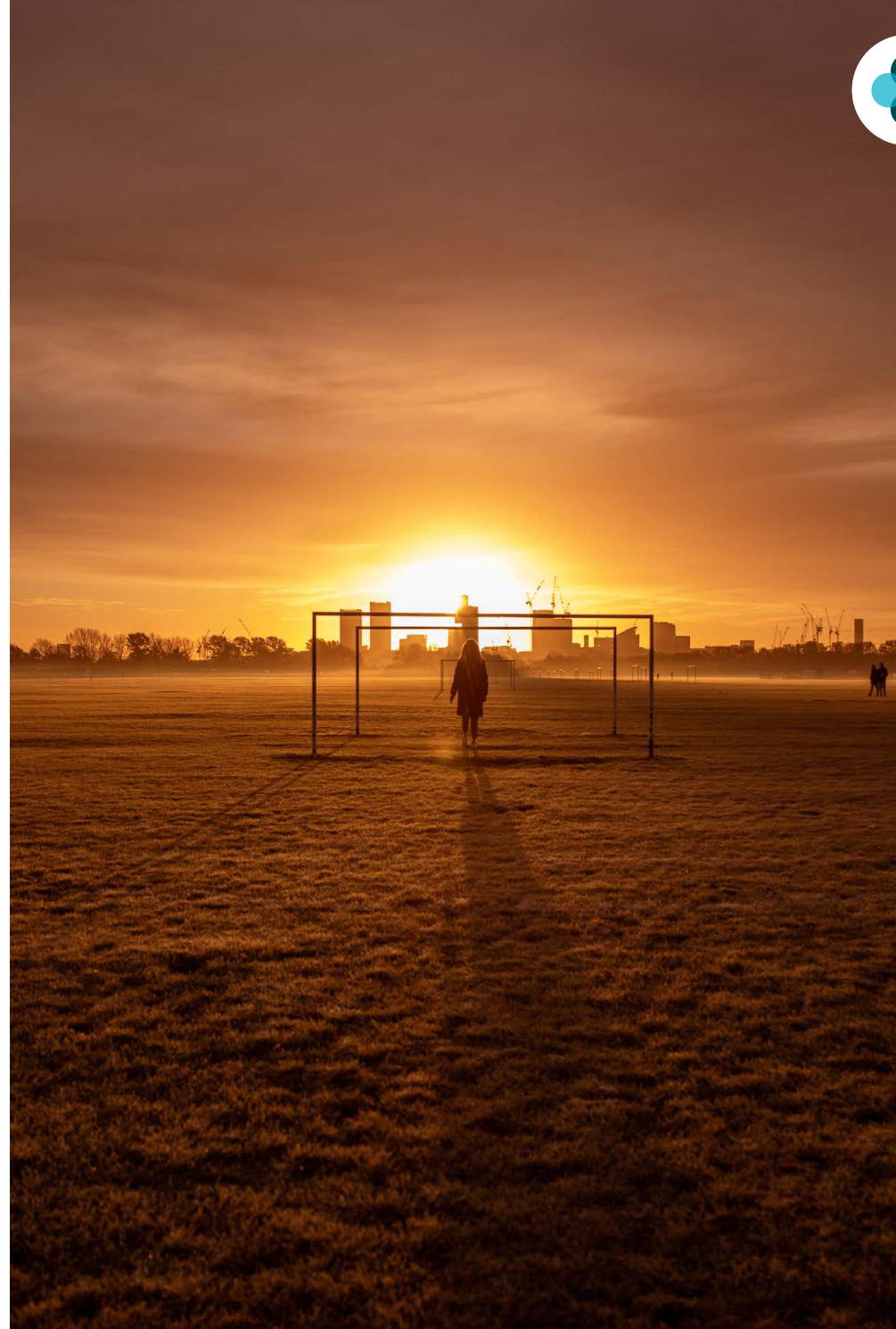
WHAT YOU NEED TO
KNOW



Hackney Demographics

The London Borough of Hackney is an inner-city London borough. The ONS estimates there were 259,200 people living in Hackney in March 2021 with 22.5% of its population aged under 18 (58,345 children). Hackney is a culturally diverse area, with significant 'Other White', Black and Turkish/Kurdish communities. A large Charedi Jewish community is concentrated in the North East of the borough and is growing. Hackney was the 22nd most deprived local authority overall in England in the 2019 Index of Multiple Deprivation, in 2015, it was ranked eleventh, and in 2010 it was ranked second. It is relatively more deprived in relation to barriers to housing and services, income and living environment than its overall rank suggests, but generally less deprived than its overall ranking for crime, employment and health and significantly less deprived for education. At GCSE the average Attainment 8 point score per pupil in Hackney was 54 points, this was higher than the London average of 50.6 points. The borough experienced a slight decline in the incidents of crime. The average number of open cases in 2020-21 was 648. In 2021-22 this reduced to 620. However Hackney's crime rate is 22% higher compared to the rest of London and 38% higher compared to the national average.

*Note: Hackney's total population from the Census 2021 was 259,200. The under 18 population (0-17) was 55,560. Census figures are lower than they were expected to be. Official mid year population estimates from ONS are not due to be officially released until 21 December 2022.





Early Help

Children and young people in Hackney continue to have access to and benefit from an extremely wide range of early help services that are sharply focused on meeting the diverse needs of local communities. These services are delivered by the Hackney Children and Families Service, Hackney Education and a range of partners, including 74 schools, a network of 21 children centres delivering a range of services and working closely with schools, GPs and health colleagues as well as other local service providers, including the community and voluntary sector.

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IMPACT

Over the reporting year, there were developments in creating an Early Help Hub within Hackney's Multi-agency Agency Safeguarding Hub as a single point of access for practitioners working with children, young people and families. The Early Help Hub screening process has placed particular focus on obtaining explicit consent from parents (and where age appropriate young people), providing families with a clear understanding of what targeted early help services offer, and ensuring that the voice of young people is respected. Services have reported that this has been positive in helping them to develop better working relationships with children and families.

IMPACT

Other Early Help activity during 2021/22 included the following:

- Implementation of a single 'request for support' form across SEND and social care.*
- Implementation of single assessment form and process across children's centres and council family support teams.*
- Application of consistent practice standards including timescales for children being seen, completion of an assessment and a plan developed with the family.*
- Formulation of proposals for a deferred prosecution scheme for youth justice and building upon the outcomes achieved through prevention and diversion to scope a deferred exclusions pilot.*
- Conversion of some of the Young Hackney commissioning resources to a new grants programme promoting social inclusion, encouraging independence and developing personal resilience.*
- Engagement and co-design with partner agencies to begin the development of a family hub model and sites to support the Early Help system and access and relationships with service users.*
- Workshops across the partnership to promote use of the early help hub, the new request for support form and the Hackney Wellbeing Framework.*



ASSURANCE

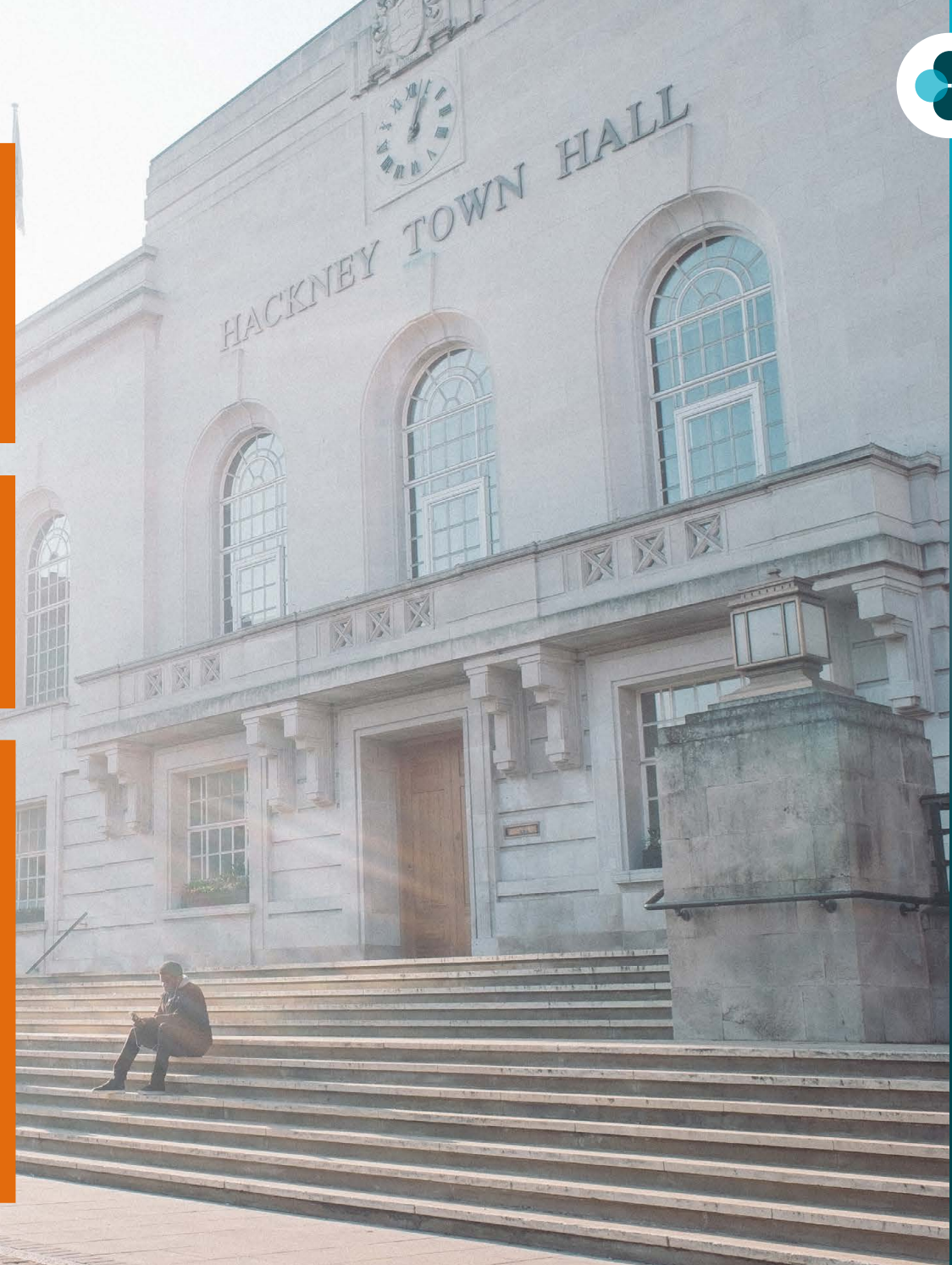
In 2023, Hackney will open children and family hubs. Hubs will offer a universal 'front door' for families with children and young people aged 0-19 to access integrated whole-family support services and provide the framework for locality-based delivery of targeted early help.

ASSURANCE

In 2022, an Early Help Strategic Group of the CHSCP was formed to place the accountability for early help within the clear remit of the partnership and the CHSCP's safeguarding arrangements.

LEARNING

Learning from both inspection outcomes and from our data, the CHSCP commissioned the Graded Care Profile 2 (GCP2) to help strengthen our collective response to neglect. The GCP2 is an evidence-based assessment tool developed by the NSPCC. It helps professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect. In 2022, around 20 practitioners were trained as our local GCP2 trainers. Full roll out is planned in early 2023. More details are available [HERE](#).





CHILDREN'S CENTRE FAMILY SUPPORT AND MULTI-AGENCY TEAM (MAT) MEETINGS

Family support in children's centres seeks to improve parenting capacity, protect children from harm and neglect and improve outcomes for young children. Family support is part of the early help Universal Partnership Plus offer to families with children predominantly but not exclusively, under 6 years and is coordinated by the MAT (Multi-Agency Team meetings), underpinned by the Common Assessment Framework (CAF) early help assessment. MAT meetings have continued to occur fortnightly in each of the six strategic Children's Centres in Hackney. Chaired by a qualified social worker employed by Hackney Learning Trust, MAT meetings are attended by a range of professionals including midwives, health visitors, Children's Centre family support teams, speech and language therapists and First Steps. Early help interventions delivered include: parenting programmes; individual and small group work to address family relationships and dynamics; support with: housing; finance; child behaviour; sleeping; toilet training; routines; and the transition to nursery and school.

YOUNG HACKNEY

Young Hackney provides early help, prevention and diversion service for children and young people aged 6-19 years old and up to 25 years if the young person has a special education need or disability. The service works with young people to support their development and transition to adulthood by intervening early to address adolescent risk, develop pro-social behaviours and build resilience. The service offers outcome-focused, time-limited interventions through universal plus and targeted services designed to reduce or prevent problems from escalating or becoming entrenched and then requiring intervention by Children's Social Care.

IMPACT

An estimated total of 16,676 young people accessed universal services offered through Young Hackney during 2021/22, based on 160,223 named and anonymous attendances. This reflected an increase of 170% of named individuals accessing Young Hackney Universal services from 2020/21, following the pandemic lockdown periods which had a significant impact on the 2020/21 data. Young Hackney delivered targeted support to 1,471 young people in 2021/22.



Children in Need of Help and Protection

Good practice with children and young people who are in need of help and protection can be seen when help is provided early in the emergence of a problem and there is a well-coordinated multi-agency response. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Risk is effectively mitigated and outcomes improved through good assessment, authoritative practice, planning and review.

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CONTACTS, REFERRALS AND ASSESSMENTS

During 2021/22, Hackney redesigned its First Access & Screening Team to a Multi-Agency Safeguarding Hub (MASH) model. This now acts as the single point of contact for referrals to Children's Social Care in Hackney and provides responsive screening activities. The move to a MASH aligns Hackney with most other LA areas. Alongside integrating an Early Help Hub within the MASH and revisions to the Hackney Child Wellbeing Framework, a MASH consultation line was also introduced to help practitioners navigate issues such as consent and thresholds for intervention.

EVIDENCE

The Hackney MASH received 12746 contacts from a range of sources of which 29% were accepted as a referral to CFS (an increase from 26% in 2020/21). This remains less than the number of contacts and referrals pre-pandemic (2019/20), but an increase from the last reporting year. The percentage of re-referrals decreased to 17% and is less than statistical neighbour (18%) and England averages (22%).

ASSURANCE

The increase in contacts and referrals is to be expected in the context of 'increasing demand for children's social care on a national and local level. We have also changed the way that contacts are recorded, with information requests now not captured as a contact and referral record which they have been historically.' Hackney Children & Families Annual Report 2021/22. Whilst an increase in activity, this will potentially account for the volume of contacts being less than expected.'



ASSURANCE

A new MASH Daily Risk meeting (DRM) was introduced in October 2021 which serves as a channel to ensure that action regarding high-risk cases and overnight critical incidents is taking place and is co-ordinated to enhance and promote good practice, improve joint working between the Police, Social Care and partner agencies and to ensure a robust multi - agency response where it is believed a child, young person or adult may be at risk of significant harm, particularly those who are at risk of Mental Health, Criminal Exploitation, Missing Persons, Gang Activity, High Risk Domestic Abuse, Honour Based Violence, Sexual Offences, Radicalisation and any other crime type or risk that meets the threshold or is deemed high risk.

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Following contact, the MASH aims to ensure that only those children meeting thresholds for statutory assessments are progressed as referrals to CFS. Local Authorities undertake these assessments to determine what services to provide and what action to take. The full set of statutory assessments under the Children Act 1989 can be found [HERE](#).

EVIDENCE

3,293 assessments (516 per 10k) were completed in 2021/22, a further decrease compared to 4,923 and 3664 assessments in 2019/20, 2020/21 respectively. Hackney's current rate of assessment is now just below the rates seen in statistical neighbour authorities. Whilst early days, there has been positive feedback about the introduction of the consultation line which is likely to be helping divert families away from unnecessary statutory intervention.

EVIDENCE

Last year, performance in relation to the timescale for the completion of assessments within 45 working days was on a trajectory of improvement. 93% of assessments during the first quarter of 2021/22 were completed within 45 working days. At the end of 2021/22, this was 82% compared with 78% for 2020-21. However, in early 2022/23, there has been a notable decline. Reasons for this as set out by Hackney Childrens & Families Services include the reintroduction of the Mosaic recording system, some notable staff challenges as a result of staff sickness (including due to COVID-19), staff changes and some performance management concerns. During 2021/22, a significant proportion of assessments result in families receiving timely and proportionate response.



EVIDENCE

825 Section 47 investigations (child protection investigations) began in 2021/22, in line with 836 the previous year. This represents a rate of 129 Section 47 investigations per 10,000, which is less than statistical neighbours (175 in 2020-21) and the England average (164 in 2020-21). 32% of Section 47 investigations progressed to an Initial Child Protection Conference in 2021-22, a decrease from 37% in 2020-21. This is in line with statistical neighbours (32% in 2020-21) and lower than the England average (37% in 2020-21).

ASSURANCE

In 2021-22, 70% of assessments completed resulted in no further statutory social work action, an increase compared to 66% in 2020-21. As at the end of September 2022, this rate has now decreased to 51% of statutory assessments completed resulting in no further statutory social work action- this is a positive development in the context of the introduction of Early Help Assessments within the Family Support Service in April 2022. Hackney Children & Families Annual Report 2021/22.





STRATEGY DISCUSSIONS

Ofsted's inspection of Hackney's children's social care services in 2019 identified that in some strategy discussions, they do not involve all relevant partners sharing agency information until the initial child protection conference stage. In response, the CHSCP has developed [this protocol](#) as a practical guide for Hackney professionals involved in a child protection enquiry. It covers details about when strategy discussions should be convened, who needs to be involved and what factors need to be considered. The protocol includes an agenda template that will help you follow the process and understand the decisions that need to be made. This material has been further enhanced through the CHSCP launching an animated video guide on strategy discussions. Watch it [HERE](#).

ASSURANCE

The CHSCP Quality Assurance Sub-Group maintains oversight of the quality of strategy discussions via audit and tracks the progress of multi-agency improvement actions. The most recent audit was commissioned using external auditors in March 2022. Broad findings in audit rounds demonstrated good timeliness, with evidence of sufficient information sharing, understanding the child's needs, decision making and planning. No cases were escalated as a concern. For further details, please refer to [Auditing in the Learning & Improvement](#) section of this report.



CHILDREN ON CHILD PROTECTION PLANS

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the

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EVIDENCE

At the end of March 2022, 211 children were on a CP Plan, a reduction of 237 from 2020/21. This reducing rate continues the trend seen over previous years and at 33 per 10k is well below statistical neighbours (42) and the England average (42). Hackney Children & Families Services accounts for this as follows: This decrease is mostly accounted for by the 14% decrease in Initial Child Protection Conferences with 267 held in 2021/22 compared to 312 in 2020/21. The duty consultation process between our Safeguarding and Reviewing Team (Child Protection Chairs) and the social work units has better supported appropriate threshold decisions for children.





Children in Care

A child or young person who is in care is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum-seeking children; or in other circumstances, Hackney CFS and partners will intervene because the child or young person is at risk of significant harm.

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EVIDENCE

As of 31st March 2022, Hackney was responsible for looking after 406 children and young people. There has been a significant decrease in the number of children who are in care from a peak of 477 children (75 per 10k) in November 2020 (Hackney CFS believe the high numbers were a direct result of family stressors arising as a result of Covid-19 lockdowns). The March 2022 rate (64 per 10k) is similar to the statistical neighbour average.

EVIDENCE

'34% of our looked after children are aged 16 and 17; we continue to have a high proportion of adolescents coming into care. Analysis indicates that these children have a family history of trauma, educational exclusion, extra-familial risk and have significant risk factors for adolescents on the edge of care (with Black Caribbean and African backgrounds strongly over-represented). This analysis is informing the development of our Edge of Care strategy. Levels of children accommodated under Section 20 continue to fall. More work is required through the Edge of Care strategy to try and support children to safely return home to parents or family from care, whether they are in care short or long-term.' Hackney Children & Families Annual Report 2021/22.



PLACEMENT STABILITY, TYPE & LOCATION

On the whole, stability is associated with better outcomes for children. Proper assessment of a child's needs and a sufficient choice of placements to meet the varied and specific needs of different children are essential if appropriate stable placements are to be achieved. Inappropriate placements tend to break down and lead to frequent moves. Data capture on these indicators was affected by the pandemic. Similar to earlier years, the vast majority of children who are in care are in foster placements.

EVIDENCE

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There has been an increase in the number of children experiencing three or more care arrangements over the course of a year - the 2021/22 outturn was 15% which is higher than the statistical neighbour and national averages of 9%. There has been a decrease in the proportion of children aged under 16 who have been looked after for more than 2.5 years, who have lived in the same home for over 2 years (71% in 2021/22 compared to 77% in 2020/21). Hackney's performance against this indicator is in line with the statistical neighbour and England averages in 2020/21. 2020/21 stability figures were particularly good, believed to be influenced by the context of lockdown in the pandemic. However, further analysis is underway on the cohort of children with 3+ care arrangements and those who have left long term homes to think about what we need to do to address this. Hackney Children & Families Annual Report 2021/22.

Care Leavers

The Leaving Care Service ensures that young people are supported to develop independent living skills, offered career advice and training and educational opportunities, and supported to reach their full potential in all aspects of their life.

387 care leavers aged between 17 and 21 were being supported by the Leaving Care service at 31 March 2022, an increase of 11 (3%) from 376 at the same point in 2021. 357 care leavers were supported at the end of September 2022. There were 63 care leavers aged 22 and older being supported as at 31st March 2022, lower than the 79 supported as at March 2021. This has decreased to 55 care leavers being supported as at 30th September 2022. Hackney Children & Families Annual Report 2021/22.



Violence Against Women and Girls

It is estimated that 3 in 10 women (aged 16+) will have experienced domestic abuse at some point in their lives and that 1 in 5 children have been exposed to domestic abuse in the home. Responding proactively and in collaboration with the Community Safety Partnership remains a key priority for the CHSCP, recognising both the short and long-term impact on the safety and welfare of children and young people.

The CHSCP is represented on Violence Against Women and Girls operational and strategic panels, which is comprised of statutory and voluntary sector organisations.

The partnership in Hackney progressed its ambition to move from a strategy based on tackling DV to one that aims at a wider approach responding to all forms of VAWG. This development follows national and regional policy and aims to embrace all forms of violence that are committed against women and girls as they have a number of commonalities and therefore suggest a linked approach.

Operationally, the Domestic Abuse Intervention Service (DAIS) in Hackney encompasses the following areas:

- **Intervention Officers.** The Intervention Officer posts allow for the recruitment of social workers, former police officers, probation officers as well as qualified domestic abuse advocates. This will build a service with a mix of skills and backgrounds who are experienced in assessing and managing risk.
- **Perpetrator interventions.** This model integrates allows for the flexibility for staff to engage with perpetrators directly as needed to deliver a responsive, holistic and victim-focused risk management service.
- **Operational and strategic management.** Managers are responsible for operational case work and for strategic / partnership working. This differs from the usual model whereby a 'VAWG co-ordinator' role sits separately from the delivery of risk management services working with clients.



From April 2017, the Domestic Abuse Intervention Service (DAIS) joined the Children and Families Service as part of the Early Help and Prevention Service. DAIS works with anyone experiencing domestic abuse who is living in Hackney, aged 16 or over, of any sex and gender, and of any sexual orientation. The service assesses need; provides information and support on legal and housing rights; supports service users with court attendance; supports service users to obtain legal protection; and works with service users and other professionals to address their needs. The service also works with perpetrators of domestic abuse to try to reduce risk.

MARAC

The MARAC (Multi Agency Risk Assessment Conference) is a fortnightly multi-agency meeting to discuss and take action on cases of domestic abuse where there is a 'high risk' of death or serious injury. Numbers have continued to rise and the partnership continues to reflect a robust response to providing multi-agency support to victims and children at risk.

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EVIDENCE

The average weekly number of referrals into DAIS across 2021/22 was 23, slightly below the weekly pre-Covid rate of 25 cases per week.

EVIDENCE

With a focus on perpetrator interventions, the Domestic Abuse Prevention Programme, working with those who harm others through their behaviour is a 26 session programme that continues to operate virtually on a rolling basis. Most recent data shows that since April 2022 to October 2022, eight people have completed the programme.

EVIDENCE

694 cases were heard at MARAC in 2021/22, a 15% increase from 2020/21 when 595 cases were heard. In two years, cases heard at MARAC have risen by over 200, which is a rise of 41%. Around half of all MARAC cases have children living in the household; this has remained consistent over recent years. Domestic Violence and Abuse remains one of the key issues impacting upon the safety and welfare of Hackney's children.



Safeguarding Adolescents

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCP, this issue remains central to our overall approach in making children and young people safer. Context is key. During 2019/20, the CHSCP refreshed its defined strategy for safeguarding adolescents. This strategy builds on the progress made by the partnership in safeguarding children and young people at risk of child sexual exploitation (CSE) and those missing from home, care and education. It was developed in parallel to our improved understanding of the issues facing young people; established through focused problem profiles, national and local learning and intelligence pictures involving vulnerable adolescents. The strategy continues to draw on evidence about effective practice from contemporary research. It is a focussed document that sets the parameters for developing our understanding of the complexities of young people's vulnerabilities and finding more effective multi-agency responses to these issues.

The strategy maintains an unswerving focus on making sure that professionals are getting the basics right whilst striving to develop best practice in terms of the following priorities:

- Knowing our Problem, Knowing our Response
- Strong Leadership
- Prevention and Early Intervention
- Protection and Support
- Disruption and Prosecution

The partnership has continued to develop its understanding of exploitation and extra-familial harm including criminal exploitation, county lines and trafficking. The Extra-Familial Risk Panel, a key operational component, continued to be held fortnightly to ensure consistent oversight and planning for cases where young people are at risk of experiencing, or are involved in, harmful behaviours outside the home. There is strong multi agency attendance from Police, Education, Health, Youth Offending Team, Young Hackney and the Integrated Gangs Unit. The Panel develops operational actions which looks to reduce harm and disrupt exploitation of children. Themes and strategic issues from the Extra-Familial Risk Panel are shared with the Multi-Agency Child Exploitation (MACE) group for wider consideration and agency action. Both forums also report back any significant issues via the CHSCP Safeguarding Adolescents Group.



ASSURANCE

In February 2022, the Local Government Association (LGA) undertook a peer review at Hackney's invitation to look at its work with children during adolescence across the Children and Families Service. The LGA found:

- The team reviewed 16 children's files and were highly complimentary about Hackney's child-focused practice.*
- The LGA also recognised Young Hackney as a fantastic resource but they think Hackney should do more to communicate the offer, evidence outcomes and link better with the wider offer for children during adolescence in the borough.*
- Management structures may need to be addressed to benefit communication and reduce silo working - The report highlights the need for partners to do more work regarding anti-racism and highlights the work being done on decolonising the curriculum by the Education team and schools. Additionally, there were recommendations for schools and the police to firstly safeguard children rather than criminalise or exclude.*
- The review highlighted that Hackney doesn't currently have a clear practice model, and work began on refreshing this.*

LEARNING

Of the range of recommendations made by the LGA, a key one relates to how we adopt a more coherent strategic approach to safeguarding adolescents across our entire partnership and the various partnership forums that have a role in this area. The LGS recommended there is a need to ensure there is a whole system approach across the Partnership to working with vulnerable adolescents, based on a shared responsibility for better outcomes underpinned by joined up performance and other information and analysis.



CHILD SEXUAL EXPLOITATION

Understanding the nature and prevalence of child sexual exploitation (CSE) and harmful sexual behaviour (HSB) and ensuring that partner agencies provide appropriate safeguarding responses and interventions remains a priority. In February 2017, a revised definition of CSE was issued by the Department for Education (DfE).

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

DfE 2017

EVIDENCE

Analytical research has been undertaken to interrogate data relating to CSE and HSB and to identify emerging themes and trends which inform service development. The research has highlighted three broad CSE profiles in Hackney:

- CSE risk resulting from peer-on-peer abuse (sexual offences/exploitation against one or more victims and usually perpetrated in a group setting)*
- CSE risk from an adult perpetrator (typically a young person believing themselves to be in a 'relationship' with an adult after being introduced to them by a normally vulnerable friend, or through online contact)*
- Exploitation via social media (inciting or encouraging a victim to take and send explicit images of themselves)*



EVIDENCE

Redthread is a charity that works alongside young people who have been affected by, or are at risk of, violence and/or exploitation and has been based in ED at Homerton Hospital since July 2018.

'Over the past year two thirds of referrals have related to under 18s and 63% of these were female. This is a significant increase from the previous year. The most common reason for referral varied between male and females: 22% of the referrals received for youths were for assault, whilst the remaining 15% varied between risk of harm, child exploitation and gang affiliation. Female teenagers were most often referred due to sexual assault (15%). However, during this reporting period there seemed to be an increase in referrals for assault (13%) even amongst this group. The remaining 27% of referral reasons varied between domestic violence, risk of harm, child exploitation, child sexual exploitation, history of assault and gang affiliation. It is important to note how in the past year Redthread has seen a significant increase in referrals for females, particularly since our Young Women Service (YWS) launched in July 2021, with HUH being the first local hospital to have the YWS. From July 2021 till January young women made up 37% of the total eligible referrals, which represents a 54% increase within the same reporting period since the launch of the service.'

Homerton Healthcare NHS Foundation Trust Annual Report 2021/22

IMPACT

Redthread intervention has demonstrated to be especially beneficial to the young people who engaged with the service. This has been possible thanks to the strong multi-agency collaboration between ED, the SCT and CAMHS. 56% of referrals are from ED, 37% from the SCT and 11% from CAMHS. The collaboration between Redthread and the above teams has proven essential to identify and engage more young people to their programmes.

- 54% decrease for the young people engaged to be at risk of harm after engaging with our programme*
- 36% decrease for the young people engaged to be at risk of criminal and/or sexual exploitation after engaging with our programme*
- 36% decrease for the young people engaged to experience criminal behaviour after engaging with our programme*



CHILDREN MISSING FROM HOME, CARE AND EDUCATION

The Police lead on all children who go missing from home or care and a coordinated response takes place with Hackney CFS working closely with the child's parents or carers. For those young people who repeatedly go missing this co-ordinated response often involves a lead professional from education, Young Hackney, Youth Justice Service and the Integrated Gangs Unit. Hackney CFS has led on strengthening the partnership's understanding of and response to children and young people who go missing from home and care. Missing episodes are considered as part of a broader spectrum of vulnerabilities effecting adolescents which include CE, harmful sexual behaviour (HSB), radicalisation and gang and youth violence.

When a young person returns from an episode of going missing, they are offered an independent return home (IRH) interview by the Children's Rights Service. The use of Independent Return Home Interviews continues to be effective in supporting young people to share information about push and pull factors, what happens when they go missing and what support they need to reduce further episodes. The implementation

of a daily meeting with Missing Police has supported better working relationships, information sharing and development of robust risk assessments and timely plans to locate children and offer the appropriate support. The most prominent themes in reasons children and young people have been going missing is 'difficulties at home or school', with overcrowding being highlighted in a number of cases. Mental health and emotional wellbeing was also a key precipitating factor for missing episodes and additional learning needs whereby young people became confused with how to get home or made poor decisions due to peer influences.

IMPACT

Hackney CFS and the police have agreed that any child identified as high risk with a pattern of missing episodes will have a Missing Child Meeting within 24 hours of them going missing rather than 72 hours, with the aim to respond to these children in line with other concerns, such as domestic abuse.



ASSURANCE

During 2021/22, Hackney CFS undertook audits on care experienced children and young people who had repeated missing episodes. The looked after children and young people audited were chosen because they had the most frequent missing episodes over recent months. All were under 18 at the time of audit: eight were held in the Looked After Children service and two in Leaving Care. Half were male and half were female. 80% were from a Black or global majority background.

60% were rated Good or Outstanding

In 40% of the audits, the children or young people were visited in line with Practice Standards; 40% partially in line and 20% not in line with expectations.

In 70% of audits there was evidence of sufficient management oversight.

EVIDENCE

As of August 2022, there were 213 children electively home educated (EHE) by their parents. Numbers increased in Autumn 2020 in response to the Covid-19 pandemic however numbers have steadily fallen back over time but remain above pre-pandemic levels. A new EHE policy and assessment framework was introduced in June 2020 and is now embedded into practice. New referrals receive a suitability assessment within 12 weeks of referral and an annual assessment. 95% of our current cohort were seen within 12 weeks.

Locally, the majority of children missing education (CME) are from the Orthodox Jewish community, with these children attending unregistered education settings (UES) on a full time basis, where we are unable to assess the suitability of their education. As of August 2022, there are 808 registered children missing education, with 754 from the Orthodox Jewish community. Processes are in place for tracking CME in and out of the borough and steps are taken to visit the known Orthodox Jewish families to check on children's wellbeing, though impact here is more limited.

In respect of children missing education, The Children Missing Education (CME) Team continues to identify, monitor and track children missing or not receiving a suitable education. This includes liaison with MASH when there are safeguarding concerns. The work of the CME team fits closely with other strands of work to support vulnerable pupils including supporting schools and families to prevent poor school attendance, truancy, exclusions and supporting schools and families to get children back to school once absence has occurred. The team liaises closely with the Education Attendance and Admissions services.

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GANGS, EXPLOITATION AND SERIOUS YOUTH VIOLENCE

The approach of safeguarding partners to violence treats it as a preventable public health issue; using data and analysis to identify causes, to examine what works and to co-produce solutions. Incidents of serious violence have a significant and lasting impact on the wider community as well as for the young people and families involved. Safeguarding partners remain conscious of the impact and effect of trauma and as a partnership, we are committed to increasing resilience and developing trauma informed practice.

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EVIDENCE

Local police continue to conduct serious violence threat assessments daily, weekly and monthly to support the tasking process. The tasking process ensures that partnership resources are allocated to undertake interventions in an integrated way. Health services and third sector charities are also playing a key part in the approach to tackling SYV. Red Thread and St. Giles Trust staff are embedded at Homerton University Hospital NHS Foundation Trust (HUHFT) and the Royal London Hospital trauma unit respectively and use 'teachable moments' to divert young people away from offending and violence.

Hackney's Context Intervention Unit and Integrated Gangs Unit are developing closer working relationships with both teams to ensure the partnership is fully sighted on emerging trends and peer groups and locations of harm. Within the Safer Schools Partnership, information is exchanged on a case by case or school by school basis to inform daily and weekly deployments of police, schools and partnership staff. A monthly Gangs Partnership Tasking Meeting is held to present the latest intelligence and analysis on gang youth related violence and exploitation. This meeting identifies priority areas and individuals who require immediate and longer-term partnership interventions.

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IMPACT

A vast range of activity was carried out by officers across the Met as part of Operation Sceptre, including targeted patrols in violence hotspots; warrants to target high harm offenders; and weapons sweeps in areas known for stashed weapons. Officers also worked closely with British Transport Police during knife arch deployments at transport hubs, aimed at deterring people from carrying weapons and drugs on the train and tube network. Automatic Number Plate Recognition technology was also used by Met and City of London officers, targeting those carrying and supplying drugs on the roads in and out of London.

Crucially, there was also a focus on education, diversion and prevention, with officers engaging with 10,563 young people; community members and business owners. While conducting community weapons sweeps, local officers worked side-by-side with community members, listening to their concerns and searching for hidden or discarded weapons. Officers, Met Special Constables and Volunteer Police Cadets also carried out 290 retailer visits to educate businesses and ensure they were not – and do not in the future – selling knives irresponsibly.

In total, the operation, which ran from Monday, 15 November to Sunday, 21 November 2021, resulted in 290 knives recovered; 937 arrests; 82 warrants executed; 186 community meetings and educational events, engaging with 1,206 individuals; 264 school presentations and engagements, involving 8,063 young people and 2,745 weapon sweeps.

For CE BCU, there were 137 weapon sweeps, 13 knives found, 51 arrests with 11 for weapon offences and 18 test purchases.

We visited all of our Habitual Knife Carriers who were engaged with by our integrated gangs unit or Violence Suppression Unit. Over 1200 children engaged with through schools presentations or the Junior Citizenship Programme. Our local plan was led by our Violence Suppression Unit and supported by partners at both Tower Hamlets and Hackney local authorities.



LEARNING

Child Criminal Exploitation is an issue of abuse not a lifestyle choice and the children who are criminally exploited are victims. It is important that practitioners understand this when engaging young people and recording any information about them. In many cases, the boundary between 'victim' and 'offender' will often be blurred. Practitioners need to give sufficient priority to both areas as part of their practice. Put simply, when offending is driven by exploitation, one won't be addressed without the other. In response to local learning, the CHSCP developed a briefing on Child Criminal Exploitation including what it is, recognising vulnerability and signs to look out for. Download the briefing [HERE](#).

LEARNING

To help influence practice when responding to children subjected to exploitation, as well as wider organisational culture across the partnership, the CHSCP promoted the excellent guidance issued by the Children's Society on the use of appropriate language in child exploitation. Read the guidance [HERE](#).

YOUTH JUSTICE

The Youth Justice Service works with all young people in Hackney who are arrested or convicted of crimes and undertakes youth justice work including bail and remand supervision and supervising young people who have been given community or custodial sentences. Young people are supported by a multi-agency team including a Forensic Psychologist, the Virtual School, Speech and Language Therapists, the Police, a Nurse, Probation Services, a Substance Misuse Worker and a Dealing Officer.

EVIDENCE

The overall number of young people entering the youth justice system for the first time in Hackney in 2021/22 was 67, a 15% decrease from 79 young people in 2020-21. This remains below national and statistical neighbour averages. 88% of the young people referred to the Youth Justice Prevention and Diversion Team via Triage in 2021/22 were successfully diverted from becoming first time entrants to the youth justice system. However, early help for young people at risk of becoming involved in crime is still not effective enough at preventing the most serious youth crime: the small number of young people referred to the Prevention and Diversion Team from Triage who have gone on to enter the youth justice system have in many cases faced extremely serious charges against them. Hackney Children & Families Annual Report 2021/22.



RADICALISATION

Statutory guidance expects Local Authorities to assess the threat of radicalisation in their areas and to take appropriate action. The Community Safety Partnership (CSP) retains overall governance of this agenda, which includes a focus on ensuring there are sufficient arrangements in place to safeguard children and young people. The Prevent Strategy is a key part of the Government's counter-terrorism Contest strategy. It aims to stop people becoming terrorists or supporting terrorism and has three objectives - challenging ideology, supporting vulnerable individuals and working with sectors and institutions. A strategic priority for Hackney's Prevent work is to ensure the safeguarding of children and young people to prevent them becoming drawn into supporting terrorism. In Hackney a multi-agency Channel Panel, chaired by the Head of Safer Communities, works at the pre-criminal stage to support vulnerable individuals where a risk of radicalisation is assessed and a plan of action devised.

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EVIDENCE

During 2021/22, there were 22 Prevent referrals received (an increase from 11 in 2020/21) of which 5 referrals were supported by the Hackney Channel Panel. Total referrals received during the pandemic experienced a significant drop for all Local Authority areas during the reporting period. All referrals concerned male subjects, with the highest number being generated from the MPS. Five of these referrals involved young people under 18.



Private Fostering

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. Comparison with national and statistical neighbours has not been undertaken following the DfE ceasing to publish statistics on notifications and closing the private fostering data collection for local authorities.

EVIDENCE

In total, during the period 1 April 2021 - 30 March 2022, private fostering arrangements for 16 children were assessed or supported by Hackney CFS. Eight of the children were male and 8 female. The ages of the cohort ranged from 3 years up to 15 years old, although the majority of them were aged 10 - 15 years old. Seven new private fostering referrals were received within the 2021/22 financial year. Referrals are most commonly received from partner agencies, in particular from the Home Office, schools and school admissions, as well as notifications from other internal teams for children already open to Hackney Children and Families Service. No self-referrals were made by the parents or private foster carers of children this year.

EVIDENCE

Possible vulnerabilities identified within the cohort included insecure immigration status, the experience of migrating and the impact of their separation from their parents and wider family (at times with opportunities for regular communication limited). There were no children known to be in private fostering arrangements who had been enrolled at a language school or boarding school. No children were identified as having additional needs or disabilities.





IMPACT

A *Private Fostering App* developed by the CHSCP to support awareness raising across the partnership has been downloaded nearly 16000 times. Hackney has also worked closely with colleagues working on this area within the North London Consortium, to share best practice. Other activities to increase awareness of private fostering include the following:

- Arrangements with school admissions to amend in-year application forms, to support the identification of possible private fostering arrangements;
- Consultation with Norwood (a Haredi community organisation) to explore ways to increase knowledge of private fostering within the community;
- Updating the Hackney Council website to ensure information is up to date;
- Creation of a North London Private Fostering Consortium website (<https://www.privatefosteringnorthlondon.co.uk>) providing an additional resource about private fostering;
- Ongoing offer of consultation to staff on private fostering regulations and the circumstances of individual children and families.

ASSURANCE

Audits are completed regularly by Hackney CFS for all children known to be in a private fostering arrangement. Audits completed in October 2021 found that 8 of the 9 cases were rated as 'good' with one rated as 'outstanding'. No safeguarding concerns were identified for any of these children.





Children with Disabilities

At the end of March 2022, Hackney's Disabled Children's Service was working with 395 children and young people. Of these 131 were female and 262 were male. This is a 6% increase compared to 2020/21, when the service was working with 374 children and young people. In 2017/18, the service was working with 241 children and young people. Since April 2021, children receiving care packages who are also on Child in Need Plans in relation to safeguarding concerns have transferred to the Disabled Children's Service. This minimises transitions, provides more consistency and ensures that processes are clearer for families. As at the end of September 2022, there were 23 children on Child in Need Plans, two children on Child Protection Plans and one looked after child receiving support from the Disabled Children's Service.

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IMPACT

Care packages for all children were reviewed in the last year or are currently in the process of being reviewed by the Disabled Children's Service.

This is a significant improvement from 2019 when Hackney Children & Families Service took over the service, at which point there were numerous care packages which had not been reviewed in three years. Since April 2021, assessments for 630 children have been completed.

chscop

Worried about a child?

You must inform the Designated Safeguarding Lead without delay

SEEN

HEARD

HELPED



Children's Mental Health

The Child and Adolescent Mental Health Services (CAMHS) in City and Hackney are provided by Homerton Healthcare NHS Foundation Trust (First Steps and the CAMHS disability team - a joint service with ELFT CAMHS); Clinicians employed by London Borough of Hackney's children's social care and the Specialist Service is provided by the ELFT. ELFT CAMHS provides the specialist (tier 3) community based service, the CAMHS provision within the Young Hackney Service and a service for adolescents with more complex mental health needs, for example, first onset psychosis and complex eating disorders. East London NHS Foundation Trust also provides the inpatient service (tier 4) and the out-of-hours service for City and Hackney.

EVIDENCE
There has been a sustained doubling of referrals to all CAMHS providers (compared to pre-pandemic levels). Pressure on and inpatient paediatrics and Tier 4 beds continues to be high. Crisis presentations are on average double pre-pandemic levels and increasing. This reflects a similar pattern across NEL and London.

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EVIDENCE

There has been a significant increase in referrals to all parts of the service, especially ASD diagnosis following COVID in CAMHS Disability, with crisis presentations significantly increasing for children with ASD and ID. Also, more children in First Steps require an individualised psychological intervention (rather than workshop, consultation or group) due to more concerning presentations.

This has meant the wait for treatment or assessment has increased significantly to over 12 months at the current time (compared to are general three- month waiting times). First Steps is on the trust risk register and a demand and capacity review is under way, similarly for ASD assessments. In First Steps, the enhanced concerns are due to a mix of increased mental health concerns and vulnerability in their living context e.g. housing, family, education as well as school closures and isolation from peers and protective adults. The service expects this vulnerability to increase following the imminent cost of living crisis.

Homerton Healthcare NHS Foundation Trust Annual Report 2021/22

ASSURANCE

Eating Disorders Services have seen a sustained doubling in referrals and this has meant the service had to close to routine referrals. Following several summit meetings under the Emotional Health and Wellbeing partnership, plans are being implemented to address the eating disorders pathway problems.

IMPACT

CAMHS is having to respond flexibly to support families during this surge period. Robust contingency plans in place for this to continue. This includes: solid governance structures, RAG rating patients, children and families, the introduction of online support and new services being developed.



MAPPA

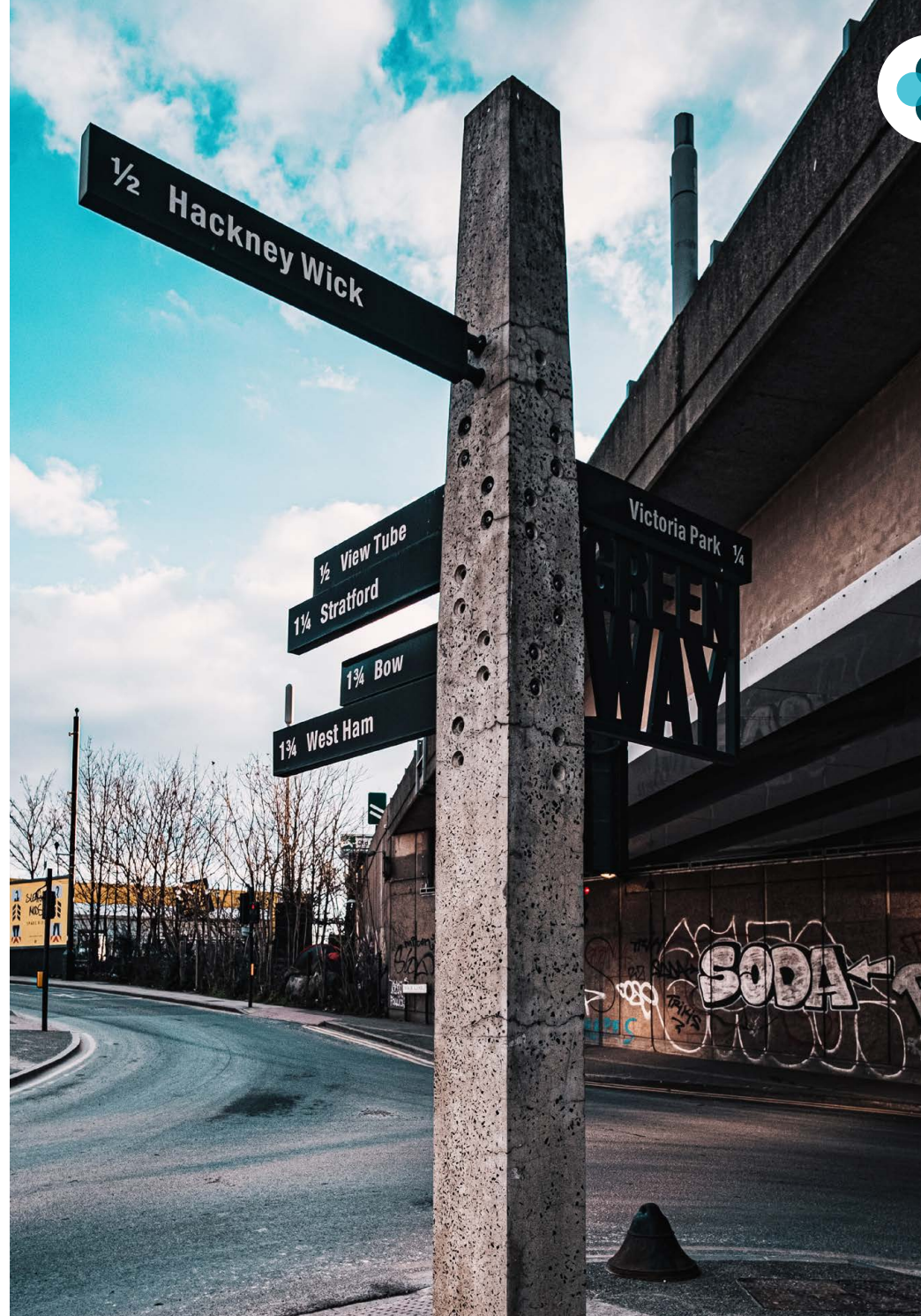
Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively.

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MAPPA

Across London on 31 March 2022, there were 6700 Category 1 'Registered Sex Offenders' (RSOs) (6549 in 2020/21, 6581 in 2019/20 and 6452 in 2018/19), 3660 Category 2 'Violent Offenders' (3521 in 2020/21, 3735 in 2019/20 and 4128 in 2018/19) and 55 Category 3 'Other Dangerous Offenders' (61 in 2020/21, 31 in 2019/20 and 27 in 2018/19).

153 RSOs were cautioned or convicted for breach of notification requirements.





Unregistered Educational Settings

In the context of Hackney, the response to Unregistered Educational Settings (UES) has focused upon Yeshivas within the Charedi community. Many of these Yeshivas provide 'full-time' education to children of compulsory school age but teach a curriculum that is too narrow for the setting to constitute a 'school'. The consequence is that they cannot be registered (or regulated) and this remains a significant issue of concern for the safeguarding partners of City & Hackney Safeguarding Children Partnership (CHSCP). The following narrative is from the Independent Safeguarding Children Commissioner of the CHSCP:

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Despite ongoing efforts to engage community leaders and my repeated lobbying of the government, the situation over 2021/22 was largely unchanged. This was both frustrating and frankly, unacceptable. There has been no measurable impact by community leadership on this issue, no apparent acknowledgement of the safeguarding risks that children are facing and no acceptance of help. A straightforward and non-contentious offer of support from the CHSCP has been on the table for months and yet, despite this, not one single Yeshiva has approached us wanting to constructively engage. In short, community leaders are still either unwilling or unable to provide any influence on this matter. Whilst dialogue has taken place, the repeating pattern of conversations, meetings and letters is achieving little, if anything at all. We are still exactly where we were when I first raised this issue in 2014/15.

In the last 12 months, there has been no contact from those with whom I previously engaged. Letters have gone unanswered and other individuals have been introduced to other professionals (such as in Hackney Education) to continue the same conversations - but elsewhere. This pattern of relationships being built, conversations being held and optimism being created has all been seen before. Ultimately, however, when the message being delivered isn't one that wants to be heard, those conversations move on and the cycle starts again. The end result is that nothing changes for children. We still have hundreds of Hackney children completely out of our line of sight and a two-tier approach to safeguarding depending on where a child receives an education.

Illustrating this further, despite what I believed to have been constructive engagement with representatives from the UOHC, its evidence to the IICSA enquiry raised significant and unexpected criticism. This came soon after my response to the suggested 'ring-fencing of Yeshivas' where I stated my concern that this would create an impression we were 'trading off achieving the required safeguarding standards by compromising on issues linked directly to the curriculum'. The UOHC's evidence to IICSA and my formal response to these points are set out below:



The Union of Orthodox Hebrew Congregations (UOHC) said that the CHSCP does not understand the Charedi community and takes approaches that are impractical. The UOHC said that engagement with the local authority had not yet yielded positive results and had caused a lot of frustration. (OHC000001_008 para 35).

The evidence shows otherwise and identifies the significant efforts that I have personally made, together with the CHSCP's Senior Professional Advisor and others to engage the community in a constructive and respectful way. This is reflected in my initial approach to the UOHC to seek their support and the subsequent engagement that followed. I have been invited to two meetings at the home address of [the UOHC representative identified as the Health & Safety link for Yeshivas], met his family and undertaken a site visit to a synagogue where children were studying during the half-term period. My approach has been far from insensitive and has sought to gain a better understanding of the community. My proposals have also been far from impractical. Many are already in operation across numerous organisations in Hackney. Those made in respect of Yeshivas are all achievable and have been made in the attempt to improve the safeguarding arrangements for children and young people in Hackney. All these proposals remain open, and we remain eager to work with the community to implement them.

As my evidence shows, this work has never gained traction, not because of a lack of understanding or impractical suggestions, but mainly because of how the curriculum (or lack of it) within Yeshivas is a 'red-line' for them. This is the reason why no progress has been made.



The UOHC thought that the assertion that children should be in the line of sight of the local authority was arrogant, overbearing and intrusive. (OHC000001_008-009 para 36).

In respect of this statement, I sincerely hope the Inquiry will strongly challenge the UOHC's position that children and young people in the Orthodox Jewish community should somehow be afforded less protection by statutory authorities and regulators. My letter to the Secretary of State for Education in June 2017 clearly sets my position on this. *'My primary concern is the children at the centre of this issue and the fact they are not being afforded the same level of protection that we expect for every other child in the UK. The Government statutory guidance 'Keeping Children Safe in Education' is fundamentally undermined if it only applies to certain children who happen to attend a certain type of education. This two-tier approach to safeguarding children is unacceptable and reflects an approach that suggests it is only interested in keeping some children safe – not all of them.'*

The UOHC said that the CHSCP can make negative portrayals and statements about the Charedi community. (OHC000001_008-009 para 36).

I absolutely refute this point in the strongest terms. There has never been any approach that seeks to make negative portrayals or statements about the Charedi community. Our consistent critique has been about the lack of a sufficient safeguarding framework for Yeshivas and the challenges for us in implementing one.

Never has this strayed into a critique of how the community live their lives, or to a large degree teach their children. I have always been clear, as the evidence shows, that the curriculum is a matter for the DfE and Ofsted. My focus has always been on ensuring the safety of those children and young people in Yeshivas. The evidence in my communication shows that I and others in the CHSCP have always approached those with whom I have engaged with the utmost respect.

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The UOHC said that the CHSCP does not understand that the UOHC cannot control the Charedi community or furnish the CHSCP with a list of out of school settings. The UOHC thought the CHSCP had an unrealistic expectation of the administrative capacity of out of school settings. (OHC000001_008-009 para 35-36; Jehudah Baumgarten 12 August 2020 119/9-25).

This is inaccurate. I have always understood the limitations of the governance arrangements for Yeshivas as seen in paragraph 52 of my statement. Furthermore, this is exactly the reason why the suggestion was made for the UOHC to set up its own independent safeguarding committee. This would have created a community leadership body to provide influence within the community on all matters relating to the safeguarding of children and young people. Whilst recognising the limited authority of the UOHC over individual Yeshivas, the experience and status of those on the UOHC would undoubtedly help in this context.

In terms of administrative capacity, it is relevant to note that for the most part, our proposals are coordinated centrally by the CHSCP team (i.e., the self-assessment / audit process). The proposals also included our offer of providing technical advice to help this operate. With regards to the provision of a list of Yeshivas, I do not accept such a list cannot be provided. As far back as the 24th of July 2017, the UOHC wrote to me advising that [an individual] had been nominated to '*circularise all Synagogues, Hasidic Congregations and Study Centres...to ensure that everyone is aware of your requirements*'. Given the nature of this role, I would be surprised if the UOHC did not know of their whereabouts.

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The Inquiry saw a degree of miscommunication and misunderstanding between some religious organisations and statutory authorities. Religious organisations thought statutory authorities do not understand them, judge them and have acted in a heavy handed way in the past.

(Jim Gamble 11 August 2020 140/14-141-7; Jehudah Baumgarten 12 August 2020 113/10-14; 116-13-117/17).

The challenges faced by us locally in respect of the safeguarding arrangements in Yeshivas have not been created by miscommunication or misunderstanding. For my part, our approach has been reasonably simple in that we have been attempting to align Yeshivas with the processes we have in place for all other organisations in Hackney, particularly schools. There has been resistance because Yeshivas do not want to be 'forced' to change what they teach and as such, cooperation on any matter becomes frustrated.

My approach has been far from 'heavy handed', but I will not apologise for strongly advocating and doing what I can to make sure that all children and young people in Hackney are safe, not just those who happen to attend an educational setting that is inspected by Ofsted. This issue has become more complicated and has been unnecessarily drawn out as a result of the drift and delay caused by central government. My evidence to the inquiry in this context is absolutely clear and yet we are still in a position where nothing has changed.

As recently as May 2021 this year, I wrote to the government asking for an update on the delayed consultation on Regulating Independent Educational Settings (which involved Yeshivas). Despite ending in November 2020, there is no information about next steps. The legislative vacuum around Yeshivas has allowed them to continue to operate outside of any registration or regulation and this has limited our oversight on safeguarding arrangements. Government has been aware of this for many years and yet continues to prevaricate on action. Evidence shows that absolutely no pace has been attached by the government to resolving this issue.



Everyone's Invited

Following the murder of Sarah Everard in March 2021, there was increased awareness of the issue of violence against women and girls. It was at this time that the Everyone's Invited website came to national prominence. Everyone's Invited stated that it was 'a place for survivors to share their stories' and had as its mission 'to expose and eradicate rape culture with empathy, compassion and understanding'.

The website saw thousands of young women report their experiences of harassment, abuse and assault perpetrated by boys or young men who either attend their own school, a neighbouring school or their university. The reports were anonymous though the testimonies often named the school or university the perpetrator attended. Independent and state schools nationally were named on the site. Reported incidents occurred both in school and out of school (e.g. at parties). Some boys also posted their experiences. Nationally in response the following occurred:

- A nationally coordinated police response;
- A 'Report Abuse in Education' helpline set up;
- Ofsted were asked to conduct a review; and
- Entries reviewed and, where appropriate, local safeguarding partners notified.

In response Hackney Education held briefings for head teachers, designated safeguarding leads and school governors so they were fully aware of the website, the issues raised and appropriate actions to take in response. The first of these meetings was held on April 21st 2021 and was jointly led by Hackney Education, the MPS and Young Hackney.

In June 2021 Ofsted published their review of into sexual abuse and harassment in schools and colleges having visited 32 schools and spoken with over 900 young people in those settings. Ofsted's report can be found here. Following publication of Ofsted's report, local schools and colleges responded to the issues raised in the review and sought to create a culture where girls and young women are safe in schools. Different schools and colleges have responded to the report in different ways depending on their school or college context.



IMPACT

Young Hackney undertook the following activity in response to Everyone's Invited:

- *Held sessions with pupils in several primary and secondary schools covering consent, healthy relationship, child sexual exploitation, pornography and sexual harassment.*
- *Delivered training for staff/professionals on harmful sexual behaviour.*

IMPACT

Hackney's Context Intervention Unit undertook the following activity in response to Everyone's Invited:

- *Peer group work in secondary schools around sexual exploitation.*
- *Held drop down days in conjunction with CHYPS Sexual Health Service and the Young Hackney Health and Wellbeing Team.*
- *Carried out student surveys in some schools and colleges, which include scoping questions around sexual harm in schools.*
- *Implemented the Mentors in Violence Prevention program in three secondary schools.*
- *Developed an early help and critical incident school assessment guide to support schools in responding to extra-familial harm of which sexual assault is one form of harm.*

IMPACT

One school ran three projects with students on these issues. For Years 10 and 11 boys - Beyond Equality; for Year 9 they have the Mentors in Violence Prevention program and for Years 7 and 8 they commissioned a theatre company called Immediate Theatre to create a relevant performance on the issue.

Another school issued an all-student questionnaire regarding sexual abuse and harassment. They held lunchtime reflections to raise awareness and sent letters home to parents/carers regarding sexual abuse and harassment.

Other schools worked with Hackney Education and the Context Intervention Unit to disseminate surveys to children and staff members about their experiences of safety, including from sexual harm and exploitation. The responses to these were used as part of 'context assessments' and the targeting of appropriate interventions from Young Hackney and referrals to the Extra Familial Risk Panel where necessary.

Another school held a parent forum to discuss the RSHE curriculum and the Ofsted findings. They also surveyed all students to give them an opportunity to say how helpful they found RSHE and how they would like to change it.

One college worked with Young Hackney to run a fortnightly women's empowerment group.



ASSURANCE

Hackney Education carried out an audit of schools in December 2021 to ascertain actions taken in response to Everyone's Invited. This showed schools had overwhelmingly acted upon the Ofsted report findings.

- 94.7% reported that they had assigned a member of SLT to lead on this
- 86.8% reported that they had reviewed incidents
- 94.7% reported that the school's safeguarding policy had been updated 81.6% had reported that they had provided training to staff
- 81.6% reported that they have reviewed and revised their RSE curriculum
- 76.3% reported that they had reviewed their reporting mechanisms

ASSURANCE

In September 2021, the Executive of the London Safeguarding Children Partnership met and discussed the ongoing work to protect children from sexual harassment and assault. Following that discussion, it highlighted to local safeguarding partnerships a joint letter from the Department of Health and Social Care, the Department for Education and the Home Office sent to all safeguarding partners.

The letter reminded safeguarding partners of the request from Minister Ford to review how they work with all your schools and colleges locally (including academies and independent schools) and to set out your offer of support to schools and colleges. The CHSCP's offer of support can be found on its dedicated schools and colleges webpages [HERE](#).



Cyberattack

Hackney Council was the victim of a serious cyberattack in October 2020. The attack meant that the social care management system (Mosaic) and document management systems (Comino and eDOCS) were unavailable, which has had a significant and widespread impact on Hackney's Children & Families Service (HCFS). The cyberattack affected the ability of the CHSCP to oversee the full suite of performance metrics relevant to CFS. Work to recover systems continued through 2021/22.

ASSURANCE

Hackney Council immediately stood up an interim system that enabled us to continue working with families including some degree of information capture. The immediate recovery programme involved a drive for practitioners to record case summaries for all of their children and young people, whilst working with partners to gather as much information about the children and young people we were working with.



IMPACT

In October 2021 a decision was made to restore Mosaic as the main case management system in HCFS. A programme team was established and accountable to a weekly Board meeting chaired by the DCS. The programme was complex and involved migrating records from the interim system, matching historic records, developing cyber security with a new cloud based system and training staff as the recovered system was not identical to the pre-cyber system. Work continues on recovering some historical data that has not yet been restored. There are still some data quality issues relating to data but HCFS is in a good position to meet statutory and local reporting requirements.

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IMPACT

On 4th April 2022 the service returned to Mosaic. The development of live reporting tools continued and has been live since July 2022. The decision to go live with Mosaic in advance of reporting tools being ready was to enable HCFS to have accurate information to submit for statutory returns. Managers are now able to track progress of work at a level they had not been previously.

ASSURANCE

Following the deactivation of Child Protection Information Sharing (CPIS) in October 2020 following the cyber-attack on the London Borough of Hackney, it was reactivated by NHSE early this year. NHSE asked Homerton to undertake two audits to provide assurance that vulnerable children and pregnant women whose unborn were subject to child protection plans were identified and managed appropriately when they presented to an unscheduled care setting. Both audits did not find any significant safeguarding deficits. NHS England gave staff who worked on the audits a safeguarding star.

ASSURANCE

In April 2021, the ISCC engaged the National Deputy Head of Safeguarding for NHS England & NHS Improvement regarding plans for the future development of CP-IS. Plans were understood to involve expanding the remit of CP-IS beyond the scope of unborn babies and children who are subject to local authority Child Protection Plans and to include vulnerable adults (such as care leavers). Learning from one of the CHSCP's reviews concerning a young person who took their own life resonated with these planned changes. Whilst no timescale was immediately available, the ISCC wrote to confirm our full support for these plans, highlighting the positive step towards addressing the issue of 'transitional safeguarding', where we know vulnerabilities remain for young adults who turn 18.



Safer Workforce

Despite all efforts to recruit safely there will be occasions when allegations are made against staff or volunteers working with children. Organisations should have clear procedures in place that explain what should happen when such allegations are raised. These should include the requirement to appoint a designated safeguarding lead (DSL) to whom these allegations are reported. It is ordinarily the responsibility of the DSL to report allegations to, and otherwise liaise with, the designated officer in the local authority (referred to as the LADO). The LADO has the responsibility to manage and have oversight of allegations against people who work with children. The LADO should always be contacted when there is an allegation that any person who works with children has:

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

EVIDENCE

Activity - There were 311 contacts to the LADO in 2021/22, a 44% increase from the 174 contacts in 2020/21. Activity is back to pre-pandemic levels. During 2020/21, Covid-19 lockdowns and school closures resulted in less professional engagement with children and young people and less LADO activity during this period. This was particularly relevant to the education sector, given schools and nurseries are the dominant employment groups that generate referrals to the LADO service.

EVIDENCE

The occupations with the highest number of contacts were teachers (29%), school support staff (23%) and nursery workers (17%). This is a slight change to previous years where school support staff received the highest number of contacts. The increase for teachers is significant, given it has risen by 7.4%.



EVIDENCE

This period saw a change for previous reporting, where the highest number of contacts has consistently been physical harm. In 2020/2021, 'concerns in private life' accounted for 28% of the total concerns, whereas physical harm was the reason for 21% of the LADO contacts. 'Conduct' was the third highest category at 20%. This change is likely to have arisen due to the pandemic and with people spending more time at home

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EVIDENCE

***Themes** - Another key theme for the period of 2020/21 was the increased complexity of some of the cases. For example, one case required three review meetings following the initial ASV meeting due to the nature of the concerns. It is unclear why complexity has increased, although this is a theme that has been echoed by colleagues across London.*

Again, it could be indicative of the complexities brought on by societal changes as a result of the pandemic, although this is somewhat speculative.

Once contact has been made with the LADO service, it will result in one of the five following actions being taken:

- The contact/referral is managed by a LADO in **another local authority**.
- A **consultation** takes place where the matter is discussed between the referrer and the LADO to decide on what action to take next
- An **evaluation meeting** is held when the contact provides information that would suggest there is potential risk in the person's employment but would require further information before the decision is made that LADO oversight or an investigation is required.
- **Guidance and oversight** is offered by the LADO when an employer is completing an internal investigation. An ASV meeting will be convened when it has been decided by the LADO that the threshold of harm/risk has been met.

EVIDENCE

Consultations were the highest demand for the LADO service in 2021/22 accounting for 74.9% of contacts. This is almost exactly the same percentage for the previous period (74%) albeit the volume differed on account of the impact of the Covid-19 pandemic on overall figures. The same applies to ASV meetings at 10.6%, which is similar to the period for 2020/21 (10.3%).



EVIDENCE

The majority of cases considered at an ASV meeting during 2021/2022 resulted in a 'substantiated' outcome. 42% of all cases that met the threshold for an ASV meeting had sufficient evidence to support the allegation made/concerns raised. Uncommonly, two cases resulted in a 'false' outcome. Six cases were 'inconclusive' including one that had been ongoing for almost a year due to its complexity. The other five cases were awaiting Police outcomes (four being related to indecent images of children). Timing in these cases is invariably longer due to the forensic analysis of electronic devices required and delays owing to the volume of such cases.

EVIDENCE

LADO Training & Awareness Raising - The Hackney Education (HE) Safeguarding in Education Team runs an extensive training programme throughout the year including Safeguarding and Child Protection training for Hackney Education staff, Designated Safeguarding Leads for schools, colleges and early years, school and college staff, governors, early years and childminders. Their training covers safe practice and the procedures for dealing with allegations against adults who work with children and young people. They continue to run specific training dealing with managing allegations for managers in the early years and school sector, once every academic year for schools and twice for early years managers. CHSCP training at Level 1 and 3 also covers the management of allegations against staff and volunteers. The Hackney LADO has agreed to run a number of seminars for the CHSCP training programme during 2023/24.



ASSURANCE

The responsibility of the LADO is set out in Working Together to Safeguard Children 2018 and Chapter 7 of the London Child Protection Procedures (7th edition). All allegations made against staff, including volunteers, that call into question their suitability to work with or be in a position of trust with children, whether made about events in their private or professional life, need to be formally reported to the LADO. Chapter 7 of the London Child Protection Procedures has recently been amended to provide consistency in respect of the response to low level concerns and to include the wider definition of people in 'Positions of Trust' (The Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the Sexual Offences Act 2003 section 22A to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion).

ASSURANCE

Practice audits of LADO work are conducted every 6 months by the Service Manager and Practice Development Managers in the Safeguarding and Reviewing Service. These consistently find timely responses from the LADO Service, positive working relationships between the LADO and partner agencies, clear actions and outcomes being achieved. The most recent audit in July 2022 looked at six LADO cases.

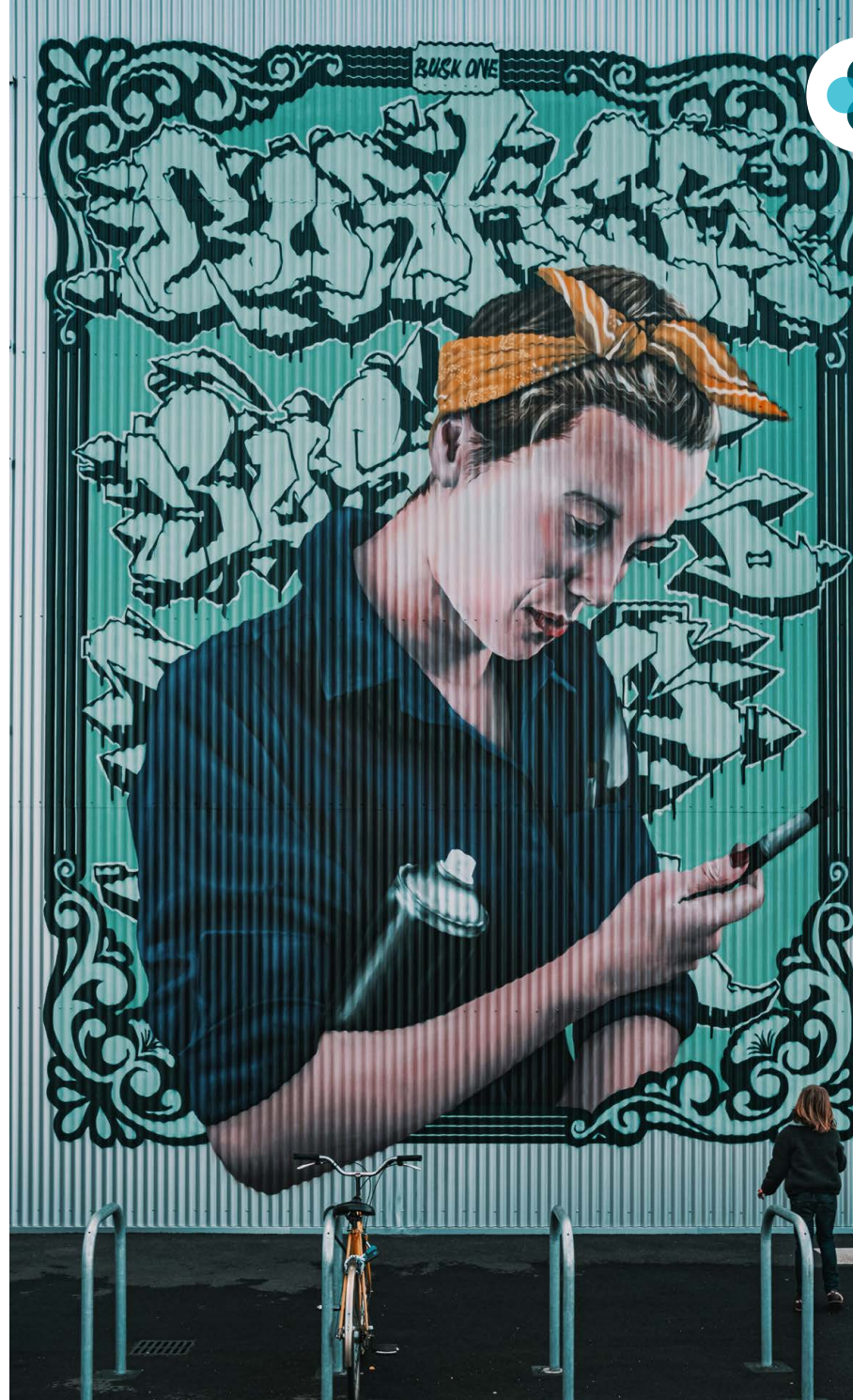
- 100% of audits found partnership working to be good or outstanding.*
- 100% of referrals were rated as good or outstanding.*
- 100% of audits found decision making to be good or outstanding.*
- 100% of audits found evidence that there were positive outcomes/positive impacts on the child's plan as a result of LADO intervention, with practice rated as good.*



ASSURANCE

In January 2022, the CHSCP Executive discussed the interface between the police and the Local Authority Designated Officer (LADO). This related to the absence of routine contact from the police concerning conduct matters that meet the threshold for the LADO to be notified. This has been an ongoing issue for some time and is not unique to the City of London or Hackney. A Pan-London group looked at solutions, although work was placed on hold due to COVID-19 and subsequently stalled. With the agreement of the Executive, a small group was scheduled to meet to discuss the possibility of a local protocol, although for a variety of reasons, this did not go ahead. Given there remained no consistent mechanism allowing for oversight on possible LADO issues concerning the police, the ISCC wrote to Commanders in both the City of London and Hackney seeking their cooperation in this regard. The request has been relatively simple in that the City Police and CE BCU should include a trigger point within their processes to notify the LADO of any case that meets the criteria. This will not interfere with conduct procedures and will create immediate alignment with other safeguarding partners and relevant agencies. At present, the police remain an outlier to working within our defined safeguarding arrangements and procedures.

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Learning & Improvement

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THE CHSCP

COMMUNICATION

TECHNOLOGY &
SOCIAL MEDIA

SAFEGUARDING IN THE
CITY OF LONDON

SAFEGUARDING
IN HACKNEY

LEARNING &
IMPROVEMENT

KEY MESSAGES FOR
PRACTICE

TRAINING &
DEVELOPMENT

PRIORITIES & PLEDGE

STRATEGIC THREAT
ASSESSMENT

WHAT YOU NEED TO
KNOW



Reviews of Practice

Local Child Safeguarding Practice Reviews (reviews) are undertaken on 'serious child safeguarding cases' to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. These reviews were previously known as Serious Case Reviews (SCRs) but were transitioned to this alternative model in July 2019.

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ASSURANCE

Since its inception, the National Child Safeguarding Practice Review Panel has emphasised the responsibility of safeguarding partners to decide upon whether a review is needed or not. However, the risks in this approach have been recognised, with safeguarding partners of the CHSCP agreeing to maintain fundamental independence within our reviewing arrangements. This is the right thing to do in terms of transparency and to ensure that safeguarding partners avoid being in a position of either marking their own homework or deciding not to do their homework at all. Locally, the decision-making function for instigating a review is delegated to the Independent Safeguarding Children Commissioner. Safeguarding partners ratify any decisions made, with a resolution process existing to deal with any differences of opinion.

EVIDENCE

There were two serious incident notifications and one Rapid Review report was submitted to the Child Safeguarding Practice Review Panel.

Two other cases were also considered by the Case Review Sub-Group, although none resulted in the need for a Rapid Review.

Two Serious Case Reviews were published: Child B in April 2021 and Child I in July 2021.

Two Local Child Safeguarding Practice Reviews (LCSPRs) were published: Child R in December 2021 and Child Q in March 2022.

No LCSPRs were instigated in 2021-22 and none remained underway at the end of the year.

Full details of all the reviews published by the CHSCP are available [HERE](#).



Rapid Reviews

On notification of a serious incident, a Rapid Review meeting will be convened. The CHSCP has 15 days from the original notification to produce and send an overview of the Rapid Review to the National Child Safeguarding Practice Review Panel setting out the actions it intends to take. The panel will decide if the case is of national importance and may instigate its own review. One Rapid Review was undertaken in 2021/22.

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RAPID REVIEW 1 – BABY Z

Following birth, Baby Z went to live with her parents in a multi-generational household. Within this extended family, there was evidence of long-standing safeguarding concerns and intervention by Hackney agencies. In 2021, Baby Z was brought by her parents to hospital and on analysing her blood, medics found abnormally high levels of both sodium and chloride – an indication of salt poisoning. Following treatment, Baby Z has recovered and is safe, although the longer term impact upon her development remains unclear.

In considering the pre-birth period, the Rapid Review noted that both parents actively engaged with midwifery services and there were no immediate concerns about the capacity of the parents. That said, being a first child, this was untested territory. There was known neglect within the family and as such, there was a need to establish what this might have meant for Baby Z. Whilst the Rapid Review found evidence of some practice being authoritative, child focussed and consistent with both statutory guidance and local procedure, it also identified periods where practitioners did not fully consider the context of this family and the known concerns. The potential for the wider family dynamics to impact on Baby Z's safety and welfare weren't considered as they should have been. Indeed, Baby Z appears to have been seen in 'isolation' to the rest of the household, as opposed to a vulnerable child who was going to be fundamentally integrated within it. If risks were already evident, Baby Z was likely to be exposed to them one way or another.

ASSURANCE

Following careful consideration, and reference to the relevant guidance set out in Chapter 4 para 15-19 of Working Together to Safeguard Children 2018, the ISCC made the decision not to instigate a local child safeguarding practice review in this case. Safeguarding partners of the CHSCP fully ratified this decision as did the National Child Safeguarding Practice Review Panel.

By way of rationale, there was no clear evidence that either the actions or inactions of practitioners resulted in missed opportunities to protect Baby Z. Whilst the circumstances highlighted the need for improvement, the immediate learning and recommendations were responded to via the existing structures of the CHSCP and individual agencies.



LEARNING

The threshold criteria for triggering assessments, including pre-birth assessments, needs to be reviewed to ensure it sufficiently describes circumstances in which risk might derive from other family members and significant others connected to a child. This is particularly relevant in multi-generational households.

The CHSCP's Neglect Steering Group to review the practice guidance and procedure governing the impact of risk arising in the context of multi-generational households.

The CHSCP to review its guidance on 'Think Family' to ensure that this not only covers the interface with adult services, but that this extends to fully include other children and wider extended family members living in the same household or connected to the child.

Pending the implementation of its new case management system, Hackney CFS should rapidly review the functionality of the interim

system to ensure it can identify connections with other family members and significant others. Where this is identified as not being difficult / not possible, Hackney CFS to consider any immediate mitigating action that can be taken as part improving the information retrieved.

The processes, guidance and training (for midwives and health visitors) covering the retrieval of community health records should be reviewed to ensure these are sufficient to prompt consideration of other family members as required.

As a separate issue, the Rapid Review heard that Z's mother had been using distilled / bottled water to prepare feeds. The use of bottled water is understood to be against the manufacturers' advice. The NEL CCG and local providers to consider the best way of communicating this to families as part of any engagement by GPs, midwifery, and health visiting services.



IMPACT

Local threshold tools were reviewed and updated to include more description of the circumstances in which risk might derive from other family members and significant others connected to a child (in particular multi-generational households).

The [CHSCP webpage on neglect](#) was refreshed.

The CHSCP Neglect strategy and guidance are being reviewed as part of the implementation of the NSPCC's Graded Care Profile 2.

Work is ongoing to refresh the Think Family Protocol with the CHSAB.

Noting that the use of bottled water (as used in this case) is against the manufacturers' advice for baby feeds, the Specialist Practitioner for Infant Feeding delivered a number of training sessions to health visitors and midwives about providing consistent advice to families (verbally and in writing) on preparing formula feeds appropriately.



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Published Reviews

The following case reviews were published by the CHSCP during 2021/22.

SERIOUS CASE REVIEW – CHILD B

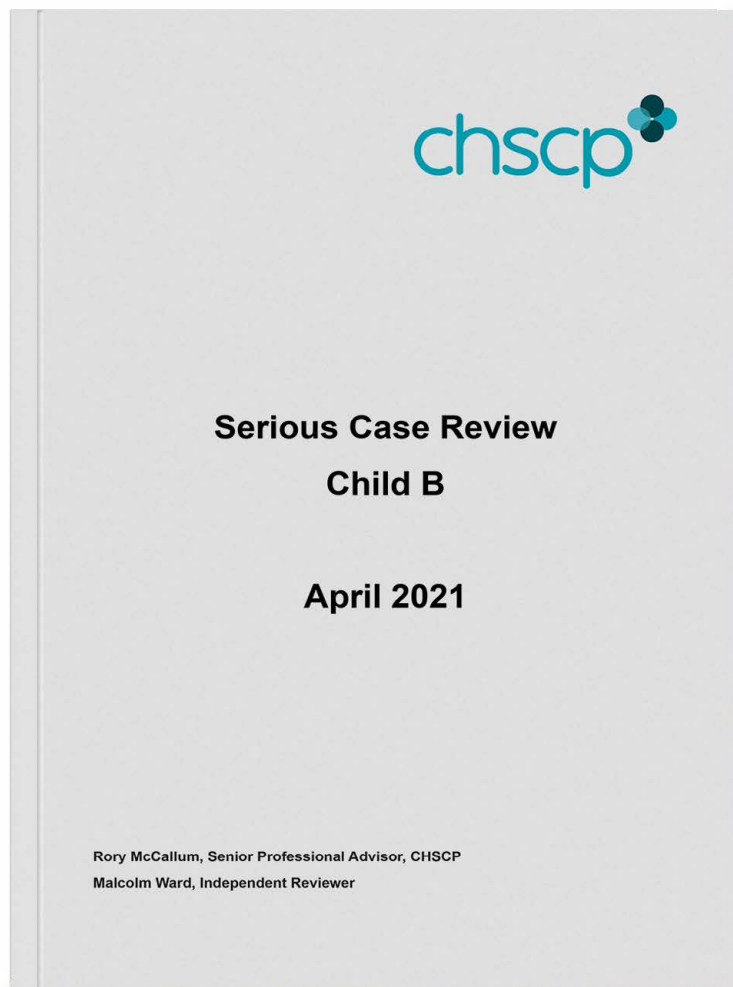
Child B was known to Hackney Children & Families Service (CFS) since birth and had been overseen by Hackney's Children with Disabilities (CWD) Service. In May 2015, Child B was admitted to hospital for an amputation that could have been prevented with appropriate treatment. Child B was not brought to a number of medical appointments and there were concerns in the professional network about neglect.

LEARNING

The SCR was authored by Rory McCallum, Senior Professional Advisor, CHSCP and Malcolm Ward, Independent Reviewer. It made six findings and nine recommendations for improving multi-agency safeguarding practice. These have particular relevance for those working with children who have complex needs and disabilities.

Continued overleaf.

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LEARNING CONTINUED

Finding 1: Children not being brought to appointments is an indicator of potential neglect. This was a clear finding and one that has been seen in other reviews. Child B, whilst being offered many appointments by different services, was not brought to a significant number of these. The hypothesis that these were as a result of neglect was not robustly pursued and there was little practical support offered to help the family manage the appointments.

Finding 2: Effective and child focused safeguarding practice with disabled children ensures they are seen, heard and helped. Whilst Child B was seen on many occasions, there was limited evidence that his voice was consistently heard or that he was directly engaged by involved professionals. However, some professionals, particularly school staff were able to effectively engage and communicate with Child B.

Finding 3: The focus on engaging parents and carers to support disabled children is key, but this should not dilute professional challenge when needed. Parental involvement for disabled children with communication difficulties is especially important. However, practitioners had no real clarity or guidance within the system about when non-engagement should be a 'red flag'. This lack of clarity is likely to have been a reason why the identification of potential neglect to Child B took so long to action.

Finding 4: Multi-agency working, information sharing and understanding the responsibilities of others can be complex. Clear systems and processes can support effective child focussed safeguarding practice. It is clear that no agency involved with Child B had a clear overview of the family history, its dynamics or a complete picture of Child B's needs. Even professionals who knew Child B well were learning new information as part of a practitioner workshop convened for this SCR. A strong view expressed was that the lack of this complete picture can often arise in the system supporting children with complex health needs and disabilities when so many different agencies are involved. This is a known feature and a challenge for both professionals and parents alike.

Finding 5: The need for professionals to think family and think fathers. It was accepted that there was no clear picture of the dynamics of Child B's family. Professionals should have been thinking (and acting) beyond the individual they were working with. There was a need to Think Family. There should also have been a greater focus on Child B's father. The SCR recognised an over-reliance on contact with mother and not enough questioning of the dynamics of the relationship with Child B's father and what his role was in supporting his child's care.



IMPACT

GP guidance was updated to include identification of repeat cancellations.

A 'Rethinking Did Not Attend' video was added to the GP website.

Multi-agency guidance on safeguarding disabled children was developed and promoted. This includes communication guidance and hearing the voice of disabled children.

A review of the Disabled Children's Services terms of reference and agenda structures for meetings was undertaken to better allow capture / monitoring of attendance at appointments.

Reassurance activity was undertaken with local agencies on their recording systems being sufficiently robust to identify patterns of children not being brought to appointments.

The Hackney Child Wellbeing Framework was updated to emphasise indicators of children not being brought to appointments.

The review of Hackney's early help services included consideration of improvements about how lead professionals are identified when cases are stepped down. More recently, the formation of an Early Help Strategic Group under the CHSCP will provide further focus on this issue.

The SEND structure was realigned and underpinned with Early Help principles. A working group was developed to ensure the use and involvement of social care practitioners in developing EHC plans and the EHC Plan Annual Review.

Safeguarding Briefings were developed and disseminated about Working with Men. There are ongoing Task Groups on the themes of the 'Myth of Invisible Men' and 'Think Family' (collaboration with the CHSAB).

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SERIOUS CASE REVIEW - CHILD I

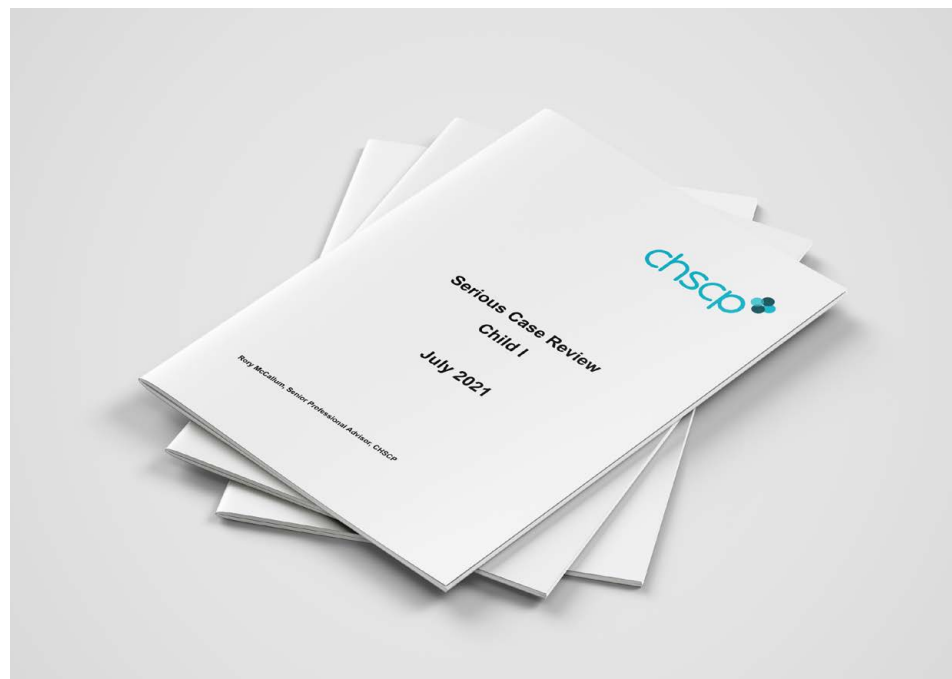
This Serious Case Review was commissioned following the death of Child I from natural causes whilst in custody at a Young Offender Institution. At the time of his death, Child I was 16 years old and on remand for murder. He had a known history of carrying weapons and had been arrested several times in possession of Class A drugs.

Over what was a relatively short period of time, Child I's offending escalated significantly. It was entrenched, serious and harmful. Exactly how and why Child I became involved in such a spiral of criminal activity remains largely unknown. However, it is reasonable to assume that despite having 'agency', he was unlikely to have chosen this path for himself. At various points in his life, there would have been a range of factors at play that ultimately determined the actions he took. It is highly likely that one such factor was criminal exploitation.

That said, the SCR neither sought to excuse Child I's behaviour nor dilute the impact it had upon many, not least his victims and without doubt, his own family. It does, however, recognise that for many children, the boundary between 'victim' and 'offender' will often be blurred. Front-line professionals need to recognise this too and give sufficient priority to both areas as part of their practice. Put simply, when offending is driven by exploitation, one won't be addressed without the other.

ASSURANCE

The SCR was authored by Rory McCallum, Senior Professional Advisor, CHSCP. Following submission and as part of its response to the CHSCP, the National Child Safeguarding Practice Review Panel noted: We thought that this was a very strong Serious Case Review with thoughtful family engagement and important learning which was well considered throughout the report. The review is an exemplar for your future Local Safeguarding Practice Reviews.





LEARNING

The SCR identified three key findings:

Finding 1: *Practitioners not only need to recognise and respond to well-established 'critical moments', but 'subtle moments' too; moments that might present clear opportunities to help and protect a child. As an example, whilst in residential care Child I told staff that he didn't want his electronic tag to be removed. Not much weight was afforded to this comment at the time. In hindsight, this could have been a cry for help or a serious suggestion from Child I about how he might be kept safe.*

Finding 2: *We know much about the circumstances in which risk relating to exploitation, criminality and serious youth violence is predictably going to increase. Despite this knowledge, practice does not always accrue the benefits of a coherent multi-agency approach. Early intervention with Child I could have benefitted from improved coordination with a wider set of agencies (and the family) and might have helped more effectively address the causes of Child I's behaviour.*

Finding 3: *Where children are identified as needing early help, it is important that parents and carers fully understand what this involves in respect of a coordinated, multi-agency approach to help and protection. Without this understanding, they may be hindered in their ability to provide informed consent.*

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IMPACT

The Hackney Children and Families Service Critical Incident Protocol and the CHSCP's Strategy Discussion guidance and agenda template were updated and disseminated to ensure practice relating to critical moments (well established and less obvious) were sufficiently robust to ensure effective safety planning.

Local MPS activity and data provided to the CHSCP Safeguarding Adolescents Group / MACE on a quarterly basis to provide reassurance / oversight about the sufficiency or otherwise of local disruption activity targeting those who are criminally exploiting children.

In the wider context of reducing exclusion in Hackney, the Re-Engagement Unit model has been expanded to cover all primary schools and provide an expanded offer for secondary schools. Alongside, the new Early Help Hub this will strengthen the early help and support available for pupils who are vulnerable to exclusion.

Termly SEND multi-agency planning (MAP) meetings look at planning support for children with additional needs.

Local threshold tools were reviewed to reference the need to consider persistent disruptive behaviour and behaviours resulting in children receiving persistent short term exclusions and those at risk of permanent exclusion. Both tools define these indicators as illustrating children with additional needs and hence relevant to an early help response by the partnership.

The CHSCP developed and disseminated a video guide on consent.

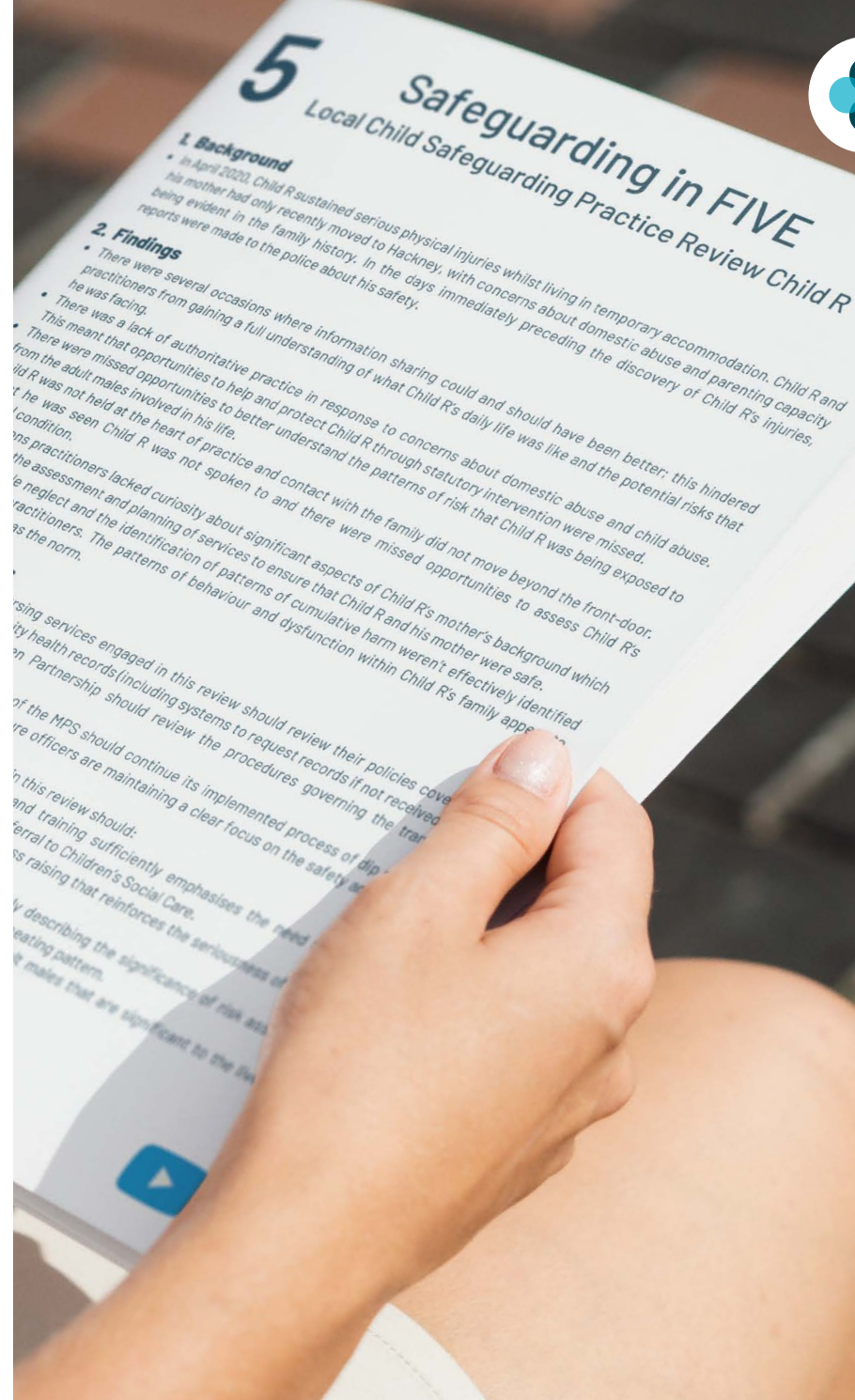


LOCAL CHILD SAFEGUARDING PRACTICE REVIEW – CHILD R

This Local Child Safeguarding Practice Review was initiated following Child R, a three year old child, sustaining significant injuries including head injuries.

On arrival at the family's address, paramedics from the London Ambulance Service found Child R to be unconscious with extensive physical injuries. He had bruising, lacerations, scabbing to his cheek, a large cut on his back and scarring around the feet. The accommodation was unkempt and there were signs of disturbance. Paramedics contacted the Metropolitan Police Service. Child R was taken to hospital, where further tests identified a bleed on his brain. No explanation was given to the police to account for Child R's condition or his injuries. Child R's mother maintained she had not seen anything and that her son was with her partner prior to the ambulance being called. A witness reported hearing shouting and sounds of a child being hit.

Child R and his mother had only recently moved to Hackney and were living in temporary accommodation. Risks relating to domestic abuse and concerns about mother's parenting capacity were evident in the family history. In the days immediately preceding the discovery of Child R's injuries, reports were made to the police about his safety. Following a criminal investigation, mother's partner pleaded guilty to Grievous Bodily Harm and to causing or allowing a child to suffer serious physical harm. He was sentenced to three years imprisonment. Child R's mother pleaded guilty to causing or allowing a child to suffer serious physical harm. She was sentenced to two years imprisonment, suspended for two years, and with requirements for unpaid work, rehabilitation, and community service. Notwithstanding the impact of the emotional trauma experienced by Child R, he has physically recovered from his injuries.





LEARNING

The Local Child Safeguarding Practice Review was authored by Rory McCallum, Senior Professional Advisor, CHSCP and Sarah Baker, Independent Reviewer. It made six findings and seven recommendations for improving practice.

Finding 1: *Poor and untimely information sharing hindered practitioners gaining a full understanding of what Child R's daily life was like and the potential risks that he was facing.*

Finding 2: *There was a lack of authoritative practice in response to concerns about domestic abuse and child abuse. This meant that opportunities to help and protect Child R through statutory intervention were missed.*

Finding 3: *Safeguarding Children Partnerships need to find better ways to embed a culture of practice that routinely includes adult males when assessing need and risk to children.*

Finding 4: *Opportunities were missed to understand Child R's circumstances in the context of risk. This arose due to a lack of professional curiosity and intervention that failed to put Child R at the heart of practice. He wasn't seen, heard and helped.*

Finding 5: *On occasions, practitioners lacked curiosity about significant aspects of Child R's mother's background which impacted on the assessment and planning of services to ensure that Child R and his mother were safe.*

Finding 6: *Signs of possible neglect and the identification of patterns of cumulative harm weren't effectively identified by safeguarding practitioners.*



IMPACT

Homerton Healthcare's Safeguarding policy was reviewed and updated to include the transfer and receipt of community health records to ensure timely transfer and escalation (escalation section already in policy) if not received.

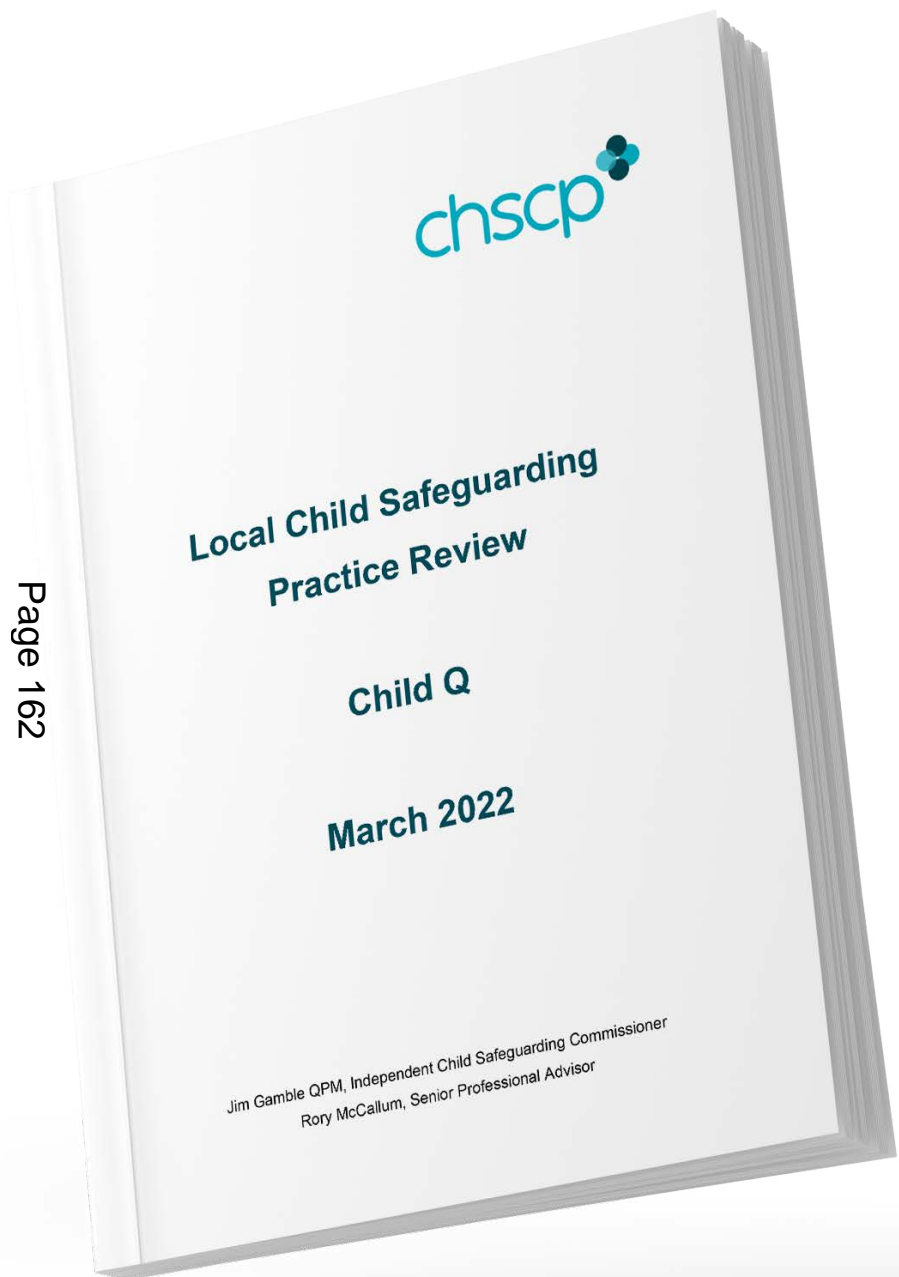
A suite of CHSCP video guides were developed to support high quality referral making. Auditing through the CHSCP QA process was also undertaken to review the quality of referrals and additional learning identified / progressed.

Following a request to the London Safeguarding Children Partnership, the editorial board updated the London Safeguarding Children Procedures on the transfer of cases of children in need. As of September 2022, the procedures have been strengthened to include requirements for handover meetings and facilitation of closure in one area and case opening in another. Development of a regional protocol (with local authorities bordering London) is underway.

Greater promotion of local training to reinforce the seriousness of domestic abuse has been achieved through the integration of the Hackney VAWG training programme with the CHSCP online learning management system.

Local activity to dip sample recordings of body worn videos (BWV) has been highlighted with NPCC leads as best practice for all police services. BWV guidance is currently subject to a thematic review and will contain revised guidance on the use of BWV in incidents with Children & Young Persons.

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LOCAL CHILD SAFEGUARDING PRACTICE REVIEW – CHILD Q

In 2020, Child Q, a Black female child of secondary school age, was strip searched by female police officers from the Metropolitan Police Service. The search, which involved the exposure of Child Q's intimate body parts, took place on school premises, without an Appropriate Adult present and with the knowledge that Child Q was menstruating.

Teachers told the review that on the day of the search they believed Child Q was smelling strongly of cannabis and suspected that she might be carrying drugs. On questioning Child Q, she denied using or having any drugs in her possession. A search of her bag, blazer, scarf, and shoes revealed nothing of significance. Remaining concerned, teachers sought advice from the Safer Schools Police Officer. Due to the restrictions arising from Covid-19, this officer was not on site. He recommended that the school call 101 and ask for a female officer to attend.

A male and female officer subsequently arrived at the school, followed by another two officers (one of whom was also female). After discussions between the police and teachers, Child Q was escorted to the medical room. She was subsequently strip searched. No Appropriate Adult was in attendance, teachers remained outside the room and Child Q's mother was not contacted in advance. No drugs were found during either the strip search or a search of the room in which Child Q had been waiting beforehand.



Child Q was later allowed to return home where she disclosed the events to her mother. Child Q described how she had been strip searched whilst menstruating. Due to the level of her distress, Child Q's mother took her to the family GP who made a referral for psychological support. This led to contact with Hackney CFS.

Given these circumstances, a Rapid Review was initiated by the CHSCP. The Rapid Review report was submitted to the National Child Safeguarding Practice Review Panel in early 2021. As part of its response, the Panel made the following suggestion. *'We noted your decision to carry out a local child safeguarding practice review (LCSPR) but would encourage you to think carefully about whether one is necessary as we felt that this case was not notifiable and did not meet the criteria for an LCSPR.'* Despite this suggestion, a Local Child Safeguarding Practice Review was nonetheless initiated. The delegated decision to do this was made by the ISCC and ratified by safeguarding partners in line with the CHSCP's written safeguarding arrangements. In considering the relevant statutory guidance, the overwhelming opinion was that Child Q had been exposed to a traumatic incident and had undoubtedly suffered harm. Whilst there was less certainty about whether the precise

definition of a 'serious child safeguarding case' had been met, there was little doubt that the impact on Child Q had been profound. The repercussions on Child Q's emotional health were obvious and ongoing. Given the context of where and how the search took place, it was impossible not to view these circumstances as anything other than the most serious and significant. The incident also illustrated unambiguous issues of importance that warranted independent analysis, not least the potential impact of disproportionality and racism and how these factors might have influenced the actions of organisations and individual professionals.

The review made eight findings and 14 recommendations for improving practice. In line with statutory guidance, these were focused upon preventing or reducing the risk of recurrence of similar incidents. The review has not been conducted to hold individuals, organisations or agencies to account, as there are other processes for that purpose, including through employment law and disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings.



LEARNING

Finding 1: The school was fully compliant with expected practice standards when responding to its concerns about Child Q smelling of cannabis and its subsequent search of Child Q's coat, bag, scarf and shoes. This demonstrated good curiosity by involved staff and an alertness to potential indicators of risk.

Finding 2: The decision to strip search Child Q was insufficiently attuned to her best interests or right to privacy.

Finding 3: School staff deferred to the authority of the police on their arrival at school. They should have been more challenging to the police, seeking clarity about the actions they intended to take. All practitioners need to be mindful of their duties to uphold the best interests of children.

Finding 4: School staff had an insufficient focus on the safeguarding needs of Child Q when responding to concerns about suspected drug use.

Finding 5: The application of the law and policy governing the strip searching of children can be variable and open to interpretation.

Finding 6: The absence of any specific requirement to seek parental consent when strip searching children undermines the principles of parental responsibility and partnership working with parents to safeguard children.

Finding 7: The Covid-19 restrictions in place at the time appeared to have frustrated effective communication between school staff and the Safer Schools Officer.

Finding 8: Having considered the context of the incident, the views of those engaged in the review and the impact felt by Child Q and her family, racism (whether deliberate or not) was likely to have been an influencing factor in the decision to undertake a strip search.

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IMPACT

The review was authored by Jim Gamble QPM, Independent Child Safeguarding Commissioner and Rory McCallum, Senior Professional Advisor. It attracted significant public interest and a range of activity has been ongoing since the report's publication in March 2022. Details will be more fully reported in next year's annual report and will include the update report due to be published by the ISCC in January 2023.



SERIOUS CASE REVIEW – TASHAÛN (CHILD C) UPDATE REPORT

On 1 May 2019, Tashaûn Aird, a 15-year-old male, died after being stabbed whilst in the street. Tashaûn had been permanently excluded from school and three months before his death, he was seriously injured in another stabbing incident. On 19 December 2019, a 15-year-old boy was found guilty of his murder at the Old Bailey. A 16-year-old boy and an 18-year-old male were both convicted of manslaughter. A fourth suspect, a boy aged 16, died in custody prior to trial after becoming unwell.

Tashaûn's Serious Case Review (SCR) was published in December 2020 and made nine findings relating to the protection of young people at risk of extra-familial harm. In December 2021, the SCR Tashaûn (Child C) update report was published to evaluate the impact of progress made against the review and the three key areas (exclusions, alternative provision and contextual safeguarding and the response to extra-familial risk) agreed for further scrutiny on publication. The update report can be found [HERE](#).

LEARNING

- *Exclusion from mainstream school can heighten risk.*
- *Education settings need access to local intelligence.*
- *A focus on the individual child is important.*
- *Clarity is needed about interventions to mitigate extra-familial risk.*
- *Developing positive relationships with young people is important.*
- *Involving and supporting parents is essential to effective safety planning.*
- *Inconsistent judgements about risk creates uncertainty.*
- *The use of child protection procedures.*
- *Poor case recording can directly impact on practice.*



IMPACT

Awareness Raising and Training - Actions in response to the need for awareness raising and the delivery of training have largely been completed. Relevant learning continues to be promoted, embedded, and tested as part of the CHSCP's Learning & Improvement Framework. The SCR report has been cascaded to front-line practitioners via partner agency leads, single agency communications, a [CHSCP Things You Should Know \(TUSK\) briefing](#) and via the CHSCP website.

Two learning seminars were also hosted by the CHSCP in March 2021. Led by the independent author, these sessions involved Tashaûn's mother, stepfather and sister providing an account of the family's perspective. Feedback was overwhelmingly positive, and the contribution of Tashaûn's family was powerful in driving home key lessons for practice. Over the course of the two events, 133 practitioners participated. 94% of those attending said the content was either excellent or very good and 92% said the learning shared on the day would enable them to safeguard children and young people more effectively. A selection of comments made by participants are set out below:

"The fact that the parents and sister of the young man who lost his life contributed to the presentation, was both humbling and powerful. I am most grateful to them for sharing their thoughts, feelings, and reflections. As professionals we MUST learn from this"

"The voice of the parents was crucial to us as professionals remembering we are dealing with people, not cases, and each child should be seen as an individual not a statistic"

"Understanding the true impact on the family. Having the opportunity to hear first-hand from the parents' perspective. Hearing real, live emotion, distrust, their journey. How things can improve from young people and the necessary steps to prevent this from happening in the future"

In support of these events and to help create a 'learning legacy' of Tashaûn's experiences, the family has also agreed to participate in a video training resource for the CHSCP. Whilst the imposition of the pandemic has frustrated our ability to finalise this, we remain hopeful it will be completed in early 2023. This resource will be available to the entire professional network and will form part of the CHSCP training programme focused on safeguarding adolescents. Of relevance, Hackney Education has also revised the content of exclusion training for school governors to include reference to Tashaûn and the SCR's findings. Further information for school governors was similarly developed and has been shared via the Hackney Governors' Forum.



IMPACT

Exclusions - The publication of Tashaûn's SCR acted as a major catalyst for considering how schools are supported to prevent exclusions. Building on the work undertaken by Hackney's CYP Scrutiny Commission and Council officers, proposals were developed to create a universal education early help offer to support pupils vulnerable to exclusion. Consultations took place with schools and activity to develop the proposal was undertaken in collaboration with Early and Young Hackney to ensure the offer aligned with the wider Early Help offer. Whilst in development, there was a focus on securing alternatives to exclusion where possible through the use of managed moves. Exclusion reviews were also held in some schools to provide learning from a permanent exclusion.

As of September 2022, the Universal Re-engagement Unit offer is in place which covers all primary schools and has an expanded offer for secondary schools, enabling them to support greater numbers of pupils who are vulnerable to exclusion than currently. This has been developed alongside the wider changes in early help provision within Hackney and referrals for support are made via the Early Help Hub, thus allowing for a wider understanding of needs and support to be established at the point of referral. The development of a universal education early help offer enables a greater number of pupils to sustain their placements in mainstream schools and reduce the need for Alternative Provision placements.

IMPACT

Alternative Provision - A defined risk assessment process has been incorporated into the exclusion notification form. This will undoubtedly support Alternative Providers as part of inducting pupils into a new setting and risk management in the context of the child, other pupils, peer groups and the setting itself. This was a key issue in Tashaûn's SCR, where the Alternative Provider held limited information about the risks that Tashaûn was exposed to. Hackney's Integrated Gangs Unit provides ongoing briefings to education professionals about the key themes, patterns and trends relating to gang activity.



IMPACT

Named Professionals / Trusted Adults - Tashaun's SCR recommended that the multi-agency partnership should nominate a named professional or adult who has (or who can develop) a trusted relationship with children who are assessed to be at risk of serious youth violence. This named professional should focus on developing the child to adult relationship. Actions against this recommendation are complete. The CHSCP has also revised and updated its practice guidance on strategy discussions to ensure that every child at risk of serious youth violence now has the possibility to benefit from developing a positive relationship with a trusted professional. Guidance now sets a clear expectation for trusted adults to be identified at the strategy discussion stage of intervention.

Multi-agency audits undertaken by the CHSCP in June 2021 identified evidence of good practice in this context with named / trusted leads identified in several cases involving serious youth violence. Strategy discussion guidance and its accompanying agenda template continue to be promoted by the CHSCP. A video explainer has also been released by the CHSCP and can be found [here](#).

IMPACT

Risk Gradings - The SCR recommended that the CHSCP should review partnership and individual agency processes that involve the application of risk gradings for young people at risk of serious youth violence. Where required, these should be changed to ensure consistency and a clear understanding as to what the judgement means in the context of practice. Actions in response to this recommendation are complete.

Several multi-agency sessions were held to better understand practice in this context. It was agreed impractical to try and align all agencies' risk processes into one singular approach. This was largely due to the fact these are used for different purposes. As a 'workaround', local guidance has been strengthened to ensure the more detailed information about risk gradings / judgements is shared during strategy discussions.



Auditing

THE CHSCP'S SELF-ASSESSMENT FRAMEWORK

During 2020/21, the CHSCP launched its new Safeguarding Self-Assessment Framework to help organisations make children safer. It replaced the Section 11 audits and Section 157 / 175 audits with the aim of making the process easier to access and update. Whether an organisation is a safeguarding partner, a relevant agency or named within our local arrangements, there is an expectation that the self-assessment is completed. The Self-Assessment programme engaged Social Housing Providers and Out of School Settings (OOSS) for the first time and demonstrated increased engagement by VCS organisations.

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EVIDENCE

Evaluation of self-assessment returns from the City of London and Hackney provided reassurance about the sufficiency and focus on safeguarding children. Areas for improvement included increased awareness raising to OOSS on topics such as CHSCP training, policies and guidance. Activity in 2022-23 will include a relaunch of the Self-Assessment programme, a comprehensive staff survey and the introduction of Child Safeguarding Statements.

IMPACT

- *Self-Assessment activity by the CHSCP identified that settings were producing increasingly complex and non-user-friendly child protection policies. The CHSCP developed and disseminated Safeguarding & Child Protection Policy Guidance to support organisations in writing their policy and how to structure it for best effect.*
- *Update and repromotion of the CHSCP Minimum Standards for Safer Commissioning.*
- *Promotion of the dedicated CHSCP webpage targeted towards supporting schools, colleges and other educational settings.*
- *A targeted campaign to engage Out of School Settings to directly sign up to monthly TUSK safeguarding briefings.*
- *Targeted training campaigns e.g Safer Recruitment training disseminated to Social Housing Providers.*
- *Regular dissemination of TUSK Safeguarding Briefings and training to social housing providers and school governors.*
- *Targeted promotion of the CHSCP Safeguarding Policy guidance with Social Housing Providers.*



ASSURANCE

Child Safeguarding Statements - The CHSCP is preparing to launch an additional process to help strengthen safeguarding leadership and accountability. This involves the requirement for organisations to complete a Child Safeguarding Statement. Developed from a model in operation in Ireland, Child Safeguarding Statements should be developed once a self-assessment has been completed. To do this, organisations will need to undertake a risk assessment that considers the potential for harm to come to children while they are in the organisation's care. Risk in this respect is the risk of abuse and not general health and safety risk. The risk assessment exercise does not need to follow a prescribed format but should be sufficient to allow organisation to establish whether there are any practices or features of their service that have the potential to put children at risk. It is intended to enhance an organisation's ability to identify potential risks, develop policies and procedures to minimise these risks by responding to them in a timely manner and review whether adequate precautions have been taken to eliminate or reduce these risks. After the risk assessment has been completed, organisations will be required to develop their Child Safeguarding Statement.

These are written statements that specify a number of key points:

- **The nature of the organisation and the services being provided.**
- **The organisation's commitment to child safeguarding**

- **An overview of the measures in place to ensure that children are protected from harm. It may also refer to more detailed policies which can be made available on request.**
- **Any potential risks to a child that have been identified and the actions in place to mitigate these.**

Upon completion, a Child Safeguarding Statements must be signed by the Chief Executive Officer or equivalent. For schools, both the Headteacher and Chair of Governors must sign. For charities, both the CEO and the Chair of Trustees must sign. Child Safeguarding Statements must be shared with all staff members / volunteers. They must be displayed in a prominent place and made available to parents and guardians and members of the public upon request. Child Safeguarding Statements are reviewed within 24 months (or as soon as practicable after there has been a material change in any matter to which the statement refers). Requiring Chief Executives and/or those in senior leadership positions to be directly engaged with and sighted on their individual organisation's strengths and weaknesses, will also help provide clarity on accountability. Being required to publicly display such statements will help with transparency and reinforce messaging about the protection of children and young people.

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MULTI-AGENCY CASE AUDITS

The Multi-Agency Case Auditing programme was further developed to focus on specific areas of the safeguarding system. This has allowed multi-agency partners to increase the number of auditing rounds and the breadth of scrutiny whilst adapting rapidly to local or national intelligence. This auditing methodology has received excellent feedback from partners and lessons identified have led to tangible improvements.

All audits result in an outcome focussed action plan that the CHSCP uses to track and evidence improvements in front-line practice. Learning is also disseminated to front line staff via the [Things You Should Know \(TUSK\) monthly briefings](#). In 2021-22, the CHSCP utilised the expertise of the partnership as well as an externally commissioned service (to provide another level of independent security).



CHILD PROTECTION CONFERENCES AUDITS

Read the full report here:

[CHSCP Multi-Agency Case Audit](#)



LEARNING

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- Tools are already in place to support professionals attending Child Protection Conferences.
- There remains work to do in respect of all agencies submitting written reports in a timely manner that have been shared with families in advance.
- HCFS systems require review to ensure that professionals are correctly identified and invited to conferences.
- Professionals need to submit a written report including information and professional judgements that can support decision making about significant harm for the child.
- Professionals should engage families in advance of Child Protection Conferences, including ensuring that their information submitted is relayed. This is easier for professionals when a strengths-based approach is undertaken.

IMPACT

- Release of CHSCP video guide for parents / carers on CP Conferences.
- CHSCP video guide created and disseminated setting out expectations for professionals when invited to a conference.
- Exemplar conference reports added to the CHSCP website to support quality of submissions.
- Update and dissemination of the CHSCP Conference template to request explicit reflection on ethnic/ cultural/identity issues (including observations from previous assessments).
- Ongoing promotion of learning by single agencies and inclusion of conference reports in internal audit cycles.



STRATEGY DISCUSSIONS AUDITS

EVIDENCE

- There was evidence of **good timeliness** in identifying concerns and convening strategy discussions.
- There was also high confidence that the **decisions and actions** made at the strategy discussion **made children safer**.
- The significant majority of cases demonstrated the **sharing of sufficient information** to confidently inform decision making and planning.
- There was good evidence of **information being provided in a timely manner** after the strategy discussion, where this was not immediately available.
- The significant majority of cases evidenced **relevant information sharing about significant others** involved with the family.
- The significant majority of cases audited were clear on the next steps and timescales for **immediate and short-term protection and support**.
- Of the cases involving **Serious Youth Violence**, there was evidence that named professionals were being identified to support the young person, consistent with the CHSCP's Strategy Discussion guidance.

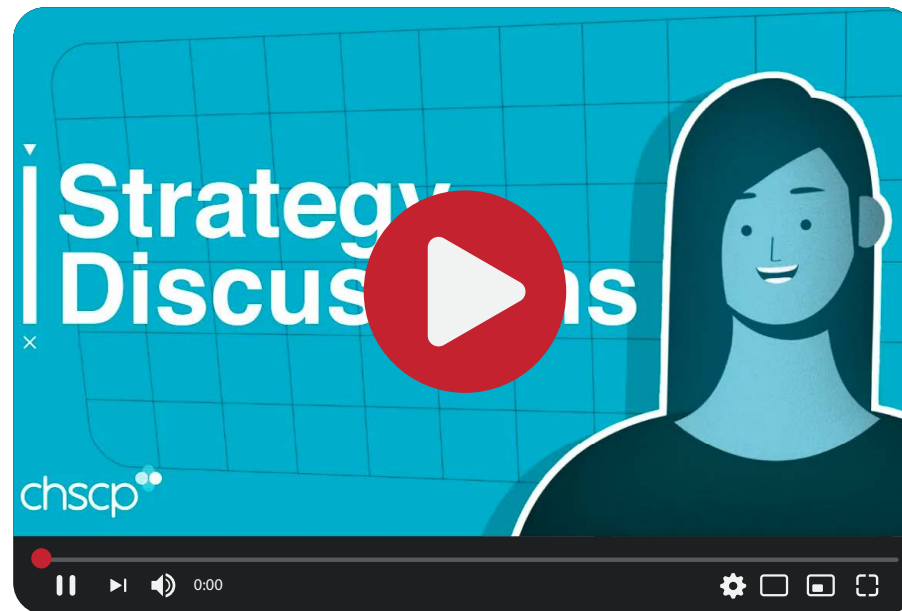
LEARNING

- Prior to participating in a strategy discussion, practitioners should watch the CHSCP video and have to hand the CHSCP Guidance and Agenda template. This will help ensure that all necessary areas are covered, with participants having a clear understanding of the key decisions that strategy discussion should make.
- All can be found on the dedicated CHSCP webpage for strategy discussions.
- Whilst no professional disagreement was evidenced in the cases audited, it is important that practitioners remain aware of the CHSCP Escalation Policy and are confident in its use.
- HCFS should amend its interim case recording template for strategy discussions to match the headings set out in the CHSCP Agenda template.
- Improvement is needed in the circulation of formal minutes of strategy discussion minutes to agencies in attendance and other relevant professionals.
- Explore options to facilitate opportunities to engage GPs.
- Improve the engagement of ELFT at strategy discussions by ensuring ELFT practitioners involved with families (both adults and children) are identified and invited. This improvement to be supported via the introduction of an ELFT role within the new Hackney MASH model.
- To ensure that any impact arising as a result of race and ethnicity are consistently considered and evidenced within strategy discussions.



IMPACT

- The HCFS interim case recording template (in use at the time) for strategy discussions was updated to match the headings within the CHSCP Strategy Discussion template.
- New Strategy Discussion template built into Mosaic to support best practice.
- Recording template for larger sibling groups built into Mosaic template to support separating out risks for individual children.
- HCFS promoted the requirement for the consistent dissemination of formal strategy discussion minutes and invitations to be sent to GPs.
- Engagement of ELFT at strategy discussions by means of a dedicated MASH practitioner.





QUALITY OF REFERRALS

STRENGTHS

- Evidence of Requests for Support being made in a timely manner enabling timely review and offer of help or safeguarding support.
- Sufficient information was provided by referrers to enable the MASH Service to quickly and easily make contact with them, facilitating a prompt response to children and their families.
- Evidence of sufficient information sharing involving all children in the family enabling MASH to consider possible risks to them too. Evidence of sufficient information sharing on details of mothers.
- Appropriate request for escalation by a referrer, having contacted the MASH twice previously for the same concerns which they identified as continuing.
- Escalation took place, and the family were progressed for assessment.
- Evidence of additional reports from the referrer submitted to provide context to the Request for Support and reasons for their concern at that time.
- Evidence of cases where referrers (who often knew the family well) described what they assessed needed to change for the family to enable them to feel less concerned about the child.
- Evidence of outcomes recorded clearly and referrers being notified of the decision. In instances where decision was for No Further Action, referrers were invited to contact the Consultation Line or re-refer in the event of safeguarding concerns relating to the child coming to their attention.
- Evidence of referrers describing the involvement and/or support they had already offered to the child and/or their family which provides context, and reflects what is not working, or has not previously been sufficient.
- Positive feedback from GPs regarding use of the consultation line and where disagreements occur. Constructive use of escalation routes via GP Safeguarding Leads.
- Evidence of regular single-agency auditing of decision making / consultation line advice within existing MASH Quality Assurance processes.



AREAS FOR IMPROVEMENT

- *Raise the profile of the MASH consultation line - Evidence that some Requests for Support would have been strengthened by utilising the expertise of the consultation line practitioners.*
- *Increasing awareness of seeking consent and when this is required - Requests for Support in which consent was not sought included cases of Early Help, where consent should always be sought.*
- *Seeking consent from children and young people – Seeking and recording the consent of children and young people (where of an age and level of understanding to give it) was not clearly recorded. The Hackney Child Wellbeing Framework sets out this requirement.*
- *Requests for Support should better reference the Hackney Child Wellbeing Framework – practice could be significantly strengthened, and the referrer's understanding of thresholds improved by using this document as a guide to explaining risk and need.*
- *Improving the recording of fathers, adult males and significant others. Poor quality in some cases noted as being due to organisational recording systems / incomplete record keeping on household composition.*
- *Improvement needed in describing the support required for children or families at an early help or statutory level.*
- *Improvement needed in describing the support already in place; detail is especially relevant where a specialist intervention is in place.*
- *The MASH should ensure that practitioners making Requests for Support are swiftly informed of its decisions for further action. All practitioners need to make sure these decisions are accurately recorded.*



IMPACT

- Awareness raising of the MASH Consultation line and its inclusion in the CHSCP video "What to do if you are worried about a child"
- Regular scheduled promotion of the CHSCP 'consent' and 'request for support' videos.





The Voice of the Child, Family & Community

EVIDENCE

Reviews undertaken during this period have maintained a clear, child centric focus. They have engaged children and their families, with their experiences and views being fully reflected in the findings and recommendations.

EVIDENCE

Homerton University Hospital NHS Foundation Trust uses a range of mechanisms to capture the feedback of service users which includes but not limited to: electronic surveys, the Friends and Family Test and complaints. Information is collected through hand held devices or electronic survey links are sent to the parents. The impact of the pandemic and the reduction in face to face contact with children and families impacted on collecting service user feedback.

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EVIDENCE

The City of London Corporation commissions Action for Children to complete an annual survey of all the children and young people open to the Children's Social Care Team and Early Help Service. This survey is completed by someone independent from the city, and the information is anonymous, so children and young people can speak freely. This survey is shared across the organisation, with partner agencies and Members, so that any learning from this survey can be acted on. The 6th annual survey was undertaken in 2021-22 with an overall 65% overall response rate:

- Comments made by looked after children and care leavers were mainly positive, the children and young people valued the support they received from their social workers, identifying them as a trusted person who they would turn to if they had a problem.*
- Dissatisfaction from some young people around the disparity in what they received from their social workers, in comparison to their peers, i.e., bikes, equipment was resolved in a follow up video call to the young people explaining the reasons for this e.g. charity resources. There was positive feedback from the video, as young people were able to understand the reasons behind the difference.*
- Early help services received positive feedback, children and families felt listened too, and included in plans to support the family.*
- Feedback from families supporting through children in need and child protection processes was largely positive. Noting that it can be difficult for families to have social work intervention, to receive positive feedback demonstrates the strengths within the Children's Social Care team in engaging with children and families in this area.*

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EVIDENCE

ELFT CAMHS has strong People Participation work to capture the voice of young people in our services – they run events with young people, families and carers several times a year to hear directly from young people what they want from their services. ELFT has NHS mandated surveys, a dedicated people participation lead for East London and as part of its recruitment processes mandate service users on their recruitment panels for staff and are encouraged to prepare their own questions for candidates, based on experiences of care they have received from CAMHS. The safeguarding children team hold annual service user participation groups in which young people are invited to share their views on a range of safeguarding issues

The importance of capturing the voice of the child is embedded in the safeguarding children policy and safeguarding children supervision policy. Tools are available for practitioners to use to assist in capturing the voice of the child including the “my world triangle” and the assessment framework.

Online meetings were held with service users and parents/ caregivers around their experience of attending A&E hospitals during a crisis episode. The feedback was used to create a set of Quality Standards for A&E hospitals to work towards achieving.

City and Hackney CAMHS approached service users to review material for an online Anxiety group. Service users tactfully support the CAMHS team to redesign the workshop material, removing unnecessary information slides, and including content that young people experiencing varying levels of anxiety would be able to relate to, and ensuring that the language used was accessible for all ages. This input helps to ensure that the workshop material is fit for purpose whilst sustaining retention rates by attendees.

Young people were involved in producing and delivering a staff training session for CAMHS staff on how to become an ally, and support young service users from the LGBTQI+ community when accessing services. The workshops were attended by over 80 members of staff across the Trust.

Service users helped to co-produce a campaign to promote Suicide Awareness, including support information for a webpage on the Trust site and a campaign poster displayed at Liverpool Street and Stratford stations in partnership with Transport for London and Network Rail for Suicide Awareness Day.



EVIDENCE

Feedback surveys are carried out by Hackney CFS to gather the views of children and young people that they work with, for example a survey, carried out by text message, was sent to 2,333 children and families with links to web-based surveys asking about their experience of support during the pandemic. 64% of respondents responded that the service they had received from Children and Families Service was 'about the same as before', 11% said better than before and 11% said much better than before.



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EVIDENCE

An annual survey of the experiences and feelings of children in care and care leavers was also carried out with the findings and next steps agreed at the Corporate Parenting Officer Group and the Corporate Parenting Board. Some of the feedback is detailed as below:

Children in Care:

- 89% said they know who their social worker is
- 79% said they understood what their social worker tells them
- 84% said they have someone to speak to where they live
- 100% said that they think their carer / key worker cares about them
- 86% of children in care aged 12 to 14 and 80% of 15-18 year olds said they knew who their Independent Reviewing Officer was.

Care leavers:

- 81% said they find it easy to speak to their Leaving Care worker
- 90% said their Leaving Care worker helps them with problems they have
- 90% said their Leaving Care worker does what they say they will
- 62% of care leavers said they were not supported to keep in touch with past carers
- 81% of care leavers said they did not know or weren't sure who the Children's Rights Officer was
- 40% of care leavers said they had much less or less interaction with their worker during Covid than they did before



EVIDENCE

A Live Learning Audit on the theme of neglect was undertaken by Service Managers across the Children and Families Service (CFS). As part of the audit process, where appropriate, families were contacted to provide feedback on their experiences of working with CFS. Feedback included:

- ***[Mother] said that [the social worker] was brilliant, she had no complaints whatsoever and said she was very supportive and proactive in helping them as a family. She said she did not feel judged by [the social worker].***

Overall she [mother] is happy with the current services offered. She felt that the clinical services offered to them both have helped him and he is certainly calmer and increasingly able to express his feelings. [Mother] stated the services offered by DCS are good...She feels that the social worker has a reasonable understanding of [her son's] needs that grow every time she meets with him.

- ***[Mother] was complimentary about the social worker and thought that she 'got her'.***

EVIDENCE

Three young people from the Junior Division of Hackney's Children in Care Council completed a youth inspection of the Ferncliff Centre. Care Council representatives visited the Ferncliff Centre in order to review whether the new provider had responded to the recommendations made by the Care Council during their previous consultation in 2019.

Staff at the Ferncliff Centre were able to provide positive feedback from families and young people who had used the contact centre before and after the new provider started running the centre. Families commented on the change to the physical space at the centre which they found to be brighter and more colourful. The number of contact rooms has also increased from 3 to 6 with two being designed for teenagers.

Feedback shared with the Children in Care Council showed that these changes have been welcomed by families.



Performance Data

Due to Covid-19, activity in 2021/22 focussed on review of the CHSCP dataset to ensure it remains proportionate and avoids duplication of metrics already captured. The dataset is structured around core indicators with supplementary thematics providing wider context on the data. The cyber attack on Hackney continued to limit the availability of data during the year. City data was unaffected.

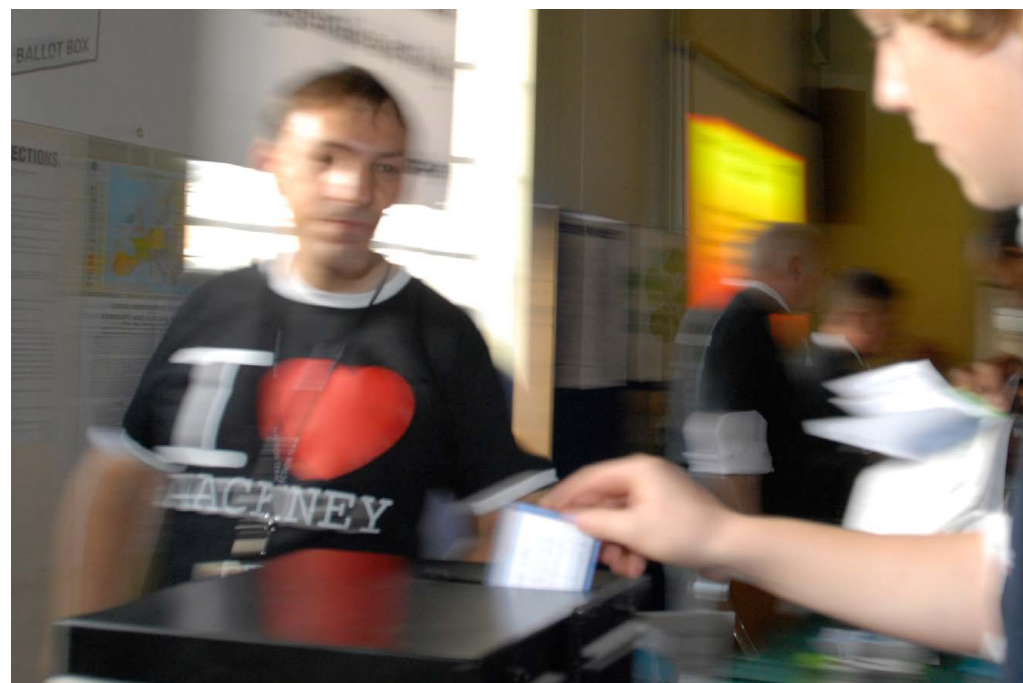
EVIDENCE

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The CHSCP was successful in securing DfE funding for a fixed-term Strategic Data Analyst post to assist in the development of contemporary threat assessments. Data analysis and interpretation will strengthen decision making, improve scrutiny and enhance tactical decision making of safeguarding partners and relevant agencies of the CHSCP. Despite securing funding, a series of unsuccessful recruitment rounds meant that this post was unfilled during 2021/21. Scheduling of the Strategic Threat Assessments reporting to the Executive Groups is underway for 2022/23.

Front-Line Intelligence

A number of Contingency Oversight Groups met during 2021/22. These groups actively considered service impacts, vaccination rates, covid fatigue, workforce pressures, community engagement and the health and wellbeing of staff (staffing levels, protective clothing, access to occupational health, homeworking, and communication channels). In response to feedback, information on bereavement support and services was developed and disseminated to the partnership in May 2020 alongside signposting access to mental health services. The CHSCP intends to capture a wider range of front-line intelligence via the launch of its staff survey in 2022/23.





External Learning

The CHSCP is a learning organisation and is constantly looking outwards to identify relevant learning opportunities that may help assist in its role of coordinating and ensuring the effectiveness of the safeguarding systems across the City of London and Hackney. Where relevant, national reviews and inspection reports are considered by the CHSCP. Links to NSPCC thematic briefings and wider learning from other local areas continued to be disseminated to front-line staff via CHSCP training and [TUSK briefings](#).

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ASSURANCE

Following the local death of a baby and the publication of the [Sudden Unexpected Deaths in Infants \(SUDI\) report](#), a SUDI Task Group was formed to consider local and national findings. This group initially met to map current initiatives and identify areas to strengthen the local approach.

IMPACT

Related activity undertaken across 2021/22 delivered the following impact:

- ***A review undertaken with Early Years highlighted an opportunity to support conversations with parents by one off purchasing of Lullaby Trust literature. Disseminated to GPs, HCFS and City of London Corporation, Housing and Early Years in Hackney (already resourced in City). Feedback from Hackney agency lead....I was in a centre last Tuesday and they had the wallet cards out - was great as I saw a group of parents with small babies sat together in discussion about safe sleep instigated by the cards! (November 2022)***
- ***Local threshold tools in the City of London and Hackney were reviewed and now include reference to Safer Sleep in the indicators of need.***
- ***The London Safeguarding Children Procedures were updated in relation to the CHSCP's learning on SUDI (added under referral and assessment, s47 and child protection procedures).***
- ***The repository of information for parents and carers on the [CHSCP website](#) was updated and the Lullaby Trust Easy Read Card was translated locally into Yiddish to better support parents and carers in the local community. This is now a nationally available resource on the Lullaby Trust website.***

Continued overleaf.



IMPACT CONTINUED

Related activity undertaken across 2021/22 delivered the following impact:

- **The service specifications / local practice for Health Visiting and Midwifery services were reviewed. Midwifery contract was updated to include Safer Sleep. Health Visiting contracts were part of recommissioned 0-25 services and will include enhanced assessment of sleeping arrangements.**
- **The current practice (and resources provided to parents and carers) within Midwifery, FNP, Perinatal Mental Health and NICU teams were reviewed. Activity underway includes:**
 - An offer of bespoke training to NICU teams given step down of care from hospital to parental care.
 - A review of web-based material across Homerton Healthcare and Early Years Settings.
 - A statement of SUDI / situation risk will be added to midwifery platforms and signposting to national review. The service is also awaiting a date for inclusion in Tips of the Fortnight which needs to be signed off that all midwives have seen this communication.
- **A review of GP practices confirmed that SUDI and situational risk are discussed in level 3 training and GP reflective sessions.**
- **A Housing representative was engaged on the Task Group to review local learning and confirm clear escalation / pathways are available to staff should concerns arise. Hackney Housing communicated these routes to both housing staff and registered providers.**
- **Making Every Contact Count training (delivered by Public Health) highlighted to agency leads and publicised to the wider partnership in the July 2022 TUSK briefing.**
- **The CHSCP training programme was reviewed:**
 - Safer sleep conversations are now included in difficult conversations training.
 - The CHSCP Safer Sleep training content was reviewed
 - A CHSCP Safer Sleep poster designed and disseminated to encourage attendance at local training. A one off training TUSK promoted this training in July 2022.
- **Safer Sleep briefing developed - disseminated in November 2022.**



ASSURANCE

- *An Invisible Men Task Group met across 2021/22 to map the local initiatives in response to both national ([‘The Myth of Invisible Men’ National Panel Report](#)) and local learning (Child R / Child M, the CHSCP Safeguarding Briefing [‘Working with Men’](#), MACA Audit: [Quality of Referrals](#)). This learning identifies that services and the professional network ordinarily focus on care provided by mothers and that there can be little visibility or assessment of significant men (including those who pose a risk to children). Ongoing area of focus include:*
 - *Policies, Procedures and Multi-agency System,*
 - *Communication, Awareness Raising and Community Engagement and*
 - *Training, Workforce Development and Supervision.*





Key Messages for Practice

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SAFEGUARDING FIRST

The need for practitioners to adopt a 'Safeguarding First' approach to their practice has been a key theme for the partnership since the publication of its review into Chadrack Mbala-Mulo, and more recently Child Q. This is not a particularly complicated message, but one that needs to be routinely reinforced, along with the CHSCP's principles of children being seen, heard and helped. Put simply, whatever your role or whatever policy or procedure you might be following, you should always be considering the safeguarding needs of a child. Their safety and welfare should always be your first priorities and whilst 'safeguarding is everyone's responsibility', that doesn't mean you can rely on someone else to act. You need to.

Applying this approach to practice is less about reading pages and pages of guidance, but more about the culture of how you and your agencies operate. Developing a culture that places the safety of children at the heart of our system is the first step we all need to take. It's also something that our leaders need to promote rigorously. If they aren't talking about safeguarding as a priority, those on the front-line won't be either. The next step is acknowledging that whilst safeguarding might be one priority amongst many for you, you need to make a concentrated effort to always base your decisions and actions on the best interests of the child. Develop your skills and confidence, engage other practitioners and access the support from your supervisors. Listen to what children and young people have said they need from those who work with them (Working Together 2018).

CHILDREN HAVE SAID THEY NEED

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views
- **Protection:** to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.



Context

Context is key and understanding the context of a child's life is essential for effective safeguarding. In terms of practice, this is about how the partnership works together to better understand the lived experience of children at home, in education and in health, alongside those aspects that are typically outside of the family environment; such as peer groups, places and spaces, and the virtual world that children occupy through their use of technology and social media. Knowing about these contexts will help us determine whether they reflect pathways to harm or pathways to protection. However, it is usual that no one individual has oversight on the detail of everything. In this respect, a first and important step is to make sure that professionals are confident in sharing information and talking with each other. If you are worried about a child or young person, you are allowed to talk with other professionals without fearing you are doing something wrong. You aren't. Talking to each other and sharing information when trying to protect people from actual or likely harm or to prevent a crime is lawful and in the substantial public interest.



Curiosity

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. This has been described as the need for practitioners to practice 'respectful uncertainty' – applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term 'safe uncertainty' is used to describe an approach which is focused on safety but that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable. Professional curiosity can require practitioners to think 'outside the box', beyond their usual professional role, and consider families' circumstances holistically. Professional curiosity and a real willingness to engage with children, adults and their families or carers are vital to promoting safety and stability for everyone.

Much has been written about the importance of curiosity during home visits and the need for authentic, close relationships of the kind where we see, hear and touch the truth of their experience of 'daily life' and are able to act on it and to achieve similar closeness with parents or carers. Practitioners will often come into contact with a child, young person, adult or their family when they are in crisis or vulnerable to harm. These interactions present crucial opportunities for protection. Responding to these opportunities requires the ability to recognise (or see the signs of)

vulnerabilities and potential or actual risks of harm, maintaining an open stance of professional curiosity (or enquiring deeper), and understanding one's own responsibility and knowing how to take action. Children in particular, but also some adults, rarely disclose abuse and neglect directly to practitioners and, if they do, it will often be through unusual behaviour or comments. This makes identifying abuse and neglect difficult for professionals across agencies. We know that it is better to help as early as possible, before issues get worse. That means that all agencies and practitioners need to work together – the first step is to be professionally curious.

Curious professionals will spend time engaging with families on visits. They will know that talk, play and touch can all be important to observe and consider. Do not presume you know what is happening in the family home – ask questions and seek clarity if you are not certain. Do not be afraid to ask questions (and difficult questions) of families, and do so in an open way so they know that you are asking to keep the child or young person safe, not to judge or criticise. Be open to the unexpected, and incorporate information that does not support your initial assumptions into your assessment of what life is like for the child or young person in the family.



Challenge

Differences in professional opinion, concerns and issues can arise for practitioners at work and it is important they are resolved as effectively and swiftly as possible. Having different professional perspectives within safeguarding practice is a sign of a healthy and well-functioning partnership. These differences of opinion are usually resolved by discussion and negotiation between the practitioners concerned. It is essential that where differences of opinion arise they do not adversely affect the outcomes for children, young people or adults and are resolved in a constructive and timely manner. Differences could arise in a number of areas of multi-agency working as well as within single agency working. Differences are most likely to arise in relation to the criteria for referrals, outcomes of assessments, roles and responsibilities of workers, service provision, timeliness of interventions, information sharing and communication. Safeguarding is everyone's responsibility and front-line staff need confidence in talking with each other about decisions that have been made, discussing any concerns regarding those decisions and where there isn't agreement; escalating those concerns as appropriate. Remember, equally important is the culture of how we work; and it is vital that front-line staff are encouraged to remain professionally curious and to raise issues where they feel that their concerns for children and young people aren't being addressed. To help staff resolve professional differences, the CHSCP has issued a simple [Escalation Policy](#).





Training & Development

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Training Summary 2021/22

The training opportunities offered by the CHSCP are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people, or adult family members. Sessions range from those that raise awareness about safeguarding and child protection to specialist topics aimed at more experienced staff.

The training programme focuses on areas of practice prioritised by the CHSCP, with learning from local and national case reviews integrated into the training material. As a result of the pandemic, the CHSCP's training programme rapidly pivoted to virtual delivery. The CHSCP team and trainers were swift to adapt and overall, attendance figures increased from 2019/20. Feedback also remained positive with the programme continuing to improve the knowledge and skills of the safeguarding workforce.

EVIDENCE

- 47 training sessions were held in 2021/22 (69 gmn 2021/22 and 70 in 2019/20).
- 21 safeguarding topics were covered.
- All courses were delivered virtually over a 12-month period
- 1451 available training places, 1031 attended.
- Of the booked places, 1031 delegates attended, 420 (29%) either cancelled or did not attend the course (an increase from 24.2% in 2020/21)
- 66% of those attending worked in Hackney, 10% in the City of London, and 24% worked across both Boroughs.



EVIDENCE

- 7 'Safeguarding Children Basic Awareness' courses (Level 1) **203 participants**
- 4 'Designated Safeguarding Lead' courses (Level 3) **181 participants**
- 9 'An Introduction to Adulthood' courses. **170 participants**
- 2 'Children's Wellbeing and Mental Health' courses. **33 participants**
- 3 'Safer Sleep' courses. **41 participants**
- 3 'Neglect and Emotional Abuse courses. **43 participants**
- 1 'Safer Recruitment' course. **6 participants**
- 8 'An Introduction to Contextual Safeguarding' courses. **170 participants**
- 2 'Safeguarding in a Digital World' courses. **43 participants**
- 2 'Working with Cultural & Economic Diversity' courses. **34 participants**
- 2 'Child Abuse Linked to Faith or Belief' courses. **51 participants**
- 1 'Cultural Awareness - Working with the Orthodox Jewish Community' course. **14 participants**
- 2 'Early Help Assessment' (Hackney) courses. **33 participants**
- 1 'Improving Professional Participation in Child Protection Conferences' courses. **9 participants**

EVIDENCE

Over the course of 2021/22, nine Adulthood sessions were delivered to the partnership. One session was delivered exclusively for the MPS during this period. A total of 170 practitioners attended, with 47 others booking, but cancelling. The number of Adulthood courses doubled for 2022/23 and the programme continues to be rolled out by the CHSCP. As of November 2022, 316 practitioners had received this training.

EVIDENCE

The PHEW learning management system has been a great addition to the training element of the CHSCP. It has helped to reduce admin time in terms of not having to download registration data and evaluation data from multiple sources and the training coordinator not having to produce individual certificates for delegates. In addition, the system sends calendar invites for each course, booking confirmations and reminder emails to delegates. Delegates are now able to download and print their own certificates after completion of the evaluation form for the relevant course. The system also now has the feature where delegates can add their bookings to their calendars directly.

Delegate Breakdown

As a result of the introduction of the CHSCP's new Learning Management System, reporting for this year only covers the sectors attending the 2021/22 programme. Reporting next year will be more detailed.



Education

296



Voluntary & Community services

264



Local Authority

204



Health

171



Police

19



Other

77



Evaluation

Supported by its Training Evaluation and Analysis Framework, the CHSCP continues to monitor and evaluate the effectiveness of its core training programme. Work undertaken to review the quality of training in 2021/22 has enabled the CHSCP to gain important insight into the difference it is making towards improved outcomes for children and young people.

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EVIDENCE

97.3% of delegates stated that the trainers' facilitation skills, teaching style and knowledge were **GOOD** (10.3%) **VERY GOOD** (34.2%) or **EXCELLENT** (52.8%).

This is excellent feedback and a testament to the skill and expertise of our internal & commissioned trainers.

"I must say the trainer was great and had fabulous knowledge about the subject".

EVIDENCE

Having received training, **93.4%** stated their knowledge was **GOOD** (20.3%), **VERY GOOD** (50.4%) or **EXCELLENT** (22.7%).

98.4% stated what they had learned would help them safeguard children & young people more effectively.

"I am now more able to deal with children and families' situations within a multi agency approach before they escalate so that children can have a good outcome".

"The course enabled me to think more so in terms of the impact and young person's voice being heard".

"I think the most useful aspect of the course was learning how to correctly identify vulnerability amongst young people and how to proceed accordingly whilst following an organisation's safeguarding policy".

"Finding out how Safeguarding can positively impact and potentially save a child's life. Also, I liked how emphasis was put on taking situations and incidents seriously because you might not know what is actually happening in the background".



IMPACT

Delegates found the MOST USEFUL elements of courses included:

"Recognising that safeguarding comes first followed by context, curiosity and challenge"

"The real life examples used"

"Practical take-homes for how to identify risks and what to do to when presented with an ambiguous situation"

"Signposting to numbers to call to consult on a given situation"

"Symptoms in children of various types of abuse"

"Finding out how Safeguarding can positively impact and potentially save a child's life. Also, I liked how emphasis was put on taking situations and incidents seriously because you might not know what is actually happening in the background"

"Updates on changes to safeguarding following recent serious case reviews and national trends".

ASSURANCE

Delegates said training will be used:

"To provide the right support for staff and visitors to our venue and help improve in-house procedures"

"To write the safeguarding policy and procedure for our organisation"

"To evaluate young peoples' behaviour and situations and respond accordingly if I have been told something in confidence. I also now know when to escalate concerns and who to take them to"

"I think I will have higher expectations of colleagues in terms of extending the breadth of their assessments beyond the home environment. I also feel that I will be more confident to challenge the use of stereotyping"



IMPACT

- 87.5% of delegates rated their knowledge as being Good (12.5%), Very Good (50%) and Excellent (25%) after attending an Adultification course.
- 100% said the course met their expectations
- 100% of delegates said the training would help them safeguard children and young people more effectively.

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“Within my day-to-day practice at work, challenging terminology used by professionals and being vocal when I observe professionals behave in a way demonstrates adultification in practice.”

“To continue to be curious and question assessments of children and families that do not explore the impact of race and social graces on the interventions that we offer families. Being conscious of labels that we apply and asking for context and examples of said behaviours. Remembering to question and reflect on my biases.”

“It will all be there in my head when working with young people and will help me to raise awareness in discussion with other colleagues. Also to take care in language when writing in notes and to challenge others misconceptions and the language they also use. Challenge others to think about their biases and misconceptions”.



Priorities & Pledge

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CHSCP Priorities 2021/22

Priority 1: The Health & Stability of the Safeguarding Workforce

Outcome: Safeguarding partners, relevant agencies and named organisations attract, retain, develop, and support their workforce. A healthy and stable workforce contributes to high quality safeguarding practice that improves outcomes for children and young people.

Priority 2: *Active Anti-Racist Practice*

Outcome: The partnership's approach to safeguarding children and young people in a 'racialised society' is characterised by active anti-racism. This is reflected in the people employed, the policies developed, and the practice undertaken. Practice that disproportionately and negatively impacts on Black and Global Majority children (and their outcomes) is identified and reduced. Children and their families are confident in challenging their experiences of racism and have mechanisms in place to escalate their concerns, practitioners are confident in challenging racism and there is evidence this is being done. Children and families tell us that they can see change.

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Priority 3: The Voice of Children and Young People

Outcome: Multi-agency safeguarding practice reflects the lived experience of children and young people. The voices of children and young people are central to all aspects of practice across the child's journey in the safeguarding system. These influence action and improve outcomes.



Priority 4: Getting the Basics Right

Outcome: Safeguarding practice in the City of London and Hackney is at least good. Children and young people are effectively protected from harm by early, robust, timely and coordinated multi-agency intervention and support.

Priority 5: The Appetite to Learn

Outcome: Children and young people are effectively safeguarded by professionals being actively engaged with the CHSCP's learning & improvement framework. Leaders encourage independent scrutiny, challenge performance, and embed lessons for practice improvement across their respective organisations.

Priority 6: Making the Invisible Visible

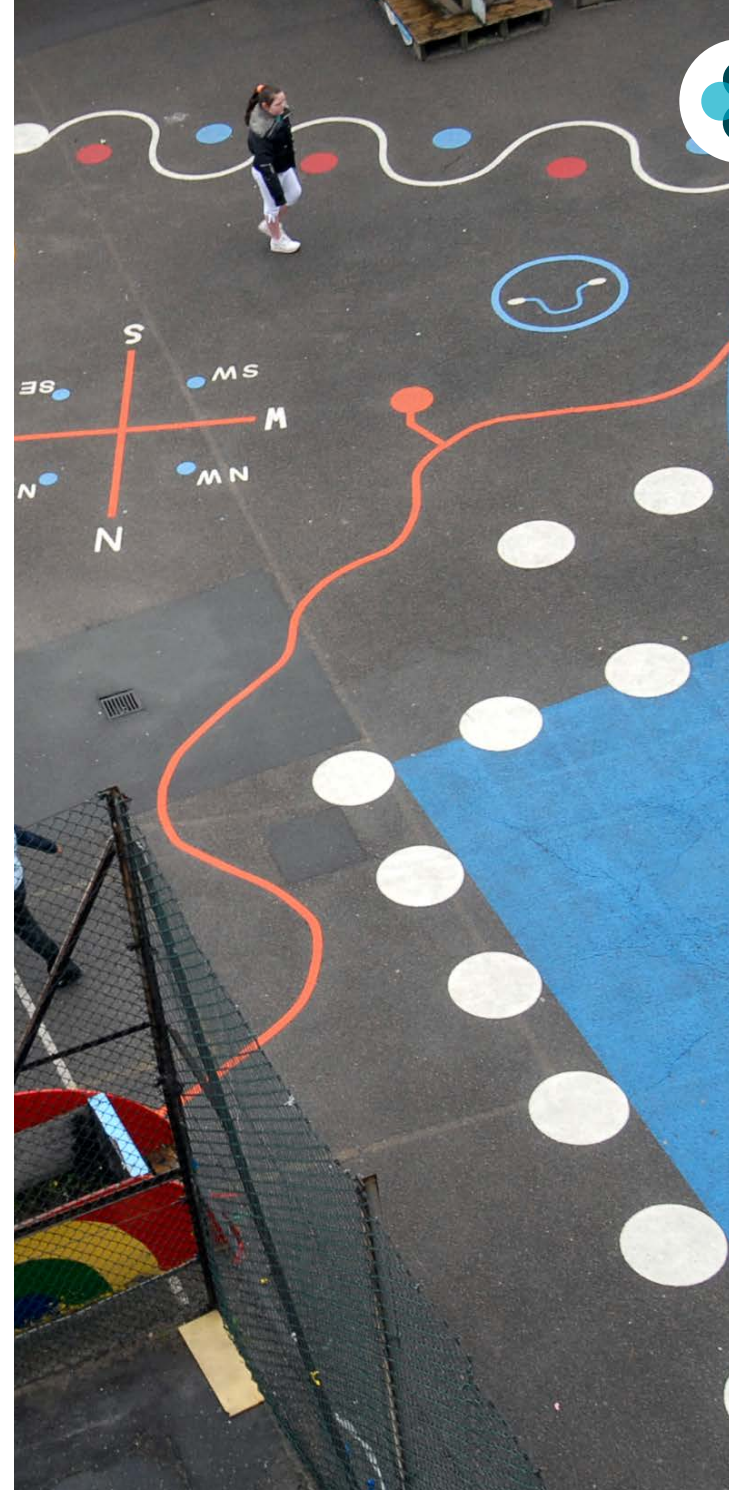
Outcome: The activity of safeguarding partners, relevant agencies and named organisations makes children and young people who live in groups and communities that are less visible and less engaged with public services safer. Of specific relevance to our local context, legislation in respect of Unregistered Educational Settings (UES) is amended by the government and the CHSCP obtains reassurance that the safeguarding arrangements of all settings are sufficiently robust.

OUR PLEDGE

The Health & Stability of the Safeguarding Workforce - Without a healthy and engaged workforce, no agency can fully participate in and support the work of the partnership. The CHSCP will therefore seek to develop a better understanding of the pressures that staff and volunteers face and the steps that can be taken to mitigate them. This work will be undertaken in the context of what we know about the current conditions – Covid-19, organisational change, and restructure, reduced resourcing levels and increased demand. It will include evaluation of workforce stability, its capacity, and the support available to help deliver high-quality practice.

Active Anti-Racist Practice – Through our collective leadership, we will model our values and promote a way of working that puts active anti-racism front and centre. This will be seen in the strategies we develop, the decisions we take and the people we employ. Critically, active anti-racist practice will be evidenced in the behaviours of our staff and volunteers. Through a relentless focus on improvement and challenge, children and families will see, hear and feel the difference when engaged by those responsible for their help and protection.

The Voice of Children and Young People - We will support and enable a culture of working that routinely seeks out and reflects the voices of children and young people. The lived experience of local children and young people and their voices will be evident in the policies we create, the practice we review and the communication channels that our wider partnership creates. Importantly, it will be evident in our casework and our intervention to improve outcomes for children and young people.





Getting the Basics Right - Whilst welcoming innovation, the CHSCP is aware that good practice begins with getting the basics right. We will maintain focus on ensuring these aspects are embedded in our work covering the journey of the child through the safeguarding system. This includes our approach to early help, children in need (including those with SEND), child protection, looked after children and care leavers. We will also concentrate on those areas that require strengthening as identified by our Learning & Improvement Framework, local intelligence and the CHSCP strategic data analyst.

The Appetite to Learn - We are committed to maintaining our improvement journey and to that end, we will actively seek out and embrace opportunities to learn. Our quality assurance activity remains structured on our learning and improvement framework. We will routinely revisit the action plans to ensure that identified improvements are reflected in contemporary practice. Critically, we will respect the independent scrutiny role of the Independent Child Safeguarding Commissioner, the right to 'roam', the right to ask difficult questions and the right respectfully challenge. Whenever required, safeguarding partners, relevant agencies and named organisations will provide whatever information they can to address a relevant enquiry or concern.

Making the Invisible Visible - The CHSCP will seek to better understand the vulnerabilities that can negatively impact on the outcomes for children and young people, particularly with those for whom oversight, and engagement is limited. We will seek to develop a more complete understanding of existing and emerging harms in the City of London and Hackney and work to mitigate and prevent them. We will map and analyse vulnerability as we know it based on age, location, need and the context of young people's lives, at home, in care and in the public spaces and places (including the internet) they frequent.





Strategic Threat Assessment

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For this year's annual report, we have included the CHSCP's first draft Strategic Threat Assessment report covering Q4 2022/23. It remains a work in progress and should be read in that context.

It has been issued for two key reasons:

1. *To provide strategic partners, key decision-makers and other relevant forums, with routine insight into the emerging safeguarding themes that the CHSCP is currently concerned with.*
2. *To provide and share a range of high-level strategic intelligence requirements and to prompt others to consider whether they have any information that might help us better understand and define and meet the challenges we face.*

Locally, partner agencies continue to work to adapt their roles, care for children and young people and help and protect them from harm. The insights in the draft threat assessment provide opportunities to support that work and target our multi-agency response much more proactively. Whilst many of the threats set out are supported by available research, data and evidence (including that from within our local safeguarding arrangements - such as minutes of key meetings and the CHSCP's risk registers), the assessment also includes items that are best described as emerging hypotheses. These have been developed from broader horizon scanning and our professional judgement.

STRATEGIC THREAT 1: Health, Wellbeing & Stability of the Workforce

The safeguarding workforce is our most important asset in helping and protecting children from harm. A healthy and stable workforce contributes to high quality safeguarding practice and improved outcomes for children. The importance attached to attracting, retaining, developing, and supporting their workforce is why this issue has been a long-standing priority of the CHSCP and why it is included as one of the key strategic threats for the partnership.

For some background context, at the beginning of the pandemic, Contingency Oversight Groups (COGs) held in the City & Hackney monitored the trends relating to staff health and wellbeing. At the time, there were concerns about the potential for rapid attrition across the system due to illness and additional burdens placed upon staff who remained in work. Fortunately, this was not realised to the extent feared and organisations and their workforces remained broadly resilient in the face of unprecedented events. COGs in the City of London and Hackney maintained a watching brief on this issue, testing sufficiency, overseeing risk and being provided with a good degree of reassurance about the arrangements in place to support the health and wellbeing of practitioners. This activity highlighted the support available with



physical health and safety, mental health and sources of help such as counselling, employee assistance programme and occupational health services. The CHSCP's Covid-19 Resilience Audit identified:

- *88% of organisations had either partially or fully identified best practice and agreed pathways for staff to access occupational health support.*
- *96% of organisations had a risk assessment process which assesses the risk to individual employees from the COVID-19 virus.*
- *93% of organisations had ensured staff who have suffered bereavement, due to COVID-19 or other reasons, were supported to access specialist support services and that they have policies and practices in place for pastoral support of staff.*

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Activity undertaken by organisations focused upon the provision of ongoing guidance for line managers to support their teams, pivoting to the use of digital solutions to maintain operations, creating avenues for sensitive conversations and signposting to expert help where needed. The focus on workforce sufficiency has remained as part of the CHSCP's approach to risk management and the core business of both Boards and the Executive Group. Over the last 12 months, we have seen growing pressure in this space. As a safeguarding system, the impact of post-pandemic burn-out, combined with the cost-of-living crisis and the prospect of 'eye-watering cuts' to public services raises clear concerns about sufficiency and the likelihood that many services, could significantly struggle to meet demand.

RECRUITMENT AND RETENTION

Local Authority

Research analysis published by Ofsted in July 2022 emphasised the ongoing recruitment and retention challenges across children's services. *'Children's social care has been plagued by workforce challenges for some time. But we have seen these issues accelerate in recent years, with more social workers moving to agency contracts, and residential workers leaving the sector entirely...As a result, too many children, with increasingly complex needs, are not getting the help they need.'* Nationally, for the year ending September 2021:

- Around 5,000 practitioners working with children and families left a social work post in England.
- This resulted in a 7% increase in vacancies from the same period in 2020 (6,500 FTE). Sickness absence was up from 2.9% to 3.1%.
- Agency worker numbers had increased by 3%.
- There was a 3% drop in the number of social workers who were 'case holding', encompassing those in front line roles, excluding senior practitioners.

A concerning trend in terms of both stability and experience has also been identified nationally via the Phase 8 Safeguarding Pressures report of the ADCS. This noted *'a large number of social workers'* had left local



authorities to join agencies, to take advantage of *'increased flexibility and competitive incentives'*. Furthermore, there was a reported increase in the *'number of agency social workers [who] are newly qualified, which is concerning.'*

In the City of London, front-line staffing remains secure and interim arrangements to address the departure of the Director of Children and Community Services in November and the Town Clerk in December are in place / underway. There is no change at Assistant Director and Head of Service level and this is providing continuity for the workforce. The Team Manager currently remains an interim acting up arrangement, although permanent recruitment to this post is being progressed.

In Hackney, there has been an increase in staff turnover over the past year, and challenges in recruiting and retaining social workers. Where Hackney has recruited staff, they can be less experienced, and require increased support from managers to ensure high-quality practice. As of 31 March 2022, there were:

- 171.5 FTE permanent social workers
- 63 agency social workers, representing 27% of the social work (increase from 22% in 2021)

Pressures have been particularly marked in the 'front-door' teams of social workers in Hackney, such as Access and Assessment. These are known pressures, confirmed through the recent Ofsted focused visit in September 2022 and subject to targeted work by the leadership team in the Children and Education directorate.

Police

In the **Central East BCU**, workforce pressures are being seen in the large numbers of local police that are either on their probationary period or young in service. This inexperience leads to training deficits which requires additional local training inputs and supervision. There is a lack of sufficient time to provide regular CPD sessions due to lack of available staff, abstractions for other duties (backfilling) and dealing with other incidents across London.

In the **City of London Police**, at the start of 2022, the Public Protection Unit (PPU) were carrying three DC vacancies. These vacancies arose following the resignation of officers leaving the police service. The posts were advertised three times during 2021, however remain unfilled due to a lack of suitable applicants. Historically the PPU has only recruited qualified detectives, however the advert released in January 2022 included the opportunity for Trainee Detective Constables to apply. Whilst increasing the pool of applicants, this would clearly impact on available expertise.



Health

At **Homerton Healthcare NHS Foundation Trust**, there has been on-going challenges to recruit to some specialist children posts, namely occupational therapists, paediatric nurses, A&E doctors and health visitors. Recruitment in the LAC Paediatrics service has also been an issue. There is a national shortage of public health nurses in London and England which has an impact locally. As the lead practitioner for school age children (with increasing safeguarding needs in the population), this creates increasing demands on the school nursing service. In **CAMHS**, workforce issues around long-term sickness, recruitment and retention remain a serious problem. With regards to **General Practitioners (GPs)**, whilst 625 more GPs were recorded nationally (1.7%), in August 2022, there were:

- 1.1% (314) fewer Fully FTE qualified GPs (excludes GPs in Training Grade) compared to August 2021.
- **0.5% (128) fewer FTE Qualified permanent GPs (excludes GPs in Training Grade and Locums) compared to August 2021**

Schools

National DfE Statistics published in June 2022 show that the total FTE for teachers increased by 4,400. Pupil to teacher ratios remain similar to the previous year at 20.6 pupils per teacher in nurseries and primary schools and 16.7 in secondary schools, and 6.3 in special and PRU schools. The education sector is, however, far from immune to pressure. For example, Unions have raised concern that teaching assistants, an important set of 'eyes and ears' when it comes to safeguarding children) are quitting their roles to pursue better paid jobs elsewhere.

Probation

In Probation, staffing is a recognised risk, although since April 2022, 220 starters have been recruited within the region.

Wellbeing & Support

Whilst many organisations responded to the CHSCP's resilience audit and have engaged their own staff to better understand these issues, we have no up-to-date partnership view on how practitioners rate the wellbeing and the support available to them. Some organisations will undoubtedly be doing better than others, but this area requires further action to identify and evaluate the available evidence.



Demand and Complexity

Against a backdrop of increasing concerns about workforce stability, demand pressures are also seen. The most recent ADCS Safeguarding pressures report noted: *'In the context of increased demand, complexity and impacting factors already evidenced in this report, this quite simply means that the size of the workforce is not keeping up with social care demand'*.

The DFE's children and young people's survey (Waves 1 to 22) found from March 2020-2021, Local Authorities across the UK reported an increase in complex caseload with more issues involving domestic violence alongside: mental health problems, children and parental substance misuse, neglect and emotional abuse, non-accidental injury, more new-borns presenting in care proceedings, self-harming in young people, acute family crisis situations and escalation of risk in existing cases. Given the multi-dimensional nature of this complexity and the very obvious multi-disciplinary response required because of it, impact will be felt across the system.

Local Authority

Nationally, there has been an 8.8% increase in referrals to children's social care – in part, the result of the removal of lockdown restrictions – and a 9.6% rise in the number of child protection enquiries in 2021-22. The trajectory of growth across a range of performance measures is being experienced in Hackney. For example:

- The volume of contacts is showing an increase for the period April to September 2022 when compared to the same period in previous years. This is in the context of contacts having decreased as a result of the lockdown and pandemic and steady increase since that time. There is an estimated 12% increase for 2022-23 compared with 2021-22 if current volumes continue for the rest of year.
- Similarly the volume of referrals has also increased, with a 5% increase forecast for 2022-23. The latest London comparator is 559 per 10,000 whilst the annualised estimate for Hackney 2022-23 is 606 per 10,000.
- The volume of assessments completed in Hackney is showing a rise when compared to the same period in 2021. 2075 have been completed in April to September 2022 compared with 1564 in the same period in 2021.
- Performance in relation to the timescale for the completion of assessments within 45 working days is showing a decline with 60% in timescale for between April and September 2022, compared with 82% for 2021-22 and latest London comparators at 81%. This notable decline is the context of staff shortages and sickness particularly since December 2021, including a small number of staff leaving before completing assessments and performance management issues which were more challenging to have oversight of prior to the re-introduction of MOSAIC.



Domestic Abuse Services

A total of 893 cases were allocated within Hackney Council's Domestic Abuse Intervention Service following screening. The first quarter of 2022-23 has seen a rise of 18% compared the same time period from the year before. The number of cases heard at Hackney Multi Agency Risk Assessment Conference reached a total of 694 cases for 2021/22, an increase of 15% on the number of cases over 2020/21. In two years, high-risk cases have risen by over 200 per annum (41%).

Police

In the last 12 months, CE BCU officers have dealt with over 35,000 offences in Hackney. This equates to a rate of 127 per 1,000 population and an increase of 4.9% on the previous 12 months. Offences rates are the 6th highest across London. Whilst not broken down for children, the MPS dashboard shows that Hackney officers dealt with:

- 8,328 offences of violence against a person
- 973 sexual offences over the last year.
- 604 knife crimes at a rate of 2.1 per 1000 population and whilst a reduction of 2.1%, Hackney knife crime rates are the 5th highest in London
- 72 gun crime offences – although Hackney recorded a reduction of 22.9% over the last 12 months and the current rate is 0.3 per 1000 population
- 3,589 Domestic Abuse offences at a rate of 12.8 per 1000 population (2.5% reduction)
- 1,322 Hate Crimes – Down 0.8%, but 3rd highest in London





Health

At Homerton Healthcare NHS Trust, the increased breadth of the safeguarding agenda within a fixed resource (financial and people) across the NHS as whole is creating pressure. The ability to respond to the increase in contemporary safeguarding issues is an acknowledged risk by the CHSCP.

The number of safeguarding referrals made by Health Visitors for children and young people (and consequently their caseloads) was noted as having increased from 2,785 in 2018/19 to 3,366 in 2020/21.

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At CAMHS, there has been a sustained increase of referrals to all CAMHS providers (compared to pre-pandemic levels). Pressure on inpatient psychiatrics and Tier 4 beds continues to be high. Crisis presentations are on average double pre-pandemic levels and increasing. This reflects a similar pattern across NEL and London.

- CSC Clinical Service (Formally CSC CAMHS) – An increase of 514 (+126%) referrals from 20/21 to 21/22.
- Specialist CAMHS (ELFT) – An increase of 765 (+38%) referrals from 20/21 to 21/22.
- CAMHS Disability Service (HHFT) – An increase of 168 (+58%) referrals from 20/21 to 21/22
- First Steps (HHFT) – An increase of 25 (+2%) referrals from 20/21 to 21/22.

Within NHS NE London, the redeployment of safeguarding professionals across adults and children to support mass vaccinations against Polio creates a risk in the availability of key designated professionals to carry out their statutory safeguarding functions. Some workstreams are predicted to be placed on hold which will create delays and leave the ICB at risk of not fully completing its function of safeguarding adults and children across NEL.

In **CAFCASS**, because of increased demand and delay within the family court, the number of families a guardian works with has increased. This can potentially have an impact on the quality of practice.

Intelligence Requirement

1. **For the CHSCP to better understand the nature and scale of the local workforce pressures impacting upon the multi-agency partnership (and how these are impacting upon our effectiveness to help and protect children), a deeper analysis of the sufficiency of this area should be undertaken. This should seek to examine consistent and agreed data items for themes patterns and trends within and across agencies. A particular focus will be applied to those front facing teams with responsibility for child protection.**
2. **The CHSCP to launch its staff survey to further test wellbeing and availability of support to the workforce.**



STRATEGIC THREAT 2: Emerging Safeguarding Issues

The Cost-of-Living Crisis

The rising cost of living crisis and inflation are combining with existing disadvantages and vulnerabilities within communities, to put many households at greater risks of immediate hardship. The Office for National Statistics claim *'around 9 in 10 (89%) adults in Great Britain continue to report that their cost of living has increased, equal to around 46 million people. An increase of 62% (32 million adults) from when the initial question was asked in November 2021'*.

The impact on households includes higher food, electricity, and fuel costs, reduced opportunities and wellbeing. Whilst significant work is underway by organisations to mitigate the impact of this crisis, safeguarding pressures are likely to grow. Soaring stress levels will likely worsen mental health. For children, this is likely to be reflected in how they cope at school, amongst their peer groups and also, their interactions online. Potential threats are across the board, ranging from a loss of concentration and performance at school through to self-harm, thoughts of suicide and eating disorders. For parents, further increasing tensions at home might lead to more conflict, abuse, and neglect. Indeed, alongside exacerbating difficulties for families that might already be struggling (which is likely to result in increased demand for early help and statutory services), some themes are raising particular concern.

For example, new research from Women's Aid the crisis is already stopping victims from leaving an abuser: 73 per cent of women living with or who have financial links with the abuser said that the cost-of-living crisis had either prevented them from leaving or made it harder for them to do so.

Additionally, as echoed by the former Children's Commissioner, Anne Longfield, there is also a genuine concern that financial hardship in some families may make youngsters more vulnerable to exploitation, particularly criminal exploitation.

Intelligence Requirements / Actions

- The CHSCP has undertaken mapping exercise and strategic leads from Council leading on the poverty agenda routinely engaging with the Boards. Councils and local partners to continue to deliver services and support to those most in need. Partners to do what is required to protect residents against higher costs, targeting help at those facing the most complex challenges.**



Child Sexual Abuse

Child Sexual Abuse (CSA) is included as a threat, not because of the volume of work being managed, but because of the absence of it.

Child sexual abuse in 2020/21: Trends in official data published by the Centre for Expertise on child sexual abuse (CSA) focuses on the recorded cases of child sexual abuse and draws on the latest available evidence from the official data released by child protection, criminal justice and health agencies in England and Wales.

'It paints a worrying picture of the gap between what is estimated to be the prevalence of child sexual abuse in England and Wales and what is recorded in official data. Right now, agencies are only identifying and responding to a small minority of child sexual abuse that occurs in society and the latest data from services shows significant variations in the levels of child sexual abuse identified and responded to across local areas in England and Wales.'

The Centre for Expertise on CSA also identified the following:

- Nearly two thirds of local authorities in England – including the majority of those in Inner London – placed five children or fewer on a child protection plan under the category of sexual abuse. Half of all local authorities in Wales also placed no or very few children.
- In policing, forces differed threefold in the rate of recorded child sexual abuse offences relative to the size of their child population.

- Data from Sexual Assault Referral Centre's (SARC's) also varied widely across the seven health regions, with London having the lowest and South West the highest reach among under-18s.

Locally, CSA is an identified threat. Not only does this relate to the low numbers (raising questions about prevalence versus the identification of CSA), but resonates with the national picture concerning this issue.

This has most recently been reflected in the final report by Independent Inquiry into Child Sexual Abuse, which emphasises the extent to which state and non-state institutions failed in their duty of care to protect children from sexual abuse and exploitation.

Intelligence requirement

1. **A deeper dive into this thematic is required to better understand the nature and scale of CSA and how it impacts and affects children and families locally. This is intended to help strategic leaders identify what action is needed in response.**



Social Media & Technology

Learning from case reviews published by the NSPCC in October 2022 explains: *Children can be exposed to harmful content online such as material encouraging anorexia, self-harm or suicide. They may build relationships with online contacts promoting this type of content and feel pressured or encouraged by them to engage in harmful behaviour. Perpetrators of child abuse and exploitation can form online communities and share child abuse images online. Children might unknowingly interact with a perpetrator of child sexual abuse and be groomed or coerced into sharing sexual images of themselves.*

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During the Covid-19 pandemic, we saw children and young people spend more time viewing content and engaging with others online. During the first lockdown, we also saw cyber-enabled offences featuring as one of the main issues being raised in local referrals. This was a key factor influencing the release of the City of London and Hackney Safer Schools Apps in 2020. These continue to be promoted and gain traction.

That said, in both Hackney and the City of London, our understanding of the themes, patterns and trends relating to social media use remains limited. There are valid questions to ask about how much focus this issue gains as part of our core activity when assessing need and risk, and what we should be focusing upon in terms of information and advice to children, young people and their parents and carers. Whilst

we know that all social media and technology can be a threat, we don't know where this threat is emerging from with the greatest potency.

Intelligence requirement

- 1. The CHSCP needs to gain a better understanding of the use of social media and technology across children and young people. We need to use this understanding to target awareness raising, share learning and educate and empower children and families to be safe and resilient in this context. Suggest this aspect is covered in a CYP Survey. Details of this to be determined – i.e. can we take a large-scale approach to surveys – collating a range of key themes we want to understand as opposed to individual thematics?**





Mental Health & Wellbeing

As part of its Safeguarding Pressures Report Phase 8, the ADCS also published a thematic report on mental health. Correlating with the workforce and demand pressures identified locally in Hackney, identified findings were based on evidence from a range of interviews and data from 125 responding local authorities. The report concludes that the *increase in demand seen in the past two years is forecast to continue exponentially, with worrying outcomes for our children which will only continue into adulthood.*

Key themes raised include: *the lack of emotional resilience, emotional wellbeing and poor mental health as the most significant factors impacting on all areas of life for our children, sometimes with devastating consequences.*

Locally, this issue remains on the risk registers of the Integrated Care Partnership Board (ICPB) and the CHSCP. Full mitigation plans are in place, having been reported to LBH overview and scrutiny, committee and ICPB. Additional resource has been invested in services to tackle pressures and backlogs. CAMHS performance and system pressures being monitored closely through the system. Demand in some areas is stabilising, although pressures remain in crisis presentations, Tier 4 and eating disorders.

As a connected issue – engagement with young people as part of the response to Child Q, (including engagement with the family) continues to highlight concerns about the wellbeing and mental health of children at school.

Whilst the CHSCP is sighted on initiatives such as the WAHMS programme, many of those with whom we have spoken continue to emphasise that the approach to behaviour management, discipline and the overall culture in some schools is having a negative impact on children's mental health and wellbeing.

The extent of impact is unknown but coupled with the demand pressures to which we are alert and the direct feedback from young people expressing their views on this matter, this is an area that warrants further evaluation.

Intelligence Requirements / Actions

- 1. For the CHSCP to survey children and young people their views about school, covering issues such as wellbeing, support for mental health, behaviour and discipline. As per previous suggestion regarding survey activity.**



The Management of Allegations Against Staff

Earlier in 2022, the CHSCP discussed the interface between the police and the Local Authority Designated Officer (LADO). This related to the absence of routine contact from the police concerning conduct matters that meet the threshold for the LADO to be notified. What we have seen locally, is that when such matters are identified in the police these are ordinarily passed straight to the Directorate of Professional Standards and / or the IOPC. Whilst this is absolutely the correct pathway, there should also be a simultaneous notification to the LADO.

There remains ongoing ambiguity and this means there is no consistent mechanism allowing for oversight by safeguarding partners on possible LADO issues concerning the Met's workforce.

Leaders in the City of London Police and the CE BCU are alert to this and seeking resolution, but there remains a wider threat created by the absence of any line of sight on the sufficiency of the safer workforce arrangements in the police. This has most recently been highlighted by the interim report from Baroness Casey on police misconduct.

Intelligence Requirement / Actions

1. **There is a need to establish the nature and extent of concerns / allegations made against police officers locally. We know from recent media that circa 600 police officers in the MPS are subject to misconduct complaints relating to domestic and sexual incidents.**





Unregistered Educational Settings

The issue of Unregistered Educational Settings (UES) remains a strategic threat. Whilst the Schools Bill was intended to help resolve the local challenges we have experienced over many years, reports now suggest that the government may look to abandon the Bill entirely.

The Bill was introduced on 11 May 2022 and includes remedies to close the clear loopholes that have enabled UES to operate without any requirement for registration or regulation. This has left the CHSCP completely unsighted on the safeguarding arrangements in these settings.

Repeated attempts to encourage community leaders to engage in a defined offer of support have delivered no results. Despite several attempts by the Independent Safeguarding Children Commissioner to continue dialogue about this offer, there has been no response. As of today, it is understood that a Yeshiva Working group has been set up that is engaging Hackney Education staff.

This pattern of different community leaders / stakeholders engaging, dis-engaging and then re-engaging with different parts of the system is not unfamiliar. Our experience shows that this delivers little by way of reassurance or progress. The status quo continues and the 'two-tier' safeguarding system for children attending UES and those attending regulated provision remains.

Intelligence Requirement / Actions

1. **Establish Government position on the Schools Bill.**
2. **Maintain the CHSCP's open offer of support to Yeshiva's and Community Leaders.**
3. **Support the Group Director of Children & Education in establishing a network of other Local Authority areas experiencing issues with UES.**

Violence Against Women and Girls

Whilst remaining one of the key issues impacting upon children (as seen in the national data covering outcomes at the end of an assessment), there were concerns that domestic abuse and the impact on children would rise during the World Cup starting in 2022. Children are likely to face increased risk because of increases in stress levels, alcohol consumption and gambling. Nationally, call by vulnerable children to the NSPCC helpline increased by a third to more than 1,000 during the previous tournament in 2018.

Intelligence Requirement / Actions

1. **Activity underway through VAWG steering group - links with 16 days of action. Details to be established and shared with Exec / Boards.**



STRATEGIC THREAT 3: Multi-Agency Interoperability

Hybrid Working

Digital technology has allowed vital services to carry on providing support to those who need it throughout the pandemic and has encouraged new and innovative ways of working. Research suggests that latent demand for permanent flexible working arrangements, including working from home and hybrid office-home working, have been unlocked by the pandemic. Although the number of people working from home doubled in 2020, this only accounted to 25% of people (ONS Survey May 2021). Many safeguarding professionals continued to travel to workplaces during and post-pandemic.

Whilst we know that the pivot to home working and the use of technology (because of Covid-19) accrued clear benefits at the time, emerging intelligence is revealing the impact of these different ways of working on practice. For example, Ofsted's report: Children's social care 2022: recovering from the COVID-19 pandemic^[10], published in July 2022, highlights the limits of home-based working for peer support and for learning and development opportunities for social workers and other staff.

Face-to-face interaction with colleagues is particularly important for

newly qualified social workers, who have mainly operated in pandemic conditions and have had limited opportunities to interact with, and learn from, experienced colleagues. Staff training continues to be mostly online, despite concerns that it is less engaging for staff and reduces retained learning.

Whilst focused on children's social care, the messages from this research are likely to resonate across many in the safeguarding sector.

Conclusion

This assessment is not intended to provide a comprehensive insight into the breadth and depth of the complex and challenging issues being managed daily by our multi-agency safeguarding partnership. It is a new approach and a work in progress. No doubt, there is much that can be improved upon, but this first phase is intended to build momentum. The CHSCP would therefore welcome constructive feedback that will help us in our commitment to continuous improvement.

Intelligence Requirement / Actions

- 1. Future working arrangements and the ongoing use of hybrid / virtual models of practice linked to the safeguarding children to be considered by the CHSCP in the New Year.**



What You Need to Know

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THE CHSCP

COMMUNICATION

TECHNOLOGY &
SOCIAL MEDIA

SAFEGUARDING IN THE
CITY OF LONDON

SAFEGUARDING
IN HACKNEY

LEARNING &
IMPROVEMENT

KEY MESSAGES FOR
PRACTICE

TRAINING &
DEVELOPMENT

PRIORITIES & PLEDGE

STRATEGIC THREAT
ASSESSMENT

WHAT YOU NEED TO
KNOW



CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for.
- As adults, sometimes we think we always know best... we don't... and that's why your voice is so important.
- This is about you and we want to know more about how you think children and young people can be better protected.
- We want to talk to you more often and we want to know the best way to do this... please help.
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to Childline on 0800 1111.

childline

ONLINE, ON THE PHONE, ANYTIME
[childline.org.uk](https://www.childline.org.uk) | 0800 1111



PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help.
- Tell us what works and what doesn't when professionals are trying to help you and your children.
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face.
- You'll never get ahead of your child when it comes to understanding social media and IT – but make yourself aware of the risks that children and young people can face.



THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. If you see something, say something.
- If you live in Hackney, call the **Multi-Agency Safeguarding Hub (MASH) on 0208 356 5500.**
- If you live in the City, call the **Children & Families Team on 0207332 3621.**
- You can also call the **NSPCC Child Protection helpline on 0808 800 5000.**



FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make children and young people are seen, heard and helped. **SAFEGUARDING FIRST, CONTEXT, CURIOSITY & CHALLENGE.**
- Your **professional judgement** is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role.
- Be familiar with, and use, when necessary, the **Hackney Child Wellbeing Framework and/or The City of London Thresholds of Need tool** to ensure an appropriate response to safeguarding children and young people.
- Understand the importance of **talking with colleagues and don't be afraid to share information**. If in doubt, speak to your manager.
- **Escalate your concerns** if you do not believe a child or young person is being safeguarded. This is non- negotiable.
- Use your representative on the CHSCP to make sure that your voice and that of the children and young people you work with are heard.
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents.



LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously.
- Lead members for Children's Services have a key role in children's safeguarding – so does every other councillor.
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind.

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CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organisation. When you talk, people listen. Talk about children and young people. Talk about **SAFEGUARDING FIRST**.
- Your leadership is vital if children and young people are to be safeguarded.
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust.
- Ensure your workforce attend relevant CHSCP training courses and learning events.
- Ensure your agency contributes to the work of CHSCP and give this the highest priority. Be compliant with minimum standards for safeguarding.
- Advise the CHSCP of any organisational restructures and how these might affect your capacity to safeguard children and young people.



THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children.
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies.
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse.
- Ensure a strong focus on MAPPA and MARAC arrangements.



HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with statutory guidance KCSIE.
- You see children more than any other profession and develop some of the most meaningful relationships with them.
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection.



INTEGRATED COMMISSIONING BOARDS

- The ICB has a key role in scrutinising the governance and planning across a range of health organisations.
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.



THE LOCAL MEDIA

- Safeguarding children and young people is a tough job.
- Communicating the message that safeguarding is everyone's responsibility is crucial - you can help do this positively.
- Hundreds of children and young people are effectively safeguarded every year across the City and Hackney.
- **This is news.**

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Title of Report	Children and young people commissioning update
For Consideration By	Health and Wellbeing Board
Meeting Date	26 January 2023
Classification	Open
<u>Ward(s) Affected</u>	All wards
Report Author	<p><i>Carolyn Sharpe, Consultant in Public Health (children, young people and health protection), Hackney Council</i></p> <p><i>Nadia Sica, Integrated Commissioning Transformation Programme Manager, Children, Young People, Maternity and Families, City and Hackney Integrated Care Partnership</i></p> <p><i>Sarah Darcy, Strategic Lead for Children and Young People, NHS North East London ICB</i></p>

Is this report for:

- Information
- Discussion
- Decision

Why is the report being brought to the board?

This paper provides the board with an update on commissioning activities for children and young people in Hackney by Public Health and to highlight key strands of work within the Children, Young People, Maternity and Families Integrated Commissioning Workstream.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

1. **Summary**

- 1.1. This paper provides the board with an update on commissioning activities for children and young people in Hackney by Public Health and to highlight key strands of work within the Children, Young People, Maternity and Families Integrated Commissioning Workstream.
- 1.2. The purpose of this agenda item is to:
 - Provide board members' with an overview and update on the key commissioning activity taking place for children, young people, maternity and family services in Hackney.
 - Familiarise the board members with key plans and projects to progress the integration agenda.
 - Initiate a discussion around how we achieve successful integration across the Hackney children, young people, maternity and family portfolio.

2. **Recommendations**

- 2.1. The board is requested to consider the following questions:
 - What is the board's vision for successful integration across the children, young people, maternity and families portfolio and what are the greatest opportunities for achieving this?
 - What are the key limiting factors to successful integration for children, young people, maternity and families? Are the problem statements outlined in section [4.7.3](#) accurate and comprehensive?
 - Reflecting on the problem statements outlined in section [4.7.3](#), what key design principles should be adopted in order to achieve collective improvement?

3. **Background**

- 3.1. This paper summarises the commissioning arrangements and activities for children and young people in Hackney by Public Health and the Children, Young People, Maternity and Families (CYPMF) Integrated Commissioning Workstream. The CYPMF team is an integrated team comprising North East London (NEL) Integrated Care Board (ICB) and London Borough of Hackney (LBH) staff. The joint commissioning portfolio includes a breadth of services, both universal and targeted, that aim to provide the best start in life for children and young people in Hackney and the City of London.
- 3.2. Many of the services commissioned by Hackney council also cover the City of London. These services are commissioned by Hackney on behalf of the City of London Corporation (CoL) and covered by a Service Level Agreement with the CoL.

- 3.3. Building on the partnership working already taking place and further enabled through the establishment of the wider North East London Integrated Care System, and our local City and Hackney Place Based Partnership, Hackney Cabinet have endorsed the continued direction of travel, in terms of partnership and integration across the breadth of children's health. Current and planned integration projects include children and family hubs, the super youth hub(s), integrated working at a Neighbourhood level and more integrated services for SEND and early help.
- 3.4. A Joint Children's & Families Health & Wellbeing Integration Framework & Action Plan is in development (see section 4.7). The framework will act as a mechanism to support the successful integration of children's services and will comprise a set of shared outcomes for children, young people, maternity and families, shared integration principles and accompanying five year action plan.

4. **Public Health commissioning update**

- 4.1. [Appendix 1](#) provides a summary table of all services for children and young people commissioned by the Hackney and City Public Health Team including the service name, current provider, a brief description of the service provided, contract dates, commissioning phase and annual value.

- 4.2. A narrative update with regards to high spend and/or high priority commissioning activity is provided below.

4.3. **Health Visiting Services**

- 4.3.1. We are currently in the process of commissioning a new Enhanced Health Visiting (EHV) Service. Bids in response to the tender have been received and are currently being evaluated by the team. We expect to award the new contract in March 2023 with the new service commencing from September 2023.

- 4.3.2. The EHV Service will be 'universal in reach – personalised in response' and meets the [2021 Healthy Child Programme guidelines](#). It is a needs-led model which provides more tailored and evidence-based interventions, allowing for families to travel between levels of service according to their needs. The new EHV service model includes an additional fifth level over and above the four levels of service currently provided. This intensive fifth level (replacing the Family Nurse Partnership Service, see below section) will support vulnerable, complex families and will have a broader eligibility criteria so that families that require support are not restricted access due to the parent's age or if it is a second born child.

- 4.3.3. In addition to the five mandated visits, the EHV Service also comprises three targeted visits (1 specifically to act as a safety net for School Readiness); additional speech, language, and communication reviews at the 9-12 month visit, 2-2.5 year visit and at the 3-3.5 year visit to address the impact of COVID-19 on early years development.

- 4.3.4. The EHV service includes 11 high impact lead roles which will focus on key aspects of child health, wellbeing and development. The service will also include an 18 month desktop review of child health records to ensure any outstanding remedial action is identified and addressed before development is impaired.

4.4. **Family Nurse Partnership (FNP)**

- 4.4.1. FNP is a licensed nurse-led home visiting service for first time young mums aged under 19 or up to the age of 25 with known vulnerabilities. The service is in the process of being decommissioned and will come to a close at the end of August 2023. From September 2023, all families that would have been eligible for the FNP service will be supported through the Intensive Home Visiting element of the new Enhanced Health Visiting Service (see section 4.3 above).
- 4.4.2. In the last two years, FNP has been successful in offering services to first-time mothers under the age of 24 years and has also been able to meet attrition levels of less than 40%. Feedback obtained from clients as part of the 2022 CYP Health Needs Assessment carried out by the Public health team demonstrates that the programme is highly valued but would like the programme to work with more than one child. However, the service has faced challenges in ensuring that 75% of clients who are offered the service go on to enrol on the programme and ensuring they enrol before 16 weeks and at a maximum of 28 weeks. The service has also faced challenges in recruitment of staff and staffing capacity, which has impacted achieving key performance indicators. Since the service was first mobilised, the number of enrolled FNP clients has always been low compared to the agreed performance indicators.
- 4.4.3. The FNP programme model has a number of limitations: a) It only works with first-time young mothers under 25 years old. This is not in line with the needs of the City & Hackney population, which has a reduced number of teenage parents, and an increasing number of older first-time parents. b) The programme only works with one child - the first child up to 2 years. This excludes families with more than one child and communities in the borough where the birth rate is high. c) The programme does not support concealed pregnancies, as you cannot access the programme if you are more than 28 weeks pregnant. d) FNP is a licensed model and is not flexible to suit the needs of our local population.
- 4.4.4. A Family Nurse Partnership transition working group has been set up involving different stakeholders to support the safe transition of clients on the FNP caseload. Guidelines provided by the FNP national team are being used to steer the process and the working group is meeting on a monthly basis from the end of November 2022.

4.5. **Clinical health and wellbeing service (CHYPS Plus)**

- 4.5.1. On 05 December 2022, Hackney Council's Cabinet Procurement & Insourcing committee (CPIC) approved an extension to the current Young People's Clinical Health and Wellbeing Service (CHYPS Plus) for an additional year. The service contract will now expire on 31 August 2024. This extension will ensure continuity of a vital service for City and Hackney residents while a full recommissioning process is undertaken including assessing the potential for insourcing and maximising the potential for service integration.
- 4.5.2. The one year extension will allow sufficient time for a comprehensive service review and redesign to take place. The extension will also allow for better alignment of the procurement timetable with other related services, thereby maximising the potential for service integration. The CHYPS Plus service is an essential part of the Super Youth Hub integration project (see section 4.6 below).

4.6. **Super Youth Hub**

- 4.6.1. The Super Youth Hub is a place-based partnership project aiming to improve autonomous and independent access to a range of integrated services for young people aged between 11-24. The project is in the very early stages of development and possible services in scope to be integrated at place include; early mental health and wellbeing support, sexual and reproductive health, substance misuse, primary care (GP), training, employment and social prescribing.
- 4.6.2. The service(s) design and locations will be shaped and developed by the views of young residents in Hackney and The City. Young residents aged 16-19 will be trained in participatory action research (PAR) techniques to learn methods of engagement that will enable them to gather data and insights on the views of other young people on services, primarily to understand how services should be designed and delivered in a way that ensures that young people are able to find and access support in the right place (for them) at the right time with the right person.
- 4.6.3. The project is being taken forward in partnership between the CYPMF workstream, Public Health and Young Hackney. As the project develops, a comprehensive project plan and governance arrangement will be put in place.

4.7. **Joint Children's & Families Health & Wellbeing Integration Framework & Action Plan**

- 4.7.1. In June 2022, a paper was presented to Hackney Cabinet outlining a proposal for a Joint Children's and Families Integration Framework and a supporting 5-year Action Plan to support the successful integration of children and families services, for Hackney's population aged 0 - 19 (25yrs for those who are owed a statutory responsibility).
- 4.7.2. Hackney Cabinet endorsed the following;

- To continue the direction of travel, in terms of partnership and integration across the breadth of children’s health, mirroring the current integration of children’s social care and education.
- The establishment of a Joint Children and Families Health & Wellbeing Integration Framework as a mechanism to support this. The Framework will comprise a set of shared outcomes and several key partnership principles that will underpin all children’s health work going forward. The outcomes and key principles are to be formally agreed and signed up to by all relevant partners.
- The development of an action plan that will provide strategic direction for the successful integration of 0-19 services over the next 5 years, which takes into account the evidence base for creating an enabling environment for integration and components of integrated care.

4.7.3. A set of problem statements were collated as part of the 2022 children and young people needs assessment. These problem statements reflect the areas that partners believe we can collectively improve and are therefore being used to inform the development of the key design principles for integration.

Table 1: Themed problem statements for the children, young people and families workstream

POPULATION	STAFF	SERVICE
<ul style="list-style-type: none"> ● High levels of population health (and social) needs ● Stark and, in some cases, widening inequalities ● Rising levels of SEND and families with complex and safeguarding needs ● Rising demand (through ageing and growing population) 	<ul style="list-style-type: none"> ● Ageing cohort of experienced staff in key services ● High levels of staff vacancies and retention challenges ● Unable to meet population needs - e.g. HV caseloads in excess of recommended 250 ● Low staff wellbeing and morale ● Wider staff skills mix and associated training to support this is needed 	<ul style="list-style-type: none"> ● Funding is being reduced in real terms and the extent of this is uncertain over the longer term ● Post pandemic effects still unknown; still catching up with pre-pandemic levels ● Service fragmentation is inhibiting our ability to meet local health challenges and widening health inequalities ● Structural racism and discrimination ● Lack of consistent service evaluation results in an unclear

		<p>performance picture</p> <ul style="list-style-type: none"> ● Inconsistent data collection and reporting ● Outdated information technology ● Unaligned commissioning cycles ● Lack of clarity of roles and responsibilities increasing the risk of duplication as well as gaps
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4.7.4. An initial draft of the Framework’s shared outcomes and design principles has been developed and is being shared with key stakeholders for their approval. An evidence review of the successful components of integration for children and families’ services has also been carried out which will inform the development of the action plan in partnership with all relevant stakeholders.

4.7.5. A further update on the Joint Children's & Families Health & Wellbeing Framework & Action Plan will be brought to the Health and Wellbeing Board in March 2023. This update will include a final draft of the shared outcomes and design principles for the board’s input and approval.

5. **Children, Young People, Maternity and Families Integrated Commissioning Workstream Update**

5.1. In order to improve population health and reduce inequalities across the City and Hackney Place-Based Partnership, a number of key priorities for the Children, Young People, Maternity and Families (CYPMF) Integrated Commissioning Workstream have been identified. Key partners are working collaboratively to deliver on the following ‘big ticket items’; *improving outcomes around emotional health and wellbeing; improving outcomes for children and young people with complex needs, special educational needs and disabilities including those with learning disabilities and autism; improving uptake of immunisations.*

5.2. The introduction of Integrated Care Systems (ICS) and dissolution of Clinical Commissioning Groups (CCGs) represents significant structural change in the NHS and wider health landscape. Neighbourhoods continue to be the prescribed model for delivery of services at the hyper-local level within ICSs. The CYP-focused work at Neighbourhoods level has been evolving at pace over the last two years with a number of key projects progressing the integration agenda.

5.3. Post-Covid, tackling inequalities has come to the very forefront of programme delivery as a priority across the entire Health and Care system. A CYPMF strand

of work which explicitly aims to address the disproportionality of outcomes experienced by our global majority communities is the Young Black Men's Mental Health Programme (YBM MH). The YBM MH programme is one of the three key workstreams of the wider LBH 'Improving Outcomes for Young Black Men (YBM) programme' which was established 6 years ago to tackle inequalities facing Black boys and young Black men. The CYPMF workstream is tasked with leading the YBM MH workstream.

5.4. **Neighbourhoods**

5.4.1. CYP-focused activities within each of the 8 City and Hackney Neighbourhood geographies continue to progress the integration agenda with Primary Care Networks (PCNs) working collaboratively to address three key priorities:

- Strengthening the approach for 0-5 year olds and their families
- Developing the approach for 5-19 year olds and their families
- Embedding a whole family approach across Neighbourhoods to ensure that the needs of dependent children of vulnerable adults are addressed by CYP services

5.4.2. In Well Street Common Neighbourhood, a joint action plan is being developed aimed at improving understanding of pathways and services for healthy lifestyles and healthy weight for young people. This is being worked up in partnership with Public Health, Primary Care, Dietetics, School-Based Health Services, Young Hackney and other local teams. Opportunities to engage local residents and the local Voluntary and Community Sector as part of this work are also being progressed. Also being led by Well Street Common PCN is a pilot of system-wide staff networking lunches to strengthen relationships and understanding of practitioners working within Neighbourhoods, commencing in March 2023.

5.4.3. Further Neighbourhood pilot projects are also underway;

- A project to develop an Autism-Friendly Neighbourhood is being developed in London Fields Neighbourhood. A Project Coordinator was appointed in July 2022, employed by HUFT for 12 months to develop the work. This work contributes to the delivery of key recommendations from the City and Hackney Autism Strategy 2020-25.
- An Early Intervention Project in Hackney Downs Neighbourhood to improve children's early language outcomes is being developed with partners with a part-time project coordinator employed by HUFT until March 2024.

5.4.4. There is a wider strategic transformation on the horizon across Children, Young People and Families services being led by London Borough of Hackney and Hackney Education that means the landscape of how 'Early Help' services are accessed is changing. This is being developed through

the Early Help Implementation Board and has included a review of 0-19s Children and Young People's Early Help Services, the recent emergence of an 'Early Help hub' as a single front door for Early Help referrals and the expansion of Children's Centres to become 'Family Hubs' which will be more closely aligned with the Neighbourhoods boundaries.

- 5.4.5. A consultant has been appointed to support evaluation of the wider Neighbourhoods Programme.

5.5. **Emotional Health and Wellbeing**

- 5.5.1. We are in year 3 of the delivery of the City and Hackney Integrated Emotional Health and Wellbeing Strategy 2020-2025. The Emotional Health and Wellbeing Partnership is overseeing the system-wide delivery of the plan which is driving a number of place-based programmes. Priorities include addressing the post-pandemic surge in crisis presentations, maintaining momentum around integration of the different CAMH (children and adolescent mental health) services and creating 'a single point of access'.
- 5.5.2. Subgroups of the Partnership include Families, Neurodiverse/Learning Disabilities, Schools, Education, Training and Employment. There are also a number of system wide Task and Finish Groups to address Crisis and Eating Disorders.
- 5.5.3. The management of a post-pandemic surge in demand for CAMH services continues, in particular ongoing increased crisis mental health presentations, eating disorder presentations and a capacity issue with both clinical staff and Tier 4 placements (this is a national issue). We have a range of partnership plans in place to improve this locally, including strengthening prevention and identification by rolling out the Wellbeing and Mental Health in Schools (WAMHS) programme to 100% of schools from September 2023.
- 5.5.4. Part of the wider system transformation work in relation to mental health has been to establish a 'single point of access' (SPA). The SPA acts as a central point of referrals for all 3 NHS CAMH services (Specialist CAMHS, First Steps and CAMHS Disability) with one email address and one phone number. Additionally, the Early Help Hub joins the SPA team for a huddle at 3pm twice a week to enable non-mental health specific referrals to be effectively triaged. Working in this integrated way aims to reduce the fragmented journey CYP and their families have historically faced when accessing mental health services as well as reducing duplication of work.
- 5.5.5. The SPA began operating early November 2022 from the Ark, however longer term plans are to base the team at the Service Centre maximising the benefits of co-location.

5.6. **Young Black Men's Mental Health Workstream**

- 5.6.1. This work is being taken forward in a partnership with Hackney Council,

Hackney CVS, voluntary and community organisations, the YBM accountability board, statutory partners and, critically, families and young people themselves, to create meaningful and lasting solutions.

5.6.2. A workshop was held in October 2022 to relaunch this workstream, aligning work which is taking place across the system to support YBM mental health and to bring together key stakeholders to jointly identify programme priorities. A YBM MH action plan aligned with the key priorities identified at the workshop is currently being developed. The action plan will identify key outcomes and will endeavour to embed a mechanism for measuring progress against the desired outcomes. Please see [Appendix 2](#) for the YBM MH Workstream Delivery Timelines.

5.6.3. Key 2023/24 priorities identified for the YBM MH workstream include:

- Creating a SMART action plan which outlines the workstream priorities for 2023-24
- Taking key learning from the Growing Minds Evaluation (community-lead intervention) and integrating this in meaningful ways moving forward.
- Working with the YBM Accountability Board (made up of Hackney and City community residents) on moving forward with outcomes.
- Continuing to ensure this work is aligned with key forums and partnership plans across City and Hackney.
- Contributing to the Joint Children & Education Anti Racist Action Plan and forming part of the Anti-Racism Staff Reference Group.
- Identifying opportunities for outreach in community settings to support increased access in how CYP and families can input into the direction and development of this Workstream.

5.6.4. To ensure this work continues to be prioritised and integrated, the CYPMF workstream is reviewing the programme deliverables against wider partnership plans for City and Hackney, including the Emotional Health and Wellbeing Strategy, the Joint Children & Education Anti-Racism Action Plan and the Young Futures Commission work.

5.7. **Embedding Anti-Racist Practice Across the System**

5.7.1. The CYPMF workstream continues to support wider Anti-Racist practice and is a key partner of the newly formed Children and Education Anti-Racism Staff Reference Group.

5.7.2. This demonstrates a commitment to Anti-Racist Practice being embedded across the workstream, and will include contributions to improving Anti-Racist practice in the following ways:

- Contributing to the development and co-production of activities to improve service delivery.
- Attending regular forums to act as a 'critical friend from a health commissioning perspective', helping the C&E Leadership Team with the development of policies, procedures, guidelines.
- Prioritise identifying opportunities for promoting the voice of the child and families in the development of services.
- Contribute to identifying existing good practices, emerging needs and challenges, sharing examples and proposed solutions with the C&E Leadership Team.

5.8. **Children and Young People with Complex Needs and Special Educational Needs**

- 5.8.1. The new SEND Inspection Framework has been published and Hackney expects to have a Joint (OFSTED, CQC and Social Care) Area SEND Inspection very early in 2023, as the last inspection took place in November 2017. Under this Framework there will be a greater focus on the experience of children, young people and their families in accessing the SEND system. A variety of engagement methods will be employed in order to assess this including a survey for parents and carers, meetings with parents, 'case tracking' across services and settings, and sampling of wider CYP records. Inspectors will also undertake thematic visits to Local Areas during the year. The first focus in Spring and Summer 2023 will be on Alternative Provision (which is newly included in the Framework).
- 5.8.2. In preparation for the imminent SEND inspection, the Hackney SEND Partnership is co-producing a Self-Evaluation Framework. The framework will focus on evidencing the impact of the SEND system. Health services continue to collaborate with all SEND partners to strengthen performance of statutory duties and to jointly deliver the SEND transformation priorities including early help and the Graduated Response (early help being available based on needs not diagnosis or the existence of an Education Health and Care Plan).
- 5.8.3. There continue to be significant pressures across the system in terms of increasing levels of need and recruitment challenges particularly in CAMHS and therapies. There is a focus on identifying and making clear to families the offer of support whilst CYP are on long waiting lists and on working to bring together the oversight of waiting lists.
- 5.8.4. With the creation of the ICB there is a requirement for SEND governance both at 'Place' (or 'Local Area') and at ICB level. Health accountability therefore needs to sit at both Hackney and ICB level. This is an opportunity to address at ICB level system challenges that require a wider strategic response (such as workforce planning).

5.9. **Immunisations**

- 5.9.1. There continues to be a strong partnership commitment to increasing childhood immunisations coverage across Hackney. The pandemic has adversely impacted uptake across the borough, with specific (and long term) risks in North East Hackney (where families do vaccinate, but late and outside of the standard schedule).
- 5.9.2. Long standing ICB-funded (previously the CCG) enhanced provision has continued in North East Hackney (for the Charedi community) and during the London Polio response (August to 23rd December 2022) there have been additional Homerton and Primary Care Network (PCN)-based clinics across the borough. All City and Hackney children eligible for the polio booster were offered it, with an uptake level of 28.1%.
- 5.9.3. The Partnership has a long term strategic approach to improving coverage; an ICB Programme Manager is being recruited to refresh the strategy and provide an operational interface with general practice, and further non-recurrent funding is sought from NHSE (as lead commissioner) to support investment in call and recall (identified as a critical factor for success) and vaccinator resource.
- 5.9.4. Ongoing engagement work (NHSE funding enables a coordinator to work specifically with our Orthodox Jewish community) and culturally appropriate communications are important and will form part of the strategy pan-Hackney but call and recall is where investment is required, building on the learning of both childhood immunisations and Covid.

5.10. **CYP Social Prescribing**

- 5.10.1. A workshop was delivered with CYP stakeholders at the end of October 2022 to reflect on the learning from children and young people Social Prescribing pilot and to begin to identify some priorities for a City and Hackney CYP Social Prescribing offer that would add value to existing service provision.
- 5.10.2. Some non-recurrent NEL ICB place-based partnership funding has been secured that will enable the appointment of a Project Manager soon to further develop and take forward the work, working with a steering group.

6. **Policy Context**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

- Improving mental health
- Increasing social connection and
- Supporting greater financial security
- All of the above

Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Making the best of community resources
- All of the above

7. **Equality Impact Assessment**

Not applicable.

7.1. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

- Yes
- No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

- Yes
- No

8. **Risk Assessment**

Not applicable.

8.1. **Sustainability**

Not applicable.

Appendix 1: Summary of children and young people’s services commissioned by the City and Hackney Public Health Team

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
0-5	0-5 Healthy Eating and Obesity Service	HENRY	<p>A universal and targeted healthy weight service for children aged 0-5 years and their families.</p> <ul style="list-style-type: none"> • There are four key components to the service: <ol style="list-style-type: none"> 1) Healthy Start Vitamin promotion and delivery 2) Healthy eating education workshops for families 3) Health promotion of a healthy weight 4) Training and development 	02/04/2018 - 31/03/2023	New service - contract award
0-5	Healthy Early Years Service	Hackney Education	<p>The main aim of the service is to reduce health inequalities by supporting a healthy start to life for children under 5 years by:</p> <ul style="list-style-type: none"> • Supporting Early Years settings to achieve their Healthy Early Years (HEYL) Awards status • To facilitate access to further training (online) to achieve HEYL standards • To deliver a culturally appropriate service that serves the needs of Charedi Early Years setting 	28/09/2022 - 31/08/2024	Mobilisation
0-5	Bump Buddies	Shoreditch	Provide community support to pregnant women and new mothers, who are affected by complex social	01/04/2018 -	Reprocurement

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
		Trust	issues including poverty, homelessness, social isolation, domestic violence, insecure immigration status, trauma and poor mental and/or physical health. Services include information and signposting, crisis support and peer mentoring.	31/03/2023	
0-5	Health Visiting	Homerton Healthcare Trust	Health visiting is a statutory nurse-led service for 0-5s which is both universal and targeted. It is a four tier offer with five mandatory universal reviews for all children. Families with additional needs can also receive a visit at one month and four months in addition to the five mandated visits.	01/07/2016-31/08/2023	Evaluation of bids
0-5	Family Nurse Partnership	The Whittington Healthcare Trust	FNP is a licensed nurse-led home visiting service for first time young mums aged under 19 or up to the age of 25 with known vulnerabilities. The FNP service ends August 2023 and will be replaced by the Enhanced Health Visiting Service.	01/09/2018 - 31/08/2023	Contract end
0-5	Oral Health ¹ Prevention and Promotion Service	Kent Community Health	The oral health prevention and promotion service aims to deliver a high quality, effective, efficient, accessible and innovative service to improve oral health and reduce oral health inequalities in the population of the	01/01/2023 - 31/12/2027	Normal contract management

¹ Service is also for older adults in care homes

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
			<p>London Borough of Hackney and the City of London. The key interventions include appropriate delivery of fluoride to children, vulnerable and older adults through universal interventions, e.g. universal provision of toothbrushes and fluoride toothpaste amongst children and young people in early years nurseries, childrens centres, special schools, care and nursing homes; and targeted interventions, e.g. targeted supervised tooth-brushing programme in Special Education Needs School, Pupil Referral Units and nurseries including Orthodox Jewish nurseries and childminding day nurseries, Fluoride Varnish Programme in state and independent primary schools and support implementation of CQC oral health standards in nursing and supported living settings.</p>		
0-5	Alexander Rose	Alexander Rose Charity	<p>Alexandra Rose fruit and vegetable voucher scheme for a target of 260 families distributed through eight participating Children Centres.</p>	01/03/2022 - 31/04/2023	Service redesign
5-19	School-based health service	Homerton Healthcare Trust	<p>A nurse-led service for school age children which includes the National Weight Measurement Programme (NCMP) and school entry health check, Safeguarding (all schools) Individual Care Plans for children with health conditions. The service includes dedicated</p>	01/09/2018 - 31/08/2024	Service redesign

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
			nursing support for children attending special schools, as well as clinical oversight for the health checks in Orthodox Jewish schools.		
5-11	National Child Measurement Programme Orthodox Jewish Schools	Venishmartem and Children Ahead	Venishmartem and Children Ahead deliver annual height and weight checks for school age children 4-5 and 10-11 and the school entry health check for children attending independent OJ schools in Hackney and provide dental education for year 6's.	01/09/2018 - 31/08/2024	Service redesign
5-19 up to 25	City & Hackney Young People's Clinical Health and Wellbeing Service CHYPS +	Homerton Healthcare Trust	A clinical and treatment service for CYP to support their sexual and emotional health, provide smoking cessation and a gateway to specialist weight management/MH support early help.	01/11/2016 - 31/08/2024	Service redesign
11-19	Young People's Education and Outreach Service	Young Hackney	Personal, Social, Health and Economic Education (PSHE) and Relationship and Sex Education (RSE) for schools and wider health promotion in outreach work in schools and youth settings	01/11/2016 - 31/08/2024	Redesign phase
5-19	5-19 interim Healthy Weight Service ²	Homerton Healthcare Trust	Responsible for delivering and creating a behaviour change programme for children, young people and	Contract to be signed imminently	Mobilisation phase

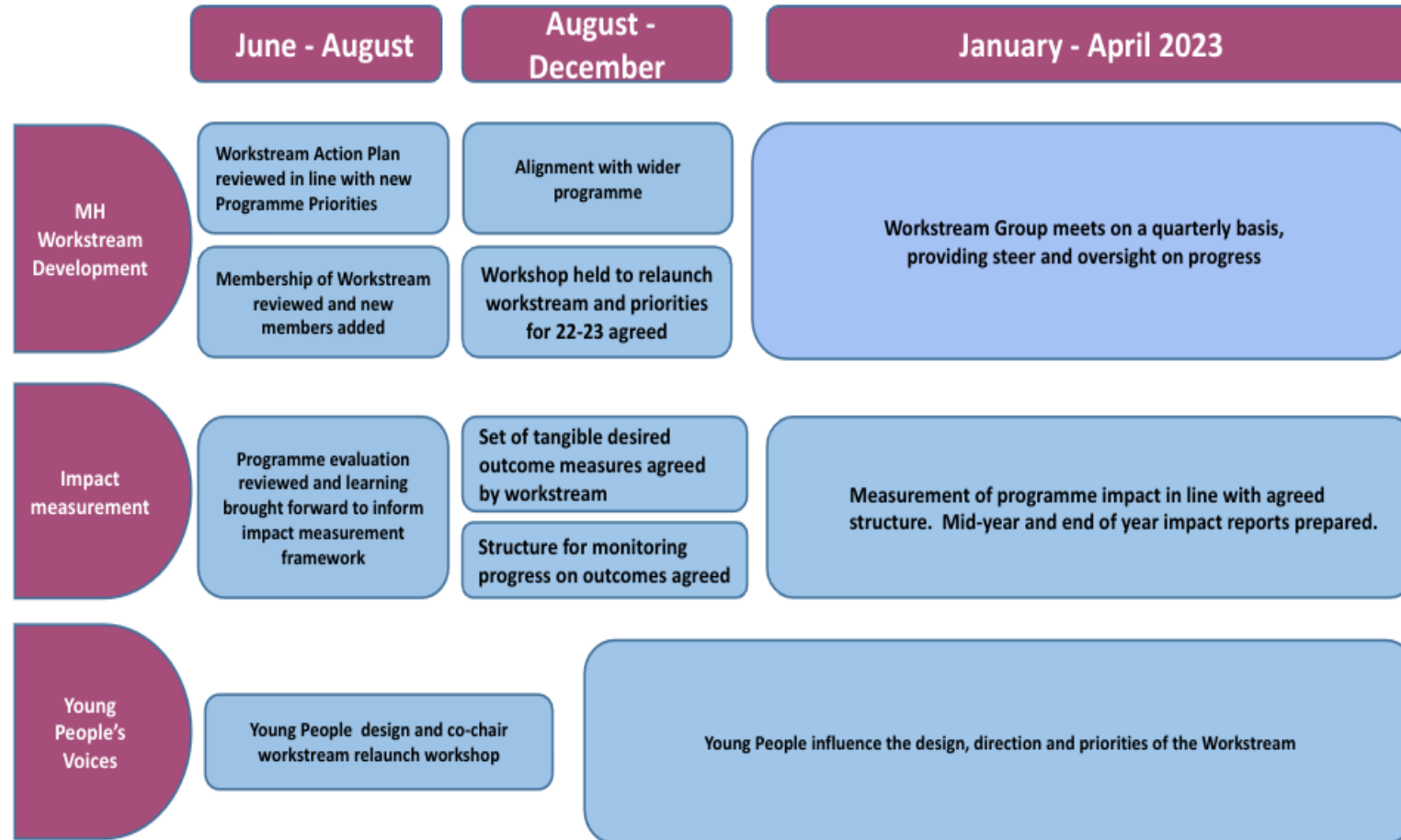
² contract not directly managed by the children and YP /HP team

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
			families in City and Hackney, helping them improve their weight and create long term healthy habits related to diet and physical activity		
8 and 25	Young People's Substance Misuse Service ³	Young Hackney	A non-prescribing service for CYP which includes harm reduction interventions, working with children in contact with youth justice, prevention, education and outreach working in partnership with Hackney Health and Wellbeing service.	01/04/2015 - 30/09/2023	Redesign phase
16yrs plus	Identification & Referral to Improve Safety (IRIS) in Primary Care	Nia	The City and Hackney Public Health team currently funds Nia to deliver the IRIS service (Identification and Referral to Improve Safety) to provide identification and early intervention services throughout the boroughs. The IRIS service is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices. IRIS is a collaboration between primary care and third sector organisations specialising in DVA.	01/10/2016 - 30/03/2023	Mobilisation
16yrs plus	SVA DV Training service	DAIS	Public Health and NEL ICB are jointly funding DAIS to deliver a domestic abuse training and case consultation service (consisting of 2 domestic abuse trainers) within the DAIS service. This is a new early identification	30/01/2023 - 29/07/2024	Recruitment and mobilisation

³ contract not directly managed by the children and YP /HP team

Age group	Name of Service	Provider	Brief description	Contract start /End date	Commissioning Phase
			<p>domestic abuse training service and case consultation service for a wide range of front facing practitioners in City and Hackney with a focus on those working within NHS and local authority services (including Hackney council and City of London Corporation) but may also include staff in the voluntary and charity sector (VCS) and external agencies such as the Metropolitan and City of London Police and the London Fire Brigade.</p>		

YBM MH Programme Delivery Timelines – 2022/23





Title of Report	Start for Life and Family Hubs Update
For Consideration By	Health and Wellbeing Board
Meeting Date	26 January 2023
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Donna Thomas

Is this report for:

<input checked="" type="checkbox"/>	information
<input checked="" type="checkbox"/>	discussion
<input type="checkbox"/>	decision

Why is the report being brought to the Board?

Hackney is one of 75 local authorities pre-selected to receive Government funding to support infants, children and families through the [family-hubs-and-start-for-life-programme](#). This includes a share of £302m to develop new children and family hubs. For Hackney the indicative funding allocation is £3.785m - £3.950m over 3 years (2022/23 - 2024/25).

The objective of the Start for Life and Family Hubs programme is congruent with the health and wellbeing board aims to improve the health and wellbeing of local people and tackle health inequalities. The children and young people's health needs assessment for the 0-19 population, provides intelligence to inform the shaping of the hubs and the Start for Life offer, focused on improving outcomes for infants and young children. The hubs are intended to provide a universal 'front door' to families offering a 'one stop shop' of family services, to support access, connection and strength-based practice through relationships.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

An update on the development of the family hubs was given at PSG in September, and at members' drop-in to engage ward members Oct and December 2022.

1. **Background**

- 1.1. Hackney is one of [75 local authorities pre-selected](#) to receive Government funding to support infants, children and families through the [Start for Life and Family Hubs funding package](#). This includes a share of £302m to develop new Children and Family Hubs in their area. Pre-selection criteria included targeting funding at those Local Authorities with the highest levels of deprivation to support the Government's levelling-up agenda. The indicative funding allocation for Hackney is £3.785m - £3.950m over 3 years (2022/23 - 2024/25).
- 1.2. Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, connections between families, professionals, services, and providers, and put relationships and strength-based practice at the heart of family support.
- 1.3. Family hubs offer support to families from conception to those with children of all ages, 0-19 or up to 25 for young people with special educational needs or a disability (SEND). Integral to the hubs is a Start for Life offer and a digital programme at the core.
- 1.4. Hackney already has an extensive integrated multidisciplinary offer of universal and targeted support available for children and families through Children's Centres, Youth Hubs, Young Hackney, Family Units, health, community sector and partners. However, newly developed Children and Family Hubs offers an opportunity to broaden the work of children's centres and work with partners and the community sector to bring together support for families in a new, more joined-up way.
- 1.5. Children and Family Hubs will provide a universal 'front door' to families, offering a 'one-stop shop' of family support services across their social care, education, mental health and physical health needs, with a comprehensive offer for parents and babies at its core.
- 1.6. They will see professionals and services from right across the Council, as well as from the health and voluntary sectors, working together to provide high-quality, cohesive and tailored support for families from conception. Universal support for the youngest children, such as early education, home learning, stay and play activities and infant feeding will remain a focus in the Hubs.
- 1.7. The intention is to reconfigure and transform the 6 strategic multi-agency Children's Centres - Ann Tayler, Sebright, Daubeney, Woodberry Down, Oldhill and Linden into 4 family hubs, with 4 networks of professionals, services, settings and satellite children's centres working together to support families with a common approach. Each hub and network will be coterminous with 2 of the 8 health children and family neighbourhoods and PCN's, to create 4 professional networks.
- 1.8. Mapping of the children's centres, services and child population produced 3 options for the configuration of the hubs into neighbourhoods. The

methodology and appraisal of the emerging options was tested with stakeholders resulting in a preferred configuration of the hubs - Option 1 to be taken forward with partners.

Option 1

Average IDACI: 3	3.15	3.95	2.45	2.45
Option 1	Clissold Park/Hackney Down <small>Linden, Fernbank, Inan, Comberton (One O'clock Club, attached to Woodberry Down)</small>	Springfields Park and Woodberry Wetlands <small>Oldhill, Lubavitch, Hillside, Woodberry Down</small>	London Fields and Shoreditch Park <small>Ann Taylor, Maplestone, Comet at Thomas Fairchild, Comet, Minik Kardes, Sebright</small>	Well Street Community and Hackney Marshes <small>Garsborough, Wentworth, Morningside, Daubeney, Clapton Park, Millfields</small>
0 - 4 Population	4,915	5,849	4,782	4,162
5 - 19 Population	11,931	13,062	12,364	12,037
Libraries	2	2	3	1
GPs	12	7	10	10
Nurseries	40	38	22	15
Primary Schools	17	10	17	14
Secondary Schools	1	5	5	5
Special Schools	2	0	0	1
Independent Schools	7	21	4	0
PRUs	1	0	0	0
Children's Centres	4	4	7	6
Youth Hubs	1	1	1	1

1.9. A summary of the 3 options can be accessed here: [Copy of Mapping Children's Centres across the Neighbourhoods Model_13.07.22](#)

2. Start for Life and family hubs programme funding

2.1. The Start for Life and family hub funding programme is being delivered by the Department of Education and the Department of Health and Social Care, focused on the first 1001 days of life, to support:

- Infant feeding
- Parent–infant relationships
- Perinatal mental health
- Home learning

2.2. [Draft guidance](#) for delivery and outcome expectations has been provided along with an indicative funding allocation of £3.785M - £3.950M over 3 years (2022/23 - 2024/25) for Hackney. Final allocations and delivery guidance will be confirmed with participating Local Authorities by October 2022.

Table1: Provisional funding allocation (June 2022)

2022 - 2023	2023 - 2024		2024 - 2025		Total	
Total	Lower Range	Upper Range	Lower Range	Upper Range	Lower Range	Upper Range
£927,000	£1,552,000	£1,643,000	£1,306,000	£1,380,000	£3,785,000	£3,950,000

2.3. The distribution of the grant funding is predetermined by the guidance as per the below categories and percentages.

Strand of delivery	% of funding
Family Hubs programme spend	19%
Family Hubs capital spend	5%
Parenting support	17%
Home learning environment	8%
Parent-infant relationships & perinatal mental health	32%
Infant feeding support	16%
Publishing Start for Life offers & parent carer panels	3%

- 2.4. In addition to the indicative funding, an unsuccessful trailblazer application was submitted in August 2022 for a further £183k Start for Life funding. Only 15 Local Authorities would be accepted for the additional funding.
- 2.5. The timeline and expectations for the programme is a commitment to delivering visible change for families by the first half of 2023, with an expectation to meet the full requirements of the programme by 2024/25. This could mean:
- Formally moving beyond 0-5 services to 0-19/25 and communicating this to families
 - Transformation of 0-5 early help MAT (multi-agency team) to 0-19
 - Starting a wider process of co-location
 - Agreeing new partnerships with the voluntary actor and involving these partners in a new approach.
 - Communicating the Start for Life offer inclusive of infant feeding, supporting parent child relationships, home learning programme and parenting support.

3. Engagement and Delivery Plan

- 3.1 Vision scoping and the theory of change process with partners across the system in Health and the voluntary sector alongside Council officers started last Spring. The past several months have seen a number of engagement sessions developing the scope for Hubs locally. The outcome of the engagement sessions is:
- A commitment to place-based, single point of access, partnership approach to supporting families holistically
 - Opportunity to develop one outcomes framework across the system
 - The requirement for a workforce development programme to upskill practitioners for holistic family work with a shared approach.
- 3.2 Engagement with parents, carers and service users from diverse backgrounds took place last Autumn. Families were supportive of the development of a 0-19 approach, citing the need for more services for children 8-19 years, and long waiting lists for SEND services. The focus this term is engaging fathers and the voluntary sector.

- 3.3 An iterative draft delivery plan is evolving with partners through the CYPMF workstreams and the recently formed strategic delivery group. The purpose of the delivery plan is to set out the ambition for change, and the vision for a seamless integrated offer with outcomes and key milestones.

-Include any asks/recommendation for HWB

1. HWB are asked to consider and give a view on the opinions to reconfigure the children’s centres into the 8 children and family neighbourhoods and PCN’s (sec. 1.8-1.9).
2. HWB are asked to give a steer on the gaps in outcomes they would like the hubs and the Start for Life offer to be cognisant of.

1.1. **Policy Context:**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input checked="" type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

<input type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input type="checkbox"/>	Making the best of community resources
<input checked="" type="checkbox"/>	All of the above

1.2. **Equality Impact Assessment**

An equality impact assessment will be prepared once the model for Children & Family Hubs becomes clearer. It will accompany any consultation documentation. It will be reviewed and updated as necessary following consultation, prior to full implementation. The model is about early help and holistic support, therefore should not impose barriers or risks, and operational service delivery should work to reduce inequality as per their business as usual service standards.

1.3. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

- Yes
- No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

- Yes
- No

1.4. **Risk Assessment**

The ongoing campaigning locally and nationally for more affordable childcare will bring questions on childcare options and costs into the engagement, codesign, and development process, from parents and carers who use children's centre childcare provision, or may wish to use provision in the future. Future children's centre and family hub childcare arrangements will be informed by ideas emerging from the independent commission into affordable childcare. That said, childcare and respite for children in receipt of early help, alongside potential places for children in receipt of their free early years entitlement will remain integral to the development of the hubs. The commission into affordable childcare, will take place parallel to the development of the hubs. An independent chair has been appointed.

1.5. **Sustainability**

The indicative funding is intended to transform joined up service delivery through the development of the hubs and Start for Life offer, underpinned by workforce

development. The funding may trail new ways of working but is not intended to fund new services. Any changes must therefore be sustainable embedded within services by 2025.

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Appendices	

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Title of Report	Hackney Anti-Racism Action Plan - update
For Consideration By	Health and Wellbeing Board
Meeting Date	26th January 2023
Classification	Open
Ward(s) Affected	All
Report Author	Sonia Khan

Is this report for:

<input type="checkbox"/>	information
<input checked="" type="checkbox"/>	discussion
<input type="checkbox"/>	decision

Why is the report being brought to the Board?

The report outlines work underway to adopt an anti racism action plan for the Council by July 2023.

The plan will provide a framework to ensure consistent action and accountability across the Council. Partners will also be asked to also adopt the same approach. The action plan is aligned to the statement that has been adopted by London Councils Chief Executive's, the development of which was led by a working group chaired by Hackney. Tackling structural and systemic racism underpins the approach and we want all partners to focus on this and on what they need to change in their structures, systems and institutions.

As well as providing an update on the work being undertaken the develop the plan, the report highlights work that is most relevant to the health and wellbeing including;

- work scoped out by the health inequalities group which has helped mobilise taking an anti-racist approach to Neighbourhoods
- work led by Children's and Educations focused on anti-racism, which will also take forward in part the legacy of the improving outcomes for young black me work
- work led by mental health system

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

For discussion at the Health and Wellbeing Board:

- how do we ensure that across the system there is the shared understanding of what racism is and what anti-racism is as a prerequisite to tackling inequality? Can we co-design a learning session as a starting point, building on work already underway in Neighbourhoods?
- we need to involve partners from across the system to the outcome framework workshops sessions proposed - and invite partners to share their work on anti-racism that supports this

The main ways we will continue to link the Council led work with health and wellbeing partners will be via the Health Inequalities Steering Group and working with the Population Health Hub.

1. Background

The Council and partners have been focusing on racial inequality at an individual, system and community level for the last five years. The 2018-22 Improving Outcomes for Young Black Men Strategy set out the [granular data about inequality](#) and a clear articulation of what is driving inequality in the [plans](#) adopted in 2018. This was based on resident insight and stakeholder views and focused on the opportunities for change in schools, mental health and youth justice system. With critical challenge from an external panel of evaluators from UEL and Runnymede (including the now Deputy Mayor for Social Integration), we were able to strengthen the focus on institutional racism, initiating work to look at leadership culture and workforce diversity corporately in 2019.

The public sector, including local government, has been grappling with tackling racial inequality for many years, but we have not as yet seen this leading to a positive impact on outcomes. The work progressed in Hackney has shown how institutions keep repeating the same patterns of bias and discrimination that are deeply embedded in society. This means that interventions are either not the right ones, are not sustained or do not lead to long term change. In July 2020, [a motion](#) was passed to work towards being an anti-racist organisation. This helped strengthen the focus on what we need to change within institutions rather than what institutions are more comfortable doing, which is focus on the deficit in communities..

Prerequisite, to becoming an anti-racist organisation is ensuring that there is a shared understanding of what racism is, and what anti-racism is. Hackney chaired a group which developed the [anti-racist statement](#) which has now been adopted by London Councils and all local authorities.

Children's and Education have led the way in developing how we can embed the understanding of what racism is and what is needed to tackle it, and to embed this into

practice, with support from a Diversity and Inclusion Lead and this signals what is needed across the Council and the system.

The actions needed have been pulled together into a corporate anti-racist action plan, which is planned for adoption in July 2023.

2. Action Plan

The [action plan](#) that has now been developed sets out how we will take a bolder approach under the following headings which are aligned to the approach to tackling inequality set out in the strategic plan:

1. Embedding an anti-racist mindset and culture
2. Protective, preventative and positive action
3. Embedding anti-racism into service plans and practice
4. Building strong, cohesive communities that are part of the solution
5. Promote prosperity and wellbeing with targeted, positive action when needed
6. Developing leadership and workforce that is inclusive, humble and anti-racist and reflects the diversity of Hackney

Under each heading, there are high level actions that follow a consistent set of steps:

- Understanding of inequality
- Solutions needed
- Support delivery
- Account for difference made
- Inclusive Communication

We have cross referenced and been informed by existing work including:

1. Embedding an anti-racist mindset and culture

- Partners were previously involved, during 2021 and 2022 in developing the working definition of anti-racism. All partners have been engaged recently, as part of wider meetings, about committing to a shared definition.
- We have also asked the Children's Safeguarding Partnership to adopt a shared definition as part of the development of the Anti-Racist Charter recommended in the light of the Child Q review.
- The work has been developed iteratively with partners from the health system through the health inequalities steering group - so that the anti-racism action plan and anti-racism is now embedded as a commitment into the local place based partnership strategic focus.
- The draft plan was discussed with the VCS Assembly on anti-racism and we continue to engage with the anti-racism workstream that is focused on commissioning
- Education's Anti-Racism Action Plan which include commitments to develop then commitment of headteachers and governors and the new Children and Education Joint Action Plan

2. Protective, preventative and positive action

The work led corporately by the Council will complement work led by other teams and partner organisations and will support:

- Undertake refreshed trend pack data of key inequalities against Education, Employment, Health, Housing, Children's Wellbeing and Reducing Harm. This analysis will be intersectional to consider ethnicity, socio economics, gender and other factors.
- Share the stock take of work progressed (led by system leads / accountability board) and wider progress from work that is closely aligned (trust and confidence in policing, young futures, workforce diversity)
- Refresh the context, considering maturity in the system and whether the right conditions for success are in place
- Develop refreshed "theory of change" that identifies
- Developing an outcomes framework (see next section)
- Proposed interventions (including existing ones) and how these will impact positively on outcomes
- Sets timescales for change, bringing in evidence about how realistic these plans are, including benchmarking data
- Involve residents throughout in providing critical challenge through the existing community accountability through the Accountability group of black residents

Work led by Children and Education will be absolutely foundational to the impact that the corporate work can have. This is because ensuring that early years, education and early help is inclusive and anti-racist ensures that children and families receive the most appropriate support. This can have an impact on outcomes across the life course, as was identified in the early stages of the Improving Outcomes for Young Black Men Programme. The joint Children and Education Action Plan will have a focus on Early Help, Health and Education and will seek to tackle the overrepresentation of black and global majority children in exclusions and children's social care.

There is also a key workstream which continues through the improving outcomes for young black men programme on Supporting Young Black Men's Mental Health in City and Hackney and the new manifesto commitment which is being scoped out to establish a commission to ensure that local mental health services are meeting the needs of all residents, drawing on the learning of the Black Thrive work in Lambeth.

3. Embedding an anti-racist approach into service plans and practice

We are developing a tool using this continuum of anti-racist practice that helps services and organisations assess where they are against a set of domains covering organisational narrative, approach, willingness to work intersectionality and with complexity and support of proactive work.

A resource pack has been developed and is being used to develop workshops and training sessions, learning from the way that inclusive leadership and cultural humility workshops have been developed. This is being used to inform service planning guidance so that all services are expected to consider how they will embed an anti-racist approach.

We are engaging with the Population Health Hub to integrate these tools into wider work.

This will build on the practical work that is already underway to embed anti-racism into service design, delivery and practice:

- The Children and Education Practice Model is helping develop a granular way of embedding anti-racism into all areas of practice and all roles.
- Anti-Racism is explicit in the local Integrated Care System plans.
- Work is under development to embed anti-racist practice into Neighbourhoods work. Ensuring that this early preventative work is inclusive and anti-racist is key to ensuring that people receive appropriate support.

4. Building strong, cohesive communities that are part of the solution

Through the Improving Outcomes for Young Black men programme, scaling up community engagement to strengthen accountability and co-production were identified as a key priority. A comprehensive and far ranging Lottery Bid was submitted by Hackney CVS, in partnership with the Council and health partners in 2019 to help develop ways to engage with young people, parents and the wider community. Unfortunately this process was put on hold during the pandemic but funding has now been confirmed. We are working with Hackney CVS on how this resource can support the anti-racism work we need to do across the system. Alongside this, Hackney CVS have also been successful in securing continued funding for the My Ends Programme which funds community led initiatives to tackle serious violence.

The Police Action Plan in Trust and Confidence which has been developed in response to the Child Q review, building on work already in progress, is being developed to complement and support the wider anti-racism action plan. The Police locally have been engaged in the development of the wider anti-racist plan, and further sessions on anti-racism are planned with them.

As part of the transformation plans for Children and Education, embedding a more consistent approach to engaging children and families and parents has been developed.

5. Promote prosperity and wellbeing with targeted, positive action when needed

The Poverty Reduction Framework was adopted in March 2022 and explicitly includes actions that embed anti-racist practice and promote a diverse community partnership. These actions are now being progressed. For example the Council is seeking to embed anti-racism into sustainable food actions.

Plans that support prosperity and meet housing needs need to be looked at in the round to ensure that they benefit people from black and global majority communities and specifically black communities and equally that there isn't a disbenefit. For example a regeneration scheme may overtly include outcomes that support people into jobs from black and global majority backgrounds, but the scheme overall might create more visible inequality, displace local businesses or increase local house prices. Hackney has worked with other local authorities to develop its approach to an inclusive economy that focuses on building local prosperity and measuring impact rather than traditional economic development metrics. We will build on this work and seek to embed this understanding across planning, housing and regeneration strategy.

6. Developing leadership and workforce that is inclusive, humble and anti-racist and reflects the diversity of Hackney

In December 2018 the Council adopted a Corporate Equalities Programme to foster a culture of inclusive leadership and increase workforce diversity especially at senior levels. This was informed by focus groups with black and global majority staff led by directors to identify the solutions needed to achieve a more diverse and inclusive

workforce. Solutions were brought together into this inclusive management toolkit which was developed to underpin all the work we need to do to address diversity in leadership across the employee journey.

The role of inclusive leaders has been developed so they are leading on work to tackle specific diversity challenges in their divisions and in policy and recruitment across the Council - the new direction of travel agreed by the OD Board in September 2022 will ensure work is integrated into the wider equalities systems change work including anti-racism.

This work has been shared with other partners in a series of workshops on inclusive leadership and anti-racism.

Other work that has been progressed includes:

Improving our understanding of workforce profile and dynamics

Overall workforce scorecard developed and divisional score cards under development to identify nuances that exist within different staff groups pertaining to shortlisting, recruitment, grievance, leaving reasons.

Tackling racism and discrimination and developing our approach to antiracism

Hackney's anti-racist approach has been proactively embedded into new policies e.g. bullying and micro-aggression and into new training We have Peer Support sessions for black staff to see how this model of support better supports wellbeing of staff impacted by everyday racism and this work is informing wider work of OD and HR. We have trialed and are not rolling out sessions on whiteness, as part of developing the understanding of institutional racism.

Measuring success

In 2018 a metric about whether senior managers are committed to inclusivity was introduced. In 2021, this increased from 39% to 50%. There are no longer significant variations in the view of black and global majority staff in response to questions and equality, inclusive and diversity BUT we need to caveat this by saying that 18% of staff tick 18% tick "prefer not to say" and in this group there is a significantly worse view of equality, inclusion and diversity.

Since 2022, we have included a range of specific questions about equality, diversity and inclusion and racism in the residents survey which provides a more specific baseline on perceptions of the Council with regards to racism. These will also be used with staff.

3. Outcomes framework

The anti-racism action plan will include an outcomes framework. The key outcomes are taken from the Council's Strategic Plan and will be developed into an outcomes framework that is outlined below.

We will examine these outcomes for the whole population, but based on this data, there has been a compelling reason to focus on inequalities in black communities (recognising the different communities within this group) although we do also want then to progress work to identify solutions to structural and systemic inequality with the Turkish Kurdish community and other communities that experience inequalities.

Long term outcomes

Every child	Early years	% of pupils achieving a good level of development by the end of their first school year
	Achievement	Average attainment 8 score
Fairer safer	Employment	Employment rate
	Livelihood	Average pay
	Housing	
	Safety	How worried you are about being the victim of each of these crimes in this area. (types of crime given)
	Satisfaction with place	Overall how satisfied are you with your local area as a place to live?
	Trust	How much do you trust Hackney Council?

Greener healthier		
	Healthy weight	Healthy weight at year 6
	Health outcomes	Life expectancy
Workforce data		Council reflects diversity of Hackney at all levels

Data to collect

Outcomes	For each outcome
By overall population By different equality groups, intersectional and cross tabulated On a trend Compared with region, England and statistical neighbour	Indicators of success Indicator of take up of support Indicator of positive action taken Perceptions data Indicators of system failure(eg exclusions)

4. Seek shared commitment from anchor institutions and embed into new strategic partnership working proposals

The anti-racism action plan will establish the overall governance needed to ensure that *within the Council* the following principles are applied:

- The anti-racist definition and practice standards (where they exist) are consistently understood across directorates
- A shared anti-racism action plan is adopted, that brings together work taking place across the Council work, ensuring we are all working across the range of actions needed and to tackle inequality across a shared set of outcomes, linked to the strategic plan
- We are promoting and taking actions to ensure an open and humble leadership style and workforce diversity

Partners were previously involved, during 2021, in developing the working definition of anti-racism, as outlined above. We will now be seeking to cement this commitment by:

- Asking formal partnerships and partners to adopt a shared anti-racist definition
- The Policy and Strategic Delivery Service will map current partnership commitments and proactively engaging with partnerships on how these can be developed / progressed (in line with the [direction of travel](#) agreed for partnership working)
- Partners will be involved in the development of the outcomes framework and the workshops that are developed to support this.

5. Timeline for adoption by Cabinet

The aim is to take the anti-racism plan to Cabinet early in the new municipal year, along with refreshed equality objectives and a refreshed plan to take it with other plans under development (LGBTQIA framework)

This will help situate the work in a wider frame and justification

The draft timeline is set out below:

	Equality Plan	Anti-racism Plan
December 2022		Engaging further with services by creating an officer group of key people who will help deliver the plan
January 2023	Refresh of evidence base	
February	<p>Developing equality plan - objectives and outline plan</p> <p>Start to engage with services, partners and resident stakeholders informally to look at key equality issues, proposed objectives and priorities</p>	Engage with partners and resident stakeholders informally to look at key equality issues, proposed objectives and priorities
March	Draft final plan and secure internal agreement	Draft final iteration of plan
April May	Consultation	
July	Cabinet adoption	

6. For information: Definition of racism and commitment to anti-racism

This definition and commitment has been developed by a group of officers (chaired by Hackney) for the CELC Tackling Racial Inequality Programme:

Definition:

By **structural racial inequality**, we mean the inequality that is created by the social structures that disadvantage some groups more than others, now and historically. We need to continue to work with partners proactively to redress this balance. This does not mean always treating everyone equally, it means that sometimes people need more support or focus because they are more disadvantaged.

By **institutional and systemic racism**, we mean the ways that systems can discriminate through often covert and unchecked prejudice, assumptions, ignorance, thoughtlessness and stereotyping about people from different ethnic minority backgrounds.

To see the ways that inequalities and racism are embedded in society,, it takes proactively and continuously working on your own beliefs, assumptions and values, taking action to redress inequality and rethinking the system to eliminate the ways that unchecked bias can disadvantage people from different ethnic minority backgrounds.

Being anti racist **does not stop at tackling conscious hatred, like racial abuse**. The **most damaging aspects of inequality and racism are far more embedded in society and being anti racist takes a lot of work**.

To do this effectively and meaningfully, we need to think forensically about the experiences and status of different groups not lump issues together under the “BAME” umbrella. This needs a range of actions from more inclusive styles of leadership, positive action, co-design with communities impacted and achieving greater diversity in the workforce at all levels.

Commitment:

Our collective commitment to achieve racial equality focuses on what London councils can do together to have a positive impact on life outcomes at all stages, including in relation to health and wellbeing, employment and education. This is about social justice and promoting equality because all Londoners should be able to reach their potential in all spheres.

To be proactive in meeting this commitment, we expect all local authorities to:

1. build a picture of what the key inequalities are in their area and then to look at what is driving these.
2. shape solutions by listening to residents, communities and frontline staff and by responsibly drawing on their lived experience and understanding of what the issues are and what works, without putting the burden on them to educate us.
3. Set expectations of leaders to make the connection between achieving positive outcomes and their own leadership style and diversity, and to take personal responsibility for what they can do now to bring about change. This acknowledges residents have worked hard to achieve social justice and rightly expect to see leadership that reflects them, to see action, and to be part of solution.

Full version is here.

#

-Include any asks/recommendation for HWB

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input checked="" type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

<input type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input type="checkbox"/>	Making the best of community resources
<input checked="" type="checkbox"/>	All of the above

1.2. Equality Impact Assessment

The anti-racist action plan has been designed to promote equality for black and global majority residents by tackling structural and systemic racism.

1.3. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

Yes

No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

Yes

No

1.4. Risk Assessment

The main risks arising from this work are that:

Partners or residents are not supportive of taking an anti-racist approach. The way to address this is to set out the rationale and justification for this, within a wider equality plan.

The responses do not meet the scale of the challenge: this is why we are seeking to change work across the system so that we are seeking to influence the mainstream prioritisation of resources.

We do not adopt the right solutions and repeat the patterns of the past: this is why we are seeking to adopt one common definition of racism and anti-racism and to develop a refreshed set of interventions and outcomes through workshops.

1.5. Sustainability

The work promotes sustainable communities in the broadest sense in that it is tackling key inequalities.

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Appendices	