



City & Hackney Safeguarding Children Board Annual Report 2017/18

“An Outstanding LSCB” Ofsted 2016



Foreword by the Independent Chair

My foreword to this year's annual report is written at a time of significant change to the UK's child safeguarding architecture, the catalyst of which has been the Wood Report and the government response to it.

Locally, my views are well known, having already been set out in an open letter to professionals in January 2018. Since this time, my concerns however, haven't abated in respect of the likely consequences for our national safeguarding system.

As local areas plan for their new safeguarding arrangements, we have seen a flurry of activity. Activity that must not become a distraction at a time of increasing workloads and ongoing budget pressures.

'Early Adopter' LSCBs are being funded to develop, test and implement new arrangements for multi-agency safeguarding. I recognise that there may be potential benefits from this work, however I have not seen anything to date that either isn't already in place somewhere across the LSCB footprint or anything that I'm convinced will fundamentally make our children safer.

What I am seeing is disruption that risks causing confusion and a postcode lottery of provision. All of this is concerning given the expressed intention of the Wood report was moving the national safeguarding system to 'a new level of consistent effectiveness'.

I remain committed to reflecting on any evidence that suggests change could make a positive difference for our children and in that respect, I continue to work with our outstanding multi-agency leadership teams.

As a partnership, we are determined to retain our focus on the context of local children's lives, to ensure early help and the earliest possible interventions when they are required, and to deliver a leadership style that welcomes challenge and embraces positive change. Key to all of this is the health and well-being of our workforce, particularly the front-line staff in each service that the LSCB represents.

To that end, I am happy to report that the overwhelming majority of the workforce across both the City and Hackney feel supported, well led and have manageable workloads. Critically, I am still seeing their work deliver direct impact and make a difference to the lives of our children, young people and their families.

The body of this report provides many examples, including;

- Professionals and volunteers sustaining an effective early help response in both the City and Hackney.
- The good work on suicide prevention in the City being maintained.
- The contextual safeguarding project in Hackney continuing to test new ways in which vulnerable adolescents can be protected.
- Services with a focus on both adults and children continuing to 'think family' and provide support / protection from the harm caused by domestic violence and abuse, mental ill-health, harmful practices and radicalisation.

All of this and more has been achieved in the context of increasing demand and shrinking budgets for many. I therefore want to end by thanking all of our partners and their teams.

Over the last few years, often in difficult circumstances, I've seen them all go the extra mile, work the extra hours and do whatever it takes to support our most vulnerable families and their children across our entire geographic area of responsibility. For my part, I will continue to ask the difficult questions and ensure that the issues highlighted in our reviews, as well as the complex concerns we have regarding unregistered settings, will not be allowed to drift or be closed to challenge.

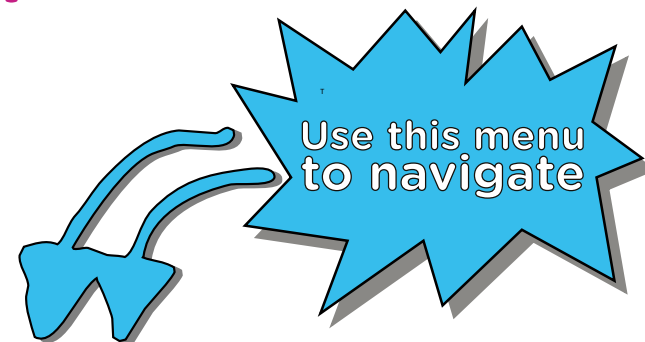
Jim Gamble QPM
Independent Chair





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About the Annual Report





The CHSCB annual report for 2017/18 is a transparent assessment on the effectiveness of safeguarding and the promotion of child welfare across the City of London and the London Borough of Hackney.

The CHSCB annual report 2017/18 sets out:

- The [governance and accountability](#) arrangements for the CHSCB. This section provides information about the structures in place that support the CHSCB to do its work.
- The context for safeguarding children and young people in the [City of London](#), highlighting the progress made by the City partnership over the last year and the challenges going forward.
- The context for safeguarding children and young people in the [London Borough of Hackney](#), highlighting the progress made by the Hackney partnership over the last year and the challenges going forward.
- The lessons that the CHSCB 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 CHSCB and a brief account of the single agency training delivered by partners.
- The [priorities going forward](#) and the [key messages](#) from the Independent Chair of the CHSCB to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, the CHSCB annual report 2017/18 has been sent to the following:

THE CITY OF LONDON

- The Chairman of The Policy and Resources Committee
- The Town Clerk
- The Lead Member for Children's Services
- The Director of Community and Children's Services
- The Chair of the City Health and Wellbeing Board
- The Chair of the Safer City Partnership

THE LONDON BOROUGH OF HACKNEY

- The Mayor of Hackney
- The Chief Executive
- The Lead Member for Children's Services
- The Corporate Director, Children and Young People's Services
- The Chair of the Hackney Health and Wellbeing Board
- The Chair of the Hackney Community Safety Partnership

CITY & HACKNEY / OTHER

- The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)
- Hackney's Youth Parliament and City Gateway
- The Mayor's Office for Policing and Crime





Glossary of Terms



The Board

Communication

A Healthy Workforce

Technology &
Social Media

City Safeguarding
Context

Progress in the City
17/18

Hackney
Safeguarding
Context

Progress in Hackey
17/18

Learning &
Improvement

The Child Death
Overview Panel

Training &
Development

Priorities or next
year & beyond

What you need
to know

CHSCB
Membership



ABH	Actual Bodily Harm	HCVS	Hackney Council for Voluntary Service
BME	Black and Minority Ethnic	HLT	Hackney Learning Trust
CAF	Common Assessment Framework	HUHFT	Homerton University Hospital Foundation Trust
CAFCASS	Children and 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
CDOP	Child Death Overview Panel	LSCB	Local Safeguarding Children Board
CHSAB	City and Hackney Safeguarding Adults Board	MAP	Multi Agency Panel
CHSCB	City and Hackney Safeguarding Children Board	MAPPA	Multi Agency Public Protection Arrangements
CHYPS	City and Hackney Young People's Service	MARAC	Multi Agency Risk Assessment Conference
CPA	Community Partnership Advisor	MASE	Multi Agency Sexual Exploitation
CPP	Child Protection Plan	MAT	Multi Agency Team
CRIS	Crime Reporting Information System	MPM	Management Planning Meeting
CSC	Children's Social Care	NHS	National Health Service
CSE	Child Sexual Exploitation	NSPCC	National Society for the Prevention of Cruelty to Children
CYPPP	Children and Young People's Partnership Panel	OFSTED	Office for Standards in Education, Children's Services and Skills
DBS	Disclosure and Barring Service	PPU	Public Protection Unit
DfE	Department for Education	PSHE	Personal, Social and Health Education
DVIP	Domestic Violence Intervention Project	PSP	Pupil Support Plans
EIP	Early Intervention and Prevention	SCR	Serious Case Review
ELFT	East London Foundation Trust	SDVC	Specialist Domestic Violence Court
ESOL	English for Speakers of Other Languages	SEND	Special Educational Needs and Disability
FGM	Female Genital Mutilation	SLT	Senior Leadership Team
FGMPO	Female Genital Mutilation Protection Order	SRE	Sex and Relationship Education
FJR	Family Justice Review	TRA	Tenant Resident Association
FRT	First Response Team	TUSK	Things You Should Know (CHSCB briefing)
GLA	Greater London Authority	UASC	Unaccompanied Asylum Seeking Children
GP	General Practitioner		



The Board





The CHSCB comprises senior leaders from a range of different organisations and has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective. It is the key statutory body overseeing multi-agency child safeguarding arrangements across the City of London and the London Borough of Hackney. During 2017/18, it was governed by the statutory guidance in Working Together to Safeguard Children 2015 and the [Local Safeguarding Children Board \(LSCB\) Regulations 2006](#)

Over 2017/18, the CHSCB's business plan and underpinning strategies continued to drive a range of improvements to both the safety and welfare of children and young people. Key to the CHSCB's success has been its acute focus on the different safeguarding contexts that exist across the City and Hackney, with emphasis being placed on children and young people being safeguarded in the context of their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and on-line. Focussed leadership by the CHSCB has ensured the successful translation of the Board's vision into tangible actions that have made children and young people safer.

Key Roles and Relationships

THE INDEPENDENT CHAIR

Jim Gamble QPM has been the Independent Chair of the CHSCB since 2013. He is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to both the Town Clerk of the City of London and the Chief Executive of the London Borough of Hackney and engaged with both leaders over the year. The Director of Community and Children's Services for the City and the Group Director of Children, Adults and Community Health for Hackney also continued to work closely with the Chair on related safeguarding challenges.

Whilst being unable to direct organisations, the CHSCB does have the power to influence and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.



In 2016, Ofsted noted that the Board was making a real difference to children's lives. An example given was the CHSCB chair's persistent escalation to the Home Office, the Department for Education and the National Police Chief's Council (NPCC) of a recommendation from a Serious Case Review relating to the Home Office statutory guidance on the disclosure of soft intelligence.

Of continuing concern is the fact that this matter has yet to reach a satisfactory conclusion despite significant efforts by the CHSCB over the last three years. Despite the CHSCB providing suggestions for practice improvements and at the time, having confidence these would be taken forward, neither the Government nor the NPCC have progressed any substantial action.

The CHSCB chair has once again written to Edward Timpson, who now chairs the new Child Safeguarding Practice Review Panel. This panel has a role in identifying serious child safeguarding cases which the panel believe raise issues and themes that are complex or of national importance. It is the strong contention of the CHSCB that the issues relating to disclosure and vetting identified in the SCR meet both criteria and that there remains a need to review and amend the existing statutory guidance.





THE CHSCB TEAM

The CHSCB is supported by a dedicated group of staff that ensure the smooth running of the Board's day-to-day business. The team includes the Senior Professional Advisor, a Board Manager, a Business and Performance Manager, a Training Co-ordinator and a Board Co-ordinator. During 2017/18, the team also hosted Hackney's Community & Partnership Advisor, funded by the Local Authority.

THE CITY OF LONDON CORPORATION AND HACKNEY COUNCIL

Both the City of London Corporation and Hackney Council are responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring that it is run effectively. A dual LSCB has been in operation for a number of years given the range of individual organisations that bridge both areas. The ultimate responsibility for the effectiveness of the CHSCB rests with the political leaders of both the City of London Corporation and Hackney Council. The Town Clerk in the City and the Chief Executive of Hackney are accountable to these roles. The Lead Members for Children's Services in both areas have the responsibility for making sure their respective organisations fulfil their legal responsibilities to safeguard children and young people. The Lead Members contribute to the CHSCB as participating observers and are not part of the decision-making process.



Following learning arising from the CHSCB multi-agency case audit process, the City of London Corporation commissioned Professor Claudia Bernard of Goldsmith's University to conduct research into neglect and affluence. '[An Exploration of How Social Workers Engage Neglectful Parents from Affluent Backgrounds in the Child Protection System](#)' was published in December 2017. A launch event involving over 200 social workers helped disseminate the findings from this project to external colleagues, with further action being planned over 2018/19.

PARTNER AGENCIES

All partner agencies across the City of London and Hackney are committed to ensuring the effective operation of CHSCB. This is supported by a [Constitution](#) that defines the fundamental principles through which the CHSCB is governed. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.



Following the tragic fire at Grenfell Tower in West London, the CHSCB discussed how risk was being effectively mitigated in the City & Hackney. One aspect related to fridge-freezers. The City of London Corporation circulated the [recommendations of Which](#) to all its tenants and leaseholders. Hackney Council similarly circulated advice available on its [Fire Safety](#) pages.



Following discussions between Hackney health professionals and social workers about how health professionals should respond to safeguarding disclosures, the CHSCB facilitated a meeting in December 2017 to resolve the professional differences that were being expressed. As a consequence of a thorough and open session involving all relevant parties, refreshed advice in the form of a new protocol was developed by the Head of Safeguarding at Homerton University Hospital.

DESIGNATED PROFESSIONALS

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of CHSCB activities, these designated roles have continued to demonstrate their value in strengthening child safeguarding during 2017/18.

RELATIONSHIPS WITH OTHER BOARDS


The CHSCB is a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children. This is achieved through robust arrangements being sustained with key strategic bodies across the partnership.

During 2017/18, engagement continued with the City & Hackney Safeguarding Adults Board (CHSAB) and the respective Health and Wellbeing Boards and Community Safety Partnerships across both the City of London and Hackney. There were also additional opportunities for the CHSCB to interface with elected members through the scrutiny functions operating in both the City and Hackney.




















[Inter-board protocols](#) for the City of London and Hackney set out the interface across these forums to ensure clarity of strategic alignment and management of risk. From the CHSCB's perspective, this has helped ensure that the voice of children and young people and their need for safeguarding has been kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.



Board Membership & Attendance

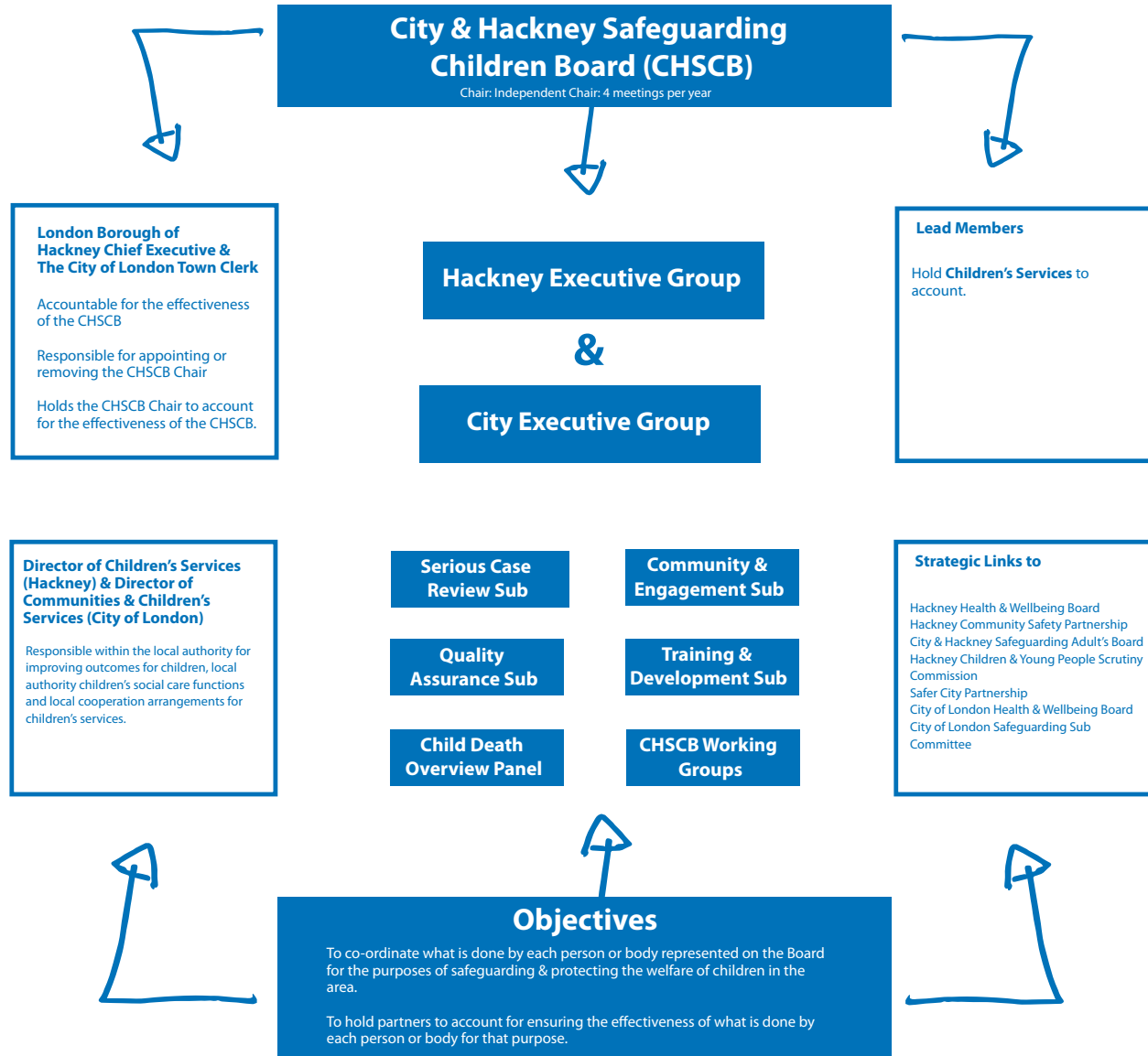
Safeguarding is a firm priority for all board members, demonstrated by consistently good levels of attendance, effective engagement in sub-groups, and a strong culture of constructive challenge and debate. Including a business planning session, the Board met four times during the 2017/18 and had a membership made up of representatives from all statutory partners and others relevant safeguarding agencies. A list of Board Members is set out at the back of this report. The attendance rates by agency for 2017/18 to the four full Board meetings are set out below. The  represents the number of seats per organisation.



	Attendance	Number of seats per organisation
Independent Chair	100%	
Lay Members	100%	
The City of London Community & Children's Service	100%	
The City of London Police	75%	
Hackney Children, Adults & Community Services	100%	
The Metropolitan Police (Child Abuse Investigation Team)	100%	
The Metropolitan Police - Hackney Borough	100%	
Hackney Learning Trust	75%	
Hackney Housing	100%	
Hackney Council for Voluntary Services	100%	
Hackney Primary School representative	50%	
The London Community Rehabilitation Company	0%	
The National Probation Service	50%	
Children & Family Court Advisory & Support Service	25%	
Homerton University Hospital NHS Foundation Trust	100%	
City & Hackney Clinical Commissioning Group	100%	
City & Hackney Public Health	75%	
East London NHS Foundation Trust	100%	
Whittington Health	75%	



CHSCB Structure





Financial Arrangements

Partner agencies continued to contribute to the CHSCB’s budget for 2017/18, in addition to providing a variety of resources, such as staff time and free venues for training. Total spending in 2017/18 totalled £351,132. This income ensured that the overall cost of running the CHSCB were met.

- Hackney Learning Trust and The City of London Corporation continued to provide access to free training venues to the CHSCB.
- The City of London Corporation covered the major costs for the 2017 Annual Conference.
- An additional £1500 shared between City of London Corporation and London Borough of Hackney was provided to meet the costs for membership of the Association of Independent LSCB Chairs.
- CHSCB staffing costs were lower than originally projected. This was due to the CHSCB team having vacant posts for part of the year.



As part of its Corporate Social Responsibility (CSR) programme, [Ineqe Safeguarding Group](#) continues to support the CHSCB in the production of its annual report.





Lay Members

The attendance of Lay Members at Board meetings and a variety of other forums has been key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

The Lay Members for the CHSCB (Shirley Green and Sally Glen for Hackney and Belinda Blank for the City of London) have all provided critical influence to the functioning of the CHSCB over 2017/18. All have been engaged in a variety of different forums and continue to offer their unique perspective to the Board based on their regular engagement in the communities with whom they are intrinsically connected. All operate as full members of the CHSCB, participating as appropriate on the Board itself and in various projects. Lay members continue to make links between the CHSCB and community groups, support stronger public engagement in local child safety issues and developed an improved public understanding of the CHSCB's child protection work.

- **All the CHSCB Lay Members have continued to demonstrate an unwavering commitment to the work of the Board in coordinating and ensuring the effectiveness of safeguarding arrangements.**
- **The CHSCB is hugely grateful to the Lay Members for their dedication, time and effort in promoting improved public engagement in the work of the CHSCB and the focus of the community of safeguarding children and young people.**
- **All regularly attended CHSCB meetings.**
- **All have participated fully in Board discussions, adding value and facilitating the professional network to reflect on the work they are doing and its relationship to the views that Lay Members have harnessed from their engagement work.**



“Over the past two years I have developed a peer mentoring arrangement with two Lay Members of the Bromley Safeguarding Children Board (BSCB). This was at the request of the Independent Chair to help the BSCB improve after its judgment of requires improvement (and the LA's judgment of inadequate) as part of an Ofsted inspection in 2016. Bromley has, of course, a very different demographic profile to the City of London and Hackney, However, there are overlapping issues.

We meet approximately every six months and this provides mutual support through reflection on the impact of the role of the Lay Member and any impact on us personally, such as frustration and anxiety. We also use this confidential space to discuss what it means to be an effective Lay Member in application to specific situations. I believe this meeting has helped us all to maintain a positive attitude to the role, challenge ourselves and keep a firm focus on how we can help improve outcomes for children and young people locally.

Sally Glen - Hackney Lay Member





The Community Partnership Advisor

The Community Partnership Advisor (CPA) is funded by Hackney Council to provide consultancy, support and specialist training to staff on behalf of the CHSCB. The CPA is a unique partnership role and is often called upon by other local authorities for assistance. Between April and September 2017, the CPA role was vacant.

Following appointment, the new CPA has further extended the CHSCB's reach into a range of faith and VCS organisations. This resulted in three introductory training sessions taking place. One of the sessions delivered led to a supplementary school appointing their first Designated Safeguarding lead and an agreement for ongoing support to improve their safeguarding practice and policies.

The CPA also delivered monthly safeguarding surgeries at Hackney Council for Voluntary Services, providing bespoke safeguarding support to VCS organisations and increasing the VCS sector's access to specialist safeguarding support. In the first two sessions, six VCS organisations received support on topics including setting up as a new organisation, policies on inclusion of children with disabilities, Section 11 audit support, appropriate record keeping, the role of the DSL, and safer recruitment.

The CPA delivered a session to Hackney Council policy and partnerships team in addition to representatives from three infrastructure organisations. This was done with the aim of strengthening the capacity of commissioners in carrying out due diligence on safeguarding policies of VCS organisations applying for grants. The CPA also updated the due diligence checklist to reflect contemporary safeguarding practice.

The CPA responded to 43 requests for consultations and safeguarding advice.



Nearly half of all consultation requests related to Orthodox Jewish children. This may reflect knowledge by staff of the previous experience the current CPA has working with this community, a lack of confidence from professionals, greater public awareness of particular issues such as unregistered schools leading to referrals, or a combination of this and other concerns.

There was only one consultation in relation to Female Genital Mutilation (FGM). There has been a general decrease in referrals to CFS related to FGM over the last two years. This may reflect a need for renewed training and awareness raising on this topic, but is also reflective of improved screening processes in health services. Training was delivered in March 2018 and will be repeated in the new training programme for 2018/19.

There were three consultations related to trafficking. The local protocol related to slavery and trafficking is currently being amended and as part of this, a new round of training and awareness raising will be scheduled.

Despite the range of issues presented, some of the advice from the CPA has been quite consistent, such as:

- *Consider each family member's needs and do not presume they all have the same relationship with their culture / religion / heritage.*
- *Consider the protective factors and strength that the family's faith / culture / heritage provides them as well as risks.*
- *Challenge your own assumptions in relation to beliefs and experiences of this culture / religion.*





Communications





The CHSCB continues to promote its digital platforms and communications reach. The CHSCB website, designed during the 2015/16 period, has allowed for user-friendly content searches and accessible resources. Visits to the CHSCB website dipped slightly over 2017/18, although increases were noted in both the CHSCB Twitter account and TUSK briefing analytics.

THE CHSCB WEBSITE WWW.CHSCB.ORG.UK

- 45515 website page views.
- **Homepage** - 18% page views.
- **Training Calendar** - 15% page views.
- **Serious Case Reviews** - 4% page views.
- Those interacting with the website are professionals.
- The biggest spike in the number of users was generated on 11th April 2017 after the launch of the CHSCB training programme.
- Other peaks were noted following communication about the CHSCB Annual Conference; the publication of the review into Chadrack Mbala-Mulo and the SCR into Child M.

TWITTER - [@LSCB CHSCB](https://twitter.com/lscb_chscb)

- CHSCB Tweets earned 34.2K impressions.
- The CHSCB Top Tweet on #CSEDay2018 earned 11849 impressions.

TUSK BRIEFINGS

- The Board produces monthly e-briefings called Things You Should Know, more commonly referred to as 'TUSK briefings'. These are circulated to subscribers and also cascaded by Board members to staff within their organisations.
- There are 1304 subscribers to the TUSK.
- Things You Should Know briefings had an average open rate of 23.5% (increasing from 15.2%), and an average click rate of 10.2%. (increasing from 4%)





A Healthy Workforce





The CHSCB is clear that for all organisations involved with safeguarding children and young people, staff and volunteers are their most important asset. It is for this reason, that the CHSCB has applied a focus upon the health of the workforce during 2017/18. Testing this aspect, the CHSCB's staff survey focussed on this issue. Given the overall increase in activity across the partnership and the emotional complexity of many safeguarding cases, it is positive to note that when taking a measure of professional support, training, health and wellbeing, responses have been generally positive.



CITY OF LONDON

247 responses from City of London.

51 working cross-borough.

 52% increase in respondents from the 2016 survey.

87% have access to safeguarding supervision or support.

97% are supported with accessible and visible line management.

92% agreed in being able to escalate issues relating to the support they receive to more senior managers.

94% of respondents were allowed time off to attend safeguarding training.

87% felt their workload was manageable.



77% felt that their organisation was effective at ensuring their workload is manageable.

91% indicated they had access to professional support to help them cope with emotional issues that arise as a result of their work.

85% agreed or strongly agreed that they felt confident to access support at work if, for any reason, they felt unsafe from the children, young people or families they work with.





HACKNEY

394 responses from City of London.

51 working cross-borough.

 42% increase in respondents from the 2016 survey.

85% have access to safeguarding supervision or support.

95% indicated that they are supported with accessible and visible line management.

87% agreed in being able to escalate issues relating to the support they receive to more senior managers if required.

90% of respondents were allowed time off to attend safeguarding training.

83% felt their workload was manageable.

71% felt that their organisation was effective at ensuring their workload is manageable.



84% indicated they had access to professional support to help them cope with emotional issues that arise as a result of their work.

79% agreed or strongly agreed that they felt confident to access support at work if, for any reason, they felt unsafe from the children, young people or families they work with.





Technology and Social Media



The CHSCB's overarching aim is to ensure that children and young people are seen, heard and helped. Critically, that they are seen, heard and helped in the context of their lives in both the offline and online places and spaces that they occupy.

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 on 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. The importance of this escalates whenever there are concerns about children and young people suffering or being likely to suffer significant harm. In such circumstances, it is essential that both the offline and online risks are accurately assessed and effectively mitigated.



Over 2017/18, the CHSCB continued to promote a range of documentation to support professionals safeguard children in the context of their access to technology and their use of Social Media.

The CHSCB Strategy - sets out the CHSCB's ambition to ensure that children and young people are effectively safeguarded in the context of their access to technology and use of social media.

Handbook - provides safeguarding professionals with a range of tools that can help identify and mitigate any risks arising from a child or young person's access to technology and/ or use of social media.

Appropriate Use Policy - outlines the CHSCB's minimum standards regarding the responsibilities of all staff and partners when using social media in a **personal capacity**.

Authorised Use Policy - authorised safeguarding partners are required to comply with this Policy when using CHSCB Social Media accounts.

All these documents can be found on the [CHSCB website](#) and training sessions are being scheduled for 2019. In July 2017, the links to these documents were disseminated to all agencies, including schools, via the TUSK briefing.





Safeguarding Context in the City of London



The City Safeguarding Snapshot 2017/18

11,254 children and young people under 18

16.3% of total population

11% of children living in poverty

11.3% of children in primary schools in receipt of free school meals (national average 13.7%)

18 cases referred to the City's Early Help Team (and 13 cases stepped down)

29 Team Around the Child (TAC) meetings held

0 City children and young people identified as being at risk of CSE

13 children and young people not resident in the City identified at risk of CSE by the Police - protected with liaison with home authority.

There are **39** domestic violence incidents where there are known children in the household.

8 incidents of children & young people going missing from care (3 older children).

0 incidents of children & young people missing from home.

476 contacts to the City Children & Families Team Hub.

55 referrals.

12.7% re-referrals.

39 statutory social work assessments started by The City Children & Families Team.

42 days – average timeliness of assessments.

11 child protection investigations.

4 children on a Child Protection Plan as of March 2018.

8 open Children in Need cases (excl. those in assessment, CP Plan and LAC) as of March 2018.

216 children and young people receiving services through Special Educational Needs and Disability (SEND) support.



13 resident children and young people with an Education, Health and Care Plan to support their needs.

10 children & young people looked after as of March 2018.

1 MARAC meeting involving children.

4 allegations against staff working with children and young people.

0 Private Fostering arrangements as of March 2018.





The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the City of London. The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

City Demographics

The City of London has an estimated resident population of about 9,400 and a transient daytime working population of around 330,000. Of the resident population, approximately 13% are children and young people.

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 20% most affluent areas in England. Portsoken ward, however, is among the 40% most deprived areas in England. According to the national figures, 110 City of London children (14%) were living in poverty in 2011, with Portsoken ward having the highest levels of child poverty. An estimated 78% of the City of London population is White British; however, approximately 40% of children are from black or ethnic minority groups compared to 21% nationally. The Bangladeshi community makes up 4% of the total population.

Domestic abuse remains a key issue in the City with the majority of child protection investigations in the City involving domestic abuse concerns. There are no children involved in the criminal justice system currently and no teenage pregnancies. Academic attainment for City resident children is higher than the national average. The numbers of children and young people Not in Education, Employment or Training (NEET), obesity rates, infant deaths and underweight babies, hospital admissions for self-harm, deliberate injury, alcohol-related injury and the number of pregnant smokers are all low with numbers ranging from 0 to 5 in each category. There are no children currently identified as victims of child sexual exploitation who live in the City. Very few children are reported missing from home or care during the year.

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. 10.2% of City children are living in poverty.

Contacts, Referrals & Assessments

The Children and Families Team Hub acts as a single point of contact for referrals to both Early Help Services and Children's Social Care (CSC) in the City. It 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 476 contacts made to the Children and Families Hub remained in line with 2016/17 figures. However, fewer (55) of these contacts converted to a referral (93 in 2016/17) at a rate of 438.6 per 10,000 CYP.

The maintenance of high contact levels reflects the agreement that the City of London Police will notify CSC of all contacts, including those involving non-resident children. The reduction in referrals is partly explained through an increase in early help activity and the rate is now more in line with statistical neighbours (497.7).

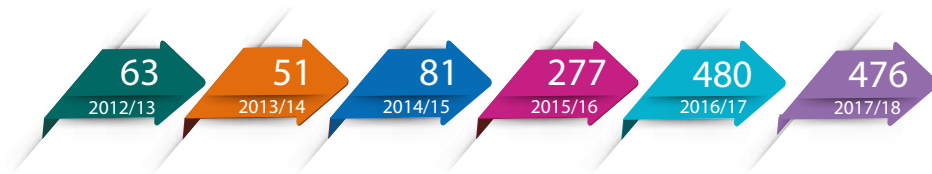


In 2017/18 a new protocol was introduced under which CFT Hub is only notified about interventions with out-of-borough residents under 18 years old if the safeguarding threshold has been met. That is, the police now undertake their own triage so that only those non-City residents 'of concern' are notified to the CFT Hub rather than all those 'coming to notice'. As a result, the number of overall contacts received from the police is expected to decline next year.

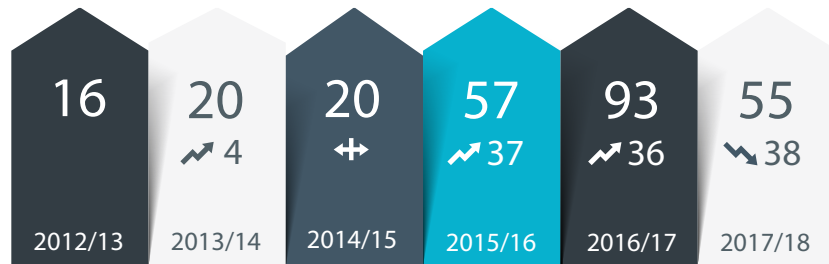
The re-referral rate in the City of London was 12.7%, a reduction of the 16.1% from 2016/17. This aspect remained subject to ongoing scrutiny by the CHSCB and it is positive to note improvements in this regard. Overall, the performance data in the City continues to be indicative of high quality social work assessments and timely access to appropriate support that helps children and their families.



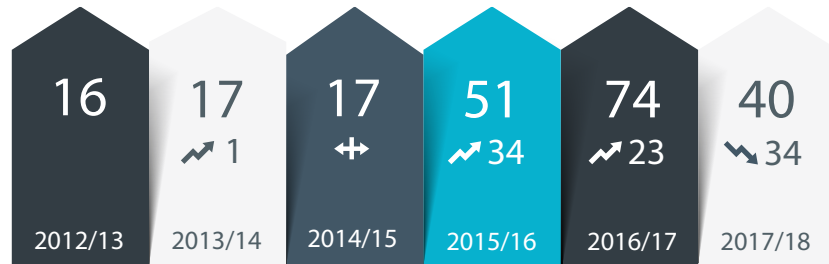
CONTACTS



REFFERALS



ASSESSMENTS



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](#).

The Children and Families Team completed 40 assessments during 2017/18. 74.3% of assessments undertaken in the City were completed within 45 days or

less, with average timeliness being 42 days. This performance was worse than 2016/17, although by Q2 of 2018/19, assessment timeliness was back to 100%. Despite this, the majority of children and families continue to receive a timely service in this aspect of intervention.

The rate of child protection (Section 47) enquiries in 2016/17 was 87.7 per 10,000, similar to 85.8 in 2016/17. The threshold for Section 47 enquiries in the City is appropriate. Children are not being unnecessarily subjected to child protection intervention and practice is proportionate to the presenting need. Where a child protection response is required, these are all completed in a timely manner. 100% of Initial Child Protection Conferences take place within 15 days of the strategy meeting where the decision was taken to convene an enquiry. This means that in the City of London, children receive a swift service when safeguarding concerns are apparent.

All Section 47 enquiries undertaken in the City are led by a suitably qualified and experienced registered social worker. Audit activity by the CHSCB and the City of London confirms that the findings from child protection enquiries are clear and that decisive action is taken when required. The City of London has an extremely low requirement to implement immediate protection arrangements.

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.



Four children were subject to a CPP in the City at the end of 2017/18. Whilst numbers are low, caution should be observed in analysing these figures because variations of one or two children on a CP plan can have a major impact on the rate per 10,000 and this performance can therefore fluctuate. In 2017/18, 100% of children on child protection plans were reviewed and visited on time and in accordance with their plan. No children were on a child protection plan for over 2 years. One child had been previously subject to a child protection plan. Where children were deplaned, they received a child in need plan with support which was effective. This is very good performance and means that the work with children at risk of significant harm is timely and effective and that children are not subject to case work drift.

Looked After Children

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 2018, the City was responsible for looking after 10 children and young people. Rates are in line with 2016/17. Whilst numbers are low, the City of London’s rate for looked after children (103 per 10,000) is well above statistical neighbours and the England average. Proportionately, this reflects a high volume of work for the City of London social workers.

Placements

In 2017/18, 30% of children looked after by the City had three or more changes of placement over the year. This is similar to 2016/17 and relates to a small cohort. This continues to broadly 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 number of young people in care in the same placement for two and half years or higher reduced further from 67% at the end of March 2017 to 33.3% in 2018.

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 no young person being placed over 20 miles from the City.

Domestic Violence and Abuse

The Safer City Partnership has continued to develop its strategic response to this issue with local partners. Domestic Violence and Abuse remains subject to ongoing scrutiny by the CHSCB in terms of its influence on arrangements to safeguard children and young people.

- One MARAC meeting involving children
- 37% of social work assessments in 2017/18 featured domestic violence as an issue.

Child Sexual Exploitation

Multi-agency work to identify children and young people who may be at risk of Child Sexual Exploitation (CSE) across the City of London continues to be driven as a priority for the CHSCB and partner agencies. No child sexual exploitation cases involving a City resident child were identified in 2017/18. The City of London Police engaged a further 13 young people at risk of CSE who were not City residents. Swift and appropriate communication as made to the home authorities of the children concerned.

Missing Children

In 2017/18, no children were reported missing from home or education. There were eight incidents of children & young people going missing from care (three older children with eight incidents between them).

Elective Home Education

At the end of March 2018, there were 4 children identified as being educated at home in the City of London. Children subject to these arrangements are closely monitored in the City, with staff visiting those who are educated at home on a six-monthly basis (the requirement being annually), to ensure they are accessing





the educational requirements, and making good progress.

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. One notification was received during 2017/18, although this had ended by year end. The City of London Private Fostering App continues to be promoted as an awareness raising tool. This App, which includes confidence testing and a training facility has been downloaded over 1700 times since launch.

SEND

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) compared with 59% nationally and 70% across London as a whole.

There is 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. The areas for development and plans going forward are underway to enhance service impact and reach.

All but one of the schools in the City of London are in the independent sector and there are no special schools in the City of London. 219 children and young people receive SEND support because they either live in the City of London or go to school in the City of London. The progress of children and young people with SEND attending the City of London's maintained school, Sir John Cass's Foundation Primary School, is reported regularly and is very good. The majority of children and young people with an EHC plan attend schools and colleges outside of the City of London; most are in mainstream settings and all but two live at home. The schools attended are rated either good or outstanding by Ofsted,

where Ofsted is the inspecting body. The majority of the children and young people who have an EHC Plan are on the autistic spectrum.

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.

Across London on 31 March 2018, there were 6317 Category 1 'Registered Sex Offenders' (RSOs) (an increase of 322 from 2016/17), 3833 Category 2 'Violent Offenders' (and increase of 163 from 2016/17) and 24 Category 3 'Other Dangerous Offenders' (an increase of 3 from 2016/17). Further information is available in the [MAPPA Annual report for 2017/18](#) for London.





Progress in the City of London



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 are set out within the City of London Resource guide for Practitioners and these 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. The Children and Families Team comprises social workers, early help workers and Family Intervention Practitioners who work attached to the Children's Centre at John Cass Primary School. The interface between early help and child in need/child protection is clear through the management of all referrals via the Children and Families Team Hub. The duty social worker takes all referrals and is able to step down cases for an early help response easily and rapidly where this is appropriate. The Early Help team is well



resourced and trained in the Solihull approach for working with hard to engage families. They take on the lead professional role for local agencies and co-ordinate the Team Around the Child (TAC).



A permanent Early Help Support Worker joined the team in September 2017 and is line managed by the Early Help Co-ordinator. The previous worker was also employed on statutory social care cases. Returning to a structure with a dedicated Early Help Worker has increased capacity within the team. There is also evidence of increased movement of cases since the permanent Early Help Support Worker has been in post.

All children needing an early help service in the City receive a well-resourced, dedicated service, which is provided by trained staff, supervised by a Social Work Team Manager. This arrangement also enables the Team Manager to oversee the step up and step-down process and decision making to ensure that they are appropriate and reflect the needs of the child.

The Early Help Strategy for the City of London has 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 five key strategic objectives and continues to be coordinated by the Early Help Sub Group of the City CHSCB Executive group. The strategy's ambitions complement a range of existing enhanced universal and targeted services supporting early help that include:

- ***A Family and Young People's Information Service who seek to visit all children born in the City and make parents aware of the Early Help services available.***
- ***A Family Information Service Directory.***
- ***Outreach by the Family Information Service.***
- ***A range of parenting, literacy, numeracy, and speech and language classes/courses for parents.***
- ***Short Breaks scheme.***
- ***Educational opportunities for families in the library settings.***
- ***Free child care for 2-14 year olds.***
- ***Every Child a Talker programme.***
- ***The HENRY Course to promote healthy eating, nutrition and good parenting.***



- **All new parents receive an early help visit. This is often a joint visit by a family intervention worker and a health visitor. Such early identification has led to a complete take-up of two-year-old children's free childcare places.**
- **Families have access to a wide range of helpful services. The 'friendly dentist' scheme provides dental checks for all under-fives.**
- **Parenting support is available from a child psychologist through a commissioned service, while weekly speech and language sessions, 'stay and play' and other activities are available through the City's children's centre.**
- **Parents are well supported with benefits advice and debt counselling by a commissioned service.**
- **The 'nanny network', to establish links between the City's early help services and this large group of private childcare providers, runs weekly 'stay and play' sessions for approximately 10 nannies and the children for whom they care.**
- **There have been no teenage pregnancies in the City for a number of years, which is due in part to the preventative programme led by City Gateway.**

Positively, the number of referrals allocated to Early Help have increased by more than 50% compared to 2016/17 and are also higher than numbers seen in 2015/16. Over the year, there were a total of 30 cases active and open to Early Help.

Direct work with children and young people continues to be co-ordinated through effective CAF and TAC mechanisms. While partner agencies have been encouraged to complete CAFs and to lead TAC meetings, there were no external CAFs completed in 2017/18.

Multi-agency partners do, however, continue to make a significant contribution to the Common Assessment Frameworks (CAFs) completed by the Early Help Support Worker. They also make a significant contribution to the TAC review meetings. All TAC review meetings take place outside of the Guildhall, usually in school for school-age children, although sometimes in the home (when requested by the family).



Early Help has offered support and involvement with the Tenancy Visits Programme to profile and highlight the City of London's local offer in terms of services for children, young people and their families.

THE MULTI-AGENCY PRACTITIONERS FORUM

Supporting the partnership understanding of early help, a monthly meeting for practitioners delivering early help services continued in the City. This Multi-Agency Practitioners forum (MAPF) provides an opportunity for front-line staff within a multi-agency context to discuss practice matters, encouraging consistent and effective service delivery. Attendance has averaged 12 over the past two years, with representation from a range of partners.

The MAPF actively contributes to service development in a number of different ways. It is often the first group to be consulted on each of the Early Help Action Plan priorities and MAPF workshop minutes and outcomes are regularly incorporated into review papers.



An exam stress webinar for years 10 to 13, facilitated by First Steps in the Easter holidays, was first discussed at the Early Help Sub-group. Meetings between Early Help, First Steps, Youth providers (Tower Hamlets and Prospects) and the Education and Early Years Team followed to discuss how to best implement the webinar within the City.



Vulnerable Adolescents

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCB, this issue remains central to our overall approach in making children and young people safer. **Context is key.**

During 2017/18, the CHSCB implemented [a revised strategy](#) to cover vulnerable adolescents. This strategy builds on the significant progress made by the CHSCB and partners 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 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 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**

Factors in scope within the strategy include, but are not limited to the following:

- **Child Sexual Exploitation (including Harmful Sexual Behaviours)**
- **Children missing from home, care and education**
- **Children and young people exposed to risk through gang involvement, county lines, trafficking and serious youth violence.**
- **Domestic Violence and Abuse (DVA)**
- **Adolescent Neglect**
- **Self-harm and Suicide**
- **Substance Misuse**
- **Radicalisation**

- **Special Educational Needs and Disabilities (SEND)**

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, government issued a revised definition of Child Sexual Exploitation (CSE):

“ **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

CSE also needs to be placed firmly in the context of abusive relationships and specifically; the impact that domestic violence can have on how a child or young person views relationships. For a child or young person growing up in such an environment, the impact of their experiences can create limited and limiting expectations with regards to what constitutes a healthy relationship; thus increasing their susceptibility to exploitation in the future.

The CHSCB has continued to robustly promote an improved understanding of CSE in the City and to prevent, identify and tackle the problem. The [CHSCB Child Sexual Exploitation Strategy](#) was implemented and subject to detailed scrutiny through the City & Hackney CSE Working Group. During 2016/17, this group evolved into the City Vulnerable Adolescents Steering Group and is operating to a work plan that focuses on the wider set of vulnerabilities and exploitation that young people in the City can be exposed to.

THE CITY OF LONDON CSE PROFILE

The City of London continue to experience a low number of cases relating to Child Sexual Exploitation. Over the last 2 years, the crimes relating to CSE that have been recorded by the City Police include rape, sexual activity and possession of



engaged. Following securing their immediate protection, relevant and appropriate communication was made with the home authorities where the young people lived.

Partner agencies engaged in the City continue to share intelligence that may influence the knowledge of the CSE profile. Of significance is the City's location as a major transport hub and the successful engagement of British Transport Police to share information with the MASE. The CHSCB was also represented on Transport for London's Safeguarding Children Board to help further develop the response to tackle this issue. A quarterly data set of over twenty indicators produced for the MASE Group supplements the information provided by the City Police. This informs understanding, and the identification of risk indicators. However, trend analysis is limited due to the relatively low numbers of crimes and intelligence reports recorded.

MULTI-AGENCY SEXUAL EXPLOITATION MEETINGS

Operationally, monthly Multi-Agency Sexual Exploitation (MASE) meetings have enabled partner agencies to develop their understanding of the extent and nature of CSE through sharing intelligence and identifying local themes and trends. Attendance at the MASE is good and reflects the strong and long-term commitment given by all agencies to tackling CSE. The Hackney CYPS analyst has been a major asset to the work on CSE.



An average of 35-50 cases were being tracked by the Multi-Agency Sexual Exploitation (MASE) group at any one point during the year. Analysis is being used to support the MASE restructure to broaden its remit to address a wider range of vulnerabilities and exploitation types (e.g. 'county lines', missing episodes), to allow for a more holistic focus on vulnerable adolescents, and to facilitate and support a transition to focusing on broader thematic issues.

CHILDREN MISSING FROM HOME, CARE AND EDUCATION

Ensuring that partner agencies provide the most appropriate safeguarding response for children who go missing from home, care and education remains a priority for the CHSCB. In 2015, the London Safeguarding Children Board updated the London Child Protection Procedures and Guidance and agreed a protocol for children missing from care, home and education. According with statutory guidance, the City of London Corporation agreed to adopt the pan-London work as the basis for the local protocol that includes City specific guidance.

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. There have been no children missing from home reported in the last 12 months with 3 children missing from care (8 episodes).

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 City Executive Group to understand the reasons why children go missing and inform strategy and service delivery.

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.



Currently, it is estimated that there are 540 children of statutory school age. Of those, during the current annual census, the service has so far identified 392 children, who attend both maintained and independent schools. Some 280 of these children attend maintained primary and secondary schools. This figure has been substantiated by Department for Education data produced in 2017. The City of London is satisfied that it has identified all the children and young people of statutory school age in the maintained sector.

GANG INVOLVEMENT, COUNTY LINES, TRAFFICKING 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. Over 2017/18, the CHSCB's focus on this aspect in the context of vulnerable adolescents was further developed.





Briefings, issued by the [Government](#) and the [National Crime Agency](#), were circulated to partners in July and November 2017 respectively. A decision was made by the CHSCB that the 2018/19 conference would focus on the criminal exploitation of young people and that this would be the precursor to the CHSCB training programme rolling out more detailed training in this regard.



There are no children involved in gangs in the City, or any known gangs within the City itself, although gangs are known to cross the boundaries and travel through the square mile. Gang activity and risk to young people is closely monitored through the use of Police, Youth Service and Safer City Partnership data. Intelligence links with other LAs and the Police in these areas are being developed to ensure good co-ordination and sharing of information.

ADOLESCENT NEGLECT

Like younger children, adolescents are more likely to experience neglect at home than any other form of child harm. A recent report by the [Children's Society](#) into adolescents and neglect found that there was evidence that professionals struggle to identify adolescent neglect and are unsure what to do when they come across it. This has partly been based on misconceptions, including that adolescents become resilient to neglect and that neglect is less harmful than other forms of maltreatment. Neglect has been linked to a variety of problems for adolescents, including to 'challenging' behaviours e.g. poor engagement with education, violence and aggression, increased risk-taking (offending or anti-social behaviour, substance misuse, early sexual intercourse). It can lead to poor physical health, difficulties with relationships (with peers and adults) and be behind 'internalised' problems – e.g. low levels of well-being or mental ill health.



Recognising the importance of this aspect, the CHSCB focussed on adolescent neglect in its 2017 Annual Conference in the City of London

SELF-HARM AND SUICIDE

The partnership's focus on self-harm and suicide accelerated over 2017/18 as a consequence of the deaths of three young people from Hackney. Developments remain ongoing and learning identified from three reviews undertaken by the CHSCB is due to be published shortly.

PREVENTING RADICALISATION

Radicalisation is driven by an ideology that sanctions the use of violence and encourages the rejection of a cohesive and integrated society. Often those who are most vulnerable are deliberately targeted through a narrative that makes this ideology seem as both attractive and compelling. The City of London has experienced first-hand the devastating effects of radicalisation in recent years. In order to protect our communities, partner agencies in the City must provide those at risk of radicalisation with the support and guidance needed to turn away from violence.

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 CHSCB identified the threat of radicalisation as a priority area for its business planning going forward. The CHSCB continued to monitor the progress of the SCP in responding to the threat of radicalisation in 2017/18 and will continue to do so going forward.



One young person resident in the City was identified at risk of radicalisation in 2017/18 and referred to the City's Channel Panel.



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. It is estimated that 7.1% of women and 4.4% of men have experienced intimate violence. Applying these figures to local populations would suggest that 200 women and 100 men in the City of London have experienced intimate violence in the past year.

Responding proactively and in collaboration with the Safer City Partnership (SCP) remains a key priority for the CHSCB, recognising both the short and long-term

impact on the safety and welfare of children and young people. During 2017/18, the SCP continued its focus on developing services through implementing the [City's Domestic Abuse and Sexual Violence \(DASV\) strategy](#) and action plan via the DASV Forum.

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. In 2017/18, one MARAC was held where children were involved.

IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY (IRIS) PROGRAMME

The [Identification and Referral to Improve Safety \(IRIS\)](#) programme was established in 2007 in response to evidence indicating a high prevalence of domestic violence among women attending GP surgeries. The programme trains primary health care professionals to identify domestic violence and abuse and creates a mechanism so women can be referred to specialist domestic violence services. Since July 2014, all City and Hackney GPs have signed up to the service, which is delivered by Nia, a voluntary sector organisation.

- **171 IRIS referrals received across City & Hackney in 2017/18 (176 in 2016/17).**
- **The CCG continue to fund the MARAC Liaison Nurse who has proved to be a pivotal link between health and the VAWG sector.**

FEMALE GENITAL MUTILATION & HARMFUL PRACTICES

In April 2014, it became mandatory for NHS healthcare professionals to record Female Genital Mutilation (FGM) in a patient's healthcare record, if they identify that a woman or girl has had FGM. In September 2014, it also became mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients who have had FGM to the Department of Health. Changes to the Serious Crime Act mean that health care professionals, teachers and social care workers are required to report 'known' cases of FGM – visually confirmed or revealed by a girl (under the age of 18) affected – to the police. Working closely with Public Health, partner agencies and the Health and Wellbeing Board, the CHSCB continued to influence and monitor the effectiveness of the partnership response to FGM.

In January 2016, the City of London Health and Wellbeing Board formally agreed the City and Hackney FGM Strategy and associated action plan. A steering group was subsequently established and this continues to coordinate the strong progress made on this issue to date. The document '[Tackling and Preventing FGM: City and Hackney Strategy 2016-2019](#)' was published in January 2016 and its overarching aim is to promote the welfare of girls and women by preventing FGM and reducing the impact of the practice, by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support to those who need it the most. The strategy focuses on the following three priorities:

- **prevention and early intervention**
- **strong and effective leadership**
- **effective protection and provision**

The strategy is monitored by the City and Hackney FGM Steering Group, which is chaired by the Director of Public Health and includes officers from the CHSCB, Hackney Learning Trust, VAWG specialist organisations, the CCG and HUHFT.

- **From the data available, it is clear that very few City resident women and girls are at risk of FGM and there are no high-risk communities living in the City of London.**
- **Despite there being no referrals, an FGM flag on the casework management system in the City will ensure the monitoring, recording and consideration of FGM as and when required.**
- **A FGM single point of contact (SPOC) in the Police Public Protection Unit is established. The SPOC has been trained and works with the Met**





Police on operations at airports during summer holidays to identify those at risk.

- *Discussions held with the Police and Community Safety have led to the Vulnerable Victims Advocate organising alternative locations for weekly surgeries on key safeguarding issues – including FGM.*
- *FGM training is included in the City of London Police induction.*
- *Health professionals covering the City of London received training on FGM, with all health visitors continuing to receive this as part of their mandatory Level 3 training.*
- *GPs have a mandatory coding for FGM and this is shared with midwives and health visitors.*

Special Educational Needs and Disabilities

Between 12 March 2018 and 16 March 2018, Ofsted and the Care Quality Commission (CQC) conducted [a joint inspection of the local area of The City of London](#) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

Inspectors spoke with children and young people who have SEN and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. A range of positive findings reflect the strengths of the local safeguarding response to children and young people with SEND.

Some are set out below:

- Children and young people **feel safe** and gave examples of how they know **to keep themselves safe**. They also said that they feel welcome when using leisure and health facilities.

- Leaders have ensured that there is **effective multi-agency working**.
- Professionals and leaders have a clear **understanding of the risks** facing children and young people.
- Leaders and professionals have a detailed understanding of the needs of children, young people and their families. Professionals involved in meeting the needs of children and young people work well together, sharing information and communicating effectively. Strong support is also provided to parents and carers where needed.
- The views of children and young people and their parents are fully collated and considered.
- Families across the City receive **timely and appropriate advice and interventions** in relation to health needs.
- Parents, health professionals and early years staff are **complimentary about the range of services** being provided at Hackney Ark...This co-location means that a swift and efficient process is in place for vulnerable children.
- There is a range of ways to engage parents and carers in the early years, including fail-safes to make sure that any vulnerable children do not 'fall through the net'. Information-sharing in the early years is plentiful.

Some relevant areas for development include:

- Improve the City's **data collection** with providers that educate City children outside of the local area.
- ...build on initial work to identify any children or young people who may have a social, psychological or emotional **health need**, particularly for those aged 13 to 19. Their recent research has suggested that this needs to be explored further.
- **Co-production** (a way of working where children and young people, families and those that provide the services work together to create a decision





or a service which works for them all) is at an early stage of development, for example collating and analysing their feedback as part of the transition process so that any improvements made reflect their views and opinions.

- The **targets** that health professionals set for children and young people are not always included in EHC plans in their entirety. This means that families and professionals are unable to focus on the very specific outcomes that have been identified, for example in relation to speech and language therapy, physiotherapy and occupational therapy.
- Some parents expressed some dissatisfaction with the timeliness of **follow-up to concerns**. However, this was not commonplace among the views expressed by the wide range of parents spoken to during the inspection.

Safer Workforce

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer (known as the LADO) should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. Reporting to the Assistant Director of People Services, the LADO role in the City is held by the Safeguarding and Quality Assurance Service Manager. LADO referrals in the City are dealt with in accordance to statutory guidance, in a timely way and have been effective in protecting children.

- There were four Referrals to the LADO in 2017/18, a reduction from seven in 2016/17 and eleven in 2015/16.
- Overall numbers remain relatively low.
- Three of the four referrals met the threshold for LADO involvement and proportionate increase on 2016/17 (only one of seven met the threshold).
- There were no criminal prosecutions.
- Similar to previous years, there were no LADO referrals from the Police. The City of London, Public Protection Unit (PPU) has identified that there have been no professional allegations for the City of London that would have met the threshold for a professional allegation.

CATEGORIES OF CONCERN

Over the last six years, the highest number of referrals have been made relating to those in the education sector. The next highest referral category has concerned professionals / volunteers in Early Years' settings and Teaching agencies. This overall trend continues.

THEMES

There appears to be a direct correlation between high-profile cases of abuse being in the press and an increase in historical allegations. Research identifies that victims of abuse often find it difficult to disclose and this is often exacerbated if they are the only victim to come forward. The historical allegation in 2017/18 was precipitated by the disclosures against Harvey Weinstein, and the second victim only came forward once they knew they were not the only person.

AWARENESS RAISING

Awareness raising activities by both the CHSCB and the City of London continued during 2017/18. This was achieved through the following:

- **Submitting the [LADO Annual report for 2017/18](#) to a range of City and CHSCB committees.**
- **The City of London delivering focussed training on the LADO role and professional allegations.**
- **Safer Recruitment training being delivered by the CHSCB.**

In 2016/2017 it was identified that there was limited regulation around nannies and au-pairs. Parents and carers were often employing nannies and au pairs with limited knowledge on the safer recruitment process. Often individuals in these roles will be working and living in the family's home, having unsupervised access to young children. This became a priority for 2017/18 and guidance, in the form of a postcard, was developed and distributed to families through various networks.



Information on the postcard highlighted key areas around safer recruitment and how to register nannies and au-pairs on Ofsted's voluntary register. Details were also provided on who to contact should they have any concerns about someone caring for their child, with details on how to contact the LADO within the City of London. The card was co-produced by the City of London Corporation and the CHSCB and has been distributed to schools through the Safeguarding Education Forum and Early Years Settings in March 2018. The impact of this initiative will be reviewed in the LADO report for 2018/2019.



Safeguarding Context in Hackney



The Board

Communication

A Healthy Workforce

Technology &
Social Media

City Safeguarding
Context

Progress in the City
17/18

Hackney
Safeguarding
Context

Progress in Hackey
17/18

Learning &
Improvement

The Child Death
Overview Panel

Training &
Development

Priorities or next
year & beyond

What you need
to know

CHSCB
Membership



Hackney Safeguarding Snapshot 2017/18

Approximately **63,048** children and young people under 18.

23% of total population.

28% of children living in in poverty.

26% of children in primary schools in receipt of free school meals (national average 13.7%)

29.7% of children in secondary schools in receipt of free school meals (national average 12.4%)

47.4% education settings graded outstanding / **50%** graded good / **1.3%** requires improvement / **1.3%** inadequate for personal development.

437 children were subject to a CAF and MAT intervention in 2017/18.

271 new early help cases identified and supported through the MAT process.

Young Hackney are working with **600** young people though Early Help Teams, providing tailored support.

Approximately **165,283** attendances at

activities delivered by Young Hackney from young people throughout the year.

35-50 young people at risk of CSE being monitored by the MASE at any one point throughout the year during 2017-18.

78 children missing from home / **162** episodes of children going missing from home.

78 children missing from care / **555** episodes of children going missing from care.

13,802 contacts to Hackney CFS.

4,433 referrals.

15.6% re-referrals.

4,438 assessments completed by Hackney CFS.

44.7 days – average timeliness of assessments.

987 child protection investigations.

200 Children on a Child Protection Plan as of March 2018.

2806 open Children in Need cases as of March 2018 (excl. those in assessment, CP Plan and LAC).

241 children with a disability (open to Disabled Children Service).

381 children & young people looked after as of March 2018.

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

332 individual cases open to Hackney Council's Domestic Violence and Abuse Team as of March 2018.

165 allegations against staff working with children and young people.

Around **700** children & young people receiving help from CAMHS at any given time.



The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the London Borough of Hackney. The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

Hackney Demographics

The London Borough of Hackney is an inner-city London borough. There are approximately 60,000 children and young people under the age of 18 years, representing 4% of the total population. Of these, around 19,000 are aged less than five years. Over 58% of children and young people living in Hackney belong to black or other minority ethnic backgrounds, compared with 21.5% in the country as a whole.

It is a richly diverse community with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. Hackney's Orthodox Jewish Community population of around 30,000 represents more than 10% of Hackney's total population and around 50% of the community is under the age of 19 years. There are over 180 languages spoken in the borough. Hackney is ranked the second most deprived borough in England and it is estimated that 35.6% of children and young people in Hackney are living in poverty, with around 28-32% eligible for and in receipt of free school meals.

Contacts, Referrals & Assessments

The First Access Screening Team (FAST) is the multi-agency team that records all "contacts" made to them regarding concerns for children and young people. Any of these contacts can progress to a referral and if appropriate, an assessment, if the concerns suggest that the statutory involvement of Hackney Children and Families Service (CFS) is required. If a statutory response by CFS is not required, the FAST ensures swift signposting and engagement as necessary with early help services.

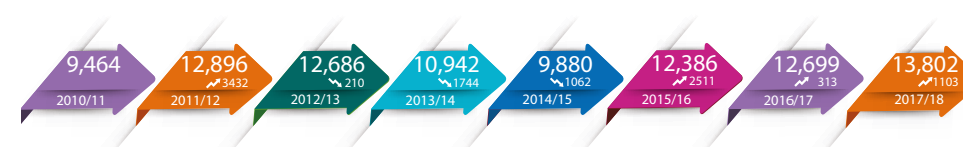
In 2017/18, FAST received 13802 contacts from a range of sources of which 4563 were accepted as a referral to CFS. This was an 16% increase in the number of referrals compared to 2016/17. The number of referrals per 10,000 increased in Hackney from 631.5 in 2016/17 to 710.4 in 2017/18. This is significantly higher than the rate for statistical neighbours (555) and the England average (552.2). The

FAST continues to support high quality of decision making in respect of risk and need.

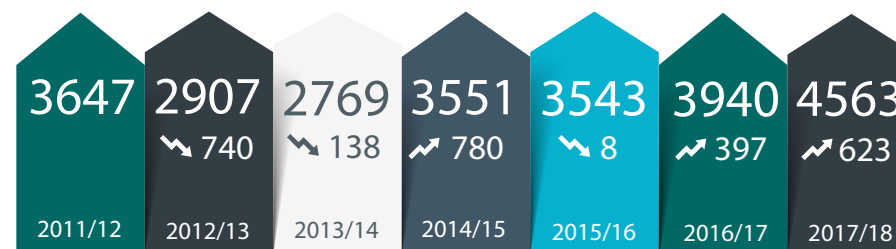
CONTACTS PER WEEK



CONTACTS PER YEAR

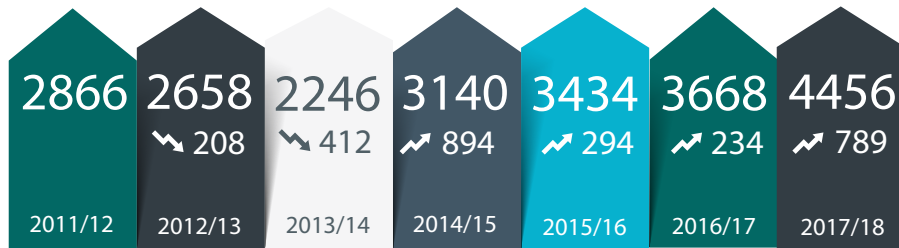


REFERRALS



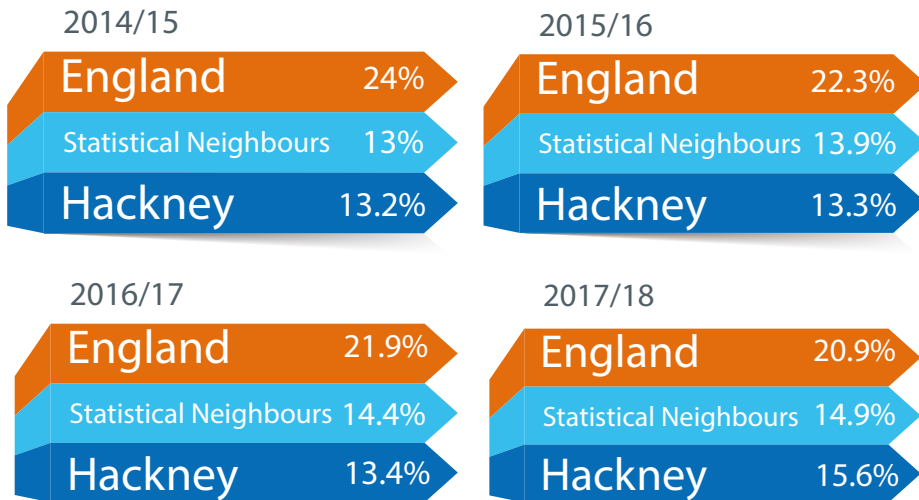


ASSESSMENTS



The percentage of re-referrals increased from 13.4% to 15.6%, significantly lower than the national average (20.9%) and marginally higher than Statistical Neighbours (14.9%). This lower than average repeat referral rate, combined with the overall increase in referrals, continues to point towards children, young people and their families receiving effective social work support and that this support, when needed, is sustained by partner agencies once a case is closed to CFS.

PERCENTAGE OF RE-REFERRALS WITHIN 12 MONTHS OF A PREVIOUS REFERRAL



Following contact, the FAST 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](#).

4456 assessments were completed in 2017/18 – a 22% increase from 2016/17.

The number of strategy discussions held in 2017/18 decreased from 1356 in 2016/17 to 1182. However, this data continues to reflect a continued focus on children and young people suffering or likely to suffer significant harm, with Hackney CFS continuing to work hard over to ensure there is better engagement with health professionals in those discussions. The number of child protection enquiries following strategy discussions reduced to 156.5 per 10,000 remaining lower than Statistical neighbour (184.1) and England (166.9) averages.

In terms of the timeliness of assessments, Hackney CFS continues to exercise dispensation, agreed by the Department for Education, for statutory assessment timescales, which has enabled CFS to adopt a proportionate and flexible approach with families during assessment. The average length of assessment in 2017/18 was 44.7 days, continuing the trend of this improving. Hackney largely remains close to the 45 day national assessment timeframe and in the context of increasing demand, this is reflective of focussed practice by front-line staff and their managers.

The Ofsted inspection in 2016 noted that in just over a quarter of cases seen, assessments were not completed within a timescale that was meeting individual children's needs.





Children on Child Protection Plans

Hackney CYPS initiated work over 2016/17 to improve both the quality and management oversight of assessment activity undertaken.



Plans and timescales for assessment are now set at the start of an assessment and are reviewed at unit meetings. Assessments open for longer than average are now audited by a service manager. Average assessment timescales have decreased year on year since the inspection. Hackney CFS Full year report to members 2017/18.

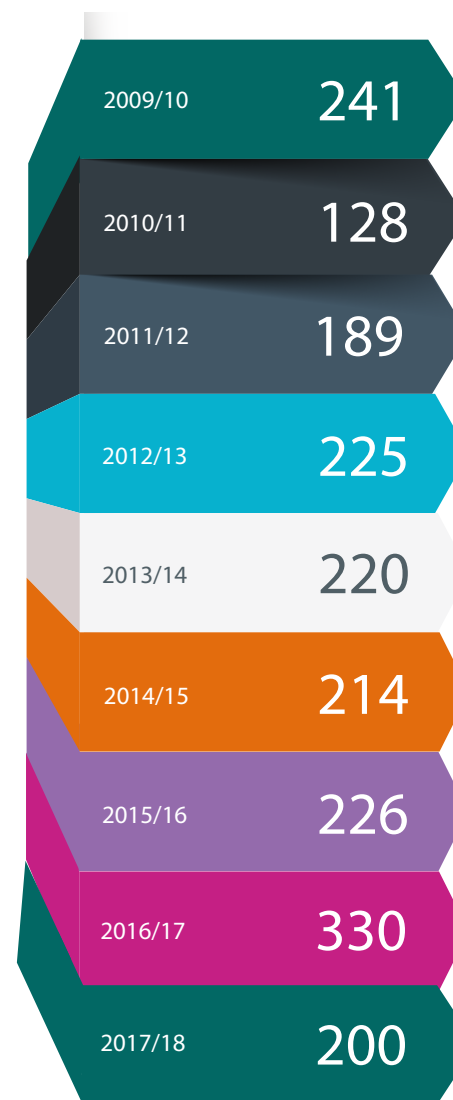
Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (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).

From 2011 to 2017, there has been an increasing trend in the number of children and young people subject to a CPP in Hackney. However, following a 30% increase seen between 2016 and 2017, there has been a significant swing, with CP Plans decreasing by 39% as at the end of March 2018 (from 330 to 200). Noting the rationale for this below, the CHSCB has committed to undertake further auditing of the decision making in this regard.

Considerable work took place in 2017/18, led by the Managing Demands Group that was established by Hackney CFS in July 2017, to understand and address the increase in Child Protection Plans in 2016/17. This has now decreased significantly to a level in line with the number of plans in the years prior to 2016/17. Extensive audits have taken place and these have led to the re-introduction of a consultation stage allowing practitioners to have conversations with Independent Chairs around the rationale for recommending a Child Protection Plan, and more consideration is given about whether it is appropriate for all children from a large sibling group to be on a Child Protection Plan and on identifying alternative types of plans and support that may be more appropriate for young people aged over 16. Hackney CFS Full year report to members 2017/18.





Monitoring of CPPs lasting two years or more is used to indicate the effectiveness of the CPP in eliminating or significantly reducing the risk of significant harm. Hackney CYPS maintained a robust monitoring process for these cases, with the percentage of children subject to a CPP for more than 2 years remaining at 3% at 31 March 2018. This is good practice and reflects strong quality assurance activity in respect of the planning on long-terms cases.

Related to this indicator is the number of children subject to a CPP for a second or subsequent time. This measure is used as a potential indicator as to whether a CPP has been successful in effectively reducing risk. During 2017/18, the percentage of children being subject to a CPP for a second or subsequent time decreased again from 16% to 13.1%. This additional improvement in performance is positive and continues to be supported by a robust oversight process involving relevant senior managers.

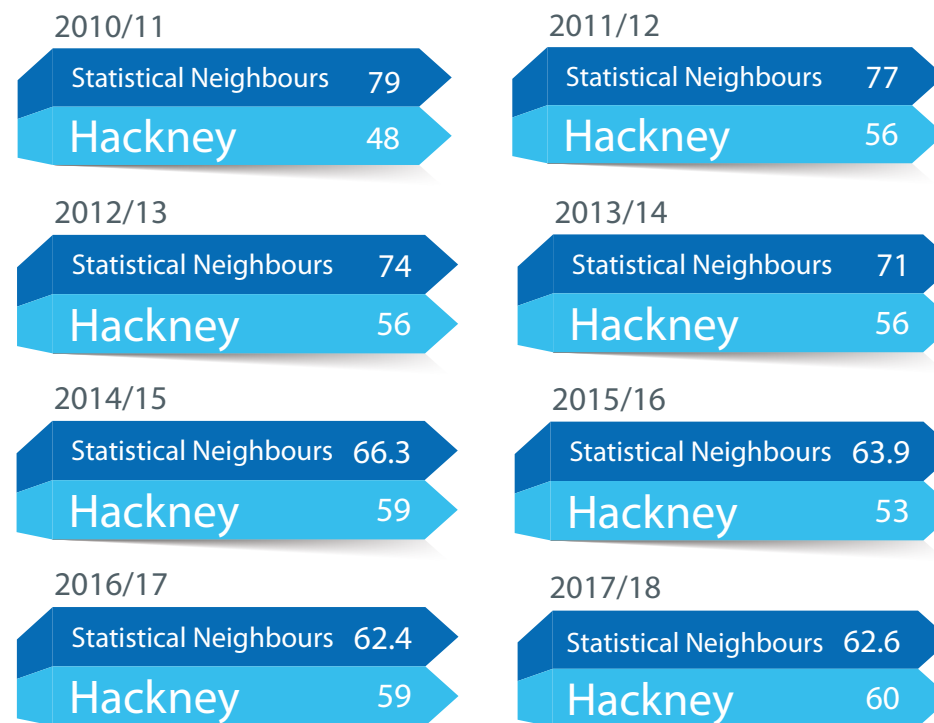
At the end of March 2018, despite a slight reduction, Emotional Abuse (50.5%) continues to exceed Neglect (38.5%) as the highest category CPP category. Scrutiny by the CHSCB has established the likely rationale for this change being linked more specific categorising by Child Protection Conference Chairs. An associated cause is likely to relate to the number of cases where domestic violence and abuse is an issue.

Looked After Children

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, Hackney CFS and partners will intervene because the child or young person is at risk of significant harm.

As at 31st March 2018, Hackney was responsible for looking after 381 children and young people compared to 371 at the end of March 2017. 217 children and young people entered care in the year, a 12% decrease compared to 2016/17. Overall numbers have increased since 2011 (270), and whilst Hackney has historically had lower numbers of children in care per 10,000 population under age 18 than the England average and statistical neighbours, this gap is closing.

The number of young people aged 14-17 entering care has increased since 2014 and accounts for the largest proportion of admissions to care each year (49% in 2017/18). However, during 2017/18 a reduction of 14% was experienced.



*Rate by 10,000

Placements

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. The percentage of looked after children with three or more placements in one year decreased in 2017/18 from 18% to 11%. This is now in line with the statistical neighbour average and national performance on this indicator. The children who experienced multiple placement moves were generally aged over 13 years; their placement changes were associated with issues linked to higher levels of need and complexity related to adolescence. Hackney CFS developed a specific placement strategy to respond to this challenge, with relevant actions being implemented over 2017/18.





Hackney's multi-strand placement stability strategy has led to improved performance over the past year. It has promoted the importance of placement stability with staff, encouraging them to build a 'team around the placement' which aims to identify placement fragility early on in order to devise a response to make placements more resilient and prevent break down. Hackney CFS Full year report to members 2017/18.

The percentage of looked after children aged under 16 looked after continuously for at least 2½ years who have been living in the same placement for at least 2 years (or placed for adoption and their adoptive placement together with previous placement lasting for at least 2 years) as at 31st March 2018 was 62%, a reduction from 69% in the previous year. This fall is considered to be associated with a number of young people reaching adolescence and their carers struggling to cope with increasingly complex behaviour.

Most placement moves are carefully planned, with the majority of children continuing to reside in their new placement more than 12 months after the move. This cohort is largely made up of children and young people who entered care at a younger age, and this is a clear factor that contributes towards improved stability.

Similar to earlier years, the vast majority of looked after children are in foster placements (72%). Hackney has seen an increase in the use of residential placements (children's homes), with approximately 25 children living in residential placements at the end of March 2018 (an increase from 4 in the previous year). No young person was placed in secure accommodation. Again, the use of residential placements is likely to reflect the children in care cohort being more complex, with more challenging needs that foster placements are unable to manage.

Of the 381 children looked after by Hackney at March 2018, 23% were placed in Hackney, 2% down on the year before. 80% of the total looked after children were placed in London local authorities (including Hackney, and neighbouring and non-neighbouring boroughs). 18% were placed in neighbouring local authorities (Waltham Forest, Newham, Haringey, Islington, Tower Hamlets or City), and 39% were placed in other London local authorities. 10% were placed in non-neighbouring local authorities, classified as being 'at a distance'. The majority of looked after children in placements classified as being 'at a distance' are placed in local authorities adjoining London, such as Essex, Kent and Hertfordshire. These figures are consistent with other London boroughs.

Care Proceedings

The rate of care proceeding applications in Hackney fell slightly from 15.8 per 10,000 in 2016/17 to 14 per 10,000 in 2017/18. This rate remains just above the national average (12.2 per 10,000).

Domestic Violence and Abuse

Ensuring a co-ordinated and robust response to domestic violence and abuse is a priority for the CHSCB. A comprehensive review of the response to domestic violence and abuse was initiated in 2014. A new local Violence Against Women and Girls Strategy continues to be implemented by the partnership. The Domestic Abuse Intervention Service (DAIS) became part of the CFS Early Help and Prevention Service in April 2017. 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; and supports service users with court attendance and to obtain legal protection. The service also works with perpetrators of domestic abuse to try to reduce risk.

- DAIS received 1,165 referrals in 2017/18. There has been a year on year increase in the number of referrals the service receives with a 42% increase between 2015/16 and 2017/18.
- 477 cases were heard at MARAC in 2017/18, a decrease of 4% from 2016/17 when 497 cases were heard.
- 96 (20%) of the total number of cases heard at MARAC were 'repeat' referrals.
- In 230 of the 477 cases (48%) there were children in the household.
- A total of 406 children were potentially being impacted by high risk domestic abuse.





Child Sexual Exploitation

Tackling Child Sexual Exploitation (CSE) in Hackney is a priority for the CHSCB. The multi-agency work to tackle CSE, co-ordinated by the CHSCB Vulnerable Adolescents Steering Group, continued during 2016/17 with the range of achievements set out later in this report. Over the course of 2017/18, there were 71 children & young people at risk of CSE being monitored through the Multi-Agency Sexual Exploitation meetings.

Missing Children

- 78 children missing from home
- 162 episodes of children going missing from home
- 78 children missing from care
- 555 episodes of children going missing from care
- In the 2017/18 academic year, the Children Missing Education Team (CME) received 1365 referrals, a slight decrease on 1399 referrals received in 2016/17 and 1013 referrals in 2015/16.

Elective Home Education

As of July 2017, 341 children were registered as receiving elective home education compared to 281 the previous year. Numbers are showing year on year increases. A clear protocol exists between Hackney CSC and HLT to manage these arrangements. These arrangements remain subject to on-going and robust scrutiny by Hackney Learning Trust and the CHSCB.

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. As at the end of March 2017 there were 21 children in private fostering arrangements in Hackney (an increase in 3 from 2016/17). Three of these arrangements were new in 2016/17. 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.

Young Carers

Young carers are children and young people under 18 who provide regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances'.



At the end of March 2018, Hackney Young Carers Project, funded by Hackney CFS, was working with 185 young carers compared to an average of 209 in the previous year. The project provides a variety of support services which include group work, and one to one work with children in more complex situations.

SEND

At the end of March 2018, the Disabled Children Service in Hackney was working with 241 children and young people. The Disabled Children Service manages low level safeguarding concerns although where there are increased concerns or it becomes evident that a parent is unable to safeguard their child from harm; Hackney CSC will investigate the concerns. The Disabled Children's Service remains involved throughout. 4% of Child Protection Plans involved a child or young person with a disability at the end of 2017/18 – an increase from 2.1% in 2016/17.

Youth Offending

The young people who are involved with Youth Justice in Hackney often have complex needs requiring significant support both in and out of custody. In 2017/18, there were 111 new entrants into the criminal justice system compared to 114 in 2016/17 and 103 in 2015/16. There has been an increase reduction in re-offending in 2017/18 (70) compared to 59 at the end of March 2017.

Children's Mental Health

The Child and Adolescent Mental Health Services (CAMHS) in City and Hackney are provide by Homerton University NHS Foundation Trust (First Steps and the CAMHS disability team, a joint service with the ELFT CAMHS); Clinicians





employed by London Borough of Hackney's children's social care and the Referrals to ELFT CAMHS again increased during 2017/18 to 1320 from 1255 in 2016/17 and 1098 in 2015/16.

Specialist Service is provided by the East London NHS Foundation Trust (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.

Referrals to ELFT CAMHS again increased during 2017/18 to 1320 from 1255 in 2016/17 and 1098 in 2015/16. The level of referrals to specialist CAMHS also further increased to 1445 from 1269 in 2016/17. The number of presentations by children and young people at A&E for self-harm reduced slightly to 32 from 41 in 2016/17.

For 2017/18 the total number of young people receiving inpatient care remained static at 31 cases. This group are supported by the Adolescent Team who provide an assertive outreach, home treatment model of intervention in order to prevent young people from being admitted to inpatient (Tier 4) services and provide the support for them to be treated at home.

Radicalisation

A key part of the Prevent programme is to stop people being 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. There were 17 subjects referred to Hackney Channel Panel in 2017/18. Eight of these referrals involved young under 18.

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. Across London on 31 March 2018, there were 6317 Category 1 'Registered Sex Offenders' (RSOs) (an increase of 322 from 2016/17), 3833 Category 2 'Violent Offenders' (and increase of 163 from 2016/17) and 24 Category 3 'Other Dangerous Offenders' (an increase of 3 from 2016/17). Further information is available in the [MAPPA Annual report for 2017/18](#) for London.

Alcohol & Substance Misuse

Young Hackney provides specialist treatment for young people affected by substance misuse – either directly or because a family member is using drugs. The service also has a dedicated officer who provides support and interventions for young people in contact with youth justice. In 2017/18, the Substance Misuse Team worked with 202 young people on a targeted basis and delivered outreach sessions that attracted 5211 young people, 2000 more than the previous year.

Mental Health

The prevalence of severe mental illness in Hackney and the City of London remains higher than that in comparable local authorities and significantly higher than the England average. In 2017/18, 1223 statutory assessments undertaken by Hackney CFS featured parental mental health as an issue (an increase from 1003 in 2016/17, 826 in 2015/16 and 694 recorded in 2014/15). These statistics reflect the ongoing importance of this issue to children and young people living in Hackney and the rationale behind the focus of partner agencies in developing a number of flagship projects to cater for mental health needs.



Progress in Hackney



Unregistered Settings

“ Despite ongoing concerns about children and young people attending unregistered settings in Hackney, very little practical progress was made over 2017/18. Large numbers of local children continue to attend these settings, primarily Yeshivas and as such remain outside the line of sight of safeguarding professionals.

As a safeguarding partnership, we continue to have no direct mechanism to ensure that the premises within which children congregate are safe; that the infrastructure is sound; environment appropriate or that contemporary safer recruitment practices are being applied to those working frequently and routinely with children.

Disappointingly, despite repeated attempts to engage the community leaders and cooperate in the development of a safeguarding reassurance framework, there has been little progress.

In this sense, I return to what I have been advocating since 2014, that this matter can only be resolved through legislative change. It is now imperative that government act and act swiftly. Whilst acknowledging the impact of Brexit on Parliamentary time, government must implement its stated intentions as set out in the [Integrated Communities Strategy Green Paper](#) published in March 2018, and force such settings into regulatory alignment.

Without this, the children and young people for whom we are equally responsible, will continue to be exposed to a two-tier safeguarding system that is simply unacceptable. Once again, I want to put it on record that I am not prepared to wait for the next scandal to happen (as seen in Australia and the USA) before this issue gains the traction that it warrants. When something goes wrong, as it inevitably will, people will understandably want to know who knew what and who did what.

Whilst the Local Authority leadership team and partners will continue to do what is within their power, this power is not sufficient to ensure effective safeguarding

arrangements in these settings and this need to change.

Both the ability and accountability for taking action right now remains firmly with central government. However, there is equal responsibility on the community itself to grasp the opportunities being offered and move beyond reassuring words to reassuring action.

JIM GAMBLE QPM





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 Learning Trust 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.

The framework supporting early help in Hackney has remained consistent since this inspection. The range of services available to children, young people and their families are set out within the Hackney Resource Guide and these continue to adapt and evolve based on the needs of the local population. The progress and impact of a range of local early help services are set out below:

THE FIRST ACCESS SCREENING TEAM (FAST)

The First Access & Screening Team (FAST) acts as a single point of contact for referrals to Children's Social Care in Hackney and provides responsive screening activities. All contacts with FAST are immediately progressed as a referral to Children's Social Care if the threshold for a statutory assessment is met. Related signposting activity requires staff in FAST to have a continually updated knowledge of local services at their fingertips coupled with a sound understanding of the Hackney Child Wellbeing Framework.

The FAST ensures children are quickly allocated resources to meet their needs or safeguard their welfare, working to a principle of right service, first time. Like other Multi-Agency Safeguarding Hubs (MASH) across London, FAST works alongside co-located partners from Hackney CFS, police, probation and health services to share information, jointly risk assess and promote access to services. This joined up approach enables proportionate and timely decisions about the type and level of services children need and facilitates timely access to resources. The FAST development continues to be co-ordinated by a multi-agency steering group of key partners. Hackney's FAST also supports children and young people to access universal and targeted early help provision including support via the allocation mechanisms of the Children's Centre Multi-Agency Team (MAT) meetings and the Children and Young People's Partnership Panel (CYPPP).



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.



- 437 children were subject to a CAF and MAT intervention in 2017/18 (271 new referrals).
- 266 cases were closed during this period.

MULTI-AGENCY PANEL (MAP)

MAP meetings occur once per term in each school. Chaired and led by the school, MAPs focus on school and individual pupils who require additional support. MAPs are attended by a range of professionals. As part of Hackney's Common Support Framework, Pupil Support Plans (PSPs) are used as CAF-compliant assessments.

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.

- 65,672 attendances recorded at the 4 Young Hackney Hubs.
- 165,283 attendances (11% increase) at the wider youth provision delivered through Young Hackney and commissioned services for young people.
- At any one time, Young Hackney are working with approximately 600 young people through the Early Help teams, providing tailored individual support.

“The majority of secondary schools in Hackney have an allocated Young Hackney team who will work with them to identify students who require additional support to participate and achieve. If schools identify students who would benefit from individual support, Young Hackney will create an appropriate intervention with the school.” Hackney CFS end of year report to members 2017/18

FAMILY NURSE PARTNERSHIP

A Family Nurse Partnership (FNP) for City and Hackney began providing support to young first time mothers and their partners in May 2014. The FNP service supports young families by providing them with one-to-one support and advice

from pregnancy up until their child turns two. The programme is delivered by intensive and specially trained nurses, from a variety of backgrounds such as midwifery, health visiting and school nursing, who visit the family in their own home.

THE PAUSE PROGRAMME

Pause works with women who have experienced or are at risk of having children removed from their care. By providing intensive individual support, the lives of those with whom it works are undoubtedly improving and significantly, the number of children needing to go into care has been reduced. Pause Hackney has continued to grow in strength and effectiveness in the borough. Pause Hackney brings together skills from clinical therapy, counselling, homeless outreach, substance misuse and criminology. Each practitioner holds a case load of between 6-8 women during an 18-month period of intensive, bespoke intervention tailored in accordance with the needs identified by the women and supported creatively by her practitioner with a strong emphasis being on the vital importance of relationship and strength based practice.

Founded in Hackney by Sophie Humphrey's, Pause now operates across 20 locations and during 2018, launched in both Scotland and Northern Ireland.

“Every woman Pause works with we see as an individual and unique: we do not define them by their difficulties. Our relationship-based approach works, as this evaluation shows. We are extremely proud of the results we are seeing in our Practices across the country, and to have this independent evaluation of the impact we're making is great.” Sophie Humphreys, Founding Chair of Pause





Vulnerable Adolescents

Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the CHSCB, this issue remains central to our overall approach in making children and young people safer. **Context is key.**

During 2017/18, the CHSCB implemented [a revised strategy](#) to cover vulnerable adolescents. This strategy builds on the significant progress made by the CHSCB and partners 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 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 an unwavering 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**

Factors in scope within the strategy include, but are not limited to the following:

- **Child Sexual Exploitation (including Harmful Sexual Behaviours)**
- **Children missing from home, care and education**
- **Children and young people exposed to risk through gang involvement, county lines, trafficking and serious youth violence.**
- **Domestic Violence and Abuse (DVA)**
- **Violence Against Women & Girls (VAWG)**
- **Adolescent Neglect**
- **Self-harm and suicide**
- **Substance Misuse**
- **Radicalisation**
- **Special Educational Needs and Disabilities (SEND)**

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

THE HACKNEY CSE AND HSCB PROFILE

A detailed and comprehensive CSE and HSB dataset has been developed for the MASE (Multi-Agency Sexual Exploitation group) by the Vulnerable Adolescents analyst which is being updated and analysed on an ongoing basis. The development of this dataset is in recognition of the ever-changing profile of CSE and HSB and acknowledges that traditional, periodically retrospective datasets, do not provide sufficient analysis of the current picture. The ongoing analysis of Hackney's dataset will enable identification of emerging themes which can inform service improvement. These themes are reported at the regular MASE meetings and actions are implemented as a result.

Analytical research has been undertaken to interrogate data relating to CSE and HSB and to identify emerging themes and trends which inform service development. Research has drawn on referral data from FAST, Police data and on data gathered at CSE and HSB MAP meetings. This research has explored the overlap with the missing children cohort and started to quantify emerging themes such as domestic violence and parental drug misuse and to identify any reoccurring locations and patterns around dates and times of incidents. 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 his/herself).**



During 2017/18, there were 39 Multi-Agency Planning (MAP) meetings held to identify the level of risk and develop an intervention plan for young people at risk of CSE or displaying HSB.

MULTI-AGENCY SEXUAL EXPLOITATION MEETINGS

Operationally, monthly Multi-Agency Sexual Exploitation (MASE) meetings have enabled partner agencies to develop their understanding of the extent and nature of CSE through sharing intelligence and identifying local themes and trends. Attendance at the MASE is good and reflects the strong and long-term commitment given by all agencies to tackling CSE. The Hackney CYPS analyst has been a major asset to the work on CSE.



An average of 35-50 cases were being tracked by the Multi-Agency Sexual Exploitation (MASE) group at any one point during the year. Analysis is being used to support the MASE restructure to broaden its remit to address a wider range of vulnerabilities and exploitation types (e.g. 'county lines', missing episodes), to allow for a more holistic focus on vulnerable adolescents, and to facilitate and support a transition to focusing on broader thematic issues.

EMPOWER - THE SAFER LONDON FOUNDATION

Commissioned by Hackney Council, the Safer London Foundation has continued to work closely with partner agencies; raising awareness of CSE and directly supporting young people experiencing or at risk of sexual violence and exploitation. During 2017/18, it has provided a range of services in Hackney. Evidence of the impact delivered by Safer London is available [here](#).

CHILDREN MISSING FROM HOME, CARE AND EDUCATION

Ensuring that partner agencies provide the most appropriate safeguarding response for children who go missing from home, care and education remains a priority for the CHSCB. In 2015, the London Safeguarding Children Board

updated the London Child Protection Procedures and Guidance and agreed a protocol for children missing from care, home and education. Hackney agencies agreed to adopt these procedures as the local protocol.

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 CSE, harmful sexual behaviour (HSB), radicalisation and gang and youth violence.

In order to ensure young people who frequently go missing are supported and that the Director and senior managers are kept informed, fortnightly missing children meetings are convened whereby practitioners provide an overview of the risk in relation to the child, the circumstances around the current missing episode and actions being taken to address risk.

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 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. Dominant and reoccurring themes for young people who persistently go missing continue to include the following:

- **Parental conflict around boundaries and risky peer groups**
- **CSE & Gangs**
- **School Pressure**
- **Safe Space**
- **Migrated children**
- **Contact arrangements**

The HLT Children Missing Education (CME) Team continues to ensure that





Hackney Council is meeting its statutory responsibilities in regard to the identification, monitoring and tracking of children missing or not receiving a suitable education. This includes liaison with FAST 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 HLT Education Attendance and Admissions services.



Missing children recording guidance has been updated and was shared with practitioners in November 2017. Improved missing children reporting processes have been implemented that now allow clear management oversight of missing episodes and return home interviews. There has been an overall improvement in the uptake of return home interviews by young people in 2017/18 with 55 (81%) of children/young people who went missing from home accepting a Return Home Interview (compared to 72% in 2016/17) and 51 (82%) children/young people who went missing from care accepting a Return Home Interview (compared to 32% in 2016/17). Hackney CFS end of year report to members.

GANG INVOLVEMENT, COUNTY LINES, TRAFFICKING 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. Over 2017/18, the CHSCB's focus on this aspect in the context of vulnerable adolescents was further developed.

Briefings, issued by the [Government](#) and the [National Crime Agency](#), were circulated to partners in July and November 2017 respectively. A decision was made by the CHSCB that the 2018/19 conference would focus on the criminal exploitation of young people and that this would be the precursor to the CHSCB training programme rolling out more detailed training in this regard.

ADOLESCENT NEGLECT

Like younger children, adolescents are more likely to experience neglect at home than any other form of child harm. A recent report by the [Children's Society](#) into adolescents and neglect found that there was evidence that professionals struggle to identify adolescent neglect and are unsure what to do when they

come across it. This has partly been based on misconceptions, including that adolescents become resilient to neglect and that neglect is less harmful than other forms of maltreatment. Neglect has been linked to a variety of problems for adolescents, including to 'challenging' behaviours e.g. poor engagement with education, violence and aggression, increased risk-taking (offending or anti-social behaviour, substance misuse, early sexual intercourse). It can lead to poor physical health, difficulties with relationships (with peers and adults) and be behind 'internalised' problems – e.g. low levels of well-being or mental ill health.



Recognising the importance of this aspect, the CHSCB focussed on adolescent neglect in its 2017 Annual Conference in the City of London.

SELF-HARM AND SUICIDE

The partnership's focus on self-harm and suicide accelerated over 2017/18 as a consequence of the deaths of three young people from Hackney. Developments are ongoing and learning identified from three reviews undertaken by the CHSCB is due to be published shortly.

PREVENTING 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 CHSCB is represented on the Prevent Partnership Group, which is comprised of key community and statutory services. 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**
- **Working with sectors and institutions**

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. Hackney has been classed as a Tier 2 Prevent “priority” area and receives funding from the Home Office for a local Coordinator and for funding Prevent projects.

Aligned with the statutory duty, 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. The following activities have taken place to embed Prevent safeguarding:

- **Dedicated Prevent leads identified for each council directorate to act as a single point of contact for embedding Prevent safeguarding**
- **Representation on Channel Panel includes expertise in relation to both youth offending and safeguarding.**
- **There is an agreed referral process for Prevent referrals involving children and young people.**
- **Support provided to Hackney Learning Trust lead officers representing schools, early years, Citizenship leads, to understand the Prevent agenda and signs of radicalisation/ extremism in terms of safeguarding.**
- **In February 2017, the Counter Extremism Unit allocated LBH funding to employ a Community Engagement Coordinator post, with the role to support building more resilient communities and tackling the harms extremist cause.**
- **Faith school youth workers, foster carers and childminders have attended dedicated Workshops to Raise Awareness of Prevent (WRAP).**
- **WRAP sessions delivered to faith schools, academies and free schools and assistance to update existing safeguarding policies and protocols to include Prevent safeguarding.**
- **WRAP sessions delivered to Early years, CFS social workers and the community.**

CHANNEL PANEL

A key part of the Prevent programme is to stop people being 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.

There is a defined process for agreeing whether a Channel referral will be accepted by the Panel as a Channel case. The Panel is held monthly, with a

comprehensive vulnerability assessment for each case undertaken. Where an assessment does not reach the threshold for Channel, the case is referred to other services, safeguarding panels or to where other forms of support can be provided, through a series of minuted and reviewed actions.

PREVENT SAFEGUARDING REFERRAL PROCESS

Hackney has in place clearly agreed referral mechanisms to raise a Prevent safeguarding concern. A Prevent related referral form is accessible on the Council’s and the Hackney Learning Trust Prevent dedicated webpages. Equally, the Prevent referral form has been widely communicated across Hackney key sector partners and community representatives. Where appropriate the referral process has been integrated within key sectors safeguarding policies including schools, early year’s settings, sixth form colleges, NHS Homerton and across council services. Assessments are undertaken on all valid referrals. The Channel referral process is aligned to existing referral mechanisms, to avoid duplication, for all referrals raised concerning a young person or where a young person resides in a household of an individual, this is referred to Hackney Children and Families Service to undergo Children and Young People – FAST assessment.



A key part of the Prevent programme is to stop people being 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. There were 17 subjects referred to Hackney Channel Panel in 2017/18. Eight of these referrals involved young under 18.

Case referrals continue to cover a wide range of behaviours/ situations including:

- **Sharing of extremist online material**
- **Use of extremist language that harbours a sense of injustice**
- **Abusive household including, neglect, substance misuse or violence**
- **Association with extremist groups**
- **Referrals have been across a range of extremist activity including far right.**



Violence Against Women and Girls

It is estimated that in the past year 7.1 per cent of women and 4.4 per cent of men have experienced intimate violence. Applying these figures to local populations would suggest that 6,400 women and 3,900 men in Hackney have experienced intimate violence in the past year. In Hackney, domestic violence and abuse accounts for one in five violent crimes, which is the second highest reported rate in London. Responding proactively and in collaboration with the Community Safety Partnership remains a key priority for the CHSCB, recognising both the short and long-term impact on the safety and welfare of children and young people. The CHSCB 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.

HACKNEY DOMESTIC ABUSE AND INTERVENTION SERVICE

The new model of service delivery implemented in 2016/17 was further embedded over 2017/18. The Domestic Abuse Intervention Service (DAIS) 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. Information about the DAIS will be included in next year's annual report.





MARAC

The number of cases considered at MARAC (multi-agency risk assessment case conference) continues to reflect a robust response to providing multi-agency support to victims and children at risk of domestic violence and abuse.

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of cases referred to MARAC	304	308	422	506	497	477

The Hackney MARAC continues to meet frequently and is chaired by Police and Hackney Council Safer Communities. In approximately 48% of cases there were children in the household (49% in 2017/18).

MARAC case numbers are higher in Hackney than SafeLives guidance based on the number of adults in the borough. 2017/18 saw 477 cases discussed when the recommended level for Hackney is 400 – still more than expected.

THE SPECIALIST DOMESTIC VIOLENCE COURT (SDVC)

The SDVC is a joint initiative between Hackney Council and the London Borough of Tower Hamlets. A SDVC sits two days a week, with a specially trained judiciary and wrap-around support for victims/ witnesses. It is a partnership approach to domestic abuse by the police, prosecutors, court staff, probation, local authorities and specialist support services for victims. Agencies share information to identify and risk-assess cases, support victims and their families and bring offenders to justice. It has resulted in an increase in prosecutions and convictions, and victim satisfaction rates are also improving. Just over half of the cases going to the specialist court are Hackney cases. On a regional performance, London continues to have the lowest conviction rate of all regions. This aspect is subject to further scrutiny by the VAWG Board.

IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY (IRIS) PROGRAMME

The Identification and Referral to Improve Safety (IRIS) programme was established in 2007 in response to evidence indicating a high prevalence of domestic violence among women attending GP surgeries. The programme trains primary health care professionals to identify domestic violence and abuse and creates a mechanism so women can be referred to specialist domestic violence services. An evaluation reported that all women felt safer and 88 per cent had

a greater awareness of their options following referral to IRIS. Hackney is the top performing area nationally in respect of IRIS. The CCG Designated Nurse is working with Public Health to develop a specific set of DV outcome measures for this project. Since July 2014, all City and Hackney GPs have signed up to the service, which is delivered by Nia, a voluntary sector organisation.

- 171 IRIS referrals received across City & Hackney in 2017/18 (176 in 2016/17).
- The CCG continue to fund the MARAC Liaison Nurse who has proved to be a pivotal link between health and the VAWG sector.





FEMALE GENITAL MUTILATION AND HARMFUL PRACTICES

In April 2014, it became mandatory for NHS healthcare professionals to record Female Genital Mutilation (FGM) in a patient's healthcare record, if they identify that a woman or girl has had FGM. In September 2014, it also became mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients who have had FGM to the Department of Health. A new mandatory duty to report female genital mutilation (FGM) came into force on 31st October 2015 under the Serious Crime Act (2015).

Regulated health and social care professionals and teachers in England and Wales, including those working in private education and healthcare, are now required to report known cases of FGM in under 18-year-olds to the police. This is a personal duty (i.e. the responsibility is that of the individual not the organisation) and requires social workers to report a disclosure of FGM from a girl or young woman to the police, with failure to report meaning the professional is subject to disciplinary measures.

In 2017/18, the FGM steering group continued to coordinate the FGM Strategy and associated action plan to ensure there was strong progress made on this issue. Working closely with Public Health, partner agencies and the Health and Wellbeing Board, the CHSCB continued to influence and monitor the effectiveness of the partnership response to FGM.

- *Figures recorded for 2017/18 show that 22 children were identified via FGM referrals, which led to 6 assessments and 1 Female Genital Mutilation Protection Order (FGMPO).*
- *In 2016/17, there were 87 referrals, 6 assessments and 1 FGMPO.*
- *The drop in referrals is considered attributable to more sophisticated assessment and over time, mothers with multiple children will have previously accessed advice and guidance.*





Special Educational Needs and Disabilities

Between 27 November 2017 and 1 December 2017, Ofsted and the Care Quality Commission (CQC) conducted [a joint inspection of the local area of Hackney](#) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

Inspectors spoke with children and young people who have SEN and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education.

They reviewed performance data and evidence about the local offer and joint commissioning. A range of positive findings reflect the strengths of the local safeguarding response to children and young people with SEND. These include:

- The **safety, inclusion and well-being** of children and young people who have special educational needs (SEN) and/or disabilities is central to the work of leaders and providers in Hackney. Young people typically say that they feel safe. Some can explain how they have been better enabled to keep themselves safe from the risks they see as predominant in their lives, such as those posed by violent crime.
- A **wide range of clinical services, support and training** is offered to parents and families. As a result, there are different options available to meet varying health needs and parents are well supported.
- Leaders hold schools and settings systematically and rigorously to account for improving outcomes.
- **Co-production and collaboration** is typically strong.

- Area leaders have succeeded in ensuring that **children and young people participate well in society**. Children talk enthusiastically about enjoying a wealth of sporting, social and cultural activities.
- Pupils who have SEN and/or disabilities typically **sustain progress** from their starting points. This includes those who do not have an education, health and care plan (EHCP).

Some relevant areas for development include:

- Though there has been some improvement in meeting the **20-week assessment timescale**, too many assessments are still not completed quickly enough.
- There was **little input from social care** into EHCPs sampled during the inspection. Leaders of providers visited typically agreed that the greater involvement of social care is an area for development.
- EHCPs sampled did not always **reflect all the health needs** of children and young people. The range of health professionals already involved with a child included within this process was also not reflected. This means that important information may be missed and wider health needs may not be considered.
- **Health assessments** for children in care are not currently aligned with EHCP assessments. This means that information is collected twice and families have to tell their story again.
- The designated medical officer (DMO) does not have the capacity currently to undertake **quality assurance of medical assessments**. She does not have a comprehensive oversight of children and young people who have SEN and/or disabilities within health services.
- There is no formal process to involve health visitors, school nurses and children's community nurses in the education, health and care assessment process nor the development of plans.





Safer Workforce

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The Designated Officer of the Local Authority (known as the LADO) should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. The governance of the LADO post sits under the management of the Safeguarding and Learning Service within Hackney CFS.

- 165 referrals.
- A decrease of 27% since 2016/17 and the first reduction since 2010/11.
- Overall numbers remain encouraging and continue to reflect a system actively identifying and referring issues of concern involving those who work with children.
- The LADO continues to offer advice and support to these settings in conjunction with HLT to help them deal with undertaking internal investigations.
- There were 21 cases reaching LADO threshold for an Allegations Against Staff & Volunteers (ASV) Meeting.
- With regards to the outcomes of those cases, nine were substantiated, seven were unsubstantiated, two had an 'unfounded' outcome, 1 did not progress to an ASV meeting and two are ongoing/awaiting actions.
- An ASV meeting was held in four cases where sexual abuse was alleged. The allegation was unfounded in two of these cases. The police investigated the other two cases, with no further action taken in one case and the outcome of the police investigation still awaited in the other.

“During the year, consultations about cases which did not meet the LADO threshold were not recorded, where they had been recorded previously. A final decision around recording of information, informed by discussion with data protection colleagues has been to record all consultations, as this evidences the breadth of work of the LADO and provides thematic information about individuals and employers which is valuable in the case of future allegations.”

Hackney CFS end of year report to members

CATEGORIES OF CONCERN

- **The category of physical abuse remains the largest** in terms of overall numbers (46%) which mirrors previous years (48% in 2016/17 and 49% in 2015/16) and there was an increase in the category of 'behaviour which questions the person's suitability' (25%) when compared to 2016/17 (19%).
- **The percentage of sexual abuse allegations increased again in 2016/17**, accounting for 13% of primary categories in 2016/17, compared to 10% in 2016/17 and 6.8% in 2015/16. here has been an increase in reporting of sexual abuse allegations, partly due to a better awareness by professionals to follow up on concerns. All sexual abuse allegations are now routinely cross-referenced with information held by the Multi Agency Sexual Exploitation (MASE) Forum so that patterns of grooming/ abuse can be identified if present.
- All sexual abuse allegations are now routinely cross-referenced with information held by the Multi Agency Sexual Exploitation (MASE) Forum so that patterns of grooming/ abuse can be identified if present.

THEMES

- There was an increase in the number of children in education settings being aware of what conduct from staff is impermissible or inappropriate. A subsequent theme to this is parental awareness, not only of the consequences that staff members may face when an allegation had been made, but also seeking direct advice or making use of the LADO service as an avenue to challenge schools' outcomes.
- A small number of referrals related to offences committed via social media which is likely to increase over time.
- There was an increase in managers seeking guidance on HR related matters in terms of performance. These matters demand a high volume of professional hours and raise anxiety of both the employer and employee. The threshold for the allegations being made from a safeguarding perspective is considerably low.
- There was an increase in referrals related to suitability where incidents involving safeguarding of staff members' own children raises concerns about whether or not they would pose any risk to children they work with. For the overwhelming majority, it could not be proved that what occurred in their personal lives in terms of child safeguarding suggested that they would be considered unsafe to work with children.



AWARENESS RAISING

During 2017/18 fewer introduction/awareness raising events took place as head teachers and nursery managers became more familiar with the LADO.

The Safeguarding in Education Team run a comprehensive training programme that includes safeguarding and child protection training for HLT staff, Designated Safeguarding Leads for schools, Colleges and Early Years, whole School and college staff, Governors, Early Years and Childminders. All of 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 an academic year for schools and twice an academic year for Early Years Managers.



A total of twenty-three LADO audits were completed by Hackney CFS on three different themes. The themes included cases where the outcome of allegations were unsubstantiated, no further action, or substantiated. The audits considered four key areas of practice - referral information, decision-making, partnership working and outcomes. The main recommendations from the audits related to the quality of the initial referral information in supporting the LADO's investigation. Decision-making emerged as a strength with all the audits completed demonstrating evidence of proactive information gathering and timely decision making on the outcome of referrals. Partnership working also emerged as a strength with evidence of good communication and information-sharing across the professional network. In all audits the outcome of referrals were recorded and a clear rationale was provided.





Learning & Improvement



‘Local Safeguarding Children Boards should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.’ Working Together 2015

Since implementing a revised framework in 2013/14, there has been significant activity undertaken across both the City of London and Hackney. A range of lessons have been identified leading to tangible impact and improvement across the safeguarding system. To identify lessons, the CHSCB applies a focus on the following areas:



The Child’s Voice

CHSCB partners have a strong ethos of engagement with children and young people, ensuring they are seen, heard and helped and that their voices influence both their own outcomes and that of how partners better safeguard children. Practitioners from all agencies gather the views of children and young people on a daily basis, from a home visit by a social worker to comments made to a teacher in the classroom. Taking a wider overview of wishes, opinions and feelings, the CHSCB and partner agencies also undertake a range of activities to ensure the child’s voice is central to our collective approach to learning and service improvement. The CHSCB has, however, been clear that it does not wish to replicate existing structures within which children and young people are already engaged and wants to add value by hearing the authentic voice of children and young people who might not ordinarily be part of those forums. This is an area the CHSCB is continuing to strengthen going forward through the work of the Community and Engagement Sub-Group and its focus on responding to the priorities set by children and young people in the CHSCB Business Plan.

Alongside directly engaging CYP, the CHSCB learning and improvement framework also includes schedules for organisations to report on their engagement with CYP and communities, the work undertaken and the difference made. This allows the CHSCB to keep oversight that such engagement is ongoing, that children and young people are being seen, heard and helped and that their voices are considered in practice and used to help shape service development.



In April 2017, CAMHS held its first open day to allow young people in the community an opportunity to better understand the CAMHS provision in Hackney. Young people aged 12- 18 were engaged prior to the event to create a newsletter for service users which they showcased at the event. This group also presented to the open day attendees work they had under taken while attending the user participation groups. There was also a focus for young people who were from 0 to 11 years where face painting and Easter egg hunts were arranged. Feedback from young people included “It was fun being a helper and welcoming people to CAMHS, I enjoyed helping out with the task and telling people about what a good place it is to come for help” and “I liked the fact that we wanted this day and it happened”.



As part of a BBC Today programme, former England international footballer Sol Campbell met young service users in Specialist CAMHS to talk about the ‘crossroads moment’ that led to him pursuing football. The young people shared their experiences of growing up in Hackney including the exposure to drugs, gangs and violence in school and on the streets from a young age. Like Sol they shared a passion for sports and the routine and discipline it gives them - many expressed an interest in becoming professional sportsmen.



In March 2018, Action for Children carried out the Annual Service User Survey among children and young people supported by the City of London Children’s Services Team.

Feedback was also captured pictorially for children under 5.

- Very high satisfaction levels with almost all aspects of their care.
- All but one respondent gave their social workers top marks and found their social worker easy to talk to and appear to feel well supported. They gave concrete examples of feeling listened to and generally having their needs met. For many, their social worker seems to be the ‘go to’ person with any concerns or problems.
- Most felt their educational needs were fully or mostly met however, not having laptops was an issue raised by 3 respondents. This was addressed by the Virtual School Head, and young people who require laptops for their education were provided with them.
- Young people know about the Children in Care Council and value the social network and support this offers. They also have a good awareness of the

complaints procedure and how to access advocacy and, to a slightly lesser extent than in previous years, their IRO.

- In the safeguarding section - compared with last year - there was an improvement both in the general sense of safety expressed and in terms of finding support if harmed or bullied. Reassuringly, all respondents felt they had at least one person they could turn to if such crises were to arise.

Feedback from Care Leavers included:

- 100% of respondents found find it easy to contact their social worker and 77% find their social worker ‘very easy to talk to’.
- 66.6% said they got ‘a lot of help’ from their social worker (compared with 88.8% in 2016) and there was, in the narrative part of the survey, a great deal of appreciation of social workers who have given emotional and practical support (e.g. as the main person to turn to if harmed or bullied or, as a source of health information). Two respondents commented on the vital – even lifesaving - support they received at times of crises and in terms of not giving up (e.g. placement, college courses).
- 88% felt appropriately consulted and listened to and 100% were helped to understand their life story (compared with 33% in 2016).
- One young person raised the issue of needing greater permanency with regards to accommodation and another highlighted the difficulties in transitioning out of foster care, advising (with the benefit of hindsight), that all young people should be encouraged to remain in foster care for as long as possible.
- More young people than in 2016 are currently in education or training and a very high percentage rate it as ‘very good’ (88.8%, compared with 55.5% in 2016). 100% said they knew how to contact the Virtual Head teacher and she was singled out for very high praise for her proactive, helpful approach. Several young people commented that they would like more opportunities for work experience and apprenticeships and most appeared focussed and ambitious with regards to future careers.



Hackney CFS continue to consult young people both before and after their LAC Reviews and are working to devise more interactive ways of gaining feedback e.g. online or text message surveys. Young people are being empowered to take a more directive role in their reviews and there has been an increase of young people chairing their review meetings and devising activities for the attendees to be part of.



There has also been an increase in the use of advocacy for children and young people subject to Child Protection Plans and Care Proceedings, and with Care Leavers, where their own children are receiving services.

The Children's Rights Service has successfully supported young people to attend part of their Conference meeting, to write letters to their parents outlining what they would like to change at home (which has been very powerful for parents to hear) and to express their views to the Courts advising where they would like to live and with whom. The number of young people who continue to contact their advocate and come back to the service once their original issue has been resolved would suggest that they find it a useful and positive service which they feel is accessible when they have difficulties.



Homerton Hospital uses Optimum Technology to obtain real time feedback from children, young people and their families when they are seen in children services across the Trust. Age appropriate icons have been developed i.e. Little Paws and Monsters for children and young people aged 0-8 and 8-18 years respectively which are used to give their response to a specific question. Feedback indicates that 99.3% of children aged 0-8 and 98.8% of young people aged 8-18 felt safe, and 96.4% and 97.6% (respectively) felt that staff talked in a way that they could understand. 96% of 8-18 year olds also felt that they had been involved as much as they wanted in decisions about their care.

The Family's Voice

The CHSCB and partner agencies also continued to listen to the views of parents and carers about the quality of services and any matters impacting on their ability to provide good enough parenting. In addition to individual agencies engaging with families at a practice level, the CHSCB scrutinised a range of activities aimed at learning from parents and carers about how services could improve for children and young people. Where appropriate, the CHSCB actively engages parents in Serious Case Reviews and local case reviews. Their voices are reflected in the content of the report and their views used to inform related recommendations where necessary.



As part of its 'Reach and Resilience', CAMHS have managed a range of projects this year to engage children and young people with CAMHS in Hackney with a special focus on the BAME community. Activity has included a positive meeting with the "BAME fathers" group and the service is looking at further workshop creation alongside BAME leaders in the voluntary



sector have also looked at stigma around mental health.

In the community an opportunity to better understand the CAMHS provision in Hackney. Young people aged 12- 18 were engaged prior to the event to create a newsletter for service users which they showcased at the event. This group also presented to the open day attendees work they had undertaken while attending the user participation groups. There was also a focus for young people who were from 0 to 11 years where face painting and Easter egg hunts were arranged. Feedback from young people included "It was fun being a helper and welcoming people to CAMHS, I enjoyed helping out with the task and telling people about what a good place it is to come for help" and "I liked the fact that we wanted this day and it happened".

- *Despite the mostly good relationships between families and social workers, half of the parents in this survey qualified this view with expressions of frustration about how effective the actual support is. Five parents expressed that they needed urgent support with re-housing. Their main preoccupations were with problems around overcrowding, poor health, financial worries and being out of work. In terms of affecting change, this Sub-Group felt that social workers were powerless to provide the specific support they were looking for.*
- *Overall, 75% of respondents commented that they got 'a lot' or 'some' support from their social workers. Parents appreciated the social workers' input with things like 'getting things for the children', general advice (e.g. child's school), help with filling in a Housing application, and someone to turn to when faced with a problem.*



2017/18 saw the inclusion of families receiving Early Help in the survey for the first time. Feedback was received on behalf of 601 eligible children/young people. Parental feedback included:

- *Parents were generally very open and positive about being interviewed.*
- *Feedback was consistently positive. For example, all of them said contact and communication with Support Workers was easy (e.g. 100% found it very easy to get in touch with their Support Worker) and they valued the support offered.*
- *Respondents gave many and varied examples of the kind of interventions they found helpful and were particularly complimentary about the interpersonal qualities of the staff they worked with. They also gave some helpful suggestions about the service improvements (e.g. an updated resource list) and additional support needed (e.g. OT, speech therapy).*





In 2016/17, foster carers for Hackney CFS requested that they be consulted in relation to policy developments in the Fostering Service. This has been incorporated into the policy process, with members from the Hackney Foster Carer Council (HFCC) meeting with the Fostering Service Manager on a regular basis. Examples of policy updates consulted on in 2017/18 include: Foster Carer Financial Policy, Long-term placement, Disruption Policy and Foster Carer Reviews feedback forms. Consultation has allowed CFS to produce policies and guidance with information that foster carers want to know.

As part of their Family Feedback programme, Hackney CFS consults parents/carers on case closure of Child and Family Assessments and also CIN and Child Protection Plans. Activity continues to improve the response rate and in 2018/19 will include a revised Child Protection Conference survey for both families and professional participants.



The Community's Voice

Both the City of London and Hackney have a vibrant community and voluntary sector (CVS) that continues to support the safeguarding of children and young people and the promotion of their welfare. In addition to the Lay Members and CPA playing a strong role in representing the voice of the community, the CHSCB developed its Community & Engagement sub group during 2017/18. The sub group's overall aim has been to provide a platform to listen, learn and reflect on the experiences and feedback from children and young people, their families and carers. It has also focused on the CHSCB priority of strengthening the oversight and safeguarding interventions across the diverse communities of the City of London & Hackney.

During 2017/18, the following was achieved:

- In partnership with the CHSCB, Hackney Safer Neighbourhood Board built on the work initiated by young people and provided funding for the continuation of a CSE awareness raising project in local schools.
- Ongoing work continued with Hackney Council's Resident Participation team supporting Tenant Resident Associations (TRA) in responding to challenges on their refreshed safeguarding policies. A finalised TRA safeguarding policy was approved, including the approach to DBS checks.
- Training for TRAs was delivered by the CPA and CHSCB Manager to provide clarity for TRA's on what to do if they are concerned about a child and where they go for advice.
- The sub group mapped some of the known groups working with young people in the City and Hackney and this work is ongoing. An engagement calendar was developed in order to facilitate the CHSCB as it continues to capture the authentic voices of children and young people.
- Members participated in a partnership event with the Young Black Men (YBM) project and identified areas of further focus that impacted on YBM and other young people including: mental health, exclusions, exploitation, criminality, SEND and housing. These findings will influence the work of the YBM project and the CHSCB engagement programme.
- Following a survey conducted with young people in Hackney Wick by Hackney Quest, a presentation on the findings and recommendations was made to the sub group by Hackney's Youth Voice Coordinator. A number of young people involved were subsequently invited to participate in the CHSCB Annual Conference in 2018, sharing their views and ideas with a wide range of professionals.



Reviews of Practice

Serious Case Reviews are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. The CHSCB must always undertake a Serious Case Review (SCR) when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations.

- (a) abuse or neglect of a child is known or suspected; and*
- (b) either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.*

Where the SCR criteria has not been met, the CHSCB can also undertake smaller-scale multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements.

- **During 2017/18, the SCR Sub-Group met on five occasions.**
- **Two SCR's were commissioned.**
- **Three multi-agency case reviews were commissioned.**
- **One SCR was published.**
- **Learning from one multi-agency case review was published.**
- **All children were Hackney residents.**
- **A range of learning events were held to disseminate the key findings and lessons from the completed reviews.**
- **Learning is also disseminated via the monthly CHSCB 'Things You Should Know' briefing and an update provided to the Training, Learning & Development Sub-Group and Trainers Forum to ensure relevant lessons are being shared through the CHSCB training sessions.**
- **Comprehensive tracking of the impact that the reviews have made on front-line practice was maintained by the SCR Sub-Group.**

All decisions made by the Chair were communicated with and agreed by the National Panel of Experts. Full details of all the reviews published by the CHSCB are available [HERE](#).



SERIOUS CASE REVIEW - CHILD M

Child M and his sibling were subject to Child Protection plans following concerns around injuries that Child M's sibling sustained whilst in the care of Child M's father. In 2016, Child M was taken to hospital by his mother and on examination was found to have bruising to his face and transverse fractures to both femurs. In criminal proceedings father was found not guilty in relation to the Grievous Bodily Harm against Child M. Both Mother and Father were found guilty of child cruelty.

KEY AREAS OF LEARNING IDENTIFIED

- Parental learning difficulties v disabilities.
- Think Family.
- Management Oversight and Supervision.
- Understanding of Psychosocial Meetings.

IMPACT

- Learning disseminated via TUSK briefing.
- Two learning seminars held in the City and Hackney – 82 attendees.
- 91% of attendees said the learning would be useful to them in their work.
- Following report recommendation, a joint safeguarding presentation was delivered to National Probation Service staff to advise new and qualified probation officers on safeguarding issues. Multi-agency training data has also illustrated an increase in NPS attendance at CHSCB training.
- Learning from the review featured in CHSCB 'Difficult Conversations' training.
- Guidance issued on the heightened risk of bruising in pre-mobile children - training discussed with the CHSCB internal trainer forum, included in training materials and will be part of external training agreements going forward.
- Following report recommendation, City and Hackney CCG have issued guidance to GP practices to ensure that any documentation received for a new born child who is not registered, is entered onto a temporary file which can be made permanent when the baby is registered. Information regarding new born babies is no longer filed in the mother's notes but is triangulated at mother and baby post-natal checks.

MULTI-AGENCY CASE REVIEW - CHADRACK

Chadrack was 5 years old when both he and his mother were found dead at their home in 2016. Chadrack had Special Educational Needs and Disabilities and was non-verbal. From the inquest into their deaths, it was concluded that Chadrack lived alone in the family home for over a fortnight after his mother's death. He was unable to feed himself or seek help. He died of starvation and dehydration.

KEY AREAS OF LEARNING IDENTIFIED

- The importance of thinking safeguarding first when dealing with absence, attendance and missing from education.
- Understanding the context of the child's life.
- Understanding the carer's context and limitations.
- The practical application of professional curiosity; beyond rhetoric. The need to rule safeguarding 'in or out' as an issue before anything else.
- Keeping children safe in education; proactively asking for information on vulnerabilities which may impact on the child or family network.

IMPACT

- Learning disseminated via TUSK briefing.
- Two learning seminars held in the City and Hackney – 50 attendees.
- 86% of attendees considered the event will help them safeguard children more effectively.
- The Independent Chair of the CHSCB wrote to the Department for Education (DfE) recommending that a stronger focus on safeguarding is reflected in both the statutory and non-statutory guidance that relates to school attendance. A copy of the Chadrack report was included in the DfE consultation to Keeping Children Safe in Education (KCSIE) which then included a requirement for schools to ask for additional phone numbers. Communication is ongoing to include wider report recommendations.
- Following report recommendation, HLT sent revised guidance documents to all schools via the HLT schools bulletin. This included: a revised model Attendance / Safeguarding Policy, attendance roles and responsibilities in schools, absence escalation and vulnerability factors. In City of London, Sir John Cass has a form that is given to parents when a child enrolls to capture any sensitive information that the school might need to know about that might be relevant to the care of their child and/or relevant when responding to an emergency.





Auditing

SECTION 11 / SECTION 157/175 AUDITING

The Section 11 (S11) Audit is the CHSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with reassurance that agencies are doing what they can to ensure the safety and

welfare of children and young people. Section 11 (S11) of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. On a bi-annual basis, the CHSCB undertakes an audit of statutory, commissioned and voluntary sector organisations to establish reassurance that they are compliant with these expected safeguarding standards. Schools also have a statutory obligation to comply, under sections 157 and 175 of the Education Act 2002.

- The audit programme follows a two-year cycle which provides **annual reassurance** of safeguarding standards and arrangements.
- 2017/18 was not a full audit year and therefore CHSCB reassured itself by means of a signed statement of compliance. Statutory organisations and schools were requested to review their audit return and indicate their current position, provide brief details of progressed actions and organisations asked to confirm that Section 11 audits are requested as part of their commissioning process.
- Overall returns provided **reassurance of continued** local focus on progressing safeguarding standards and arrangements.

PEER REVIEW

In 2015-16, the CHSCB introduced a Peer Review process for Section 11 audit returns to help partner agencies reflect on and improve safeguarding services for children and young people. Peer Review activity in 2017/18 focussed on Private and Voluntary Early Years settings. This decision (via the Quality Assurance Sub-Group) was based on local intelligence which raised concerns that some providers were not compliant with the requirements set out under Section 11 Children Act 2004. In the 2016 Section 11 audit programme, 80+ Private and Voluntary Early Years settings returned an audit tool. A working group was held in March 2017 to review these returns and select organisations for Peer Review. The settings were selected to maximise variety: a mix of quality (according to Ofsted), both private and community providers and nurseries of different sizes. A total of nine settings in Hackney and two in the City of London took part in the Peer Review.





Individual reports were produced for each setting and a copy provided to the local Early Years teams to provide ongoing support with recommendations. Overarching findings indicated:

- Early Years settings provided an accurate reflection of their safeguarding arrangements.
- Governance arrangements were deemed appropriate overall although one setting needed to appoint (and train) a Safeguarding Lead on the Executive Committee.
- Complex and non-user-friendly child protection policies were being used. Policies were growing in size due to the amount of information e.g. Prevent and British Values which have been included by national mandate.
- Complaints policies are in place although there was not always reference and knowledge of the Ofsted Complaints Policy and Poster.
- General awareness of safeguarding implications following the Little Teds Nursery SCR. As a result, most settings had a social media policy and could demonstrate how this was used in practice. Most settings however, were not aware of, or had cross-referenced their own policy with, the CHSCB Social Media Policy available on the CHSCB website.
- Most settings would leave updated policies in the lunch areas for staff to read.
- Not all settings had policies on their website. Hard copies were often given to parents on induction, but it is unclear whether these are read or retained. Placing the latest copy of the policies on the website and actively communicating this will help ensure they are widely available.
- Designated Safeguarding Leads were in place and safeguarding training undertaken. Settings provided examples of regular conversations and quizzes with staff members to test their safeguarding knowledge. This was undertaken in both formal and informal settings.



As an example of good practice, one Nursery Manager ensures that safeguarding is weaved into daily conversations and demonstrated this with an example of a staff member wanting to close the door for intimate care. The Nursery Manager was able to discuss with them the impact in terms of safeguarding. These conversations allow staff to understand decisions rather than follow mandates.

- Although the frequency varied, team meetings and supervision sessions were in place which provided opportunity for discussions around safeguarding

practice. Copies of supervision minutes/templates were reviewed.



A nursery demonstrated good practice with a supervision template containing specific prompts for discussion e.g. information to be relayed to the LADO, any change in personal circumstances or any conduct issues since the last supervision.

- Nurseries were able to demonstrate involving families in service development by using a variety of methods for feedback. These included annual parental questionnaires, suggestion boxes and requesting specific feedback on local initiatives e.g. healthy eating. Children are also consulted in day to day sessions and employees in supervision / team meetings.
- Most nurseries had undertaken safeguarding training via HLT or within their corporate training programme.
- Whilst national themes was disseminated and learning implemented, many nurseries were not aware of the CHSCB training programme or the CHSCB 'Things You Should Know' briefings which provide local updates and learning from local reviews.
- Induction packs were in place and reviewed by the Peer Review Team.



As an example of good practice, one setting in City of London, provided examples of files for new starters and those who had been in role for a period of time. The files showed a rigorous system of induction, a transparent schedule of training updates and safer recruitment processes. Reviewing the file of a new starter file, a full induction and an in-house safeguarding document with basic safeguarding information was provided. The information was clear and concise and staff sign to state they have reviewed the safeguarding pack.

- Where asked, settings were unaware of the CHSCB minimum standards for recruitment.
- Some of the settings noted, difficulties in obtaining two written references. One setting noted this difficulty especially from colleges or training providers.
- Nurseries were using DBS checks on appointment and only a few settings were yet to sign up to the annual update service.



As an example of good practice, one Nursery Manager detailed how DBS certificates are non-transferrable unless using the update service. Most recruitment agencies will not review the DBS for those on its



DBS documents are also checked to ensure they are 'live' and suitable for work in England. An example was a member of staff who had a Scottish DBS and was asked to apply for a DBS covering England.

- On review of material displayed around the nurseries, this was sometimes out of date or included historic information. Some were not clear on who to contact if you were worried about a child.
- Entry and exit procedures varied across nurseries, some parents allowed the Peer Review Team to enter after them whereas in some settings, a prominent sign on the electronically operated internal door warned entrants not to allow anyone else to enter after them. ID was not always requested and visitor books not always legible or clear on who had entered/exited.
- The Peer Review team detailed findings from CHSCB Local Review Chadrack. Most nurseries had a non-collection or attendance policy and ask for a number of contacts.



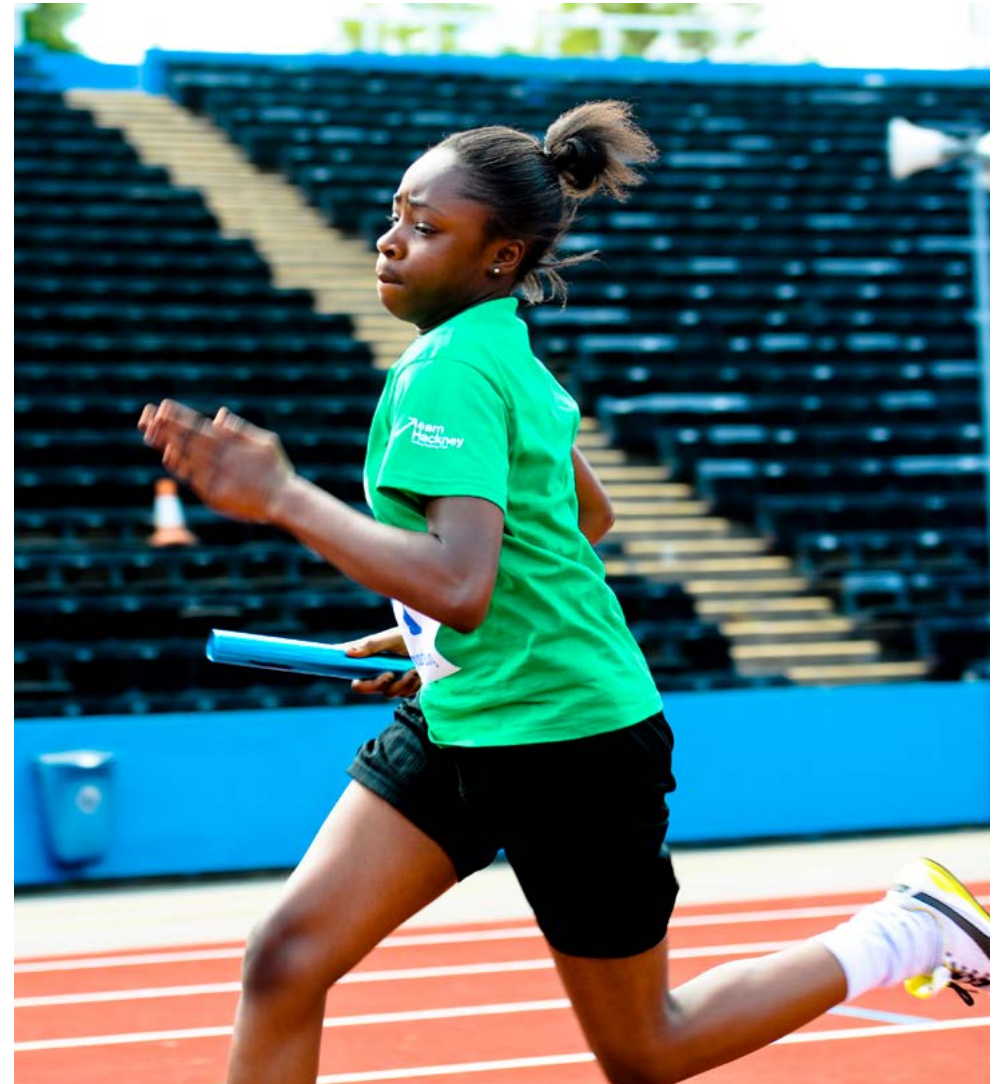
One nursery manager asked families who come from abroad (and who are not able to provide local emergency contacts) to provide contact details for their work or neighbours. Another nursery collects up to five emergency contacts and also work contacts should a parent/carer live outside of London.

MULTI-AGENCY CASE AUDITS

The CHSCB multi-agency case auditing has identified numerous examples of positive safeguarding practice being undertaken by the partnership. Lessons have also been identified that have led to tangible improvements. Systematic [multi-agency case auditing](#) allows the CHSCB to deliver one of the best learning opportunities for front-line workers; directly engaging them in a process that reflects upon, assesses and measures the quality of professional practice. The CHSCB continues to operate a consistent and regular 6 monthly multi-agency case file audit process, which is carried out across the City of London and Hackney. Due to an increased number of SCRs and Local Reviews underway in 2017/18, one round of multi-agency case auditing was held in Hackney on the theme 'Think Family' and two in City of London on the theme 'Think Family' and 'CSA, CSE and Emotional Harm'. In each round, three cases were reviewed in City of London and five in Hackney.

All audits result in an outcome focussed action plan that the QA Sub-Group use to track and evidence improvements in front-line practice. Learning is also

disseminated to agencies/front line staff via the [Things You Should Know \(TUSK\)](#) monthly briefings. Full details are available on the [CHSCB auditing webpage](#) however strengths and key messages are detailed below.





City of London - Think Family

STRENGTHS

WORKING IN PARTNERSHIP WITH PARENTS

Good relationships were developed with parents as seen across all three cases, enabling professionals to:

- hold open and honest conversations
- identify and support mental health issues, and
- engage parents.

EFFECTIVE MULTI-AGENCY WORKING

The audits highlighted examples of good multi-agency working, essential to effective intervention that focuses on children and thinks family: Timely and well attended CIN meetings and strategy meetings were held ensuring information was appropriately and effectively shared. In Case 2, the partnership also identified and agreed support from CAMHS during the school holidays to ensure the safety of the young person.

VOICE OF THE CHILD

The audits evidenced professionals actively seeking the views and feelings of the children. In Case 1, professionals were also able to balance their focus on a vulnerable mother without losing their focus on the immediate and long term needs of the children. Professionals sought the voice of the child and captured responses e.g. aspirations in life. Professionals then supported the young person to work towards their goal. In a sibling group of varying ages, the children were also seen and assessed as individuals with differing needs. Case 2 provided evidence of direct work with young people enabling conversations about feelings and risks to emotional health. Professionals were able to interpret the views and feelings of the young person to appropriately risk assess and protect the child, in this case by identifying and referring to appropriate support services.

TARGETED RESOURCES

Case 1 evidenced professionals assessing the wider needs of the family and putting in place targeted resources to support the family. Thinking Family requires the right professionals, with the right skills, being engaged at the right time to help children, young people and adults. In this case, professionals focused on the wider family needs and a dedicated support worker was put in place to support the parent in the evenings. The impact was positively evidenced with

the parent being better able to organize their day / effectively parent e.g. getting children to school on time.

KEY MESSAGE

ESCALATION AND CHALLENGE

The audits highlighted examples of good multi-agency working, essential to effective intervention that focuses on children and thinks family: Timely and well attended CIN meetings and strategy meetings were held ensuring information was appropriately and effectively shared. In Case 2, the partnership also identified and agreed support from CAMHS during the school holidays to ensure the safety of the young person.

FATHERS AND/OR SIGNIFICANT OTHERS

All three cases were a reminder of the need to engage and include fathers fathers/ and or significant others in assessment processes. This is important whether they are in the family home or absent. This is especially important in assessments and in cases where only one narrative is being provided. Professionals should consider the role of the father/significant other in children's lives, including not only the risks but also the protective factors.

INFORMATION SHARING

As the central conduit for health information, the audits highlighted that GPs play an important role in information sharing as they receive/share updates on emerging issues for children and young people and families. GPs are also able to review an individual's health concerns/issues and assess potential impact on other family members.

SAFETY PLANNING IN RESPONSE TO DV

One of the cases highlighted the importance of DV safety plans being referenced / included in other plans across adults and children's services (i.e. CP or care plans).

THE 'SILENT' CHILD

Case 2 highlighted need for professionals to have a focus on 'the silent child'. One of the siblings displayed outward behaviours and was engaged by CAMHS services. A fast track re-referral route into CAMHS services was also offered if further support was needed. The other sibling, who was not displaying any outward behaviours was assessed but not offered (or wanted) CAMHS





services at the current time.

THRESHOLDS

Case 3 highlighted need for all professionals in the Children and Families Team to consistently apply thresholds. This will allow professional challenge (via escalation) by the partnership when a decision is not agreed with.

City of London – CSA, CSE and EA

STRENGTHS

- **Timely and accurate assessment** of need including contextualising ‘sexualised’ behaviour in the light of child’s social interaction difficulties and impact of speech and language impairment on understanding.
- Assessment from CAMHS included **observations** / voice of the child and presented a positive experience of health provider services. This was evidenced by parents continued use of behavioural management techniques provided by the CAMHS nurse.
- Although the child moved to an out of borough school, the Educational Psychology service continued their care ensuring that the partnership **did not lose sight of the child.**
- **Timeliness of referrals** to other risk management forums (e.g. MASE, MARAC) and appropriate referral to school nursing service despite not attending school.
- **Positive** communication between school, CSC and voluntary organisation.
- Evidence of **well-coordinated CIN plan** with a consistent message for professionals to focus on helping the young person develop healthy relationships.
- Voluntary organisation provided **young-person led intervention with visits outside of the home.** Ensures an environment is created where the child could focus on their issues without parental distraction and away from the family home.
- Evidence of professionals’ ability to self-reflect and passion to make a positive difference in this young person’s life.
- Professional viewpoint that school has gone ‘above and beyond’ to care for child including years of weekly counselling sessions.

KEY MESSAGES

INFORMATION SHARING

This case highlighted need for CSC to systematically share the outcomes of meetings and investigations with partner agencies. At the time of the audit, the GP was still awaiting feedback from the investigation and had not ‘flagged’ the case appropriately on their systems. Professionals should seek out information from CSC if unclear on outcomes of investigations / meetings or if they are not contacted.

PROFESSIONAL CURIOSITY AND ‘DIFFICULT QUESTIONS’

This case highlighted that some professionals need support to ask parents what may seem to be ‘difficult questions’ if they feel they are lacking information. This was highlighted by a medical professional noting a referral to a specialist service on their IT system but not enquiring any further during the appointment.

CROSS BOROUGH WORKING

This case highlighted the need to ensure a systematic response to cases which cross more than one local authority body. The London Child Protection Procedures (Appendix B, section 15, 2017) reinforces the need for a robust approach by requiring a strategy discussion has attendance from both local authority areas. The meeting should include planning of any investigation and how the actions, including the child’s voice, are shared.

CROSS BOROUGH WORKING

This case highlighted that when working with cross border cases, there may be a number of agencies/professionals who are involved and contacting the family. This can be overwhelming for families and it was felt important that early on in a case agencies should decide the single point of contact for the family and also themselves.

Another difficulty was identified in ensuring the voice of the professional is heard at out of borough meetings. This is especially important when the professional is not in the room to relay their exact thoughts and consideration should be made as to how input is relayed e.g. written vs. verbal.

MANAGEMENT OF CSE CASES

This case highlighted that by using a CP plan when managing risks outside the family, professionals were using the only mechanism available to put a safety plan around the young person. Families may however feel alienated from professionals





and parents in particular may feel penalised for events outside their control.

Use of child protection plans in these circumstances can also have the potential for diverting attention from the real risks the young person is facing. In this case, the young person was missing from education due to bullying by peers and was later back in mainstream education, but in a different school. These actions may compound the feeling of shame and guilt and although direct work was undertaken with the young person to externalise the abuse (by the VCS organisation), this does not seem to have been echoed in practice by the partnership.

Professionals felt strongly that whilst trying to improve outcomes for the young person, it is often the victim of abuse who is made to move schools rather than work being undertaken to educate the wider cohort (e.g. the impact of sharing images and the legal ramifications).

Contextual Safeguarding activity in Hackney is considering the current system used to manage risks and agencies now have an opportunity to think creatively in the management of cases. Early findings will also be fed back to City of London.

PROFESSIONAL OVER-OPTIMISM

This case highlighted the impact of professional over optimism in parental ability to change, cases being allowed to drift and parental dependency on support put in place by professionals. This was exacerbated by unclear outcomes for the child and subsequent lack of clarity/evidence where the child's needs were not being met.

CHALLENGE AND ESCALATION

Complex cases can have a deep emotional impact on professionals and it was evident that professionals cared deeply about this young person. Professionals rely on their strong working relationships but this may at times impede the confidence to challenge, escalate and hold difficult conversations not only with parents but also with members of the professional network. This audit also indicated the importance of professionals having the opportunity to step back and reflect on cases, either in supervision or in a forum for independent review of complex cases.

INFORMATION SHARING

This case highlighted that the importance of contacting the Safeguarding School Nurse for children of school age who are displaying significant needs. In this case, a number of organisations were working around the child and so this service could have been engaged at an earlier point.

SUBSTANCE MISUSE SERVICE – PROFESSIONAL AWARENESS OF REMIT

This case highlighted that some professionals may not be aware that the Substance Misuse Services in Hackney accepts referrals for children and young people who live in City of London.

Hackney - Think Family

STRENGTHS VOICE OF THE CHILD

The audits evidenced examples of professionals seeking out and recording the voice of the child including:

- In Case 1, Professionals sought opportunity to speak to Child 1 alone about any concerns they may have. CAMHS tried to engage the subject child at school and used creative methods (i.e. drawing) to directly engage them.
- In Case 2, the school undertook a piece of work 'All about me' relating to the young person's aspirations and the parts of the curriculum that they enjoy.
- Case 4 evidenced that the social worker got to know the siblings. When asked, the siblings were able to name school representatives who they could speak to if they were upset. This strong relationship enabled the siblings (living amongst domestic abuse) to devise and share the 'house rules' for their parents and discuss emotive subjects (e.g. the death of a family member)

RESPONSE TO ATTEMPTED SUICIDE

Case 3 highlighted an example of a systematic response when a child attempted suicide. Information was shared in a timely manner with good engagement from the Police, Homerton and CAMHS. The young person was visited the next day and informed of their stay in the specialised unit. There was a clear safety plan in place (agreed by the partnership) which considered the wider impact on peers etc.





COMMUNICATION AND INFORMATION SHARING

There were examples of good communication, information sharing and multi-agency working throughout the audit, including:

- In Case 1 there was evidence of frequent and timely information sharing between Hackney CFT and an out of borough hospital team.
- In Case 2 there was evidence of partnership working with good representation, communication and discussion by agencies at Education, Health and Care Plan reviews.
- Case 2 also evidenced good partnership work by Young Hackney who attended MAPPA and school meetings and had regular email contact with Probation services.
- In Case 3 there was evidence of good multi-agency working with a clear safety plan in place and consideration of the impact of the attempted suicide on family and friends. Adult Mental Health were aware of children and risk to them was clearly documented on file.

ENGAGEMENT OF FATHERS

Cases generally evidenced persistent engagement of parents, alongside professionals specifically trying to engage fathers, as below:

- In Case 1 there was regular attempts to engage father by telephone and current evidence of the Social Work Unit thinking creatively about how to engage him.
- In Case 2 there was evidence of historical non-engagement by a family changing and on release from prison the father being engaged by the professional network, attending meetings and a Non Violent Resistance (NVR) group session.
- In Case 4, CSC professionals built a good relationship with the family and tried to engage father around the domestic violence issues. Although father cancelled visits and is in denial regarding the concerns, he has attended core groups meetings and vocalised his opinions.
- In Case 5, despite mother's initial reluctance to share information about the father with professionals, there is evidence of him being involved from the second CSC assessment and included in interventions. CAMHS and adult mental health professionals also met with him and recorded his interactions with the child.

KEY MESSAGES

DIFFICULT CONVERSATIONS

Case 1 highlighted the need for professionals to engage parents in difficult conversations, routine enquiry and challenge. Consideration should also include whether mental health or other issues could be impacting on a parent's reception to difficult conversations.

INFORMATION SHARING

Case 1 highlighted the importance of information sharing by GP Practices during the course of Children and Families Service assessments. CSC professionals are reminded that a synopsis of the case should be given when requesting information from all agencies and expectations made clear to ensure a proportionate response.

MARAC REFERRALS

Case 4 highlighted the need for professionals to access and use the domestic abuse risk assessment tool. Where the threshold is met or their professional judgment indicates the client is high risk, a referral should be made to MARAC. Professionals should risk assess and refer even if the case is open to Hackney CFT.

PRESENTATION OF PARENTS

Case 4 highlighted the need for professionals to consider the wider family when working with an adult client. In one case, professionals noted outbursts of anger and 'verbal aggression' directed from one parent to another. Professionals could have determined the level of risk a child could be exposed to (short and long term) and referred accordingly. If a professional is worried about the presentation of an adult, this must extend to any known children in their contact.

TRANSFER OF SCHOOL FILES

Case 3 highlighted the need to transfer files in a timely manner when a child moves schools (including alternative provision). In this case, the alternative provision felt they did not receive enough information at the start of working with Child 3. Timely information sharing will equip schools with the knowledge to provide appropriate interventions and identify changes/risks at any early stage.





Single Agency Case Audits

Partner agencies of the CHSCB have continued to operate a variety of single agency quality assurance frameworks to maintain oversight on safeguarding and promoting the welfare of children and young people. Examples of audits undertaken are below:



CAMHS

Review of 19 case files to assess whether the 'record of referral to CSC' form had been appropriately completed alongside a number of secondary outcomes.



EXAMPLE AUDIT OUTCOME

As 7 of the 18 cases had a safeguarding form completed and 11 of the 19 had a risk assessment form completed, both forms were presented and discussed at the whole service meeting to raise awareness of the process and forms. Follow up audit scheduled for May 2018 to review progress.



CITY OF LONDON - CHILDREN AND FAMILIES TEAM

EXAMPLE AUDIT OUTCOMES (AUDIT OF 24 CIN CASES)

Review and update of templates following identification that CIN plans on the electronic case management system were not always clear as to the actions and outcomes, as the templates on the system did not support outcome focused planning.

EXAMPLE AUDIT OUTCOMES (AUDIT OF DECISIONS TO CLOSE 20 CIN CASES):

- 'Think Family' training need identified to support professionals to explore the wider family context in child and family assessments.
- Emphasis is being placed on ensuring that where parents/carers agree, CIN cases are being stepped down to EH before closure.



HACKNEY CHILDREN AND FAMILIES SERVICE - Overall 1,314 audits completed in 2017/18.

EXAMPLE AUDIT OUTCOME (BRIEF AUDITS – 24 CASES)

A reminder was issued to all CFS staff about the requirement to include health

colleagues in strategy discussions following findings that in 58% of cases discussions with health did not take place with no reason provided. This will continue to be tracked in monthly management reports.

EXAMPLE AUDIT OUTCOME (SERVICE DEMAND AUDITS – 184 CASES)

Following a focus on thresholds for Child Protection cases for large sibling groups and young people aged 16+, the re-introduction of a consultation stage before Initial Child Protection Conferences has resulted in a 39% decrease in the number of children who are subject to a Child Protection Plan since March 2017.





Performance Data

City of London – Substance Misuse Data: Multi-agency review of data highlighted opportunity for the Hackney Substance Misuse Team to develop a new relationship with the Tower Hamlets Youth Offending Team who deal with City young people.



City of London & Hackney - Agency Referrals to CSC – Following ‘Think Family’ activity and local SCRs (i.e. Child H), the dataset has been updated to evidence impact of learning as seen in referrals from adult facing services. This dataset now reflects disaggregated data from CSC or the inclusion of data from Adults Services.

A bespoke report by HCFS was also provided to the partnership allowing greater scrutiny of data e.g. Q1 figures showed that 63% of GP referrals were converting to assessment. Looking at figures across London, Hackney is generally assessing cases more than other areas and this opened up conversation on awareness of early help, deprivation levels in Hackney and when early help is being accessed. Figures fluctuate and in Q2 the conversion rate for GPs had fallen to 38%.



Hackney – Triangulating data: In November 2017, the QA Sub-Group noted increase under the CAMHS section of the dataset. HCFS representatives had undertaken an audit on adolescent neglect and young people presenting through CAMHS (for mental health concerns, self-harm and attempted suicide) and noted that when the cases were tracked back, neglect had been an earlier issue. Overlaying local learning ensures intelligence is not considered in isolation. This will also feed into the multi-agency case reviews commissioned by the SCR Sub-Group.

Front-Line Intelligence

The CHSCB staff survey in 2017 aligned with the Board focus on ‘A Healthy Workforce’ (priority 4 in the CHSCB Business Plan 2017-19) and was designed to measure how organisations support their staff and the subsequent impact on safeguarding practice. The survey was targeted at staff working directly with children and young people and first-line managers. Its findings are set out under the Healthy Workforce section of this report. Other opportunities to engage the front line were available through a series of ‘meet the chair events’. Whilst not attended by many, a number of significant issues were raised and important feedback obtained.



An adult service practitioner attended a meet the chair event and during discussion, reflected on her concerns with regards to the process of making alerts to the Adult Safeguarding Team. Concerns were expressed with regards the provision of feedback and subsequent clarity on action. The Independent Chair shared this information with the Chair of the Safeguarding Adults Board who ensured the practitioner was engaged by the Adult Safeguarding Team to provide appropriate advice and reassurance.

External Learning

The CHSCB is a learning organisation and is constantly looking outwards to identify relevant learning opportunities that may help assist in its role of co-ordinating 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 CHSCB, with Board members reflecting on their relevance to local safeguarding arrangements. Links to NSPCC thematic briefings and wider learning from other LSCBs continued to be disseminated to front-line staff via CHSCB training and TUSK briefings.



Out of borough reviews: As a standing agenda item at each SCR Sub-Group agenda, the progress from out of borough reviews are considered. Themes and findings from reports (and initial findings) are also considered in the context of local processes and services.



TUSK Briefings: External learning is also disseminated and considered by the wider partnership by means of the monthly ‘Things You Should Know’ briefings. Examples shared across 2017/18 cover a wide range of learning and include: County Lines Guidance; NSPCC Guidance on Bruising, Fire Risks from Household Appliances; DfE study into responses to Safeguarding and Radicalisation; NICE Guidance on child abuse and neglect; London Councils Briefing on Universal Credit; and the Independent Inquiry into Non-Recent Sexual Abuse.





The Child Death Overview Panel



The Child Death Overview Panel (CDOP) is chaired by the Director of Public Health. The full CDOP Annual Report for 2016/17 can be found [here](#). The 2017/18 CDOP report will shortly be published here on the CHSCB website.

CDOP FACTS AND FIGURES 2017/18

- **266 deaths of children and young people have been reviewed and completed since April 2008**
- **15 deaths of children and young people who lived in Hackney and the City (decrease of 44% (12) from 27 in 2016/17)**
- **5 unexpected deaths**
- **13 cases were reviewed and completed by CDOP in 2017/18**
- **The rate of infant mortality (deaths of children under the age of 1) in Hackney is 5.0 per 1000 live births (2015 -17). An increase of 0.1 from 4.9 per 1000 live births in 2014 -16.**

The rate of deaths of children and young people aged 1-17 in Hackney and the City of London has decreased to 11.0 per 100,000 children in 2014-16 from 14.4 in 2013-15 . The current rate is statistically similar to the England and London average of 11.6 per 100,000 children and represents the Boroughs lowest rate since 2010. Reflecting the trend in most London boroughs, of declining rates in child mortality. As part of its functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be “modified” to reduce the risk of future child deaths. During 2017/18, the CDOP identified modifiable factors in only 3 (23%) of the deaths reviewed. This is slightly less but similar to the England average of 27% for 2016-17 (data for 2017/18 is yet to be published). The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process.

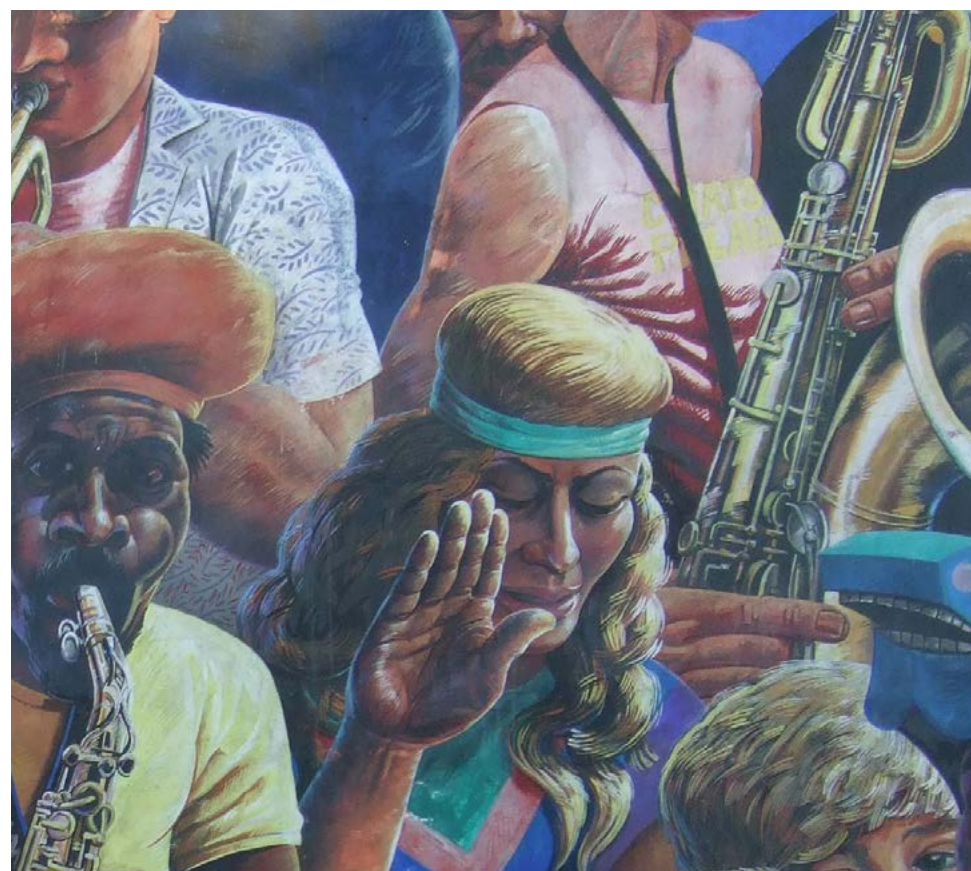
CDOP IMPACT 2017/18

Training: The CDOP identified as good practice, GP’s following up patients not picking up prescriptions to ensure treatment adherence and completion. The City and Hackney Clinical Commissioning Group (CCG) that oversees GP activities in the Borough, implemented this by issuing reminder notices in its newsletters.

Care Plans: A CDOP rapid response meeting identified the need for further review into a case by CHSCB. The Learning Review undertaken resulted in a Regulation 28 being issued by the Coroner and recommendations made to the Minister of State for Vulnerable Children and Families that a child’s absence from

school should be thought of in the context of their potential vulnerability. Locally recommended actions such as, outlining the minimum expected information that schools should hold on any child including at least three (next of kin / emergency) telephone numbers, undertaking an assessment of vulnerability or potential vulnerability and using this assessment to determine how the school responds to episodes of absence, has been implemented within schools in City and Hackney.

Partnership Working: The CDOP alerted the Coroner’s office that an inquest for a school child scheduled during the exam period could cause distress to fellow students. The inquest was moved to fall outside the exam period.





Training & Development



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CHSCB Membership



The CHSCB remains confident that single and multi-agency training continues to be of high quality, is valued by participants and is helping contribute towards positive outcomes for children and young people. The training opportunities offered by the CHSCB 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. Supported by a [Multi-Agency Training Strategy](#) that was refreshed in early 2016, the CHSCB training programme focuses on areas of practice prioritised by the Board, with learning from local and national case reviews fully integrated into the training material.

CHSCB MULTI-AGENCY TRAINING PROGRAMME SUMMARY 2017/18

- **39 Courses**
- **1 Annual Conference**
- **1001 training places accessed**

Despite the small reduction in training courses offered in 2017/18 (39 courses and 1 conference compared to 42 courses, 3 learning seminars and 1 conference in 2016/17) the overall number of recorded places taken up has increased from 946 people in 2016/17 to 1001 in the 2017/18 period – an increase of 55 people.

Of the 1245 training places that were made available in 2017/18, 1180 (95%) were booked. Of these 1001 places (85%) were attended, leaving 179 places (15%) that were not attended after booking.



Overall training attendance from across the boroughs remains relatively stable. Gains made in securing City of London attendance in 2015/16 which were maintained in the 2016/17 period have fallen slightly from 14% to 10%. Given the corresponding increase in those attending from both the City of London and Hackney this could simply be due to more accurate reporting of the borough worked in. Although the majority of courses were held in the Hackney area, five courses were held in the City of London to try to facilitate participation.



There are some limitations in the way that we are able to compare data on agency attendance from 2016/17 and 2017/18 due to changes in agencies themselves as well as changes in the way agency data is captured and reported by CHSCB. 2017/18 continued to see an increase in attendance from Hackney Children & Families Service staff, rising from

127 in 2016/17 to 146 in 2017/18 (19% of overall attendees). Other agencies that have seen significant increases in attendance include Hackney Children's Centres, Nurseries, Schools and Further Education which rose from 52 to 146 and Hackney Neighbourhoods and Housing which rose from 11 to 33.



Increases seen in attendance from London Metropolitan Police in 2016/17 were not maintained in 2017/18, falling from 24 to 7. Other agencies to see significant falls in attendance include ELFT (from 69 to 32); HLT from 51 to 30 and VCS Community from 186 to 137. No attendees were recorded from CAFCASS or the London Community





AGENCY ATTENDANCE AT CHSCB MULTI-AGENCY TRAINING

Agency Training Attendance 2017-18	2016/17 places	% of total places	2017/18 places	% of total places	Trend
CAFCASS	1	0.1%	1	0%	↘
City & Hackney Clinical Commissioning Group	6	0.8%	5	0.6%	↘
City of London Children's Centres/ Nurseries	55	7%	9	55	↔
City of London Corporation			14	2%	
City of London Housing			4	0.5%	
City of London Police			4	0.5%	
City of London Schools and FE			21	3%	
City of London Other			3	0.4%	
East London NSH Foundation Trust - Adult Mental Health	69	9%	14	2%	↘
East London NHS Foundation Trust - CAMHS			11	1%	
East London NSH Foundation Trust - Specialist Addictions			7	1%	
Health Other	8	1%	32	4%	↗
Homerton University Hospital	33	4%	27	4%	↘
LBH: CFS (including Young Hackney)	127	16%	146	19%	↗
LBH: HLT	51	6.5%	30	4%	↘
LBH: Health & Community Services	3	0.4%	8	1%	↗
LBH: Neighbourhoods & Housing	11	1%	33	4%	↗
LBH: Children's Centres/ Nurseries/ Schools and FE	52	6.6%	134	17%	↗
LBH: Other	33	4.2%	21	3%	↘

London Metropolitan Police	24	3%	7	1%	↘
London Probation Service (including London CRC)	6	0.8%	10	1%	↗
Public Health	5	0.6%	7	1%	↗
VCS and Community Services	186	24%	13	18%	↘
Whittington Health	7	1%	9	1%	↗
Other	110	14%	78	10%	↘
TOTAL PLACES:	787*	100%	771*	100%	

*The total attendance figures for 16/17 and 17/18 excludes 159 and 230 delegates respectively who attended the Annual Conference and Learning Seminars.

TRAINING BY THE CHSCB COMMUNITY PARTNERSHIP ADVISOR 2017/18

In addition to the main training programme, the CHSCB also deploys its Community Partnership Advisor to deliver bespoke learning opportunities to a range of different stakeholders. This enables the CHSCB to directly extend its reach and influence to further improve the effectiveness of local safeguarding arrangements.

ANNUAL CONFERENCE JUNE 2017 – 'REFLECTIONS OF NEGLECT'

The CHSCB held its annual conference in June 2017 to explore the impact of adolescent neglect on safeguarding and children and young people. The event welcomed attendance from **230 professionals from across the City of London and Hackney.**

Feedback gathered from delegate evaluations was extremely positive overall with 98% stating that the learning from the conference would have an impact on their safeguarding practice.

Evaluation data also confirmed a high degree of satisfaction with the quality of the presentations, with the majority of attendees (85%) rating them as either good (37%) or excellent (48%).



The two sessions delivered by survivors of neglect **Collette Elliott** and **Jenny Malloy** clearly resonated with attendees and were rated 78% and 97% excellent respectively amongst delegates.

EVALUATION AND IMPACT OF TRAINING

Supported by its [Training Evaluation and Analysis Framework](#), the CHSCB continues its practice in monitoring and evaluating the effectiveness of training, including multi-agency training, for professionals in the area. Work undertaken to review the quality of training in 2017 / 18 has enabled the CHSCB to gain important insight into the difference it is making towards improved outcomes for children and young people.

The recipients of CHSCB training are diverse, as are the operating environments



they work in. In measuring the impact of learning on safeguarding practice and improved outcomes for young people, the CHSCB recognises that training is only one way in which practitioners develop expertise, with learning often being the result of a complex set of experiences that include the quality of line management, effective and reflective supervision, peer support and self-learning.

Notwithstanding the above, based on evidence gathered during the 2017 /18 period, the CHSCB remains confident that the training programme continues to strengthen the partnership response to safeguarding; evidenced through the good practice seen in audits, direct front-line practice observations, the scrutiny of partnership performance data, feedback from children and families and comments from training participants themselves. A range of participant evaluations are set out in this report with the full assessment of the quantity, quality and impact of training being available in the CHSCB Multi-Agency Training Annual Report for 2017/18.

SAME-DAY EVALUATIONS

In line with usual practice, all attendees of training courses were asked to complete a same day course evaluation form. From the 771 places taken up on multi-agency training courses, a total of 734 forms were completed (95% completion rate). This was identified as an area for focus in 2017/18 and represents a significant increase from the 2016/17 period (72% completion rate). Same-day evaluations provide an immediate assessment on the courses delivered with questions covering areas such as content, style, venue and the quality the trainer. Importantly, the evaluation also asks participants to consider whether or not the training will impact on their ability to safeguard children and young people. 97% of those attending CHSCB training over 2017/18 considered that it would.



“I will be more aware of subtleties & if my gut tells me something isn’t right I’ll act on it.” School Leader



“To always remain professionally curious and always discuss my concerns about a young person’s welfare & wellbeing with my manager.” Youth Support & Development Worker



POST COURSE EVALUATIONS

Continuing with its assessment of the impact of training, the CHSCB undertook a sample of post course evaluations to further test the impact and influence on outcomes for children and young people. These evaluations took place a number of months after the training had been received, with participants being asked to provide narrative evidence to support their response. 85% stated that the training had influenced their safeguarding practice.



“To be more observant and open minded to the different forms of abuse.”



“It has helped me to think more from the parent/carer ‘side’ and increased my awareness in regards to blocks in communication and safeguarding.”



“The training allowed me to reflect on my work and question certain areas of practice and what benefit does that ‘task’ have for the family concerned - Is it useful? Will it encourage change? etc.”



“I am more vigilant, and know how to respond were I to see something out of place.”

The CHSCB also contacted a sample number of delegates and their line managers to get feedback at both levels as part of its 3 Month Post Course Evaluation process. Managers were asked whether the training their staff attended in 2017/18 had influenced their practice in regards to safeguarding children and young people.



“I believe this training was very useful and relevant to her work. There are many issues that need to be discussed, that can be hard to talk about with the children and families that she works with, either due to them being painful, sensitive issues and also for cultural reasons.”





Priorities for next year & beyond



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What you need to know

CHSCB Membership



Children and young people 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.

Our strategic intent in making our collective vision a reality is set out in our [Business Plan for 2017/19](#), developed following a process of robust partnership dialogue across the City of London and Hackney. Within our plan, we have enhanced our focus on responding to the priorities of children and young people that live in the City of London and Hackney, based on what they have specifically told us matters most to them and what needs to happen to make them feel safer and be safer.

HEARING AND ACTING ON OUR VOICES - Children and young people have told us that often, they don't feel listened to and that adults don't act on the issues or concerns that they raise.

SUPPORT FOR FRIENDS - Young people have told us that they are concerned about mental health / emotional wellbeing of their friends - arising from a range of sources such as social media, school exams and friendships.

SAFE PLACES - Children and young people have told us that they feel less safe in some areas.

PRIORITY 1: THE LOCAL SAFEGUARDING CONTEXT

Outcome: Children and young people have access to effective support that helps them deal with a range of pressures arising from the different contexts in which they live their lives.

Action: To work with partners to deliver comprehensive, multi-agency arrangements that tackle the identified safeguarding priorities set out below; and to evaluate their impact on children and young people.

- Safeguarding children and young people in the context of their access to technology and use of social media.

- Vulnerable Adolescents.
- Special Educational Needs and Disabilities.
- Safer Workforce.
- Strengthening oversight and safeguarding interventions across the diverse communities of the City of London & Hackney.

PRIORITY 2: EARLY HELP AND EARLY INTERVENTION

Outcome: Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise.

Action: Partners will further evaluate the effectiveness of early help arrangements across both the City of London and the London Borough of Hackney.

PRIORITY 3: STRONG LEADERSHIP & STRONG PARTNERSHIP

Outcome: The CHSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by children, young people and their families.

A key focus within Priority 3 is how the CHSCB and partner agencies commit to **Making the Invisible Visible**.

This reflects the importance that the CHSCB and partner agencies apply to **ALL** children and young people living in the City of London and Hackney being seen, heard and helped.

Action: In the context of the Children and Social Work Bill and the proposed



abolition of LSCBs, partner agencies will continue to commit to engaging in robust arrangements that coordinate and ensure the effectiveness of how children and young people are safeguarded.

The CHSCB and partners successfully deliver against the Business Plan and associated work plans set for the CHSCB and its sub groups / working groups. Continue to strengthen the governance interface between the CHSCB and other key strategic forums and Chairs.

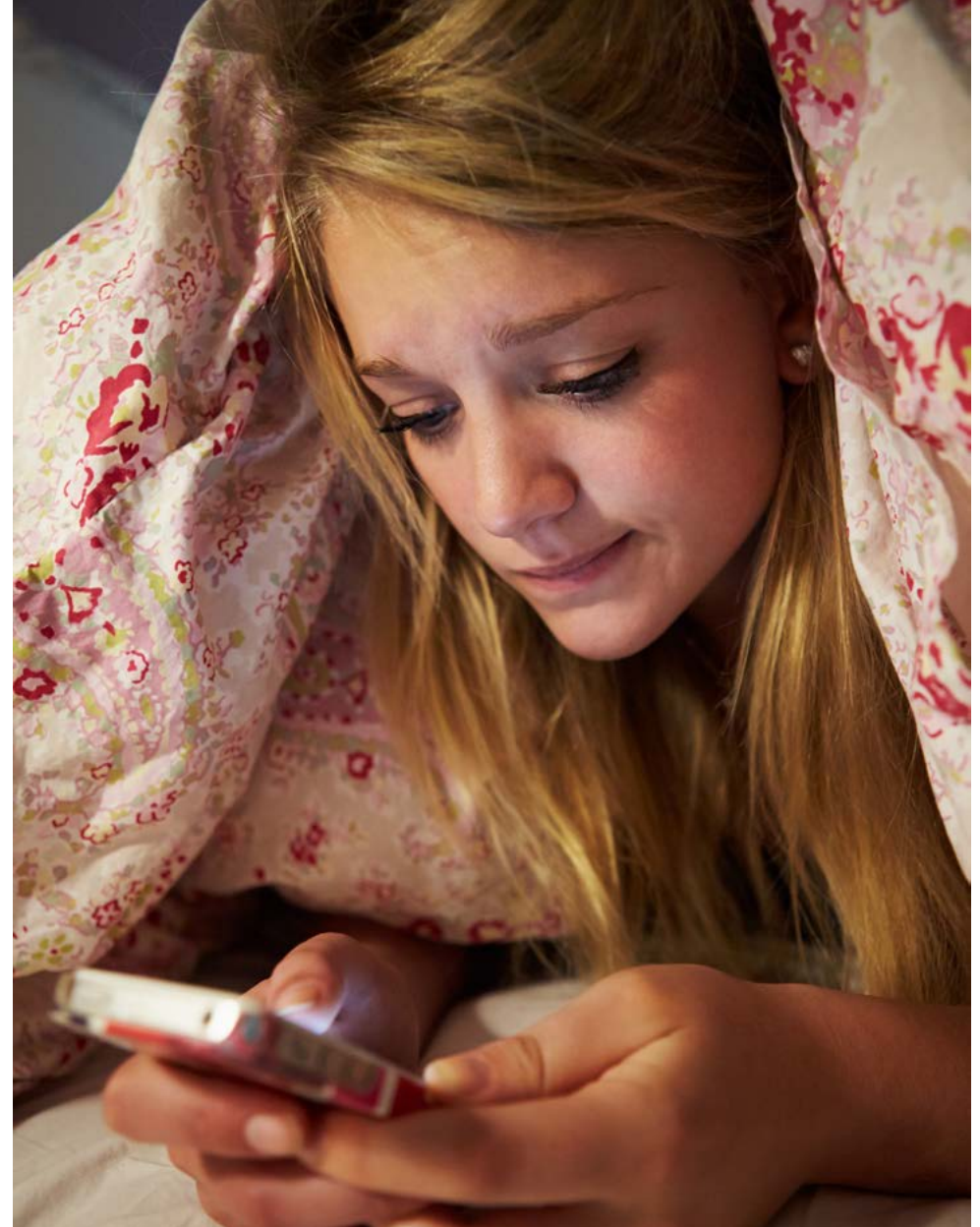
Maintain the CHSCB Learning & Improvement Framework; scrutinise & challenge performance; identify, disseminate and embed lessons; engage with children, young people and families and evaluate the impact on outcomes.

To communicate and raise awareness about safeguarding to individuals, organisations and communities.

PRIORITY 4: A HEALTH WORKFORCE

Outcome: In the context of reducing public sector funding, the CHSCB is reassured that agencies have in place effective arrangements to support their staff deliver high quality safeguarding practice.

Action: The CHSCB sets up a task and finish group to lead on designing and implementing a thorough health check of the organisational arrangements in place to support effective safeguarding practice.





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

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 [First Access Screening Team \(FAST\)](#) 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... whatever your role.
- 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 Wellbeing Framework and/or The City of London Early Intervention Framework 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 CHSCB 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.
- Councillors Anntoinette Bramble (Hackney) and Dhruv Patel (The City of London) are the lead members for Children's Services and 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.





CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organization. When you talk, people listen – talk about children and young people.
- 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 CHSCB training courses and learning events.
- Ensure your agency contributes to the work of CHSCB and give this the highest priority. Be Section 11 compliant.
- Advise the CHSCB 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 ‘keeping children safe in education’ (DfE, 2015)
- 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.

CLINICAL COMMISSIONING GROUPS

- CCGs in the health service have a key role in scrutinising the governance and planning across a range of 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.**





CHSCB Membership



The Board

Communication

A Healthy Workforce

Technology &
Social Media

City Safeguarding
Context

Progress in the City
17/18

Hackney
Safeguarding
Context

Progress in Hackney
17/18

Learning &
Improvement

The Child Death
Overview Panel

Training &
Development

Priorities or next
year & beyond

What you need
to know

CHSCB
Membership



Independent Chair

Jim Gamble QPM



CHSCB Team

Rory McCallum
Angela Bent
Sandra Reid
Alma Reisel
Kerry Littleford
Lauren Smith
Sarah Seymour

Senior Professional Advisor
Board Manager
Business and Performance Manager
Community Partnership Adviser (joined Sep 2017)
CDOP Co-ordinator
Training & Development Co-ordinator (left Feb 2017)
Board Co-ordinator (joined Oct 2016)



Participant Observers

Cllr Anntoinette Bramble
Cllr Dhruv Patel

Lead Member for Children's Services, London Borough of Hackney
Lead Member for Children's Services, City of London Corporation



Board Members

Andrew Carter
Chris Pelham
David Mackintosh
Paul Barnard
Anne Canning
Sarah Wright
Lisa Aldridge
Pauline Adams
Steve Bending
Maurice Mason
Sian Davies
Andrew Lee
Jane Keeley
Janice Thomas
Annie Gammon
Simon Laurence
Sue Williams
Catherine Edginton
Charmaine Laurencin

City of London Community and Children's Services, Director
City of London Community and Children's Services, Assistant Director People
City of London Community Safety, Team Leader
City of London Police, Detective Chief Superintendent
Hackney Children Adults & Community Health, Group Director
Hackney Children & Families, Director
Hackney Children & Families, Interim Head of Service, Safeguarding & Learning
Hackney Children & Families, Head of Service, Young Hackney
Hackney Safer Communities, Head of Service (left Jun 2017)
Hackney Children & Families, Community Safety & Partnership Manager (joined Sept 2017)
Hackney Learning Trust, Interim Head
Hackney Learning Trust, Assistant Director
Haggerston School, Headteacher
Sebright School, Executive Headteacher (left Jul 2017)
Stoke Newington School, Headteacher (joined Dec 2017)
Metropolitan Police Service – Hackney Borough, Borough Commander (left Sep 2017)
Metropolitan Police Service – Hackney Borough, Borough Commander (joined Mar 2018)
Metropolitan Police Service – Hackney Borough, Detective Chief Inspector (left Dec 2017)
Metropolitan Police Service – Hackney Borough, Detective Chief Inspector (joined Dec 2017)



Stuart Cheek
Keith Paterson
Penny Bevan

Child Abuse Investigation Team, Acting Detective Chief Inspector (left Feb 2018)
Child Abuse Investigation Team, Detective Chief Inspector (joined Mar 2018)
Public Health, Director



Kristine Wellington
Michael Scorer
David Padfield
Jonathan Warren
Lorraine Sunduza

Hackney Council for Voluntary Services, Head of Safeguarding Children and Families
Hackney Neighbourhoods & Housing, Director of Housing Services (left Dec 2017)
Hackney Neighbourhoods & Housing, Director of Housing Services (joined Mar 2018)
East London NHS Foundation Trust, Director of Nursing (left Sept 2017)
East London NHS Foundation Trust, Director of Nursing (joined Dec 2017)

Tony Madden

East London NHS Foundation Trust, Director of Specialist Services

Dermot Ryall

East London NHS Foundation Trust, Associate Director - CAMHS (joined Mar 2018)

Tracey Fletcher

Homerton University Hospital NHS Foundation Trust, Chief Executive

Sheila Adam

Homerton University Hospital NHS Foundation Trust, Chief Nurse & Director of Governance



Marcia Smikle
Clare Highton
Pauline Frost

Homerton University Hospital NHS Foundation Trust, Head of Safeguarding Children
NHS City & Hackney Clinical Commissioning Group, Chair
NHS City & Hackney Clinical Commissioning Group, Interim Programme Director Children & Maternity

Mary Lee

NHS City & Hackney Clinical Commissioning Group, Designated Nurse



Dr Emma Tukmachi

NHS City & Hackney Clinical Commissioning Group, Named GP

Dr Nick Lessof

NHS City & Hackney Clinical Commissioning Group, Designated Doctor

Vanessa Lodge

NHS England, Director of Nursing (left Mar 2018)

Karen Miller

Whittington Health, Head of Safeguarding

Alison Blakely

London Ambulance Service, Quality Governance & Assurance Manager

Paula Kelly

CAFCASS, Service Manager (Public Law) (left Dec 2017)

Melinda Cassel

CAFCASS, Service Manager (Public Law) (joined Mar 2018)

Aveen Gardiner

London Community Rehabilitation Company, Area Manager (North London) (left Dec 2017)

Susan Jolly

London Community Rehabilitation Company, Area Manager (North London) (joined Mar 2018)

Stuart Webber

National Probation Service, Assistant Chief Officer

Sally Glen

Hackney Lay Member

Shirley Green

Hackney Lay Member

Belinda Blank

City Lay Member



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