



Safeguarding Sub (Community & Children's Services) Committee

Date: THURSDAY, 19 FEBRUARY 2015
Time: 3.15 pm
Venue: COMMITTEE ROOMS - WEST WING, GUILDHALL

Members: Dhruv Patel (Chairman)
Deputy Billy Dove (Deputy Chairman)
Revd Dr Martin Dudley
Professor John Lumley
Deputy Joyce Nash
Elizabeth Rogula

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NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Agenda

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting held on 27 November 2014.

For Decision
(Pages 1 - 6)
4. **THE SAFEGUARDING CHILDREN ANNUAL REPORT 2013/14 CITY AND HACKNEY SAFEGUARDING CHILDREN BOARD**
Report of the Director of Community & Children's Services.

For Information
(Pages 7 - 72)
5. **THE SAFEGUARDING ADULTS ANNUAL REPORT FOR 2013/2014 CITY AND HACKNEY SAFEGUARDING ADULTS BOARD**
Report of the Director of Community & Children's Services.

For Information
(Pages 73 - 144)
6. **UPDATE ON CHILD SEXUAL EXPLOITATION**
Report of the Director of Community & Children's Services.

For Information
(Pages 145 - 168)
7. **CHILDREN IN CARE COUNCIL UPDATE REPORT**
Report of the Director of Community & Children's Services.

For Information
(Pages 169 - 176)
8. **KNOWLEDGE TRANSFER PROGRAMME (KTP) ANNUAL REPORT**
Report of the Director of Community & Children's Services.

For Information
(Pages 177 - 184)
9. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE**
10. **ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

11. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Agenda

12. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous meeting held on 27 November 2014.

For Decision
(Pages 185 - 186)

13. **UPDATE REPORT OF VIRTUAL SCHOOL HEAD TEACHER**

Report of the Director of Community & Children's Services.

For Information
(Pages 187 - 192)

14. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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SAFEGUARDING SUB (COMMUNITY & CHILDREN'S SERVICES) COMMITTEE

Thursday, 27 November 2014

Minutes of the meeting of the Safeguarding Sub (Community & Children's Services) Committee held at the Guildhall EC2 at 11.30 am

Present

Members:

Dhruv Patel (Chairman)	Deputy Joyce Nash
Deputy Billy Dove (Deputy Chairman)	Elizabeth Rogula
Professor John Lumley	

Officers:

Philippa Sewell	Town Clerk's Department
Ade Adetosoye	Community & Children's Services
Chris Pelham	Community & Children's Services
Marion Willicome-Lang	Community & Children's Services
Simon Cribbens	Community & Children's Services
Pat Dixon	Community & Children's Services
Peter Corden-Dilley	Community & Children's Services
Emma Goulding	Community & Children's Services
Elizabeth Malton	Community & Children's Services

1. APOLOGIES

There were no apologies.

2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

There were no declarations.

3. MINUTES

RESOLVED – That the public minutes and non-public summary of the meeting held on 30 June 2014 be approved as a correct record.

Matters Arising

The Assistant Director of People advised that the information regarding how many Acts of Legislation affecting the Safeguarding service had been circulated to Members electronically in July 2014, and it was noted that the annual reception for the City's Looked After Children and Care Leavers was being discussed and planned by the new Children in Care Council.

The Sub Committee was asked for input as to a visit to elderly tenants in Tower Hamlets and for another visit to be present at a review meeting, and it was agreed that the number of Members should be kept to a minimum as to not overwhelm the residents in question. With regard to the 'Notice the Signs'

campaign being included in ward newsletters, officers confirmed that this had appeared in some but not all, and undertook to ensure it went to all wards.

4. **SERVICE IMPROVEMENT PLAN AND YOUTH OFFENDING INSPECTION**

The Sub Committee received a report of the Director of Community & Children's Services which provided an update on the progress made on the Service Improvement Plan. This plan had been in place since March 2012 and contained actions from previous inspections, reviews and audits within Children's Social Care. In September 2014 there were 133 actions on the Service Improvement Plan; the review in November 2014 concluded that this has now been significantly reduced to 32 actions, with 7 completed, reducing the number outstanding to 25.

Officers reported that there had been an inspection of the Tower Hamlets Youth Offending Service, which the City of London commissioned. Members noted that there had not been any children or young people from the City requiring youth offending services for the past three years, and as such the review had not looked at any cases from the City.

RESOLVED – That the report be noted.

5. **ADULT SOCIAL CARE SAFEGUARDING IMPROVEMENT PLAN**

The Sub Committee received a report of the Director of Community & Children's Services about the Adult Social Care (ASC) Safeguarding Improvement Plan compiled following an independent quality assurance review of safeguarding commissioned by both the City and Hackney. While the independent freelance consultant commissioned to undertake the review made no specific recommendations for the City of London, an Improvement Plan was drafted to support the implementation of key development areas for safeguarding practice, which were agreed for annual review by this Sub Committee. Members noted that the same consultant had been re-commissioned to return in January 2015 to carry out a City-specific audit of ASC safeguarding, which had a far wider remit.

In response to Members' questions, officers reported that the completed audit forms were not publically available but would remain on file as a tool for ongoing measurement and development. Officers advised Members of the statutory nature of adult safeguarding under the impending implementation of the Care Act in April 2015 when Safeguarding Adult Boards would become statutory.

RESOLVED – That the report and Improvement Plan be noted.

6. **CITY OF LONDON CHILDREN AND FAMILIES STAFF ESCALATION OF SAFEGUARDING CONCERNS PROCESS**

The Sub Committee received a report of the Director of Community & Children's Services informing Members of the mechanisms currently in place in the Department of Community and Children's Services to enable staff at all levels in the Children and Families Service to raise safeguarding concerns and

issues with managers and, if they feel these are not being considered appropriately, how they will be escalated to senior managers as necessary.

The report also highlighted the formal Escalation Policy agreed by the City and Hackney Safeguarding Children Board which provided transparency and organisational accountability for ensuring that conflicts between staff from partner agencies are formally addressed and, if necessary, escalated to the Independent Chair of the Local Safeguarding Children Board.

RESOLVED – That the report be noted.

7. CORPORATE PARENTING STRATEGY

The Sub Committee received a report of the Director of Community & Children's Services seeking approval for the City of London's renewed Corporate Parenting Strategy. This included the City's "Pledge" to its Looked After Children (LAC) and Care Leavers; this was a set of promises identified through consultation with children and young people in or leaving care. Members noted that the Action Plan would be refreshed annually, and the Safeguarding Sub Committee would have oversight of its implementation.

In response to Members questions, officers confirmed that everyone who worked for the City of London Corporation, including elected Members and Chief Officers, was a corporate parent to the children and young people in the City's care. With regard to the development of the Pledge, officers confirmed that it was agreed at the first meeting of the City's Children in Care Council (CiCC). Although only a small number of children and young people attended the CiCC, officers reported that (four⁴ LAC attended the meeting (out of 23 invited) officers reassured Members that the City was committed to. The Corporation had a statutory requirement to actively informing children and young people them of their rights and entitlements through a range of means, including social media, but with a small number of LAC attaining a high attendance was difficult. In response to a Member's follow-up question, officers confirmed that social media was used, and the issue would be discussed by the Children in Care Council.

Members noted that the City and Hackney Social Care Safeguarding Board Sub Committee had made recommendations for additions to the Strategy regarding training on the risk of child sexual exploitation, and Members agreed that delegated authority be granted to the Town Clerk in consultation with the Chairman and Deputy Chairman to approve these changes. Members also requested that a Member Development Training Session be held on the Corporate Parenting Role, and that the strategy be presented to the Court of Common Council.

RESOLVED – That:

- (a) The Corporate Parenting Strategy be approved;
- (b) Delegated authority be granted to the Town Clerk in consultation with the Chairman and Deputy Chairman to approve any changes as a result of

the City and Hackney Social Care Safeguarding Board Sub Committee's comments;

- (c) A Member Development Training Session be held on the Corporate Parenting Role; and
- (d) The strategy be presented to the Court of Common Council.

8. **REVIEW OF CHILDREN AND YOUNG PEOPLE'S PLAN AND CHILDREN EXECUTIVE BOARD GOVERNANCE ARRANGEMENTS**

The Sub Committee received a report of the Director of Community & Children's Services regarding the review of the current City of London Children and Young People's Plan (CYPP) 2012–2015. This review would ensure the work of the Children Executive Board (CEB) continued to meet the needs of the City community, was responsive to local/regional and national policy development, was compliant with updated statutory requirements, and that the new CYPP be in place to take effect from 2015. Members noted this Plan would be presented to the Grand Committee in early 2015 with monitoring remaining the responsibility of the Safeguarding Sub Committee.

Members queried the figure relating to deprivation, and officers clarified that the City of London had a low level of deprivation ranking of 262 out of 353 boroughs. Members requested that the numerous strategies and plans in place (statutory and otherwise) be collated for Sub Committee Members.

RESOLVED – That:

- (a) The review of the Children and Young People's Plan be noted;
- (b) The final version of the Plan be presented to this Sub Committee in 2015; and
- (c) The strategies and plans governing Safeguarding services in the City be collated and distributed to Safeguarding Sub Committee Members.

9. **QUESTIONS OF MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

10. **ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

There was no other business.

11. **EXCLUSION OF THE PUBLIC**

RESOLVED - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of the Schedule 12A of the Local Government Act.

Item	Paragraph
12	1, 2
13	1
14	2
15	-
16	3

12. **NON-PUBLIC MINUTES**
RESOLVED – That the non-public minutes of the meeting held on 30 June 2014 be approved as a correct record.
13. **QUARTER ONE AND QUARTER TWO ADULT SAFEGUARDING REPORT PERFORMANCE INDICATOR OUTCOMES**
The Sub Committee received a report of the Director of Community & Children's Services.
14. **CHILDREN'S SAFEGUARDING REPORT FOR QUARTERS ONE AND TWO FOR 2014/15**
The Sub Committee received a report of the Director of Community & Children's Services.
15. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.
16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was one item of other business.

The meeting closed at 12.46 pm

Chairman

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Committee(s):	Date(s):
Safeguarding Sub Committee	19 February 2015
Health and Wellbeing Board	20 February 2015
Community & Children Services Grand Committee	17 April 2015
Subject: The Safeguarding Children Annual Report 2013/14 City and Hackney Safeguarding Children Board	Public
Report of: Director of Community & Children's Services	For Information
<p style="text-align: center;">Summary</p> <p>This report gives an overview of the City of London Safeguarding Children arrangements for 2013/14 as reflected in the City and Hackney Safeguarding Children Board (CHSCB) Annual report 2013/14. The Annual Report provides detailed coverage of the work undertaken by partners and the CHSCB to ensure robust safeguarding arrangements are in place, as required by Working Together to Safeguard Children statutory guidance. The Annual Report is attached to this report as an Appendix.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report 	

Main Report

Background

1. As part of the Children Act 2004, all local authorities were required to establish Local Safeguarding Children Boards to further improve safeguards for children. The Local Safeguarding Children Board is the key statutory partnership which agrees how the relevant organisations in each local area will work together to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.
2. The role of each Board is to
 - engage in activities that safeguard all children and to ensure that children are growing up in circumstances consistent with safe and effective care;

- lead and co-ordinate proactive work that aims to target particular groups;
 - lead and co-ordinate arrangements for responsive work to protect children who are suffering, or likely to suffer, significant harm.
3. The City and Hackney Safeguarding Children Board (CHSCB) is required to produce an Annual Report. The annual report for 2013/14 is set out differently to that of previous years and is attached as an appendix. The CHSCB wanted this transparent assessment of the performance and effectiveness of local services to be read as widely as possible and with that in mind, the format has been designed to be accessible and easy to understand. Where further detail is available, this is “hyper-linked” or referenced and can be requested directly from the CHSCB. The report is divided into several sections:

The context for safeguarding in both Hackney and the City:

These sections include demographic information and consider the performance, trends and themes in respect particular vulnerable groups of children and young people.

The Board:

The governance and accountability arrangements for the CHSCB. The section provides information about the structures in place that support the CHSCB to do its work effectively.

Progress made in the City and Hackney during 2013/14:

These sections outline the multi-agency developments that have taken place to improve safeguarding and include accounts of the engagement that has taken place with children, young people, families and communities.

Learning and Improvement :

This section highlights what the lessons that the CHSCB has identified through its Learning & Improvement Framework and the actions taken to improve safeguarding practice as a result.

Training:

This section details the activity with regards to multi-agency training delivered by the CHSCB and single agency training delivered by partners.

Communication

This section covers the priorities for improved communication by the CHSCB.

Next Year

This section sets out the priorities for 2014/15 and the key messages from the Independent Chair of the CHSCB to key people involved in the safeguarding children and young people.

4. In line with statutory requirements and best practice, the Independent Chair of the CHSCB has formally sent a copy to the following:

- The Chairman of Policy and Resources of the City of London Corporation
- Town Clerk of the City of London Corporation
- The Chair of the City Health and Wellbeing Board
- The Mayor of Hackney Council
- The Chief Executive of Hackney Council
- The Chair of the Hackney Health and Wellbeing Board
- The Mayor's Office for Policing and Crime
- The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)
- The Chair of Hackney's Community Safety Partnership / The Chair of the 'Safer City Partnership'
- The report will be shared for discussion with key groups of young people through Hackney's Youth Parliament and City Gateway.

Current Position

5. The Annual Report 2013/14 provides information for City and Hackney as part of a single report but does separate detail information relevant and specific to each area. The report highlights the following 'snapshot' information for the City of London;

- 898 children live in the City of London
- 12% of the population
- 21% living in low income families
- The successful inspections highlighting outstanding safeguarding arrangements including City Gateway, The City Police response to Domestic Violence, Sir John Cass School, Sir John Cass Children Centre and the 2013 Fostering Inspection.
- All schools inspected as good or outstanding
- 15 new cases resulting in early multi-agency help being provided to children, young people and their families.
- 2,635 visits to the Cass Child & Family Centre April to August 2013. Of these, 42 were related to targeted family support.
- 51 contacts made with CSC about children and young people in 2013/14
- 20 referrals accepted by CSC (an increase of 4 from 12/13)

- 17 assessments were undertaken by CSC during 13/14 (1 more than 12/13)
 - 7 of these were child protection investigations
 - 5 initial child protection conferences held during 2013/14
 - 7 children were made subject to child protection plans in 2013/14
 - 11 children were looked after by the City of London in 2013/14
 - 4 allegations raised about professionals working with children in the City
 - 39 staff from the City of London received safeguarding training in 2013/14
6. Section 2 of the report sets out in detail City specific information including demographics, child protection and assessment activity levels, Child Sexual Exploitation(CSE) information, Looked After Children information, private fostering arrangements and children with disabilities information.
 7. Section 3 provides a detailed summary of the governance arrangements and the relationships between the CHSCB and the key strategic Boards in City and Hackney.
 8. Section 5 details the progress made during the year. The report highlights the progress made in respect of the early help offer, CSE , Domestic Violence, the work of the Local Authority Designated Officer (in respect of allegations against professionals) and the engagement of children and young people.
 9. The report goes on to highlight learning and development activity, communications work and priorities for 2014/15.
 10. The report has built upon previous years Annual Report submissions and highlighted in further detail than before the wide ranging safeguarding activity that takes place in the City of London.

Corporate & Strategic Implications

11. The CHSCB is a statutory partnership, however, the Board supports the work of the Children's Executive Board and will also report on the safeguarding activity to the City of London Health and Wellbeing Board. .

Financial Implications

12. The CoLC makes a financial contribution towards the management and running costs of the CHCSB, but there are no financial implications arising from this 'for information' report.

Conclusion

13. The report provides an overview of the detailed Annual Report that is presented as an appendix to this report. City of London safeguarding activities, whilst significantly smaller in size compared to Hackney, are given significant coverage in the Annual Report, reflecting the excellent work carried out by local partners to safeguarding children in the square mile.

Appendices

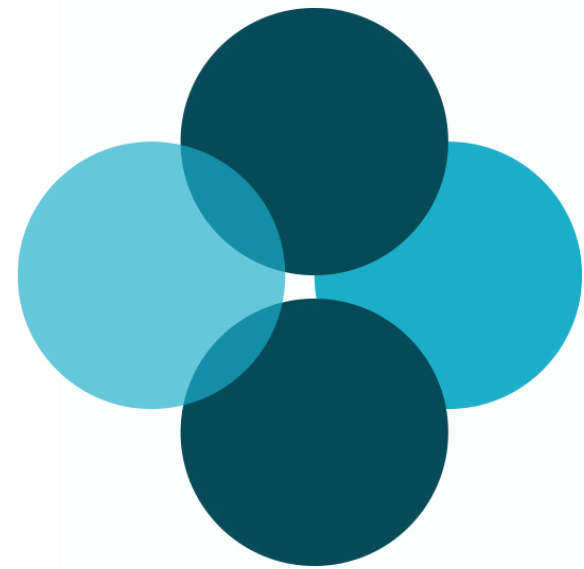
The City of London Safeguarding Children Report

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City & Hackney

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Safeguarding Children Board

Annual Report

2013/14



Foreword by the Independent Chair

In the City and Hackney Safeguarding Children Board we work together to help make our children and young people safer. The partnership the board represents is made up of government agencies, voluntary sector bodies and individuals, each with a different role or function but all collaborating to ensure our work is effective, coordinated and focused on what really matters; safeguarding the young and vulnerable.

Following my first full year as independent chair I continue to be impressed by board members and in particular the dedication of their frontline staff. These key public facing teams are made up of ordinary people who often do extraordinary things, sometimes in the most difficult of circumstances. This annual report reflects the results of their hard work, professional dedication and the difference they have made in the lives of children and young people. Reading the report will help you understand the work partners do, the success they have achieved and the context of the continuing challenges they face.

Challenge is not just to be found in the complex nature of the work partners do, but in the context within which it is delivered. During the last year the economic downturn, reorganisation in the public sector and welfare reforms, have often placed professionals and those who depend on them under increased pressure. However even in these difficult times, board members continue to improve their understanding of and support towards tackling neglect and maltreatment, domestic violence and other abusive relationships, not least child sexual exploitation. We are also firmly focused on early help, engaging hard to reach communities and supporting community inspired initiatives to eradicate female genital mutilation.

Page 14
Engagement with and through the community is key. The board could not do the work it does without the active participation and support of the voluntary sector and I wish to formally recognise and thank Hackney Council for Voluntary Services and City Gateway for all they do to ensure voices are heard and specialist services delivered. In the past year we have also recruited three lay members. Critically each lives in and is from the communities we serve. They are well placed to ask the right questions and to provide the constructive challenge we need to stay on track.

Our aim is to ensure that children are seen, heard and helped, so listening to their voices is an absolute priority. I've recently been able to engage directly with them in a range of forums; their candour, challenge and willingness to engage has been inspiring and I plan to meet many more children, young people, parents and carers over the coming year.

Please read this review, it will help you understand the work done and what has been achieved. Use it to ask questions and hold us to account later on for those things we say we will do next year. Board partners work to protect children and young people so when things go wrong, or things could have been done better, we are all keen to know why, learn lessons and drive any improvements that are needed.

What people seldom see however, is the fact that most often things go well. In most cases partners and their staff do get it right and successfully help the families and children who need their support. In my opinion we don't celebrate that routine success enough, so I want to take this opportunity as the independent chair to thank them for all they do and the difference they continue to make in so many lives.

Jim Gamble
Independent Chair





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About the Annual Report



The CHSCB annual report for 2013/14 is set out differently to that of previous years. We want this transparent assessment of the performance and effectiveness of local services to be read as widely as possible and with that in mind, the format has been designed to be accessible and easy to understand.

Pages 8-21 set the context for safeguarding in both Hackney and the City. These sections include demographic information and consider the performance, trends and themes in respect of particular vulnerable groups of children and young people.

Pages 22-26 set out the governance and accountability arrangements for the CHSCB. It provides information about the structures in place that support the CHSCB to do its work effectively.

Pages 27-42 set out the progress made in the City and Hackney during 2013/14. These sections outline the multi-agency developments that have taken place to improve safeguarding and include accounts of the engagement that has taken place with children, young people, families and communities.

Pages 43-47 highlights the lessons that the CHSCB has identified through its Learning & Improvement Framework and the actions taken to improve safeguarding practice as a result.

Pages 48-50 describes the activity with regards to multi-agency training delivered by the CHSCB and single agency training delivered by partners.

Pages 51-52 cover the priorities for improved communication by the CHSCB.

Pages 53-57 set out the priorities for 2014/15 and the key messages from the Independent Chair of the CHSCB to key people involved in the safeguarding children and young people.

In line with statutory requirements and best practice, the Independent Chair of the CHSCB has formally sent a copy to the following:

- The Chairman of The Policy and Resources Committee, City of London Corporation.
- Town Clerk of the City of London Corporation
- The Chair of the City Health and Wellbeing Board
- The Mayor of Hackney Council
- The Chief Executive of Hackney Council
- The Chair of the Hackney Health and Wellbeing Board
- The Mayor's Office for Policing and Crime
- The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)

- The Chair of Hackney's Community Safety Partnership / The Chair of the 'Safer City Partnership'
- The report will be shared for discussion with key groups of young people through Hackney's Youth Parliament and City Gateway.

CREDITS

With thanks to: Gary Manhine, Sean Pollock and Hannah Paul for use of their photographs throughout this document.



Glossary of Terms



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	LA	Local Authority
CAIT	Child Abuse Investigation Team	LAC	Looked After Child / Children
CAMHS	Child and Adolescent Mental Health Services	LADO	Local Authority Designated Officer
CCG	Clinical Commissioning Group	LSCB	Local Safeguarding Children Board
CDOP	Child Death Overview Panel	MAP	Multi Agency Panel
CHSAB	City and Hackney Safeguarding Adults Board	MAPPA	Multi Agency Public Protection Arrangements
CHSCB	City and Hackney Safeguarding Children Board	MARAC	Multi Agency Risk Assessment Conference
CHYPS	City and Hackney Young People's Service	MASE	Multi Agency Sexual Exploitation
CPA	Community Partnership Advisor	MAT	Multi Agency Team
CPP	Child Protection Plan	MPM	Management Planning Meeting
CRIS	Crime Reporting Information System	NHS	National Health Service
CS	Children's Social Care	NSPCC	National Society for the Prevention of Cruelty to Children
CSE	Child Sexual Exploitation	OFSTED	Office for Standards in Education, Children's Services and Skills
GYPPP	Children and Young People's Partnership Panel	PPU	Public Protection Unit
DBS	Disclosure and Barring Service	PSHE	Personal, Social and Health Education
DfE	Department for Education	PSP	Pupil Support Plans
DVIP	Domestic Violence Intervention Project	SCR	Serious Case Review
EIP	Early Intervention and Prevention	SDVC	Specialist Domestic Violence Court
ELFT	East London Foundation Trust	SEND	Special Educational Needs and Disability
ESOL	English for Speakers of Other Languages	SLT	Senior Leadership Team
FGM	Female Genital Mutilation	SRE	Sex and Relationship Education
FJR	Family Justice Review	TRA	Tenant Resident Association
FRT	First Response Team	UASC	Unaccompanied Asylum Seeking Children
GLA	Greater London Authority		
GP	General Practitioner		



City & Hackney Safeguarding Snapshot 2013/14



Hackney safeguarding snapshot 2013/14



44% of children living in poverty



Approximately
32%
of children & young
people in receipt of
free school meals

Safeguarding & Looked After Children
Inspection – **Good** in 2012

Pilot multi-agency inspection of child
protection arrangements – **Outstanding** in
2013

40%
of schools
graded
outstanding
by Ofsted for
behaviour &
safety



372 new early help cases of children
under 6 identified and services provided

342 new early help cases for children &
young people over 6 years of age identified
& services provided

101 children & young people
proactively identified as being at risk of
Child Sexual Exploitation and services
provided

679 incidents of children & young
people going missing



of children & young people in Secondary
Schools, including Academies, were
classed as persistently absent (>15% of
sessions missed) (a reduction from 5.6% in
2012/13)

391 domestic
violence notifications
made to the police
where children and
young people were
in the household



410 individual cases managed by
Hackney Council's domestic abuse team
included children in the household

Domestic violence & abuse crime is up by
26% in Hackney compared to 17%
average for London Boroughs

2769 referrals to
Hackney Children's
Social Care



2246 assessments completed by
Hackney Children's Social Care

405 child protection investigations

220 Children subject to a Child
Protection Plan as of March 2014.

1915 open Children in Need
cases as of March 2014

326 children & young people looked
after as of March 2014

129 allegations against staff working
with children and young people

16 Private Fostering arrangements as of
March 2014

1000 referrals to Child & Adolescent
Mental Health Services/ Approximately
700 children & young people receiving help
from CAMHS at any given time

97% of relevant staff at Homerton
University Hospital Foundation Trust have
received mandatory level 1 training, 84 %
level 2 training, 82% level 3, 100% level 4





The City safeguarding snapshot 2013/14



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898 children live in the City
12% of the total population

21% living in low income families



The successful inspections highlighting **outstanding** safeguarding arrangements including City Gateway, The City Police response to Domestic Violence, Sir John Cass School, Sir John Cass Children Centre and the 2013 Fostering Inspection



All schools inspected as **good** or **outstanding**

15 new cases resulting in early multi-agency help being provided to children, young people & their families

2,635 visits to the Cass Child & Family Centre April to August 2013. Of these, 42 were related to targeted family support

51 contacts made with Children's Social Care about children and young people in 2013/14

20 referrals accepted by Children's Social Care



17 assessments were undertaken by CSC during 2013/14



39 staff from the City received safeguarding training in 2013/14



7 child protection investigations



5 child protection conferences in 2013/14



11 children looked after by the city in 2013/14



4 allegations raised about professionals working with children in the City



7 children subject to child protection plans in 2013/14





Safeguarding Context in the London Borough of Hackney



Some children are at more risk of being abused and/or neglected due to them being particularly vulnerable.

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.

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HACKNEY DEMOGRAPHICS

The London Borough of Hackney is an inner city London borough. There are approximately 62,000 children and young people under the age of 20 years, representing 25% of the total population. Of these, 19,000 are aged under five years. Over 70% of children and young people aged 0-19 living in Hackney belong to black or other minority ethnic backgrounds.



It is a richly diverse community with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. There are over 180 languages spoken in the borough. Hackney is ranked the second most deprived borough in England and it is estimated that 44% of children and young people in Hackney are living in poverty, with around 32% eligible for and in receipt of free school meals.

CONTACTS, REFERRALS & ASSESSMENTS

In 2013/14, Hackney Children's Social Care (CSC) received an average of 210 contacts per week regarding a range of issues concerning the welfare of children and young people. This is a reduction from the previous two years, although greater than the average weekly contacts made in 2010/11 (182). The significant initial increase after 2010/11 was partially due to recording changes including information requests from other local authorities being classified as 'contacts'. Refining these processes along with an increased local knowledge of the [Hackney Child Wellbeing Framework](#) are both considered to be potential contributors to the decrease in the number of contacts made over the last year.





Of the 10,942 contacts received in 2013/14, 2769 resulted in a referral being accepted by Hackney CSC, a small decrease from 2907 in 2012/13. A total of 2246 statutory social work assessments were completed in 2013/14 in comparison to 2658 in 2012/13 and 2866 in 2011/12.

Local Authorities undertake assessments of the needs of individual children to determine what services to provide and what action to take. The full set of statutory assessments under the [Children Act 1989](#) include:

ASSESSMENTS OF CHILDREN AND YOUNG PEOPLE IN NEED:

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a

child who is disabled. In these cases, assessments by a social worker are carried out under [section 17](#) of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

CHILD PROTECTION ENQUIRIES:

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing

services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under [section 47](#) of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under [section 20](#) of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under [section 31A](#), where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs

The reductions in the numbers of referrals and assessments set out above may indicate that partner agencies are becoming more familiar with the Hackney Child Wellbeing model; with pathways for accessing early support and signposting being more effective. Whilst these

performance measures can be seen to reflect the known strengths of the early help arrangements in Hackney, work will be undertaken by the CHSCB over 2014/15 to seek further reassurance about the effectiveness of this help and its correlation in reducing demand for statutory social work intervention.

The number of child protection enquiries in Hackney also decreased from 994 in 2012/13 to 405 in 2013/14. Child protection enquiries are initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child or young person who is suspected of, or likely to be, suffering significant harm. This reduction was in line with a targeted strategy by Hackney CSC to reduce child protection enquiries following analysis of the high rate reported in 2012/13.

Over the past year, Hackney CSC adjusted their approach to ensure, as far as possible, that families experienced the least intrusive level of intervention, with referrals being dealt with through Children in Need assessments wherever possible. Given the overall reduction in assessment activity and the rate for child protection enquiries now reporting below that of statistical neighbours and the national average, this is also an area that will be subject to ongoing monitoring by the CHSCB.





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).

Since 2011 there has been a steady increasing trend in the number of children and young people subject to a CPP in Hackney. As of March 2014, there were 220 CPPs, a slight reduction from 225 in March 2013. The rate of CPPs in Hackney on 31 March 2014 was 37.9 children per 10,000. This was broadly in line with statistical neighbours (41 per 10,000 children) and the national average (42.1 per 10,000 children).

Children subject to a Child Protection Plan (31st March):



The number of children subject to a CPP for a second or subsequent time decreased from 17.1% in 2012/13 to 14.1% in 2013/14 and is now in line with the national average. There has been an increase in the percentage of children on a CPP for between 12 months and 2 years from 8% in 2011/12 to 32% in 2013/14. This indicator is likely to correlate to the reduction in repeat child protection plans, with more children receiving multi-agency help and protection through a CPP for longer periods, rather than being removed from a CPP too early. The length of time children are subject to a CPP will continue to be monitored closely.

Targeted work has taken place to reduce the number of children on CPPs under multiple categories, leading to a reduction from 42% in 2012/13 to 5% in 2013/14. As a result, there is now a clearer picture of the primary reason a child is subject to a plan. This has given the picture of 46% of CPPs being under the sole category of Neglect, 32% for Emotional Abuse, 12% for Physical Abuse and 5% for Sexual Abuse.

CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION

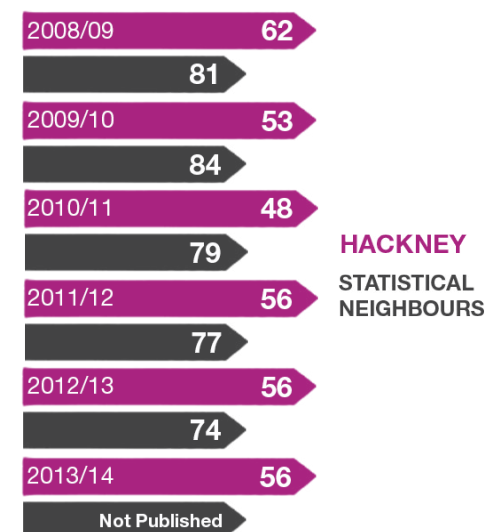
Multi-agency work to identify and protect children and young people who may be at risk of Child Sexual Exploitation (CSE) across the London Borough of Hackney continues. This multi-agency work is coordinated by the CHSCB CSE Steering Group comprising all key partners, including those from the City of London. In January 2013, a multi-agency Operational

Group was developed to monitor individual cases in Hackney. The function of this group has been to ensure that individual young people identified as being at risk of CSE are receiving an appropriate level of response and to identify themes and issues that may help improve how partner agencies work together to tackle this abuse. In March 2014, this group was officially transformed into a MASE (Multi Agency Sexual Exploitation) forum, in line with the implementation of the [Pan-London CSE Operating Protocol](#) by the Metropolitan Police.

Locally, we continue to learn and improve our multi-agency response to this abuse; developing a more sophisticated understanding of the link with abusive relationships; how young boys and girls grow up with skewed attitudes towards sex and how the influence of poor parenting through domestic violence and neglect can exacerbate risk factors. The London Borough of Hackney's initial problem profile identified 101 children and young people at risk of CSE in 2013/14. All of these children are being monitored through the MASE meetings. Child Sexual Exploitation was identified as a priority for the CHSCB for 2013/14 and the achievements made in tackling CSE across both the City and Hackney are set out in more depth later in this report.

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 young people or in other circumstances, CSC will have intervened because the child or young person was at risk of significant harm. As at 31st March 2014, Hackney was responsible for looking after 326 children and young people, an increase of 21% compared to the same time in 2011 (270). Rate per 10,000 children shown below:



Hackney continues to have a lower rate of children in care than statistical neighbours (other local authorities with similar profiles) and this rate has remained constant since 2011/12 at 56 children per 10,000.



New admissions into care have shown a year on year increase in the over 16 age group between 2011 and 2013, both in actual numbers, and as a percentage of the overall cohort of children starting to be looked after. This is attributable to the acceptance of young people with housing needs as being 'looked after' and the correlation with an increase in the use of Section 20 (Children Act 1989) accommodation. There has also been a recent trend in unaccompanied asylum seeking males aged over 17 years presenting for services.

LOOKED AFTER CHILDREN (OUT-OF-BOROUGH PLACEMENTS)

When a decision is made by a Local Authority (LA) to place a looked after child outside of the LA area, high priority must be given to the child's needs. During 2013/14, Hackney Children and Young People's Services have led work to identify the support provided to this group of looked after children across multi-agency partners and to resolve any common issues, for example around accessing mental health support for young people placed in other areas. This work has included reviewing the recommendations made by Ofsted in their thematic report on children placed at a distance from their home authority, and using these to strengthen the support that is provided to this group of looked after children.

At the end of March 2014, 77 (24%) of looked after children were placed in Hackney. 94 (29%) young people were placed in a neighbouring local authority (Waltham Forest, Newham, Haringey, Islington, Tower Hamlets or City) and 155 (47%) were placed in a non-neighbouring local authority ('at a distance' according to the new government definition). 201 of the 249 (81%) of the looked after children in placements outside of Hackney were placed in other London local authorities (neighbouring and non-neighbouring boroughs). 48 children were placed outside of London and this includes 28 children placed in Essex, Kent and Thurrock. Only 34 young people were placed over 20 miles from where they used to live in Hackney.

CHILDREN SUBJECT OF CARE PROCEEDINGS

The Government implemented the *Family Justice Review (FJR)* in an attempt to significantly reduce delay in care proceedings concerning children and young people considered to be at serious risk of significant harm. As a result of the FJR, the expectation is that all care proceedings should be completed within 26 weeks. In exceptional circumstances, cases can be extended for a further 8 weeks.

- Since 5th August 2013, the duration of court proceedings in Hackney now averages 30 weeks. This is a significant reduction from

an average of 44 weeks in the first two quarters of 2013/14.

- The improvement in timeliness reflects more effective pre-proceedings work with high quality social work statements and case analysis helping Courts make their decisions more swiftly. Close and effective working between The Children and Family Court Advisory and Support Service (CAFCASS) (judged Good by Ofsted in early 2014) and Hackney Children's Social Care is also a strong factor in the improving picture in this area.
- Since August 2013, pre-proceedings agreements and assessments were initiated in 33 cases in Hackney.
- Care proceedings were issued in 13 cases (20 of the 33 cases did not go to court as a result of intervention and improvements made by parents).

BABIES

Research and experience tell us that very young babies are extremely vulnerable and that work carried out in the antenatal period to assess risk and plan intervention is essential to minimise future harm. At the Homerton University Hospital, weekly maternity psychosocial meetings are held to oversee unborn (or very newly born) infants of vulnerable parents or parents to be. These multi-agency discussions act as a "safety net" to ensure that clear

multi-agency plans are in place for babies and that these plans are understood and communicated to the relevant agencies.

At any one time, there are between 45-50 cases being considered by the maternity psychosocial meetings. Each week an average of 20 cases are considered with those due most imminently being prioritised.

A significant majority are either under the care of Children's Social Care in either Hackney or the City or other boroughs where the infant is booked for delivery at the Homerton. The parents of the children have a range of vulnerabilities including poor mental health, young parents, parents with learning disabilities, parents with drug or alcohol misuse, women experiencing domestic violence and women with partners who are convicted of offences against children.

The most common issues over 2013-14 have been domestic violence, complex mental health issues and complex maternal substance and alcohol issues. Maternal learning disability has also been a feature.



DOMESTIC VIOLENCE AND ABUSE

Across all 32 London boroughs, domestic crime is up by 17% from 12/13 to 13/14. Hackney is showing a 26% increase. This may relate to an increase in confidence on reporting of domestic crime and a definition change in ABH offences. It is also likely that the definition change of domestic violence crime to include those offences reported by those aged 16-18yrs has contributed to the increase. Regardless, the increase remains a serious concern to the CHSCB. Of the 919 individual cases managed by the Council's domestic abuse team during 2013/14, 410 cases included children in the household. Domestic Violence was identified as a priority for the CHSCB over 2013/14 and further details regarding progress are set out later in this report.

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 2014 there were 16 children being cared for in private fostering arrangements in Hackney. This is a slight increase from the figure of 12 in March 2013. Of the 16, 14 were new arrangements that began in 2013/14. The majority of these children (8 of 14) were born in Africa. Hackney continues to have a low rate of notifications about private fostering arrangements compared with statistical neighbours, particularly in the context of the high numbers of children and young people living in Hackney. Plans

have been put in place for a renewed awareness raising campaign with professionals and specific communities in Hackney over 2014/15.

YOUNG CARERS

Young carers are children and young people under 18 who provide regular or ongoing 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'. [Hackney Council's Young Carers Project](#) currently works with 138 young carers. The Hackney Young Carers Strategy has recently been reviewed and the implementation of a multi-agency delivery plan will ensure ongoing focus and the meeting of need for this particular vulnerable group.

CHILDREN WITH DISABILITIES

The Disabled Children Service in Hackney is working with 174 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, the First Response Team (FRT) in Hackney CSC will investigate the concerns. The Disabled Children's Service remains involved throughout.

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.

- Young Hackney has continued to see the number of young people they work with decrease from previous years.
- At the end of March 2014 they had worked with 196 young people through pre-court disposals (youth caution and youth conditional cautions) and community orders compared to 228 at the end of March 2013.
- The number of young people in custody on remand or sentence has also dropped from 82 in 2012/13 to 58 in 2013/14.
- The overall decline in numbers involved in formal youth justice is consistent with a national reduction in the number of young people formally entering the Criminal Justice System.
- For Hackney in 2013/14, 84 new entrants were recorded compared to 98 the previous year.

CHILDREN'S MENTAL HEALTH

The Child and Adolescent Mental Health Services (CAMHS) in City and Hackney are provided 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 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.

The ELFT CAMH service receives approximately 1,000 referrals a year, and has a caseload of approximately 700 cases at any one time. The level of referrals to specialist CAMHS has been consistent for the last few years. Waiting times for young people to be seen by specialist CAMHS is within 5 weeks (100%). This is well below the national average and the other East London boroughs. Emergencies are seen within 24 hours and urgent appointments seen within 2 weeks. The number of young people presenting in A&E having self-harmed has reduced over the last few years but there has been an increase in the number of non-emergency self-harm referrals.

For 2013/14 the total number of young people receiving inpatient care remained consistent at 38 cases. This was consistent with the previous year's total admissions. 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.

The CAMH services are working closely with schools and other agencies including other CAMHS providers to look at how Tier 1 and 2 services can provide an early intervention service for young people who self-harm. Following the recent national research study into family therapy intervention, which the ELFT CAMHS took part in, the service is rolling out the learning from the national research pilot. It is hoped this will provide a more appropriate treatment pathway for this group of young people and their families.

In 2013/14, in partnership with senior managers in children's social care, specialist CAMHS have established a safeguarding supervision and consultation group in order to ensure senior staff have additional enhanced supervision in terms of safeguarding children.





Safeguarding Context in 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.

Some children are at more risk of being abused and/or neglected due to them being particularly vulnerable. 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.

CITY DEMOGRAPHICS

The City of London has a small population, which is projected to grow slowly in the coming decades. The current population estimate is 7,604 of which 898 are children and young people aged 0 to 19.

Of the total number of children and young people, 604 are aged 0-9 years old and 294 are aged 10-19 years old. The City's residents are predominantly white and speak English as their main language, although 43% of the children and young people are recorded as coming from Black and Ethnic Minority (BME) backgrounds. 21% of children living in the City are in low-income households. 22.3% of primary school children are eligible for and claiming free school meals.

CONTACTS, REFERRALS AND ASSESSMENTS

Children's Social Care (CSC) record all contacts made to them concerning children and young people. These contacts progress to referrals if the needs of the children or young people suggest the involvement of Children's Social Care (CSC) is required. CSC will then make a decision as to whether an assessment is required or not. Local Authorities undertake

assessments of the needs of individual children to determine what services to provide and what action to take. The full set of statutory assessments under the [Children Act 1989](#) include:

- Assessments of children and young people in need: A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under [section 17](#) of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The

process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

- Child Protection Enquiries: Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other





organisations as appropriate, also have a duty to make enquiries under [section 47](#) of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

- Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under [section 20](#) of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under [section 31A](#), where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

In 2013/14:

CSC RECEIVED A TOTAL OF 51 CONTACTS

- 20 contacts met the threshold for a referral
- The largest group of referrals originated from the police.

OF THE 31 CONTACTS THAT DID NOT ESCALATE TO A REFERRAL:

- 11 were passed to the Early Intervention Service
- 9 were referred onto services in the subject/s home borough
- 7 were for information, advice or guidance only
- 1 was an immediate referral to another internal service
- 1 was a notification of a missing child and
- 2 were recorded as requiring No Further Action.

OF THE 20 REFERRALS ACCEPTED BY CSC:

- 16 resulted in an assessment
- 5 of these were child protection enquiries (Section 47 enquiries under the Children Act 1989)
- 3 referrals ended with no further action being taken by Children's Social Care and
- 1 was stepped down to the Early Intervention Services.

OF THE 16 ASSESSMENTS (INCLUDING THE CHILD PROTECTION ENQUIRIES):

- 5 resulted in further social work input as Children in Need

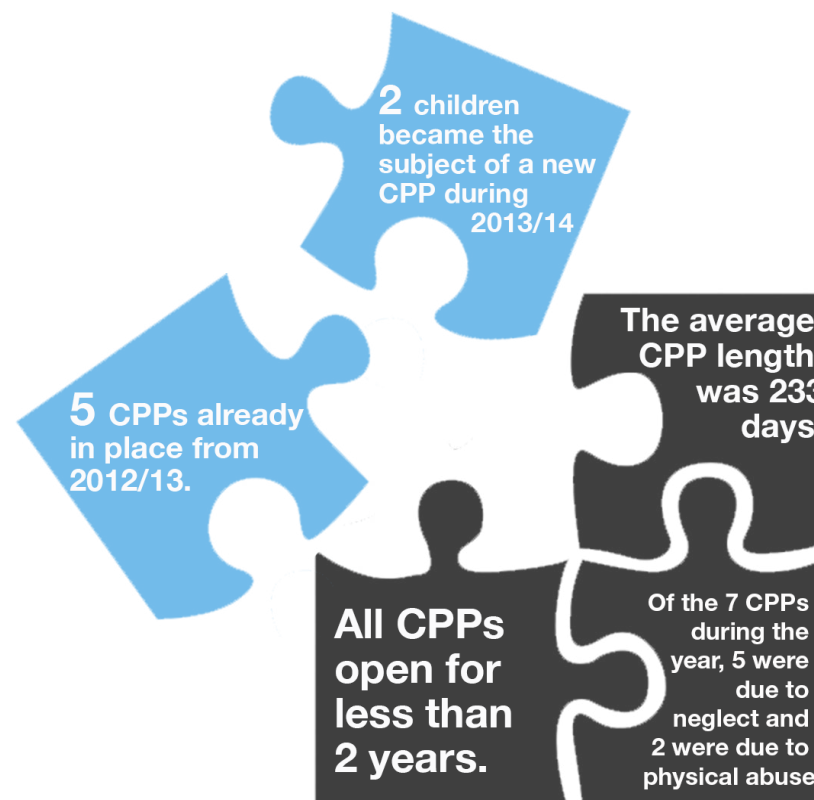
- 3 cases were closed with no further action
- 3 cases resulted in an Initial Child Protection Conference
- 3 cases were stepped down to early help
- 2 resulted in the children becoming looked after.

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. The City of London continued to have consistently low numbers of CPPs.

CHILDREN AND YOUNG PEOPLE AT RISK OF 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. This multi-agency work is coordinated by the CHSCB CSE Steering Group comprising all key partners.

No child sexual exploitation involving a child has been identified in the City, but partners are clear about the multi-agency response required. During 2013/14, the City Police undertook an awareness raising campaign with local businesses and hoteliers to heighten the understanding and profile of CSE across this sector. Further details of the progress by the City in respect of CSE are set out later in this report.

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 young people or in other circumstances, CSC will have intervened because the child or young person was at risk of significant harm.

During 2013/14 a total of 11 children and young people were looked after by the City of London. A summary of activity is set out as follows:

- 3 children and young people were accommodated under continuing Full Care Orders;
- 8 children and young people were accommodated under Single Period of Care of whom 6 were unaccompanied asylum seeking children (UASC) and 2 were emergency accommodations of local children.
- None of the children and young people already looked after at 1 April 2013 left care during the year.
- The range of periods in care for those children and young people still looked after at 31 March 2014 was 465 to 1945 days
- 2 UASC who turned 17 years old during 2013/14 transitioned from foster placements to semi-independent living.
- No other looked after child moved

placement during the year (beyond short term holiday respite).

- All looked after children were placed within 12 miles/ 19.5 kilometres of the City.
- All looked after children received at least an annual medical and annual dental assessment during the year.
- In February 2014, the City of London appointed a Virtual Head Teacher to monitor and support LAC education.

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.

Young carers are children and young people under 18 who provide regular or ongoing 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’

There were no children subject to private fostering arrangements or identified as young carers in the City of London

during 2013/14. Improving awareness of private fostering will form part of a wider communications campaign in the City during 2014 – “[Notice the Signs](#)” – with related publicity information regarding private fostering also being reviewed.

CHILDREN WITH DISABILITIES

There were fewer than 10 children and young people with disabilities known to the City of London in 2013. The City’s Special Educational Needs and Disability (SEND) Strategy 2013–17 describes the City’s strategy for children and young people aged 0 to 25 with SEND. A disability register is also currently under review.



The Board



WHAT IS THE CHSCB?

The CHSCB is the key statutory body overseeing safeguarding children arrangements across the City of London and the London Borough of Hackney. It 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.

The CHSCB is governed by the statutory guidance in [Working Together to Safeguard Children 2013](#) and the Local Safeguarding Children Board (LSCB) Regulations 2006. The CHSCB regularly self assesses its performance through reference to a risk register. In 2014/15, a comprehensive self-assessment process is scheduled as part of the CHSCB business planning process for 2015/16.

KEY ROLES

The Independent Chair

The Independent Chair of the CHSCB is Jim Gamble. Supported by a Senior Professional Advisor, a Board Manager and a Board team, the Independent Chair is tasked with ensuring the Board 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.

From April 2013, the Independent Chair became directly accountable to both the Chief Executive of the London Borough of Hackney and the Town Clerk of the City of London. The Director of Community and Children's Services for the City and the Director of Children's Services for Hackney both continue to work closely with the Independent Chair on safeguarding challenges.

The City of London Corporation and Hackney Council

Both local authorities are responsible for establishing an LSCB in their area and ensuring that it is run effectively. The City of London and Hackney Council have agreed to the operation of a dual-borough LSCB given the range of individual organisations covering both areas.

The ultimate responsibility for the effectiveness of the CHSCB rests with the political leaders of both the City of London and Hackney Council. The Chief Executive of Hackney and the Town Clerk in the City are accountable to these roles. The Lead Members for Children's Services in both areas are Councillors elected locally. Lead Members have

the responsibility for making sure their respective local authority fulfils its 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.

Partner Agencies

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

Designated Professionals

Health commissioners should have a Designated Doctor and Nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the CHSCB.

KEY RELATIONSHIPS

There is a clear expectation that LSCBs are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. In 2013/14, governance of the CHSCB was further strengthened through the development of clear protocols 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. These protocols set out the interface across these forums to ensure clarity of strategic alignment and management of risk. From the CHSCB's perspective, this helps ensure that the voice of children and young people and their need for safeguarding is 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












The Board met three times during the 2013/14 and had a membership made up of representatives from all statutory partners and others concerned with safeguarding children.

- Hackney Children's Social Care
- The City of London Community & Children's Services
- The Metropolitan Police Service - Child Abuse Investigation Team (CAIT)
- The City of London Police
- The Metropolitan Police Service - Hackney Borough
- Hackney Learning Trust
- London Probation Service
- Children and Family Court Advisory and Support Service
- Hackney Council for Voluntary Services
- Homerton University Hospital NHS Foundation Trust
- City & Hackney Clinical Commissioning Group + Named GP
- Public Health
- NHS England
- East London NHS Foundation Trust
- Young Hackney
- Hackney Health & Community Service (Adults)
- Schools
- Lead Members in the City & Hackney

BOARD ATTENDANCE

The Board, the CHSCB Executive, Sub-Committees and Steering Groups continue to experience good attendance with representation across Board partners, lay members, the voluntary sector and the involvement of other agencies and groups. A list of current Board Members is set out at the back of this report. The attendance rates by agency for 2013/14 are set out below. The  represents how many seats there are per organisation.

- Independent Chair  100% attendance
- Hackney Children's Social Care  100% attendance
- The City of London - Community & Children's Services  100% attendance
- The Metropolitan Police Service CAIT  100% attendance
- The City of London Police  66.7% attendance
- The Metropolitan Police Service - Hackney Borough  100% attendance
- Hackney Learning Trust  100% attendance
- London Probation Service  33.3% attendance
- CAFCASS  66.7% attendance

- Hackney Council for Voluntary Services  66.7% attendance
- Homerton University Hospital NHS Foundation Trust  100% attendance
- City and Hackney Clinical Commissioning Group  100% attendance
- Public Health  100% attendance
- NHS England  50% attendance
- East London NHS Foundation Trust  100% attendance
- Young Hackney  66.7% attendance
- Hackney Health and Community Services (Adults)  33.3% attendance
- Executive Head School Representative  66.7% attendance
- Lead Member for Children and Young People (Hackney)  33.3% attendance
- Lead Member for Children and Young People (City of London)  50% attendance

BOARD STRUCTURE

During 2013/14, the main Board was supported by a range of sub-committees and task groups that enable it to do its work. The structure of the board, key accountabilities and relationships is illustrated on the next page.



City & Hackney Safeguarding Children Board (CHSCB)

Chair: Independent Chair : 4 meetings per year



LONDON BOROUGH OF HACKNEY CHIEF EXECUTIVE & THE CITY OF LONDON TOWN CLERK

Accountable for the effectiveness of the CHSCB

Responsible for appointing or removing the CHSCB Chair

Holds the CHSCB Chair to account for the effectiveness of the CHSCB

CHSCB EXECUTIVE GROUP

Chair: Independent Chair
6 meetings per year

LEAD MEMBERS

Hold **Children's Services** to account



DIRECTOR OF CHILDREN'S SERVICES (HACKNEY) & DIRECTOR OF COMMUNITIES & CHILDREN'S SERVICES (CITY OF LONDON)

Responsible within the local authority for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services

SERIOUS CASE REVIEW SUB

CITY OF LONDON SUB

QUALITY ASSURANCE SUB

TRAINING & DEVELOPMENT SUB

CHILD DEATH OVERVIEW PANEL

CHSCB WORKING GROUPS & OPERATIONAL FORUM

STRATEGIC LINKS TO

Hackney Health & Wellbeing Board
Hackney Community Safety Partnership
City and Hackney Safeguarding Adult's Board
Children's Services Scrutiny Panel
Safer City Partnership
City of London Health & Wellbeing Board
City of London Safeguarding Sub Committee

Objectives

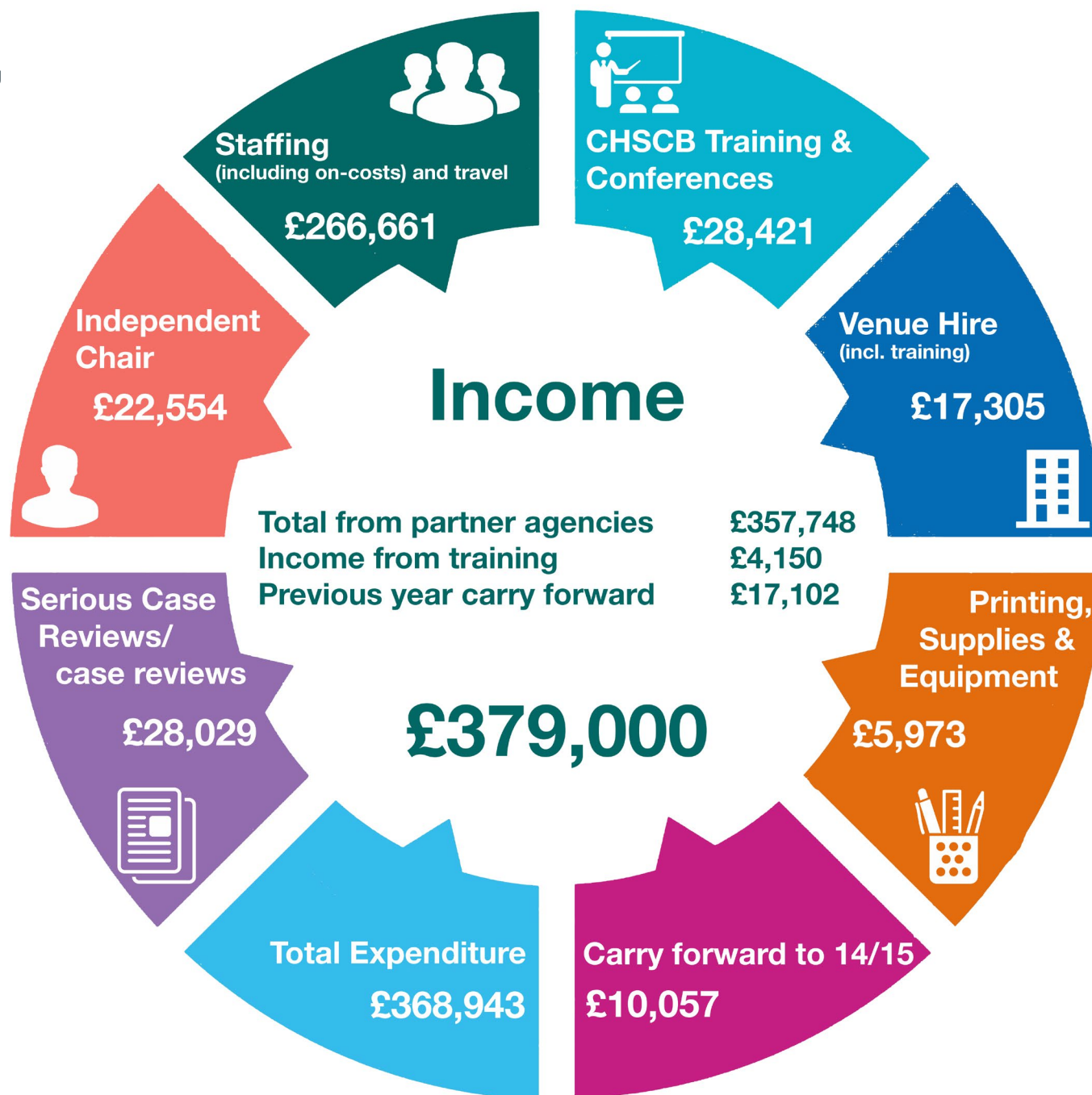
To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding & protecting the welfare of children in the area.
To hold partners to account for ensuring the effectiveness of what is done by each person or body for that purpose.

FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the CHSCB's budget for 2013/14, in addition to providing a variety of resources, such as staff time and free venues for training. Contributions from partners for 2013/14 totalled £379,935 with Hackney Council contributing a significant 69% of the total agency funding.

Charges for non-attendance at training events provided an income of £4,150. An under-spend of £17,102 was carried forward from the previous financial year making the total income available to the board £379,000. This income ensured that the overall cost of running the CHSCB, including the commissioning of one serious case review and one internal review were met.

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Progress in Hackney

EARLY HELP

Early help services across Hackney are delivered by the council's Young Hackney division, 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.

In 2013, the pilot joint inspection of multi-agency arrangements for the protection of children judged the overall effectiveness as outstanding. The inspection cited that "children and young people in Hackney have access to and benefit from an extremely wide range of early help services which are sharply focused on meeting the diverse needs of local communities."

The inspection further identified that "children supported through early help services have their needs identified in good quality action plans, which are implemented effectively". Multi-agency early help was described overall as "making a distinct difference helping to build resilience in families, safely reducing risks for children and preventing children and young people entering the child protection system unnecessarily"

The framework supporting early help in Hackney has remained consistent since this inspection. The range of early help services available to children, young people and their families are set out within the [Hackney Resource Guide](#) that was

refreshed during 2013/14.

The Partnership Triage has operated since 2009 to act as a single point of contact and research for notifications coming from the Police Public Protection Desk. Since then, its role has expanded to undertake checks on families where there are concerns at the level defined as Partnership / Partnership Plus in the Hackney Wellbeing Framework. The Partnership Triage Unit has continued to provide proportionate, relevant and accurate information to help practitioners assess and respond to need. Its role includes creating intelligence packages for MARAC meetings considering high risk domestic violence in addition to engaging in research involving children and young people involved in gang activity. During 2013/14, the Partnership triage received 4986 notifications. Evidencing the effectiveness of the police in identifying risk early, the vast majority of notifications continue to be made from this source.

The existing range of multi-agency panels that coordinate the delivery of early help services to children and their families in Hackney have also continued to operate over 2013/14.

Multi-Agency Team (MAT) meetings occur fortnightly in each of the 6 strategic Children's Centres in Hackney. Chaired by a qualified social worker employed by Hackney Learning Trust, MAT meetings focus on children under 6 years of age and their families who require coordinated

packages of support. MAT's are attended by a range of professionals who work with children at the Early Years Foundation Stage including midwives, health visitors, Children's Centre family support teams, speech and language therapists and First Steps. During 2013/14, 373 children were referred for support via the MAT meetings. A range of quality assurance activity scrutinizes the effectiveness of the MAT process and outcomes for children and young people.

Multi-Agency Panel (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. The CHSCB has identified a need to improve oversight of this particular part of the early help system and will be progressing actions in line with the 2014/15 business plan.

The Children & Young People's Partnership Panel (CYPPP) meets weekly, borough-wide. The CYPPP focuses on the most complex and difficult cases where children and families require or are receiving coordinated packages of support. The CYPPP is attended by senior professionals in Children's Social





Care, Child and Adolescent Mental Health Services, Police, Housing Services, Hackney Learning Trust and the Drug and Alcohol Action Team. During 2013/14, 342 children and young people were referred to the CYPPP to determine the most appropriate, multi-agency support required to prevent the escalation of needs and/or risk.

In the period of June 2013 to March 2014, 18 cases of vulnerable adolescents were audited with a specific focus on judging whether identified risks at the outset of intervention had reduced or otherwise. 11 out of 18 cases audited demonstrated a reduction in risk, with those young people identified with less severe needs showing the greatest progress. Whilst a small sample, this has reinforced the impact and effectiveness of multi-agency early help arrangements in Hackney.

Health professionals have continued to ensure the provision of early help services, including counselling, parenting support and perinatal mental health services. Other health led forums supporting early help over 2013/14 have included paediatric psychosocial meetings at Homerton University Hospital and LINK meetings between GPs, health visitors and midwives.

Hackney Council for Voluntary Services (HCVS) also provided support and training to the voluntary and community sector (VCS), helping create a better understanding about the refreshed Hackney Child Wellbeing Model. HCVS

report that “VCS organisations better understand their role in early identification and early intervention, particularly for families with multiple needs”

Whilst acknowledging the identified strengths of the arrangements in Hackney, the learning arising from one case review, analysis of data and the feedback from the Schools Safeguarding Audit requires the CHSCB to seek further reassurance about the continued effectiveness of early help. This is set out as a priority in the 2014/15 business plan.

CHILD SEXUAL EXPLOITATION

The Child Sexual Exploitation (CSE) working group has existed since June 2011 to coordinate and oversee both the strategic and operational response to this abuse of children and young people. Progress over 2013/14 includes:

- In January 2013, a multi-agency Operational Group was developed to monitor individual cases.
- The function of this group was to ensure that young people identified as being at risk of CSE were being safeguarded and to identify themes and issues from these cases that may require strategic action by partners.
- In March 2014, the Operational Group officially transformed into the MASE (Multi Agency Sexual Exploitation) forum, in line with the implementation of the Metropolitan Police operating protocol on CSE.

This has strengthened the police involvement in the forum and that of partner agencies.

- In January 2014 a High Risk Case Discussion Forum was also established to consider the needs and profiles of some of the most vulnerable young people in the Borough.
- This forum enabled in depth discussion of 15 looked after young people, or those on the edge of care, that are persistently going missing, are known to be highly vulnerable to or involved in sexual exploitation and have proved particularly challenging for professionals to engage with or stabilise.
- The pilot joint inspection of multi-agency arrangements for the protection of children undertaken in March 2013 identified that ‘There are many good examples of effective partnership working to tackle child sexual exploitation with practice embedded across the partnership, but this work is not yet underpinned by an overarching strategy so everyone knows what the partnership is trying to achieve’.
- Over 2013/14, the CHSCB engaged the services of an academic leader in the field of CSE, to lead this work alongside the CSE Working Group.
- The agreed approach to developing the strategy was to base it securely in an understanding of local patterns of CSE, an understanding

of the needs of young people that have been identified as being at risk and of local service delivery models.

- The delivery of training and awareness raising amongst professionals and the wider community;
- Innovative work being undertaken in schools to promote healthy relationships through sex and relationship education; targeted early intervention group work in schools with both young men and young women;
- Mapping of resources to ensure that these are responsive to identified needs and promoting strong inter-agency working.
- Work is currently being undertaken to develop the borough’s forward strategy building on the strong professional engagement and commitment that is already in place.

Local support for children and young people at risk of CSE is delivered via Children and Young People’s Services or through specialist provision offered by Nia and the Safer London Foundation. Where there are significant levels of concern, multi-agency plans are put in place on a case-by-case basis to ensure the needs of vulnerable young people and risk are managed in a timely and consistent manner.



During 2013/14, Hackney also developed a local problem profile in respect of CSE.

- There is no single profile of CSE activity in Hackney.
- The most common type of

exploitation involves young women being exploited by male peers or those slightly older than them.

- Unlike some areas that have attracted a lot of press attention, there is currently no identified pattern of targeted and organised abuse by groups of adult men,

although there have been some investigations involving more than one exploitative adult and a number of young women identified as potential victims.

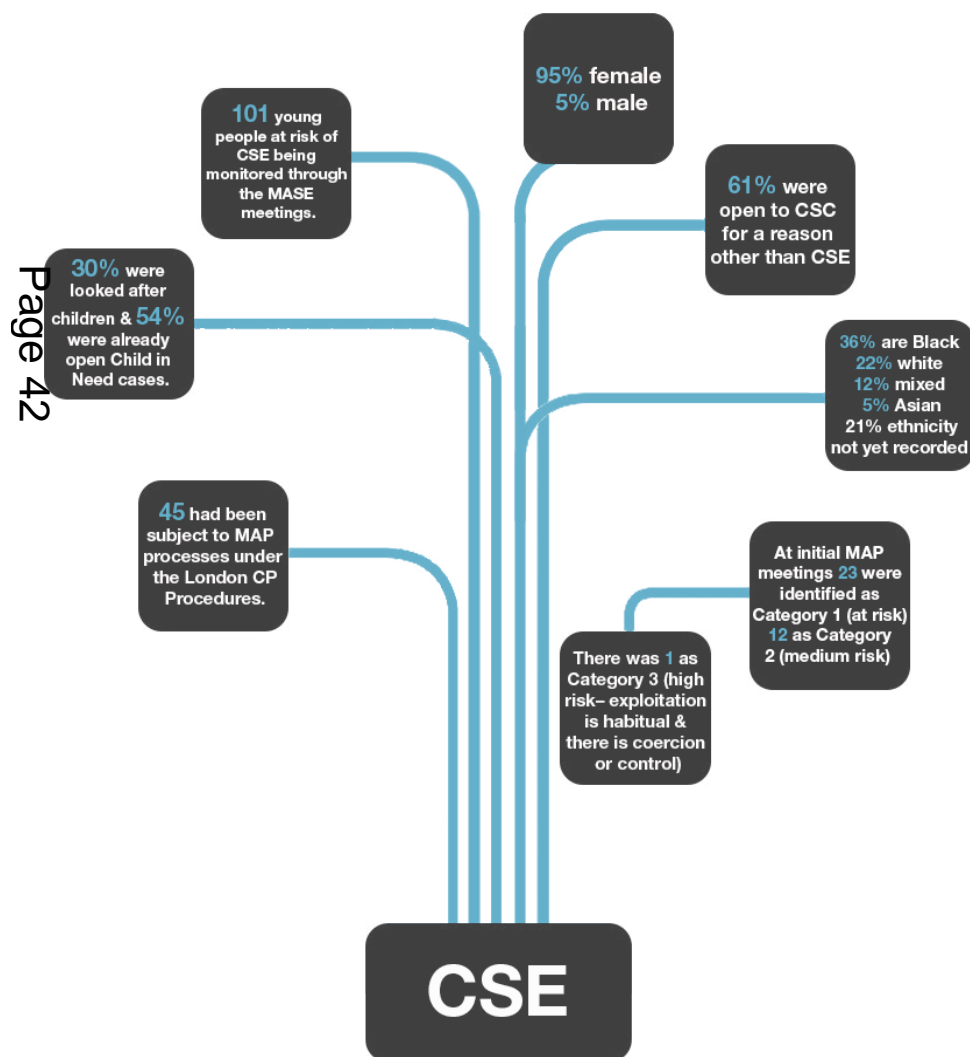
- Although there is evidence of gang involvement in relation to some young people, in most instances where this is the case, this is not the only form of exploitation and, as yet, there are no patterns emerging in relation to specific gangs.
- There is a mixed picture in terms of where young people are being exploited with evidence that some young people are being exploited in other London boroughs and, on some occasions in other towns and cities.
- Whilst the use of social media is a feature in some cases, this has rarely emerged as a method of perpetrators targeting young people.
- It is more often used as a method of keeping in touch once contact has been made. In most cases initial contacts appear to be through associates, peers and friendship groups or opportunistic meetings whilst young people are out in the community.
- A consistent feature has been that the vast majority of young people identified as being of concern by professionals do not perceive themselves to be at risk, believing that they are 'in control' and

consenting to sexual activities.

- Within the cohort of young people that have been considered at the High Risk forum there are two significant themes emerging: current or past Youth Justice interventions.
- Most have been identified as having had poor school attendance and engagement since primary school.

The overall progress by the partnership in responding to CSE is positive. There is well established and coordinated multi-agency work with young people identified as being at risk. There is a functioning MASE, with members retaining a good understanding of the local profile and local responses. Areas identified by the CHSCB for development include:

- Strategies to ensure that relevant and proportionate information about the local profile and professional responses is disseminated to those that need it.
- A significant amount of training has taken place within the children's workforce. However, some professionals and groups who may be well placed to identify vulnerable young people, particularly those working at a community level, have not yet received training and awareness raising.
- There are gaps in identification and





- support for vulnerable young men
- Streamlining current referral pathways to ensure that these are consistent and well understood.
- Coordinated, forensic analysis needed across services to target resources more effectively.

In terms of prevention and early help, a range of activity has been undertaken over 2013/14 including a comprehensive mapping of Personal, Social and Health Education (PSHE) delivery on Sex and Relationship Education (SRE) has been completed for all secondary schools in Hackney. Schools have been

supported and provided with funding to deliver these programmes. There also continues to be a broad range of early support services within the borough working with young people that

could potentially be vulnerable to CSE, including Young Hackney, voluntary groups and sexual health services. There is a range of schools-based early intervention group work available in some schools, provided through the voluntary sector.

Areas identified by the CHSCB for development of the prevention and early help of CSE include:

- Whole school approaches towards consent, gender equality and healthy relationships.
- Mainstreaming of shared values and approaches towards identifying vulnerabilities, tackling harmful attitudes, building resilience and healthy relationships across all agencies providing early support

services.

- Programmes to raise awareness and provide support to parents and communities to mobilise and build resilience. Delivering more targeted work with boys and young men on gender identity, equality, relationships and respect.

Additional issues identified by the CHSCB include:

- Increasing the capacity of the Borough police to collect evidence and manage responses to cases that do not meet the remit of the CSE teams recently established.
- Strategically develop of a wider range of disruption options.
- Develop a plan for best use of voluntary sector capacity to ensure

an effective balance between individual case work and outreach activities, targeted at vulnerable groups where exploitation may not yet have been identified.

DOMESTIC VIOLENCE AND ABUSE

A strategic safeguarding model for domestic violence is in place across Hackney, with a protocol between the CHSCB, the Community Safety Partnership, the Health and Wellbeing Board and the City and Hackney Safeguarding Adult Board. During 2014/15, the Community Safety Partnership will be undertaking a review of the configuration of partnership services for domestic abuse, in order to reduce domestic abuse; better manage the risk to victims; and to track perpetrators more effectively. Progress over 2013/14 includes:

- Operational improvements to the MARAC (multi-agency risk assessment case conference), which manages the risk to victims of domestic abuse.
- MARAC now meets on a weekly basis, an improvement from meeting on a three weekly basis although this has presented some challenges for some agencies to ensure regular attendance. Triage arrangements are in place. Systems and processes have all been revised, through combined work of the key partners.





- Additional funding was secured and a dedicated probation officer began work with the Council's domestic abuse support team and the police community safety unit, providing better risk management and faster information sharing.
- An external expert agreed to provide professional advice to help develop a family justice type model of domestic abuse intervention, and a focus on perpetrator tracking.
- The Domestic Violence Intervention Project (DVIP) has been co-located with Hackney CSC to enhance the identification of risk factors associated with domestic violence. Over the past two years, The DVIP has completed 43 risk assessments on adult perpetrators and engaged 30 men in perpetrator programmes. The service has attended home visits with social workers to undertake risk assessments on 21 women and have engaged 45 women in support. The service provided 214 case consultations to social workers and provided 8 days of direct training to staff.
- Evaluation of the impact of the service demonstrates improved social work responses to engage perpetrators and support victims, a reduction in repeat domestic violence incidences, more timely decision making and earlier access to support and preventative measures. All these factors have contributed to the overall effectiveness of safety planning and positive outcomes for children and young people.
- The Specialist Domestic Violence Court (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.
- The GLA's East London Rape Crisis Centre continues to provide support and counselling for those raped or sexually abused and who are reporting historically. (there are 4 Rape Crisis Centre hubs across London and Hackney is part of the East London hub)
- Domestic abuse is a criterion that has been selected locally as part of the Troubled Families project.

CHILDREN MISSING FROM HOME AND CARE

Partner agencies continue to work closely to ensure that children who go missing from home or care are provided with the most appropriate safeguarding response, whether through statutory or non-statutory intervention. In 2013/14:

679 incidents of children and young people going missing were reported to the Police. All were subsequently located.

4.3% of children and young people in Secondary Schools, including Academies, were classed as persistently absent (>15% of sessions missed) (a reduction from 5.6% in 2012/13).

Roles and responsibilities of partner agencies are outlined in the CHSCB multi agency missing children protocol. The protocol is currently under review following the publication of the revised Department for Education statutory guidance on [‘Children who run away or go missing from home or care’](#) published in 2014. There is an increased emphasis on key areas such as information sharing and the role of an ‘independent’ person to conduct return interviews for children that go missing from home and care.

In order to comply with the latter requirement, over 2013/14, Hackney Learning Trust has developed the post of a ‘Missing Children Social Worker’. This post will hold responsibility for

conducting return interviews with Hackney children that have returned from a missing episode. Work is also underway to develop a stronger profile of children that go missing in Hackney through the Missing Children Forum. This multi-agency group has continued to review a number of high risk cases to ensure robust safeguarding action is in place and identify relevant learning to develop practice and help inform future service planning.

FEMALE GENITAL MUTILATION (FGM)

The work of the CHSCB during 2013/14 focused on working closely with Public Health to identify gaps within the system, develop a FGM action plan and set up a steering group involving partners in health, education, children social care, police and voluntary sector organisations. Work has also involved engaging communities. In March 2014, a consultation event was arranged with a group of 20 Somali women who provided suggestions on the best approach to address the issue. Feedback from the event included;

- Opportunities need to be provided for women to gain meaningful work and access to English for Speakers of Other Languages (ESOL) classes.
- FGM is not the only problem affecting the Somali community. FGM is often connected to other issues affecting the community.



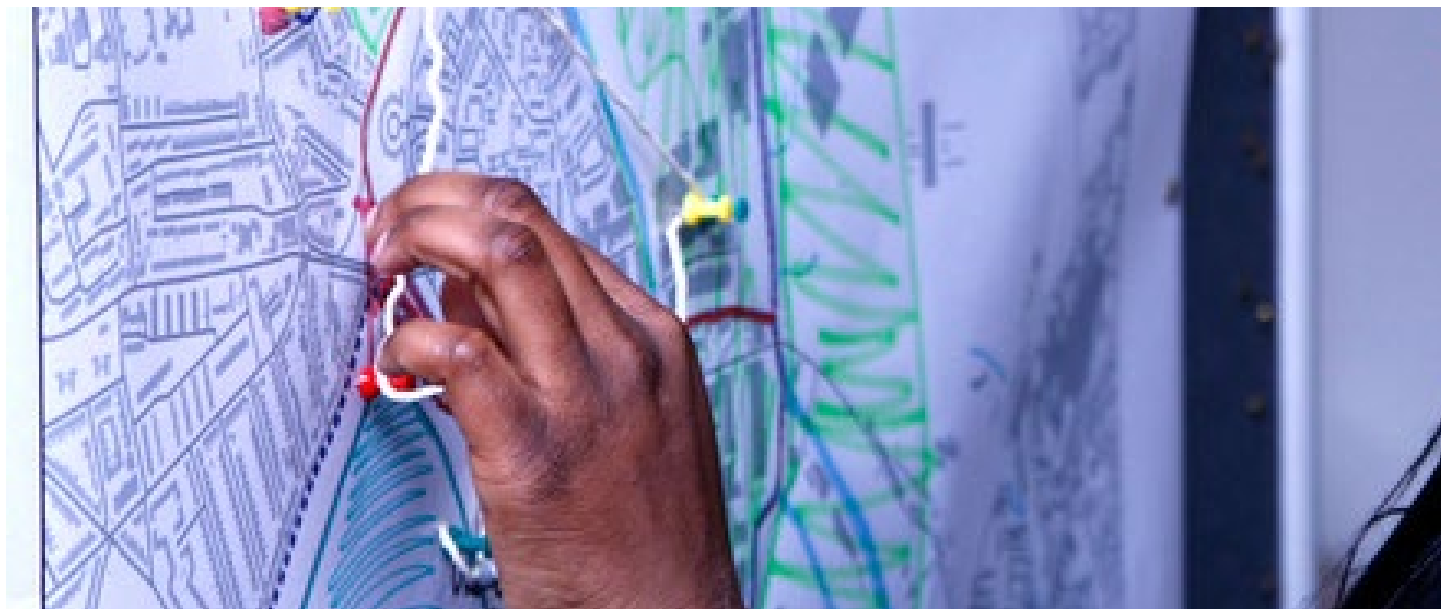
- Safe spaces need to be available where women can meet and support each other.
- Any work should include the men and religious leaders.

The CHSCB intends to include these recommendations in the overall FGM work plan for 2014/15, host a community conference, produce an online survey and create a community steering group (involving survivors, advocates and faith leaders) to be chaired by the Independent Chair of the CHSCB. FGM now features in the [Hackney Wellbeing Framework](#)

(threshold tool) and a local protocol has been developed regarding the operational response to FGM by Hackney CSC which will be implemented in 2014. Local challenges to this issue primarily relate to the identification and reporting by the health agencies most likely to meet women who have been subject to FGM. Over 2014/15, the CHSCB intend to strengthen the strategic response to this issue. Priorities include progressing necessary revisions to the initial action plan and underpinning this with a coherent FGM strategy.

HARMFUL PRACTICES WORKING GROUP

During 2013/14, Local Authorities linked to a serious case were involved in a joint review of their progress against the implementation of the [National Action Plan](#) to tackle abuse linked



to faith or belief which was published by the Department of Education in 2012. The review acknowledged the strategic leadership taken by the CHSCB and the positive work focused on empowering practitioners and engaging with communities. Areas identified for further work which will be taken forward by the CHSCB over 2014/15 included listening the voice of the child, disseminating the learning from a related case review, engaging with seldom heard communities and continued engagement with faith leaders.

PREVENTING RADICALISATION

As part of [Hackney's Prevent programme](#), "Channel" is the local multi-agency approach to protect people at risk from radicalisation.

Channel uses existing collaboration between statutory partners and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. Channel began as a Home Office pilot back in 2007 in two police forces; prior to the Prevent strategy being fully developed. It expanded again in 2008 and again in 2009 and now operates across England and Wales. In the London Borough of Hackney, there were 5 referrals made from April 2013

to March 2014. Four related to adults and one of the cases involved a young person. Multi-agency priorities include:

- Continue to raise the level of understanding by staff in key services so that they can recognise when someone may be vulnerable to being radicalised and can respond appropriately.
- Establish internal review points between key services and other professionals to set out the process for assessment of people identified to be at risk.
- Raise community awareness of Prevent issues and increasing confidence in the local approach locally.
- Increase partner organisations confidence in delivering Prevent



within their organisations by ensuring that the approach to Prevent in Hackney is consistent across the partnership.

COMMUNITY PARTNERSHIP ADVISOR (CPA) CONSULTANCY

The CPA provides a consultancy and support service to staff across the City of London and Hackney, as well as training to staff working on issues related child trafficking, so called 'honour' based violence, forced marriage, female genital mutilation and children abused through faith, faith belief or culture. Given the uniqueness of the role, the expertise of the CPA has been called upon by other local authorities.

During this financial year the CPA provided support and consultancy in 61 cases. All of these cases derived from Hackney.

- The support provided by the CPA included advice to staff and joint home visits and office interviews with parents and children.
- Most of the cases involved staff seeking to understand how the family's religious and cultural background influenced the actions and how knowledge of this could be grounded in their work with the family.
- In 10 cases staff required support in relation to spirit possession and witchcraft. In 8 of the case it was the worker's first experience of

working on such cases and the initial challenge involved gaining an understanding of the issue.

- In 3 cases the assessment was undertaken jointly with the social worker and this involved interviewing the parent.
- There were 5 trafficking cases, all of which involved adults or children from the African continent.
- There were 6 cases involving the Orthodox Jewish (OJ) families.
- Staff also requested support in identifying culturally specific community organisations that could provide support for families. This suggests that there is a need for these services to play a more integral role in providing early help and support to families.



"The CPA has always been willing to meet service users jointly with members of the

unit and bring ideas to discussions about their beliefs and cultural rules. During discussions the CPA has remained child focussed, often concentrating on the impact these beliefs and practices are likely to have on the child(ren) in the family and has been able to provide evidence based understanding about these risks as well as highlighting areas of particular concern."

PARENTAL MENTAL HEALTH

Managers and practitioners from Adult Mental Health Services and Children's Social Care have continued to develop closer working relationships in Hackney and have again refined the [Joint Working Protocol](#) during 2013/14. The protocol clarifies the nature of collaborative working, risk assessments and parallel planning regarding children who have a parent with mental health problems. Practitioners from each agency have continued to spend time in each other's agency to provide information, discuss cases and assist in problem-solving.

TIMESCALE DISPENSATION

In March 2011, Hackney CSC received approval to trial a single assessment process with no fixed completion timescales and flexibility on the timing of the first core group meeting following a Child Protection Conference. CSC has been piloting these approaches for nearly three years. On 20 May 2013 Hackney CSC received [additional approval by the Department for Education \(DfE\)](#) to trial flexibility around the timing of the initial child protection conference. Progress over 2013/14 has been communicated to the DfE. Hackney CSC report that both internal and external evaluations have shown a positive impact on the quality of practice as a result of these flexibilities with practitioners demonstrating increased professional skill and confidence.

The DfE commissioned the [Child Wellbeing Centre](#) to research three of the six pilot authorities in early 2014. Findings showed that whilst assessments in Hackney ordinarily took longer to complete when compared to the other six pilot sites (median 43 days), 89% were judged as good, compared to just 33% and 0% of the two other local authority areas researched.



"In Hackney a cluster of factors (including organisational conditions, management ethos,

resources and the unit or 'Hackney Model') appeared to have facilitated a more noticeable shift away from practice driven by timescales and opened up opportunities for more direct work to affect change during the assessment process, when this was deemed to be in the best interests of children and families."

ELECTIVE HOME EDUCATION

During 2013/14, the safeguarding arrangements for children educated at home were strengthened through the implementation of a joint protocol between Hackney Learning Trust and Hackney Children's Social Care. This protocol defines the response when families refuse engagement and the wellbeing of the child needs to be established. During 2013/14:



- 146 children were identified as being educated at home by Hackney Learning Trust
- 6 cases required the application of the joint protocol.
- All 6 cases resulted in improved engagement with the family and assurance that the children were safe and well cared for.

THE PAUSE PROJECT

The Pause project is an intensive programme that addresses the needs of women who have had multiple children permanently removed through care proceedings and are likely to have more children removed unless their circumstances significantly change. This innovative approach is early help at its farthest extreme.

- The project currently has 17 women engaged.

- To date there have been no pregnancies for any Pause client and the overwhelming majority of clients who initially came on to the project have remained engaged.
- Pause practitioners have provided intensive, individualised support to clients around a variety of needs but most commonly support has centred on women's substance misuse issues, mental health needs, housing and their experience of domestic violence.
- Practitioners have assisted 10 out of 17 women in accessing some type of education or training, 12 around contact with their children and 8 with some type of health and wellbeing provision (i.e. self defence, personal training).
- In addition, the majority of the women have been able to improve and reflect upon their ability to

develop and maintain a meaningful and productive relationship with a professional as many Pause clients have struggled with their engagement with services in the past.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The LADO should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. A dedicated LADO post was introduced into Hackney in May 2013 as part of the support team attached to the CHSCB. This unique governance arrangement is considered to have created improved consistency

and independence; whilst helping establish strong relationships of trust across key professionals. Key trends in LADO activity are set out below:

- 129 contacts were made with the LADO in 2013/14. This is a 30% increase from 99 in 12/13 and 94 in 2011/13. This upward trend is encouraging and reflects a system improving in its ability to identify and refer issues of concern involving professionals.
- 52 allegations were made against teachers and teaching staff (increasing from 42 in 2012/13 although the overall proportion remained static at 41% of the total contacts). This reflects a sustained level of awareness across the school community regarding their responsibilities in this area and the close working that has taken place





- between the LADO and Hackney Learning Trust (HLT).
- A reduction in allegations made against foster carers was noted over 2013/14 compared to the previous year (from 17% to 6%).
- Allegations against early years' workers increased significantly from 9% to 18%. This increase also reflects the close working relationship between the Early Years and Families Service and the LADO; with a focus on awareness raising amongst this professional group in 2013/14.
- A majority of the reported concerns involved physical abuse of children. With a 48% rise from last year (58) to 86 cases this year. 21 (16%) referrals related to possible sexual abuse/ sexual harassment.
- 20 (15%) referrals related to behaviour that may question the individual's suitability to work with children.
- 2 (2%) Referrals were in relation to emotional abuse.
- 46 referrals (36%) resulted in at least one Management Planning Meeting (MPM) being held. Advice was offered on the other cases ranging from referral onto another process, i.e. Standards of care, or internal investigation due to conduct issues, and in some cases referrals were made directly to Ofsted due to the nature of the concerns.

- In over half of the cases subject to MPM, the allegations were substantiated.
- Three cases were referred to the DBS and six people dismissed from their posts.

The LADO has also been engaged in a variety of other work projects, including setting up a dedicated safer workforce steering group and participating in the development of peer audits across the London LADO network. In 2012/13, a priority for the LADO was to improve the facility for recording with the introduction of the new system by Hackney Children's Social Care. This was only partly achieved in 2013/14 due to IT difficulties. Further details are available in the LADO Annual Report 2013/14.

HEARING FROM CHILDREN, YOUNG PEOPLE AND PARENTS/ CARERS

The CHSCB has identified a need to implement improved engagement opportunities with children and young people. During 2014/15, there will be a specific focus on the direct engagement by the Independent Chair as well as developing a systematic way in which the CHSCB can test out the experiences of children and young people who are considered particularly vulnerable.

The CHSCB has, however, ensured through its governance of the case reviews undertaken that the voices of

the children and young people have been heard directly through their active engagement in these processes. Some of the messages from children and young people have reinforced the need for professionals to ensure they get the simple things right. Children and young people spoke of the need for professionals to turn up on time, show respect and talk to them. Failing to do this will not build relationships of trust; crucial to effect positive change for children and young people.

Hearing the views of parents about issues impacting on their ability to provide good enough parenting has also continued through 2013/14. The CHSCB remains committed to working in partnership with nine primary schools and children centres to offer parents an open and safe setting to discuss their

difficulties and strengths.

The work with parents during 2013/14 involved themed sessions on their role in safeguarding children and was delivered by the Community Partnership Adviser (CPA). The parents were provided with training on safeguarding children including private fostering, cultural practices and parenting, domestic violence, forced marriage, child trafficking, abuse linked to faith and belief and other harmful practices. A specific session was delivered on child sexual exploitation. Advice on where to seek support and early help was also provided.

These sessions also offered an opportunity for the CHSCB to hear the views of parents on the main issues they believe are affecting families in





the borough. The main three concerns parents raised included domestic violence, gangs and support for single parents. Further focused work by the CPA has been planned with the parents to provide support and training on the concerns they raised.

HEARING FROM THE COMMUNITY

During 2013/14, the CHSCB led on a seminar regarding the perception of mental health within Black and Minority Ethnic communities in partnership with an organisation, led by a local imam offering support to the Muslim community in Hackney. Twenty-five participants attended and the seminar involved presentations by the imam, pastor, the Police, City and Hackney Mind and the CPA. Over 2014/15, the CHSCB will progress the action points arising from this seminar with local faith leaders to help them understand how to work with families where mental health exists.

- The need for religious leaders to be trained in how to recognise mental health issues and where to seek ongoing advice and support.
- An educational outreach programme being available to community members; helping parents to understand the impact of parental mental health on children and how to recognise and support children who may have mental health issues.

- The need for a campaign targeting hard to reach and seldom heard groups to increase their understanding for mental health issues.

ENGAGING THE ORTHODOX JEWISH COMMUNITY IN HACKNEY

The Interlink Foundation delivers child protection training for voluntary groups and schools within the Jewish Orthodox community. The CHSCB funds the delivery of a proportion of these in conjunction with Haringey LSCB. Training content is regularly reviewed with Interlink to ensure that safeguarding guidance and local contact and process information is up to date and clear. Intelligence from Interlink about the demand for training is encouraging – where previously the need for it has had to a degree to be ‘sold’ to the community, groups are now beginning to seek it out proactively.



“I will now be able to know which kind of things to observe and what to report and record.” –Interlink

evaluation report

HEARING FROM FRONT-LINE STAFF

Engagement with front-line staff also continued with members of the CHSCB Executive sustaining the front-line visits programme set up in 2012. Sixteen

different operational meetings and/or events were held across the partnership in order to give senior managers a direct and realistic view of practice on the ground, the challenges faced by practitioners and a snapshot perception of effectiveness. This programme has continued to help provide assurance to the CHSCB with regards to the quality of safeguarding practice. The CHSCB has identified a requirement to improve practice observations within the City of London. Some examples of the observations are set out below:



“The CAIT Sergeant reported excellent relationships with Hackney’s CSC”.



“Step up and down processes in Access & Assessment worked well. New recording

system has introduced some issues but these are being worked though. Very positive, articulate and knowledgeable managers of a challenging service area. Very positive about the systems, processes and interface with the multi-agency network.”



“Exemplary demonstration of collaborative working across education, social services, health and other bodies in the Children and Young People’s Partnership Panel”



“Each agency was represented (Child Protection Conference)... ...a failure to attend by the school nurse was addressed later with the Head of Nursing.”



“There was good evidence of working across borough boundaries (Psychosocial Maternity meeting). There was good evidence that the MAT (early help) structure through children’s centres is well understood, used and participated in.”



“Extensive and impressive work (Fostering & Adoption Panel) had been done on the match of children to new families. This was a very detailed piece of work and of a high quality.”



“I understand GPs cannot attend (MARAC) but given some of the issues discussed a form could be designed to collect information from primary care; this could also help raise issues related to domestic violence in primary care.”



“The Rapid Response Meeting (held for unexpected child deaths) was typified by significant cross sector ‘professional curiosity’ and constructive challenge. It was disappointing that the GP was not present.”



Progress in the City

EARLY HELP

A new Early Intervention and Prevention (EIP) Service was implemented in the City of London during 2013/14. There has been significant work and strong leadership applied by the City of London Corporation in developing its early help response with partners following a “strengths based learning review” in early 2014 identifying this as a gap. The Department of Community and Children’s Services has also been working closely with City residents as well as colleagues from City of London community policing, health, education and the voluntary sector to gain a better

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Understanding of what the needs of communities are. Through a partnership approach, the aim is to ensure that the right services are available and accessible at an early stage, therefore reducing and, where possible, preventing the involvement of statutory services.

The City has a number of clear strengths in terms of early help provision:

- Universal services (such as Stay and Play at the Libraries) are well attended and have strong links with outreach and family support services via Cass Child and Family Centre.
- The size of the City offers the possibility of ‘knowing’ families across the authority and therefore being easily able to identify need and identify support at an early stage.

- Good partner relationships already exist and there is good evidence of joint working between social care (adults and children), police, health, housing, substance misuse and the education and early years’ service.
- There is a well-established ‘raising awareness’ programme which focuses on work with the Bengali community. This has been running in partnership with the Police and local Child & Family Centre. The programme has so far covered forced marriages, honour based violence, female genital mutilation, domestic abuse, substance misuse, child sexual exploitation and extremist behaviour. Feedback from the community has been very encouraging and topics of discussion are now led by the community.

In terms of progress against the implementation of the new EIP Service:

- There has been an increase in referrals, which have mainly come from the children’s centres and health professionals.
- The step-down process is working well. Families known to statutory services are introduced to the EIP service, who continue to support the child and their family.
- There appears to be a high number of domestic abuse referrals, which have come from a number of sources.
- Pre-CAF and integrated working





training has been delivered to the health visiting and community policing teams with positive feedback.

- There is evidence of increased workflow through the EIP service as new referrals have been received and a number of cases have been closed.
- The EIP coordinator is now providing case supervision to family support workers at the Child and Family Centre and now has access to the centre's information recording system.

The EIP Service initiative can evidence improvement and early help provision that has led to a marked decrease in the number of children or young people open to the City's statutory social work service.

- During quarters one and two, the average monthly Child in Need caseload (not including looked after children and child protection) was 13.
- During quarters three and four, following the introduction of the Early Intervention Service, this monthly average dropped to 8.33.
- The Early Intervention Service had an average caseload of 13.5 as of 31 March 2014.

This data points to the effective and improving ability of the City of London to engage early with children and young people, avoiding the need for

a statutory response from CSC. The City does, however, recognise the low numbers it is dealing with and in 2014, a communications campaign will be launched to professionals and the community to heighten awareness of concerns for both children and vulnerable adults.

Engagement from the partnership has been positive with the development of the early intervention and prevention offer building on the successes identified in the Safeguarding and Looked after Children Inspection March 2012. Work is currently underway to develop a new City specific threshold document, a new resources document and an Early Intervention and Prevention Strategy. These will be in place autumn 2014.

CHILD SEXUAL EXPLOITATION

The Child Sexual Exploitation (CSE) working group of the CHSCB includes representation from the City of London. Whilst no children have been identified in the City as being at risk of CSE, there is a strong leadership focus on ensuring that partners are well positioned to respond. Agencies in the City are not complacent and are aware of the need to remain vigilant on this issue of abuse.

- Locally, the City of London Police has established and published a protocol for identifying, recording and investigating child sexual exploitation. This includes guidance

on multi-agency working and referral pathways, prevention, intervention and disruption strategies.

- In addition it includes guidance on assessing and managing risk. This protocol has been circulated throughout the force and is easily accessible via the force intranet page, along with a list of useful contacts.
- Five force wide awareness days were held during 2013/14, where officers, police staff and partner agencies met to raise awareness of child sexual exploitation, clarify what to look out for and how to identify and manage risks. The day also included a production by a theatre group, *Alter Ego*. The sessions received very good feedback and in order to ensure all frontline officers had received training, 'mop up' training sessions were held, utilising a PowerPoint presentation to cover the definitions, risk and intervention/prevention strategies and Q&A sessions.
- In addition, members of the Public Protection Unit (PPU) attended joint training days with the Metropolitan Police to increase awareness, skills and discuss working practices. The City of London Force Action Plan has been completed and implemented and a CSE reference library is maintained within PPU for practitioners to access relevant

documents should they require.

- CSE awareness days were presented to local schools and presentation packs were circulated to CHSCB partners containing presentations, posters and relevant information.
- The PPU continue to monitor reports that may pertain to CSE as they come in to the force, ensuring these reports have been appropriately flagged. Where necessary, appropriate safeguarding measures have been taken and referrals made (often to outside forces).
- PPU supervisors have continued to feedback to police officers to ensure CSE incidents are recorded correctly.
- The City Police have also led on an awareness raising campaign with local businesses.

DOMESTIC VIOLENCE AND ABUSE

The response to domestic violence in the City of London remains a strategic priority and is primarily driven through the Safer City Partnership and the Domestic Abuse Forum involving key partner agencies. This forum has commissioned a review of the partnership's awareness, understanding and response to domestic violence which will report in 2014/15. Progress made during 2013/14 includes:



- A review of the City's MARAC arrangements was completed resulting in revised operating protocols to support effective multi agency working.
- The City of London Police funded the secondment of a Victim Coordinator, from Victim Support. This role forms part of the Public Protection Team and have been engaging with the community and

professionals to raise awareness of domestic violence, support the prevention agenda and ensure timely and effective victim support responses are in place when incidents of domestic violence occur.

- The Police, via Safer City Partnership, have trained hotels in the City to identify possible signs of domestic abuse. A toolkit is being

produced to develop this work further in 2014/15.

- Learning and awareness events are timetabled in 2014 including a Safer City Partnership Conference for businesses in the Square Mile and a joint seminar, as part of the Knowledge Transfer Programme run by the City of London with Goldsmiths University.

FEMALE GENITAL MUTILATION (FGM)

Whilst the population profile is not suggestive of a significant prevalence of FGM, the City of London and local partners continue to be engaged in the development of the strategic and operational response as part of the CHSCB. Learning derived from the engagement work in Hackney and the progress made in developing the





response with partners will significantly influence a City specific approach to the identification and management of FGM scheduled to be implemented over 2014/15.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. 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 LADO role in the City is integrated with the CSC Service Manager.

- There were four referrals to the City LADO in 2013/14 reflecting the same picture to the previous year.
- The referrals concerned school and nursery staff.
 - Three of the LADO referrals resulted in a child protection investigation and one resulted in no further action.
 - No notifications were required to the Disclosure and Barring Service.

HEARING FROM CHILDREN, YOUNG PEOPLE AND PARENTS/ CARERS

City Gateway, a commissioned provider, has been working closely with young people in the City of London since April 2013. A defined engagement strategy

will be launched in 2014 with a clear focus on safeguarding issues. During the year, City Gateway has invested time in getting to know a range of young people, build trust and engage with them to understand their perspective on key development issues affecting their lives.

Specific sessions have been held focusing on issues of drug use and the normalisation of cannabis in many of the schools that the City young people attend. Two sets of 3 -6 weeks sessions were set up with the City Drug and Alcohol Team, where young people were able to ask questions about the long-term effects of drugs, as well as gain clarity about the legality of different substances. This was followed up in working with a number of the girls around relationships and sexual health. The main focus of this work was identifying the values they looked for in relationships.

Young people have also engaged through writing and performing drama's and role plays about the different approaches their parents have to discipline within their households, specifically looking at ethnic differences around issues such as smacking children, and access to the internet and SMART phones. This work ended with the young people identifying what positive encouragement looked like, and offering each other feedback and encouragement within the youth

work setting. Young people have set priorities for the next 12 months as smoking and healthy eating during Ramadan, relationships for young men and bullying.

HEARING FROM THE COMMUNITY

The City of London Bangladeshi community although small in size, experiences the same issues as Bangladeshi communities in neighbouring boroughs. A concerted effort was placed by the CHSCB in engaging with this community. This prompted the need to adopt an approach involving partners from the police, children social care and community organisations aimed at raising awareness within the community on a raft of issues.

A series of planned events focusing on raising awareness on Prevent, 'honour' based violence, forced marriage, domestic violence, private fostering and cultural practices and parenting was organised. The CPA is part of a multi-agency team and at the first event delivered a presentation on 'honour' based violence, private fostering and cultural practises and parenting. The event was attended by 40 community members and the outcome of the session was to raise awareness of these issues along with providing information on where to seek support within the community.

HEARING FROM FRONT-LINE STAFF

The CHSCB programme predominantly involved practice observations of services in Hackney during 2013/14. During 2014/15, the CHSCB Executive programme of front-line visits will ensure City services are equally considered. There are similar examples of excellent practice in the City and opportunities for agencies in Hackney to observe and learn from the unique partnership arrangements that exist.

During 2013/14, the Independent Chair of the CHSCB participated in direct observation and engagement with social work and police staff. The Chair observed the flexibility of social work staff and their clear professional curiosity when discussing the downward trend in the receipt of domestic violence referrals from the Police. This resulted in the social work staff meeting with the Police that day to undertake a joint exercise of reviewing the notification from the previous days. From this exercise, one case was identified that was felt to meet the threshold for a social work assessment and this was escalated for immediate action.



Learning & Improvement

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In 2013/14, the CHSCB revised and improved its **Learning & Improvement Framework** that defines how the CHSCB identifies lessons for improving safeguarding practice and how such lessons are disseminated, embedded and evaluated. The following sets out the details of the lessons identified through reviews of practice, auditing and the analysis of performance data.

SERIOUS CASE AND CASE REVIEWS

Serious Case Reviews (SCRs) 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 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.

The CHSCB also undertakes smaller scale multi-agency case reviews for cases where the criteria for a SCR has not been met. In 2013/14, the CHSCB agreed to afford these reviews similar status to SCRs in terms of their importance as a source of learning and improvement. During 2013/14:

- The CHSCB SCR Sub Committee met five times.
- Of the cases considered by the SCR Sub-Committee, one resulted in a SCR and two multi-agency

case reviews were commissioned.

- All three of these cases involved children resident in Hackney.
- The SCR and case reviews will be published in 2014/15.
- A broad summary of the themes that can be detailed at this stage are set out below.



CHILDREN NEED TO BE SEEN, HEARD AND HELPED

Safeguarding is everyone's responsibility. Even if you aren't working with children and young people every day, you will meet them, you will be entering households where children are living and you will see them in the communities that you work and live in. You have a responsibility to make sure that you think about them as well. Whatever you are doing, always ask yourself the question "should I be worried about a child" and if you are, speak with your line manager and follow the simple guidance set out in the document **"What to do if you are worried about a child."**

As well as making sure children are being thought about, nothing can replace the importance of seeing children in the context of where and with whom they live to check they are ok. If there is a concern about a child, someone in the professional network needs to see the child in their home environment. This is

non-negotiable. Furthermore, if professionals are going to take time to hear what children are saying and put themselves in the child's shoes to think about what their life might truly be like; this won't be achieved by not crossing the threshold of the child's home. Be curious about children, see them, hear them and work with the family and other professionals to help them.



ESCALATION OF CONCERNS

Safeguarding is everyone's

responsibility and front-line staff need confidence in talking with each other about decisions that have been made, discussing any concerns regarding those decisions and where there isn't agreement; escalating those concerns as appropriate. Remember, equally important is the culture of how we work; and it is vital that front-line staff are encouraged to remain professionally curious and to raise issues where they feel that their concerns for children and young people aren't being addressed. The CHSCB has issued a simple escalation policy that can be found **here.**



NEGLECT

Neglect is an area of growing concern for local communities.

How public agencies respond to



cases of neglect is based on an approach that seeks to measure how neglect impacts on a child(ren) and if the impact is such that some form of intervention is necessary. To ensure we can understand the complex issues of neglect, the CHSCB is proposing a focused period of learning; leading to the production of new cross-agency guidelines on how to respond to this area. Key to this work will be addressing the following questions:

- Are professionals confident in recognising what constitutes neglect? Do professionals routinely and effectively use the past history of families to inform current decision making. Do professionals and services focus on the presenting issues in families and not see beyond these to other vulnerable family members? Do all professionals “think family”?
- In relation to working with chronic neglect, are agencies getting the balance between short term and long term work right?



INFORMATION SHARING

Good information sharing is vital when

professionals are worried about people and want to help them. Numerous Serious Case Reviews show that both children and adults

are seriously harmed or die when professionals don't share information. The legal jargon can often complicate what front-line staff need to do and as such, the CHSCB is issuing the simple mandate.... If you care...share!

Professionals should always seek agreement to share information when it is right to do so and where this does not place a child or adult at risk. However, if there is no agreement, or if information is seen as “third- party”, this should NEVER be used as an excuse for not sharing information, holding a professional's meeting or having a conversation with a fellow professional when there are good reasons to be worried about a child or adult's safety or their wellbeing. If you are worried about someone, you are allowed to talk with other professionals without fearing you are doing something wrong. You aren't. Talking to each other and sharing information when trying to protect people from actual or likely harm or to prevent a crime is lawful and in the substantial public interest. Further details and guidance on information sharing can be found [here](#).

THE CHILD DEATH OVERVIEW PANEL

The Child Death Overview Panel (CDOP) undertakes a systematic review of all child deaths across the City of London and Hackney and recommends ways to

improve child safety and welfare. The CDOP enables the CHSCB to carry out its statutory functions relating to child deaths. In 2013/14, there were:

- Twenty-six deaths of children and young people who were normally resident in Hackney.
- Thirteen deaths were classified as unexpected
- The rate of infant mortality (deaths of children under the age of 1) increased from 5 in 2012/13 to 5.5 per 1000 live births in 2013/14.
- The rate of deaths of children and young people aged 1-17 decreased from a rate of 22.6 per 100,000 in 2012/13 to 16.3 in 2013/14. Whilst a decrease, this figure remains above the national average for this year (12.5 per 100,000)
- There were no deaths of children or young people resident in the City of London.

During 2013-14, nine of the deaths were in children aged 10-18 years. This is a further increase in deaths in this age group from four in 2012/13 and two in 2011/12. Though the causes of death were different in many of the cases, this is a worrying trend and the CDOP continue to investigate to attempt to identify any underlying causes or risk factors. The focus in the forthcoming year will particularly be on reviewing self-inflicted deaths by asphyxiation with emerging patterns among teenagers. It will also consider possible contribution from ‘the choking game’, which has become popularised amongst young people.

Clear factors that could help prevent child deaths in the future were identified in only four of the twenty-six cases reviewed during 2013/14 (15%). Despite this, recommendations arising





from both the CDOP and the rapid response group have directly impacted on improving the wellbeing and safety of children and young people during 2013-14. Some examples are set out below with a full account provided in the [***CDOP Annual Report 2013/14***](#).

- The development of a robust rota system for attending medical emergencies in unregistered patients
- The introduction of a system in the London Ambulance Service to improve response times following delayed response
- Continued implementation of the universal vitamin D supplementation to pregnant women and children under 4 years old through the “A Healthy Start for All” programme through community pharmacies.
- Awareness raising of safe sleeping messages continues to be a priority for the CDOP and all children’s centres in Hackney were contacted to ensure access to material had been provided.

SCHOOLS SAFEGUARDING AUDIT

In January 2013, the CHSCB initiated an audit programme of schools aimed at establishing the compliance with their duties under section 175 of the Education Act 2002 (Section 157 for independent schools). The CHSCB engaged 61 Maintained schools, 7 Academies, 2 Free schools, 4 Community special schools, 43

Registered and 19 Unregistered independent schools.

Response rates varied. A full list of those schools who responded and those who did not is available from the CHSCB on request. The Independent Chair has written to those Head teachers failing to return the audit asking for its completion and outlining the statutory responsibilities with regards to safeguarding children. Self-assessed findings indicate that the significant majority of school settings are conscious and committed to safeguarding children and young people and are confident they can demonstrate good compliance with their statutory duties. Learning from this exercise has identified:

- The need to raise awareness of the Hackney Wellbeing Framework across school settings and
- Further highlight the revised minimum standards on safer recruitment.

The CHSCB will oversee the performance of the schools in responding to the actions arising from this audit. A full audit of statutory partners under Section 11 of the Children Act 2004 was conducted in early 2011, with a follow up in early 2012. The next full audit is scheduled across June and July 2014.

SAFER RECRUITMENT AUDIT

Audit findings reported to the CHSCB in April 2013 indicated that there was general variation in compliance with safer recruitment practice across organisations in Hackney. Compliance with safer recruitment practices generally correlated with size of the organisation – the larger the organisation the more likely the evidence of good practice; ordinarily due to a dedicated HR department. Smaller organisations had more variation in practice, although were able to demonstrate a good level of compliance with safer recruitment policies and practice. The audit evidenced that organisations were ready and willing to comply with safer recruitment practice. Organisations were unsure, however, of requirements and needed clarity on issues such as DBS checks in the light of national policy change. The following actions were undertaken by the CHSCB as a result:

- The production of a ‘minimum standards’ protocol, signed off by the CHSCB in January 2014, clarified and standardised good practice across City and Hackney. The guidance was disseminated to partner agencies, made available on the CHSCB website and is used as a resource in the CHSCB Group C training ‘Safer Recruitment’.
- A ‘best practice’ position statement was also produced concerning DBS checks.

SINGLE AGENCY AUDITING

Partner agencies of the CHSCB continue to operate a variety of single agency quality assurance frameworks to maintain oversight of the safeguarding work of their particular agency. These are subject to oversight by the CHSCB and add valuable learning on how safeguarding practice can be improved, as well as providing reassurance to the CHSCB that partners are comprehensively scrutinising safeguarding activity in their individual agencies. Some examples are detailed below:



Hackney Learning Trust

undertakes / facilitates auditing of early help cases and those underpinned by

the Common Assessment Framework (approximately 20% of cases every 6-12 months). Changes arising from the findings of this auditing and the supporting quality assurance activity include:

- Development of a MAT and CYPP “step-up / step-down” protocol
- Development of a joint CSC / Education protocol clarifying arrangements for effective working



Hackney Homes

audited approximately 500 Anti-Social behaviour cases with 18 staff

providing feedback. Examples of what changed as a result include: A review initiated of all procedures with a focus on early intervention and referral pathways.



Safeguarding training planned over 2014/15 for all officers who visit families in their homes.



Probation

The London Probation Trust audited 28 Hackney cases during 2013/14 as part of an internal quality assurance programme.

East London

NHS Foundation Trust

East London NHS Foundation Trust (ELFT)

During 2013/14, a number of case audits were undertaken regarding the risk and care of children in South Hackney Community Mental Health Team and the Therapeutic Community Outreach Service. Together with other quality assurance activity, this has led to work to revise the overall programme to strengthen the focus on children and young people, in addition to the provision of training.

Homerton University Hospital NHS Foundation Trust

Homerton University Hospital NHS Trust audited 72 cases in maternity, 577 in health visiting, 525 in school nursing and 12 in "CHYPS" Plus. Examples of what changed as a result of this activity during 2013/14;

- There is improved documentation regarding sensitive information (i.e. domestic violence and whether pregnant women are seen alone).
- A monthly audit is undertaken of the number of fathers involved in the initial assessment and new birth visit.
- A HUHFT domestic violence policy is being developed with more staff awareness raising sessions planned.



Hackney Children's Social

Care operate a comprehensive quality assurance programme including auditing, engagement with practitioners, hearing from children and young people, family feedback and external scrutiny and review. During 2013/14, Hackney Children's Social Care undertook 206 case audits, 4 management case review days and an annual analysis of family feedback. Findings relevant to safeguarding illustrated:

- Good quality multi-agency involvement in the majority of cases audited.
- Feedback being provided consistently to referrers.
- The child's voice being clearly recorded and young people being actively involved in planning and decisions.

Some inconsistency in recording was identified, which in part, related to the implementation of a new IT system.



Young Hackney

audited 304 cases during 2013/14, with The Partnership

Triage reviewing around 25% of cases "handed-off" to other agencies (some 18000 documents per annum). The impact of this activity includes:

- Partnership Triage 'hand-offs' now include combined case chronologies to assist decision making.
- Guidance on safe planning and safeguarding during external trips / visits was updated and re-issued.



The City of London Children & Families

Service audited 35 full cases. 46 cases were also audited to review the

application of thresholds at "the front door"; 17 cases were subject to audit as part of a strengths based review in early 2014. A number of cases were subject to a deep dive process; with learning also being identified through a review of one stage 2 complaints process and observations of front-line practice by senior managers. The City of London identified that:

- Children and young people known to the Children and Families team are being safeguarded effectively.
- Children and young peoples' views are listened to by their social worker and visible in recordings and assessments.

- The clear majority of children and young people in the City are receiving a high level of support and are achieving good outcomes.
- Recording issues and the quality of Independent Reviews were highlighted as areas for improvement and this has resulted in swift action by the City of London.

DATA ANALYSIS

In 2013/14, the CHSCB further developed its multi-agency dataset model. Whilst this remains subject to continual review and improvement by the Quality Assurance Sub Committee, the dataset framework provides a more coherent set of proxy indicators that can be used to scrutinise and prompt questions about the multi-agency safeguarding performance across all partners of the CHSCB. There have been significant challenges for the CHSCB in establishing the full dataset over 2013/14. This has been related to the dataset model, the timeliness of submissions and technical difficulties for some partners to fully comply with the requests for data.

The CHSCB recognises that this impacts on its ability to have full oversight of the safeguarding system and is committed to rectifying these issues. As such, this item has been escalated as an issue on the CHSCB risk register to allow for ongoing monitoring by the Board.



Training & Development



The Training & Development Sub-Committee met five times in 2013/14 and has continued to oversee the implementation and evaluation of a robust multi-agency training programme delivered on behalf of the CHSCB. This programme helps support partner agencies meet their responsibilities to ensure staff receive safeguarding training. During 2013/14, the CHSCB also agreed a review of training options and produced a revised ***Training Strategy for 2014/15***. In addition to providing an unswerving focus on safeguarding practice, the CHSCB's training programme offers the opportunity for practitioners to network, to learn from each other and to strengthen their understanding about working together, professional challenge and the diverse contexts afforded by the people living in the City and Hackney.

Training was well attended and received positively by those attending.

- A total of 52 training courses held / 9 lunchtime seminars.
- 1,232 professionals attended / attendance rates similar to 2012/13 (1241) .
- 66 Housing staff trained by the CPA. This training was also extended to include Tenant Resident Associations (TRAs).
- 4 lunchtime seminars were delivered to CSC staff on child trafficking, forced marriage and 'honour' based violence, female genital mutilation and abuse linked to faith, belief and culture. Each

session provided an opportunity for staff to discuss current cases. This is an ongoing piece of work that is set to continue into the next financial year.

- 4 safeguarding surgeries delivered by the CPA at Hackney Council for the Voluntary Sector (HCVS) events. These surgeries were aimed at helping new organisations to develop and implement safeguarding policies and providing safeguarding training to new and existing groups.
- 11 Voluntary Sector organisations received bespoke safeguarding training from the CPA.
- 2 independent schools received targeted training from the CPA.
- 2 bespoke safeguarding children training sessions and bespoke training on abuse linked to faith and belief delivered in the City of London.

Increased or sustained attendance was seen from the Voluntary and Community Sector, Young Hackney, Schools, The City of London, GPs and Probation. These increases were helped through the ongoing work of partners in raising awareness of training opportunities and better targeting of communications. The increase of school staff was due to the scaling back of school training provision by Hackney Learning Trust. Decreases were seen from Hackney CSC, although the attendance of 158 staff over 2013/14 is still high and not considered significant given the proportion

of staff attending and the stability of this workforce. The London Metropolitan Police, Hackney Learning Trust, Health and Community Services and Housing representation at core training was also noted to have dropped over 2013/14. Whilst acknowledging that organisations will have access to single agency training and that operational pressures can affect the release of staff, low attendance by any agency will remain a concern for the CHSCB. Where attendance has been of concern, this has been addressed directly by the Independent Chair and the Chair of the Training & Development Sub-Committee with the agencies involved.

ADDITIONAL SAFEGUARDING TRAINING ACROSS THE CITY & HACKNEY

Numerous single agency training and development programmes further supported the focus on safeguarding children over 2013/14. These included:

- A Safeguarding Community Programme co-ordinated by Hackney Council for Voluntary Services enabled over 300 sessional workers; parents and volunteers to better understand safeguarding in the context of their work and community.
- There were 2298 attendants at safeguarding training delivered by Hackney Learning Trust's Safeguarding in Education Team.
- The annual uptake for mandatory safeguarding training for Homerton

University Hospital staff in 2013/14 was all above target – (97% for level 1 training, 84% for level 2, 82% for level 3 and 100% for level 4).

- Hackney Children's Social Care delivered 178 courses with the attendance total equalling 1595
- A robust training programme regarding Child Sexual Exploitation was delivered to all partners led by the City Police;
- Early intervention training in the City led by Children and Families including a focus on Solihull training across the partnership.
- The launch of the Knowledge Transfer Programme in the City, including the initiation of a 3-year research programme into the implementation and impact of the Solihull approach.
- Joint safeguarding training between the Police and Hackney CSC was held as part of the Police 2 week induction.
- Police training delivered in relation to 'Every Child Matters' and the completion of Merlin and CRIS reports concerning children.

EVALUATING THE IMPACT OF TRAINING

Working Together 2013 requires that Local Safeguarding Children Board's (LSCBs) monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. A new evaluation framework was developed in 2013/14 involving self-evaluations, auditing and targeted interviews. This will progress over 2014/15 although the CHSCB recognize that further work is required to better understand what difference training is making on frontline practice. A selection of participant feedback is set out below:

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"An essential course. Absolutely inspiring. Promoting curiosity and professional and personal resilience."

Risk assessment, analysis and decision-making evaluation form – June 2013

"I thought this was a very well designed and informative course that made me further critically reflect on the issues."

Impact of neglect and emotional abuse on the development of children and young people evaluation form – November 2014



"A really useful and incredibly vital piece of training run by professionals who do this every day."

Young women's experience of sexual violence and exploitation in the context of group and gang offending



"I thought the course addressed the two issues: exploitation and gang violence really well. I feel well equipped and that I have increased knowledge."

Working with sexually exploited young women: Tools for Practitioners



"I feel better equipped to understand the levels of ongoing discrimination that the communities face."

Cultural Awareness Workshop



"I have some cases open currently that I feel I will be able to work on more effectively because of this training particularly in regards to spiritual and cultural beliefs."

Working with cultural and economic diversity in safeguarding children



"I will be more curious, more challenging of my values and take nothing for granted."

Lunchtime Seminar - Understanding Child Sexual Exploitation (CSE) – Findings from the recent Torbay Serious Case Review



"Will have a meeting with SLT and management. Will feed back to them and make some necessary changes to recruitment policy."

Safer Recruitment





Communication

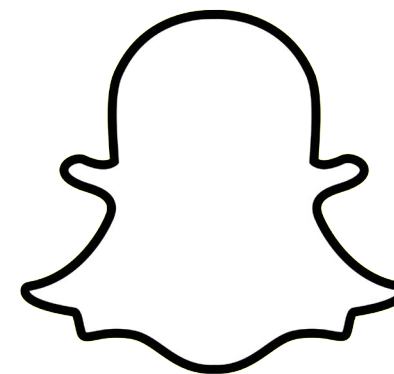


In 2013/14, the CHSCB continued to disseminate key safeguarding messages and news via its newsletter and the CHSCB website. Hits on the CHSCB website increased 16.5% over the year from 30,945 to 36,054 unique page views having experienced a drop over the previous 12 months. This is encouraging and there is tangible evidence of the increases relating to the publication of key learning with access to information on training remaining important.

Page 64
There has been a 129.17% increase over the course of 2013-14 of staff viewing information on Serious Case Reviews. Unique page views of this section jumped from a monthly average of 79 views across April – September 2013 to 257 views per month across October to March 2014. This shift in page views can be seen starting in the week in which the CHSCB hosted the lunchtime seminar ‘Understanding Child Sexual Exploitation (CSE) – Findings from the recent Torbay Serious Case Review (February 2013)’. The CHSCB has developed plans to improve its current communication strategy.

The following areas have been identified for improvement and will be implemented over the course of 2014/15:

- Creating a defined Communications and Engagement Sub group
- Designing and launching a new CHSCB website
- Implementing the use of social media and other technology to help communication with and from the Board
- Improving opportunities for engagement by the CHSCB with children, young people and families and
- Improving feedback from professionals.



Vine



You Tube

Instagram





Priorities for next year & beyond

The immediate priorities for the CHSCB are set out in the refreshed ***business plan for 2014-15***. The intention is for this plan to provide a bridge for the CHSCB for the next 12 months. A more robust process of partnership engagement across the City and Hackney will be used in developing the business plan for 2015 onwards.

Over 2014/15, the Board will continue to strengthen its governance arrangements between CHSCB members and other partnership boards and ensure that it provides a more effective challenge to the safeguarding system across the City and Hackney. Underpinning all of our priorities, the CHSCB will evidence more direct engagement with children, young people and families and ensure a robust communications and engagement strategy is in place to support this.

COMMUNICATION & ENGAGEMENT

Improving communication and engagement helps the CHSCB to understand the experiences of children, young people, families, staff and communities. This directly influences service planning and improvements in practice.

THE QUALITY OF PRACTICE AND SERVICE DELIVERY

Early Help
Neglect
Domestic Violence
Child Sexual Exploitation and;
Child abuse linked to faith, belief or harmful practices

LEARNING & IMPROVEMENT

For the CHSCB to ensure lessons are identified, disseminated, embedded and that they lead to improvements in the quality of safeguarding practice and service delivery.





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 Response Team on 0208 3565500
- If you live in the City, call the Children & Families Team on 020 7332 1224 / 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 Antoinette 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 organisation and 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, 2014) which outlines the processes which all schools, in the maintained, non-maintained or independent sector, must follow to safeguard their pupils.
- 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. You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

THE LOCAL MEDIA

- Working in safeguarding children is a tough job.
- Communicating the message that safeguarding is everyone's responsibility is crucial to the CHSCB and 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.





The City & Hackney Safeguarding Children Board



Independent Chair

Jim Gamble



CHSCB Team

Rory McCallum

Angela Bent

Sandra Reid

Janet Lamb

Leethen Bartholomew

Muna Rahman

Andrew Merkley

Senior Professional Advisor

Board Manager

Business and Performance Manager

Local Authority Designated Officer

Community Partnership Advisor

Training & Development Co-ordinator

Board Co-ordinator



Participant Observers

Cllr Antoinette Bramble

Cllr Dhruv Patel

Lead Member for Children's Services, London Borough Hackney

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



Board Members

Shirley Green

Prof. Sally Glen

Michelle Leather

Zafer Yilkan

Keith Paterson

Clinton Blackburn

Ade Adetosoye

Chris Pelham

Jonathan Warren

Sarah Wilson

Kim Wright

Simon Laurence

Barry Loader

Alan Wood

Sheila Durr

Sarah Wright

Kristine Wellington

Charlotte Graves

Tricia Okoruwa

Penny Bevan

Kay Brown

Linda Neimantas

Ruth Hallgarten

Clare Highton

Dr Nick Lessof

Mary Lee

Dawn Jarvis

Vanessa Lodge

Janice Thomas

Lay member

Lay member

Lay member

Senior Service Manager, CAFCASS

Detective Chief Inspector, Child Abuse Investigation Team

Detective Inspector, City of London Police

Director of Community and Children's Services, City of London Corporation

Assistant Director People, Community and Children's Services, City of London Corporation

Director of Nursing, East London NHS Foundation Trust

Director for Specialist Services, East London NHS Foundation Trust

Corporate Director, Hackney Health & Community Services

Borough Commander, The Metropolitan Police

Detective Chief Inspector, The Metropolitan Police

Corporate Director, Hackney Children and Young People's Services

Assistant Director, Hackney Children and Young People's Services

Head of Safeguarding and Learning, Hackney Children's Social Care

Head of Safeguarding, Children & Families, Hackney Council for Voluntary Services

Chief Executive, Hackney Homes

Education Director and Head of The Hackney Learning Trust

Director of Public Health, Hackney Public Health

Assistant Director, Hackney Revenues and Benefits

Senior Manager, Community Rehabilitation Company

Named GP for Child Protection, NHS City and Hackney Clinical Commissioning Group

CCG Chair, NHS City and Hackney Clinical Commissioning Group

Designated Doctor, NHS City and Hackney Clinical Commissioning Group

Designated Nurse, NHS City and Hackney Clinical Commissioning Group

Programme Director for Children and Maternity Programme Boards

Director of Nursing, North Central and East London, NHS England

Executive Headteacher, Sebright Primary School

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Committee(s):	Date(s):
Safeguarding Sub Committee	19 February 2015
Health and Wellbeing Board	20 February 2015
Community & Children Services Grand Committee	17 April 2015
Subject: The Safeguarding Adults Annual Report for 2013/2014 City and Hackney Safeguarding Adults Board	Public
Report of: Director of Community & Children's Services	For Information
<p style="text-align: center;"><u>Summary</u></p> <p>The report provides background information on the work of the City and Hackney Safeguarding Adults Board (CHSAB), as set out in the CHSAB Annual Report 2013/14.</p> <p>The Annual Report is attached as an appendix and provides detail on the 2013/14 priorities, key developments, activity data and 2014/15 priorities.</p> <p>The report also provides background information regarding the governance and membership of the Adult Safeguarding Board.</p> <p>The report highlights that Safeguarding Adult Boards will be placed on the same statutory footing as Children Safeguarding Boards, and as a result of the Care Act 2014 and as such Health and Well Being Boards will need to have regard for the adult safeguarding arrangements in their area.</p> <p>Recommendation</p> <p>The report is for information only.</p>	

Main Report

Background

1. Adult Safeguarding is governed by National statutory guidance, "No secrets" (DOH 2000), which places the lead responsibility for coordinating safeguarding adults work with the local authority.
2. The City of London became a strategic partner alongside Hackney, in relation to Adult Safeguarding in 2010, through the formation of the City and Hackney Safeguarding Adult Board (CHSAB), with the aim of enhancing governance arrangements, scrutiny and best practice across the two localities. The CHSAB is currently a non-statutory, multi-agency partnership that meets on a quarterly basis and is represented by a range of agencies from the statutory and voluntary sectors.

The Board is made up of the following partners;

- NHS North East London cluster (NELC) general medical and mental health care,
- East London Foundation Trust (ELFT),
- Barts Health
- Homerton University Hospital (HUU)
- Hackney Adult Social Care
- CoL Adult Social Care
- The Care Quality Commission (CQC),
- Metropolitan Police Service
- City of London Police
- City of London Fire Brigade,
- Hackney Fire Brigade
- Older Peoples Reference Group

3. Preventing abuse and neglect of adults-at-risk, and taking appropriate action where it occurs is the core business of the City and Hackney Safeguarding Adults Board. From April 2015 the work of Safeguarding Adult Boards will be placed on a statutory footing as a result of the Care Act 2014.
4. The work of the board includes oversight of multi-agency City and Hackney safeguarding adults policies and procedures for protecting vulnerable adults, taking into account statutory requirements, national guidance and London regional policies.
5. The CHSAB monitors incidents of abuse and neglect, reviews trends and acts where appropriate to improve services and support to vulnerable adults. It regularly evaluates how agencies and providers safeguard vulnerable adults via analysis of the quality assurance and scrutiny systems across partner agencies.
6. The CHSAB has the authority to commission Serious Case Reviews, as well as management reviews where opportunities for multi-agency learning may arise.
7. It maintains a programme of training and development on safeguarding vulnerable adults for staff across agencies in the statutory, independent provider and voluntary sectors.
8. The board also seeks to raise public awareness of safeguarding and engages the wider community in helping to prevent abuse and neglect, and to report where they have concerns.
9. The City of London has its own Safeguarding Adults Sub Committee that meets on a bi-monthly basis and reports on its work to the City of London Adult Wellbeing Partnership and the City and Hackney Safeguarding Adults Board.

10. Safeguarding Adults: A National Framework of standards for good practice outcomes in adult protection work (ADASS 2006) recommended that Adult Safeguarding Boards produce an annual report highlighting activity and achievements against agreed business plan objectives. The City and Hackney Safeguarding Adults Report 2013/14 was published in ADD and is attached as an appendix.

Current Position

11. The Annual Report 2013/14 highlights the key developments that took place in the year including the Care Act receiving Royal Assent in May 2014, publication of the Mental Capacity Act 2005 House of Lords post legislative scrutiny report, Deprivation of Liberty supreme court judgement, Making Safeguarding Personal programme, changes in the Care Quality Commission and response to Winterbourne Review.
12. The report highlights the progress made against the following 2013/14 priorities;
- Public awareness raising
 - Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney
 - Personalising adult safeguarding
 - Involving service users
 - Getting the Governance arrangements right.
13. In respect of City of London specific activity, the report highlights that Adult Social Care (ASC) currently know of 250 people referred and living in the community, both in the City and placed outside.
14. All alerts and referrals of safeguarding are managed through the Adult Social Care team. An alert may be a result of a disclosure, an incident, or other signs or indicators. A referral is when an alert (following a decision made by the Team Manager) is accepted to be a safeguarding issue and is managed through the safeguarding process. Adult Safeguarding is an integral part of the whole team approach, with two social workers being trained as Safeguarding Adult's Managers (SAM's) as well as the Team Manager. There is a designated social worker who carries out care home reviews as a direct response to the Winterbourne review.
15. The number of Safeguarding Alerts received from April 2013 to March 2014 was 28. 14 were within the City of London and 14 were outside the City in placements. There has been an increase in alerts raised in the year, in comparison there were 20 alerts raised in 2012-2013, with 6 alerts regarding residents placed outside the City.
16. People placed by the ASC team outside the City and who are subject to safeguarding, are not counted for DH reporting purposes by the placing

authority as they take the lead when a safeguarding action takes place within their local authority.

- 17 Of the 14 City of London alerts, 7 were progressed to referral with a strategy meeting and protection plan. The 7 other alerts were diverted from the formal safeguarding process but support and care was provided in all cases.
- 18 Of the 7 cases progressed to referral, less than 5 were substantiated, and were categorised as psychological, emotional and financial abuse and/or neglect.
19. Appendix 2 of the Annual Report highlights the specific achievements of the City of London during the year including the ongoing implementation of the dementia strategy action plan; joint working with London Fire Brigade; raising awareness activity and the completion of self assessment review.
20. The report highlights the priority areas for the City of London in 2014/15 include;
 - To continue to develop effective partnerships with key agencies such as CCGs, CQC, Police, Housing and Advocacy, particularly with the focus of the Care Act 2014.
 - To continue to develop a high level of safeguarding competence in the ASC workforce and with partners.
 - To evaluate the improvement plan and undertake a review of our safeguarding practices
 - To raise awareness of Adult Safeguarding to City of London residents, through the campaign launch, Notice the Signs, in September 2014, in order that communities and organisations know how to respond effectively when they suspect that an adult is at risk of abuse.
 - To ensure that in the City of London we are actively identifying and preventing the circumstances where abuse occurs and promote the welfare and interests of adults at risk.

Corporate & Strategic Implications:

21. The Care Act 2014 has placed Safeguarding Adult Boards on a statutory footing from April 2015. It will not be a statutory requirement to produce an Annual Report which should be shared with the Safeguarding Adult Board and the Health and Wellbeing Board.

Financial Implications:

22. The are no financial implications.

Conclusion:

23 The report has provided a summary of the main findings from the City and Hackney Adults Board Annual Report 2013/14.

Appendices:

24 The Safeguarding Adults Annual Report for 2013/2014, City and Hackney Safeguarding Adults Board

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City and Hackney Safeguarding Adults Board Annual Report 2013/14



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Foreword by the Chair of the Safeguarding Adults Board

I am pleased to introduce this fifth annual report of the City and Hackney Safeguarding Adults Board (CHSAB). The report provides an insight to our adult safeguarding work, addresses current local and national challenges and highlights the progress made in the City and Hackney over 2013/14.

We have strong partnerships locally and innovative processes to identify and safeguard adults at risk. Our work over the last year has set the foundation for a high quality partnership to meet the safeguarding requirements arising from the implementation of the Care Act and the report reflects the commitment of Board members and their organisations to work collaboratively towards our common vision:

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens.

The quality of health and social care services has continued to be a subject of national concern over the last year. Nationally the number of people in England who have a health problem requiring health and social care is increasing with a growing likelihood of more people with complex needs requiring a combination of social and health care services. This national picture is reflected in the developing demography of City and Hackney.

The themes addressed within this year's annual report include: the developing framework of joined up working with local partners; providing a personalised, responsive, quality service which listens to and meets the needs of our diverse service users in promoting their independence and safety; and ensuring that service users are able to identify, report and understand how to manage the associated risks if they are being abused.

Here is an account of last year's work. We would welcome your feedback on last year's work and any suggestions for what the Board should be doing in future. Please pass on any comments to the Safeguarding teams in your local authority (see the appendices for their contact details).

Fran Pearson
Independent Chair

Introduction

High quality adult safeguarding systems are in place in the City and Hackney. Under the stewardship of the City and Hackney Safeguarding Adults Board, these systems and services continue to protect adults at risk from abuse and harm and support community safety.

The term ‘safeguarding’ is used to mean both specialist services where harm or abuse has, or is suspected to have, occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults. In its broadest sense safeguarding is everybody’s business: the public, volunteers and professionals. It covers a wide range of activities and actions taken by a large number of people, not least by people in the community.

This annual report describes the current arrangements for ensuring the safety of “adults at risk” in the borough and provides an assessment of the key developments in local multi-agency adult safeguarding systems in 2013/2014 along with a statistical analysis of the casework activity and reports from individual agencies.

The Board has followed current government guidance in considering an adult at risk to be someone aged 18 years or over “who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation” (DOH, No Secrets, 2000). The Board notes however that implementing the Care Act (see below) may have an impact on the numbers of people for whom safeguarding enquiries will be necessary. This will be analysed in next year’s annual report.

2 Developments in National and Local Policy in 2013/14

2.1 The Care Act 2014

The Care Act which received Royal Assent in May 2014 sets out the statutory framework for adult safeguarding. Central to the Care Act is the concept of wellbeing, which means we have a duty to consider the physical, mental and emotional wellbeing of people needing care. This is underpinned by an emphasis on prevention. The Care Act brings in stronger regulatory powers, including prosecution where necessary, and the Chief Inspector of Social Care will be able to hold providers of care to account when they provide poor care.

The Care Act sets out the requirements for the establishment and functioning of Safeguarding Adults Boards. The specific duties of the Board will include:

- To agree and keep under review multi-agency safeguarding adults policies and procedures for the protection of adults-at-risk, taking into account statutory requirements, national guidance and London regional policies.
- To maintain an Annual Business Plan setting out priorities for preventing and addressing abuse of adults-at-risk, and to produce and disseminate an Annual Report.
- To monitor incidents of abuse and neglect, review trends and take action where appropriate to improve services and support to adults-at-risk.
- To regularly evaluate how agencies and providers are performing in relation to safeguarding adults, operating rigorous quality assurance and scrutiny systems across partner agencies.
- To agree a Safeguarding Adults Review Protocol and review and learn from situations where safeguarding arrangements may not have been adequate.

We responded to consultation on the regulations and statutory guidance which was published in October 2014 and our business plan will be ready for implementation when the Care Act takes effect in April 2015.

2.2 Mental Capacity Act 2005: House of Lords post-legislative scrutiny report

In March 2014 the House of Lords Select Committee on the Mental Capacity Act published its post-legislative scrutiny report. The Committee concluded that so far the potential of the Act to bring about real change in the support and protection of people who struggle to make their own decisions had not been realised.

The main findings of the Report are as follows:

- The ethos of the Mental Capacity Act is widely welcomed but it has not been adequately implemented due to lack of “ownership” by a dedicated independent oversight body;
- Too much decision-making in health and social care is still motivated by paternalism and risk-aversion rather than the principles of the Act;
- There is a lack of adequate information for all stakeholders – individuals, family members, professionals – leading to confusion over rights, roles, and responsibilities;
- The Deprivation of Liberty Safeguards are not working and need to be replaced;

- The Court of Protection needs more resources and should place more emphasis on mediation prior to court action.

In its response to the report the Government acknowledged many of the concerns raised by the House of Lords. The Government has set up a Mental Capacity Advisory Board and will seek to work with partners such as NHS England, ADASS and CQC to implement the Act more effectively. The Government has also asked the Law Commission to review the operation of the Deprivation of Liberty Safeguards (see below) and will provide more resources to the Court of Protection.

2.3 Deprivation of Liberty – the “Cheshire West” Supreme Court Decision

- In March 2014, a Supreme Court judgement known as the “Cheshire West” decision changed the criteria for assessing whether a person lacking mental capacity is being "deprived of their liberty" in a care home, hospital or other care setting. The judgment overturned a number of previous rulings from the Court of Appeal which had progressively restricted the application of the Deprivation of Liberty Safeguards (DoLS).
- The judgement has led to a significant increase in the number of capacity assessments for people with cognitive impairments who are held to require formal authorisation of "deprivation of liberty", either under: a) the deprivation of liberty safeguards (DoLS) (for hospital patients and care home residents), b) through the Court of Protection (for people in supported living schemes and some other community-based arrangements).
- The judgement introduced an “acid test” to identify deprivation of liberty in cases where a person is deemed to lack the capacity to give valid consent to their care arrangements. There are two key questions in the test: (1) is the person subject to continuous supervision and control, and (2) is the person free to leave?
- If the answer to both questions is “yes”, then the person would now be considered to be deprived of his/her liberty and in need of the protection of an appropriate legal framework. Under previous case law deprivation of liberty was deemed to occur only when there were aggravating factors such as the person or their family objecting, high levels of restraint etc.
- This means that more people in care homes, hospitals, independent supported living schemes, mental health hospitals and institutions require assessments in order to consider whether they are being “deprived of liberty” and whether this is in their best interests. This has already seen significant financial and operational implications for the local authority overseeing the process and for service providers.

- The “Cheshire West” judgment was handed down at the very end of the year under report and had minimal impact on DoLS in City and Hackney in 2013-2014. It is already clear however that the situation for 2014-2015 will be very different. Full details will be given in next year’s report.

2.4 Making Safeguarding Personal

- Making Safeguarding Personal is a sector led initiative in adult safeguarding. It has arisen in response to findings from peer challenges, the response to the ‘No Secrets’ consultation and other engagement with councils and their partners. It aims to develop outcomes-focused, person-centred adult safeguarding practice and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people. This is in keeping with the focus on individual well-being promoted by the Care Act.
- City and Hackney are both committed to implementing Making Safeguarding Personal. The authorities’ work to implement the Care Act will draw on the principles and resources of the MSP programme to ensure that staff have the skills and expertise to engage with service users and support them to achieve their preferred outcomes wherever possible.

2.5 Changes in the Care Quality Commission (CQC)

- In the past year, the CQC have made significant changes to the way they inspect and regulate health and social care services to make sure services provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements.
- CQC’s Strategy for 2013 -16 outlines the changes that apply to many services regulated by the Commission.
- During 2013 – 14, national teams have been introduced to inspect NHS hospitals and mental Health Trusts.

2.6 Response to Winterbourne View

- In December 2012, the Department of Health published “Transforming Care: A National Response to Winterbourne View Hospital, Department of Health Final Report. This report made a number of recommendations aimed at strengthening accountability and corporate responsibility for the quality of care and defined actions for the Department of Health, CQC, secure services, including prisons, the police, LGA, Healthwatch, as well as health and social care services.
- The Department of Health Report was followed by the launch of the “Winterbourne View Concordat and the Interagency Programme of Action”. Locally, a working group was convened to ensure that the national targets

applicable to local health and social care agencies were met. This included commissioning and provider staff from Hackney Council, Homerton University Hospital Staff who are part of the Learning Disabilities Integrated Team, North East London Commissioning Support Unit, East London Foundation Trust.

- The targets were:
 - a) All individuals placed in in-patient units to be reviewed by June 2013 and any users placed in hospital inappropriately to be moved to community-based support as quickly as possible, and no later than June 2014.
 - b) Each area to have a joint plan in place by April 2014 to ensure high quality care and support services for all people with learning disabilities, autism and mental health conditions or 'challenging' behaviour, in line with best practice.

3 Safeguarding arrangements in the City & Hackney

3.1 What is the City & Hackney Safeguarding Adults Board?

The City and Hackney Safeguarding Adults Board (CHSAB) is a non-statutory multi-agency partnership that has a remit to protect adults-at-risk from abuse, neglect and significant harm. The Board seeks to bring about positive outcomes for adults-at-risk who live within the area of the City of London and the London Borough of Hackney, or who live outside the borough as a result of a placement made by the City of London, Hackney Council, North East London NHS Cluster or the East London Foundation Trust.

The Board has membership from a wide-range of partners including: City and Hackney Local Authorities, Health Services, Police, Probation, Fire Service and local community and voluntary sector organisations.

The Board co-ordinates the activities of each agency represented on the Board for the purposes of safeguarding adults in the City and Hackney. It also ensures the effectiveness of what is done by each person or agency that contributes to safeguarding adults in the area.

Our preparations for the implementation of the Care Act have gathered momentum over the last year and are reported later in this report. The core membership of the Board already includes all agencies required by the Act. The specific duties of the Board arising from the Act are set out in more detail in the previous section.

3.2 Community Safety: MAPPA and MARAC

The Home Office defines community safety as:

“An aspect of quality of life in which people, individually and collectively, are protected as far as possible from hazards or threats that result from the criminal or anti-social behaviour of others and are equipped or helped to cope with those they do experience.”

City and Hackney Safeguarding Adults Board have identified crime and fear of crime and antisocial behaviour as a key concern.

Safeguarding partners support the Community Safety Partnership in addressing issues of concern to reduce crime and antisocial behaviour in the borough.

Key areas of work include:

- Co-ordinated action to tackle antisocial behaviour through the joint Council and police Community Antisocial Behaviour Action Panels (ASBAP).
- Co-ordinated action to address domestic abuse, sexual violence and exploitation (MARAC) including victims of domestic violence, to keep them safe in their homes and reduce burglary.
- Work to reduce reoffending through the Multi Agency Public Protection Arrangements (MAPPA) and Integrated Offender management Scheme (IOM).
- Support for the process of analysis of crime and antisocial behaviour to direct the partnership's strategic and operational responses to tackling crime and antisocial behaviour.
- Media and advertising activity on behalf of the partnership to keep residents and visitors informed and advised on how to stay safe

The **Multi Agency Risk Assessment Conference** (MARAC) is part of a coordinated community response to domestic abuse, which aims to:

- Share information to increase the safety, health and wellbeing of victims/survivors – adults and their children.
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community.
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- Reduce repeat victimisation
- Improve agency accountability: and
- Improve support for staff involved in high- risk domestic abuse cases

Multi Agency Public Protection Arrangements (MAPPA) are a statutory set of arrangements which bring together the police, probation and prison services to support the assessment and management of risks posed by the most serious offenders in order to protect the public and reduce the serious re-offending behaviour of violent and sexual offenders. Other agencies that deal with offenders, including local authority housing departments, social services and youth offending teams are under a 'duty to cooperate' with the MAPPA .

The aim of MAPPA is to ensure that risk management plans drawn up for the most serious offenders benefit from the information, skills and resources provided by the individual agencies being co-ordinated through MAPPA.

There are four key elements:

1. Identifying offenders to be supervised under MAPPA
2. Sharing information about offenders
3. Assessing the risks posed by offenders
4. Managing the risk posed by individual offenders

Case example Mrs W: How safe do service users feel in Hackney? (based on service user survey)

The following case relates to Mrs W, a 77 year old woman who had brought up her grandson A, since he had been a baby. A, has a mental health diagnosis and had developed drug and alcohol misuse issues which had resulted in him verbally, financially and emotionally abusing his grandmother. Police had been called and a restraining order had been placed on A as a consequence of a number of incidents that had happened in the home.

A breached this restraining order and subsequently was detained in custody and later placed in a hospital under Section 37 of the Mental Health Act with a restraining order as there were concerns about public safety and levels of risk. A safeguarding adult referral was raised and a multi-disciplinary meeting was held within the MARAC forum. Here protective actions were undertaken to safeguard the client both in the long and short term.

These included:

- Ongoing support from her Independent Domestic Violence Advocate from the NIA project (a service that supports women assessed as being at high risk from domestic violence).
- Input from the Police via use of special measures, involving increasing security measures at the client's home.
- Liaison with mental health services to ensure that there was a high level of communication across services, with all putting Mrs W's wellbeing at the centre of work undertaken.
- Ongoing liaison with Housing across boroughs and within voluntary and statutory sectors to ensure that Mrs W. was prioritised for reallocation of tenancy.

Mrs W self-defined rehousing as her main priority. She advised that she was fearful of returning to her home and had been spending her time with her daughter in another local authority.

This multi-disciplinary approach resulted in a third local authority agreeing to a reciprocal arrangement with Mrs W's Housing Association in Hackney. Communication with Mrs. W re any ongoing plans in connection to her grandson was also arranged-ensuring that she was informed of any discharge planning and fully involved in accessing specialist advice and support from both safeguarding and domestic abuse services.

4 Developments against the 2013-14 priorities

The overarching aim of the CHSAB is to achieve positive outcomes for adults at risk and their carers through prevention and intervention. All of the Board's priorities contribute to both the prevention of abuse and neglect and to effective intervention where allegations of abuse and neglect are made. The critical areas for development for the Safeguarding Adults system in Hackney over the last year were:

- To further improve our processes to identify and address substandard health and social care services;
- To build on our work to understand better the views and wishes of our service users and carers to improve practice and inform service development.
- To cement strategic arrangements with the new Health and Wellbeing Board and local Clinical Commissioning Group.

As well as maintaining core operational effectiveness, the CHSAB agreed to continue to address five core areas on which it focussed its work over the year 2013-2014:

- Public awareness raising
- Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney
- Personalising adult safeguarding
- Involving service users
- Getting the Governance arrangements right.

4.1 Public awareness raising

- We have continued our work to raise awareness of adult safeguarding amongst members of the public and professionals. Yearly planned events have included, for example, the Big Do (for people with Learning Difficulties), Older Persons Reference Group, and World Mental Health Day as events for service users, carers and professionals.
- Our safeguarding publicity material has been reviewed with leaflets and pamphlets being widely available for the public.
- During 2013-14 there were **4,027** hits on the Safeguarding Adults section of the Hackney council website. Although this is significantly fewer than last year (**7,541**) it is very close to the number of hits on the child protection page for 2013-2014 (**4,189**). These figures will be kept under review in the year ahead

- In 2013/14 Hackney Council provided 24 training events free of charge which were attended by 487 individuals or organisations working with or representing adults at risk and their carers. 340 people attended from service provider organisations and 147 from the council.
- 64 GPs attended two safeguarding sessions and 20 Metropolitan Police staff attended an event to support their training needs.
- We will help run more partnership training events for Hackney GPs and health professionals in 2014-15.
- Our ongoing work to raise awareness within the community about abuse and neglect of adults at risk aims to reduce the number of adults whose suffering may go unreported. In 2014/15 we plan to have Safeguarding Awareness campaigns in both the City of London and Hackney.

4.2 Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney

- We continue to seek improvements in the quality and integration of intelligence about standards of care, and in the robustness of responses to poor quality. The Council has reviewed all its placements for service users with learning disabilities to meet its obligations under the Post-Winterbourne Improvement Plan. There is also a new internal protocol for rapid responses to concerns about providers. This is to ensure co-ordinated and proportionate action is taken by officers within the Safeguarding Adults Team, Adult Social Care and Learning Disability services, and Contracts and Commissioning teams.
- This year we reviewed 25 care homes to check on the quality of care provided. 14 were scheduled visits and 11 were in response to concerns. Reports on these providers were made to our Quality Assurance and Safeguarding Board to review progress and consider recommendations for service improvement.
- Of the 11 providers where there were concerns, 7 were outside Hackney. Joint monitoring visits took place with the Contract Monitoring and Safeguarding teams of 6 other local authorities. Action plans were put in place by the host authorities but were monitored by the Contract Monitoring team in Hackney to ensure that residents were safe and to maintain focus on improvement of standards at the homes.
- In our work with partners to strengthen safeguarding processes across the borough, we developed a joint protocol with local mental health services to

make certain their responses to safeguarding concerns are proportionate. We advised Homerton University Hospital NHS Foundation Trust on safeguarding cases and application of the Mental Capacity Act.

- Hackney Council commissioned an independent review of its safeguarding practice between October and December 2013. There were positive findings around the strategic development of the Board and around many aspects of safeguarding practice. Areas which were found to require improvement, included more consideration of the views of the adult at risk, and clearer and more detailed case recording.

The recommendations of the review were as follows:

- Clear recording of risk assessment and analysis which has been discussed with the adult at risk wherever possible;
- Clear recording of the adult at risk's views, wishes and desired outcomes;
- More consideration of carers' needs and how they can be supported;
- Advocacy support for adults at risk to be considered more frequently;
- Clear evidence of follow-up of protection plans by managers;

In response to the review an improvement plan was undertaken that sought to support further positive service development, and strengthen areas of practice, locating our citizen's health and well-being at the forefront of our interventions.

- Over the last year the Board has strengthened relationships with other strategic bodies. The City and Hackney Safeguarding Adults Board has formal links with:
 - The Community Safety Partnership
 - The Safeguarding Children's Board at strategic and operational levels. The Corporate Director for Health and Community Services is a member of the Safeguarding Children's Board. A senior practitioner from the Safeguarding Adults team now attends the operational forum of the Safeguarding Children's Board.
 - Health and Well Being Boards
 - The Multi Agency Public Protection Panel (MAPPA) (part of the Crime Reduction Partnership System organised through Police and Probation).
 - The Multi- Agency Risk Assessment Conference (MARAC)
 - Care Quality Commission (CQC)

At an operational level the Safeguarding Adults team has also worked with partner agencies to support the following:

- Co-ordination of strategic work to address domestic violence in Hackney.
- Overarching quality assurance of adult safeguarding arrangements at NHS organisations in the City and Hackney.

- City & Hackney Clinical Commissioning Group (CCG)
- East London NHS Foundation Trust
- Homerton University Hospital
- Quality assurance of adult safeguarding arrangements with Met. Police
- Quality assurance of adult safeguarding arrangements with London Fire Brigade

4.3 Personalisation

- Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes that they want in ways that best suit them. A person-centred approach was embedded in our training programme in line with the person centred model of safeguarding described in the London multi-agency procedures.
- The London multi-agency policy and procedures to safeguard adults from abuse provide a framework that places the views and wishes of adults at risk at the centre of safeguarding work. Over the last year we have ensured professional supervision, by application of standardised agenda.
- Our staff have measured performance in terms of outcomes, rather than outputs of safeguarding work. We have participated in, and learned from, national work to develop best practice in adult safeguarding. This is described in our work involving service users (see section 4.4 below).
- An interview schedule has been developed to capture service users' views of the safeguarding process and staff are expected to use this where appropriate. In addition, the Council is contributing to a national pilot study to develop a safeguarding outcomes measure. The research project started in May 2014 and is led by the Health & Social Care Information Centre (HSCIC) and the Social Care Workforce Research Unit at Kings College, London. To demonstrate how we are making social care more personalised and focused on the best outcomes for the people we help, we will carry out 20 face to face interviews and undertake a project with service users to hear their views on standards for safeguarding.

Development of a person-centred approach to safeguarding continues to be a priority as the local authorities need to comply with the Care Act and fulfil their commitments to Making Safeguarding Personal.

Case example Mrs S: Making safeguarding personal



Mrs S is an 83 year old woman who lives in a residential care home in Hackney. Mrs S needed help to wash, eat, drink, use the toilet and take her medication. Her daughter raised a safeguarding alert because she felt nursing staff were neglecting her mother. Although Mrs S was placed in the home by another health authority, it was Hackney Council's responsibility to investigate her daughter's concerns. We assigned Mrs S a social worker and held a meeting where we put together a robust protection plan. Mrs S was allocated her own worker who sat with her during mealtimes to make sure she ate and drank. We also asked the home to provide evidence that this was happening. Her GP agreed to keep a close eye on Mrs S and support any plans to help with her nutrition. The nursing home created a social stimulation plan to try to improve Mrs S's mood and desire to eat and drink. We also supported the nursing home to improve the way they communicated with the family. We contacted the daughter some time later who told us she felt her mum was safer now and that she had felt properly listened to and consulted through the safeguarding process.

4.4 Involving Service Users

- Building on a pilot project which was undertaken in 2012 /13, we have taken the feedback given and incorporated this into our operational practice to ensure outcomes for service users are discussed as quickly as possible.
- We held an event with local mental health service users to improve communication with service users and their awareness of safeguarding in partnership with local police.
- We met our target of interviewing service users post safeguarding to find how well it worked for them. Service users provided feedback that they were happy with the speed of the safeguarding intervention and the way their safety was protected. We plan to build on this by taking part in a national pilot which endorses standards for us to meet in meeting the personal needs of our service users.
- The independent review has challenged the Board to review models of engagement. The Board continued to improve systems for gaining service user input at a strategic level. We have:
 - Taken account of the views of service users and their carers and see them as key partners in safeguarding strategic planning. As a result of the small pilot project and service user involvement events such as Working Together Group (mental health service user forum) we have introduced service users being interviewed following a safeguarding intervention and we are working towards specific user-led standards for adults at risk procedures.
 - Developed the role of CHSAB members with user and carer groups so that they can feed in any issues pertaining to adult safeguarding to their discussions and to ensure that the views of these groups are heard at the CHSAB.
- We plan to form a Task and Finish Group to underpin a review of models of service user involvement within the Board's governance framework.
- With wide-reaching changes to health and social care systems in the UK taking place at present, it will be vitally important to ensure that arrangements for the governance of adult safeguarding work in the City and Hackney are flexible and robust. An away day of the Board in early 2013 began this work and we continue to review these arrangements during 2014. (see also 4.5)

We have:

- developed the relationship between the City & Hackney Clinical Commissioning Group and CHSAB and ensure that matters of adult safeguarding have a high profile. An identified adults at risk lead is in post at the CCG to strengthen and develop strategy for safeguarding adults.
- developed the relationship between children's and adults' services at Hackney council and the City of London to ensure that work with vulnerable families is of a high quality. A programme of training is already in place which is supplemented by local shadowing arrangements, where staff join colleagues to familiarise themselves with practice. These arrangements support continuous professional development and improve communication and understanding of each other's roles;
- developed the relationship with the Health and Wellbeing Boards in the two authorities in order to be influential

4.5 Getting the governance arrangements right

- The Board recognised that a review of its governance and constitution was needed, both to meet the planned requirements of the new legislation placing safeguarding adults on a statutory footing, as well as to maintain high quality services.
- The review of CHSAB constitution was led by the Independent Chair and agreed the need for new governance arrangements supporting the Board. The review noted the benefit of aligning governance arrangements with the Children's Safeguarding Board which has been a long-standing statutory function and develop a more symmetrical model of governance for children's and adults' arrangements.
- The governance model is set out in appendix 1.2. There will be sub-groups for Quality Assurance, Serious Case Review, Training and Development, City Of London, and Communication and Engagement. The core business of these groups will be: prevention, linking up lessons learned from incidents with our training programme, increasing public awareness, promoting the health and wellbeing of our residents, with the overall aim of increasing independence and ensuring that proportionate action is taken to safeguard our vulnerable residents.
- In addition an Executive Board has been created which includes senior managers of key agencies to oversee the Board's strategy. We anticipate the Executive Board will improve communication and strengthen partner

accountability. Members of the Executive Board will chair the sub groups and provide performance reports to the Executive Board.

- We have undertaken a self–assessment audit of the Board utilising the NHS England audit tool. The outcomes of this assessment will be used by the Board to identify improvement needs and prioritise its work for 2014-2015.

5 Safeguarding Data and Analysis for the City of London and Hackney

City of London

5.1 City of London Adult Social Care Team

- With a small reablement team of 2 officers and an occupational therapist, the social work team establishment is 4 FTE's and one part time substance misuse worker. Two of the social workers are Approved Mental Health Practitioners. All social workers hold fully generic caseloads which average up to 25 cases, and are expected to undertake a full part in the daily duty rota as well as for the AMHPs, run a mental health duty service and work with the Hackney AMHPS once per month as part of their duty rota.

5.2 City of London Safeguarding Alerts and Referrals

- Adult Social Care (ASC) currently knows of 250 people referred and living in the community, both in the City and placed outside.
- All alerts and referrals of safeguarding are managed through the Adult Social Care team. An alert may be a result of a disclosure, an incident, or other signs or indicators. A referral is when an alert (following a decision made by the Team Manager) is accepted to be a safeguarding issue and is managed through the safeguarding process. Adult Safeguarding is an integral part of the whole team approach, with two social workers being trained as Safeguarding Adult's Managers (SAM's) as well as the Team Manager. There is a designated social worker who carries out care home reviews as a direct response to the Winterbourne review.

5.3 City of London Analysis of Adult Safeguarding

- The number of Safeguarding Alerts received from April 2013 to March 2014 was 28. 14 were within the City of London and 14 were outside the City in placements. There has been an increase in alerts raised this year, in

comparison there were 20 alerts raised in 2012-2013, with 6 alerts regarding residents placed outside the City.

- People placed by the ASC team outside the City and who are subject to safeguarding, are not counted for DH reporting purposes by the placing authority as they take the lead when a safeguarding action takes place within their local authority.
- Of the 14 City of London alerts, 7 were progressed to referral with a strategy meeting and protection plan. The 7 other alerts were diverted from the formal safeguarding process but support and care was provided in all cases.
- Of the 7 cases progressed to referral, 3 were substantiated, 1 was partially substantiated, 1 was unsubstantiated, 1 investigation was ceased at the service user's request, and investigation 1 remained on-going at the time of this report's completion.
- The 7 cases are categorised as follows:

Types of abuse.

- 2 psychological / emotional
- 1 financial
- 4 neglect and acts of omission

Gender

- 3 men
- 4 women

Ethnicity

- 7 white UK

Person alleged to have caused harm (PACH)

- 4 were known to service user
- 3 were unknown to the service user

Service user group

- 6 physical disabilities
- 1 mental health (Dementia)

Within the City of London, alerts have been raised concerning informal carers, privately arranged care, one hospital discharge and people not known to the service users. One case involved a commissioned provider.

London Borough of Hackney

5.4 Role of Hackney Safeguarding Adults Team

The Safeguarding Adults Team acts as the single point of entry for all safeguarding concerns. The Team determines whether the adult at risk is known to social services or health services and asks the appropriate department to investigate. Each investigation is led by a trained Safeguarding Adults Manager (SAM).

The SAM identifies all those who can help to protect the adult at risk or help with the investigation. These may be family members, service providers, health professionals, the police or Hackney Client Financial Affairs Team.

An initial risk assessment is completed to determine what response is needed. If further action is required then a strategy meeting will take place chaired by the SAM. This will confirm the protection plan for the adult at risk and identify who will carry out the investigation. Further meetings will be arranged to confirm the outcome of the investigation and to review the protection plan. The person and their carer/family will be supported to be involved as much as possible.

Sometimes the person causing harm is also an adult at risk of abuse. In such cases the safeguarding process will consider whether they need their own protection plan to help them avoid facing any allegations in the future.

The desired outcome from review of our post safeguarding interviews is to feel safer and have a better quality of life. If the person cannot make their own decisions about their care then they may need to be protected in their best interests.

Types of protection include:

- Increased monitoring –e.g. more frequent reviews, more contacts with staff
- Enabling the adult at risk to stay away from the person causing harm
- Better management of the finances of the adult at risk
- Application to the Court of Protection (a court that makes decisions based on best interests where there are disputes over serious decisions regarding a person's welfare)

Whenever possible the person causing harm should be held to account. This can be done through criminal and /or civil law, or by the employer.

5.5 Safeguarding Adults Activity in Hackney 2013-2014

- During 2013-14 LBH Hackney received 713 safeguarding alerts, 41 (6%) more than in 2012-13. This is an average of 59 alerts a month. The increase can be attributed to a number of factors including: more people being aware of possible harm are willing to report it; communications and training programmes to raise awareness of safeguarding issues having more impact.
- A safeguarding alert is triggered when a contact is made suspecting abuse may be occurring. Not all alerts lead to a formal safeguarding investigation. Last year Hackney Safeguarding Team formally investigated 37.6% (268) of the 713 new alerts received. The remainder were reviewed and did not warrant a formal investigation.
- Some adults at risk will have more than one safeguarding alert raised in a year. The 713 safeguarding alerts were received for 601 people. 511 adults at risk had only one alert raised in 2013/14. **112 (16 %)** of the year's alerts were on behalf of 90 adults at risk who had already had an alert raised in the year.

		Number of Adults at risk we received an alert for 2013/14	Additional Alerts following the first per adult at risk	Total Alerts 2013/14
Total number of Alerts for the Adult at risk during 2013/14	One alert	511	0	511
	Two alerts	73	73	146
	Three alerts	13	26	39
	Four alerts	3	9	12
	Five alerts	1	4	5
		601	112	713

- It is likely that the multiple alerts were reporting the same incidents of abuse and this is a good indication of the wide range of agencies that have knowledge of the local safeguarding procedures.

- Of the 112 *repeat* alerts, 32 (29%) went on to receive a safeguarding investigation, and of these 32 investigations there were 14 cases where abuse was substantiated or partially substantiated.
- Financial abuse is the most common type of abuse, though cases of neglect are on the increase in Hackney. Most incidents (104) took place in the person's own home while 24 happened in care homes.

The graph below shows how the number of safeguarding alerts has continued to rise in recent years.

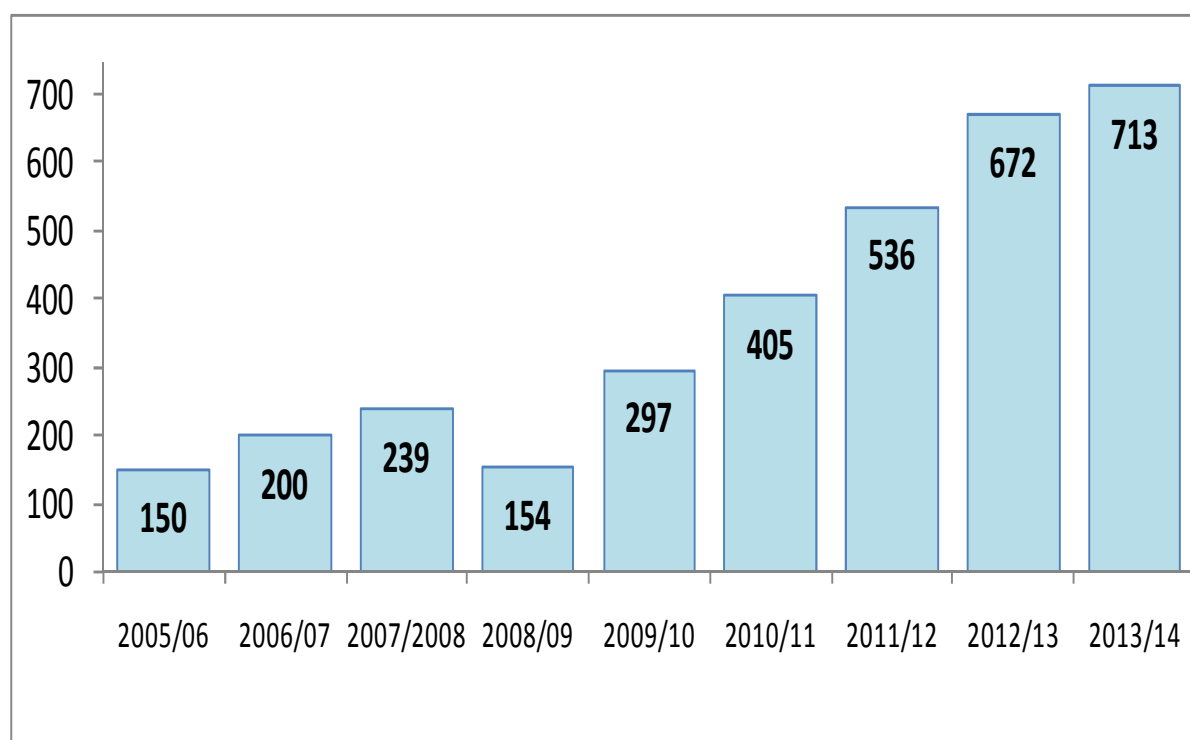
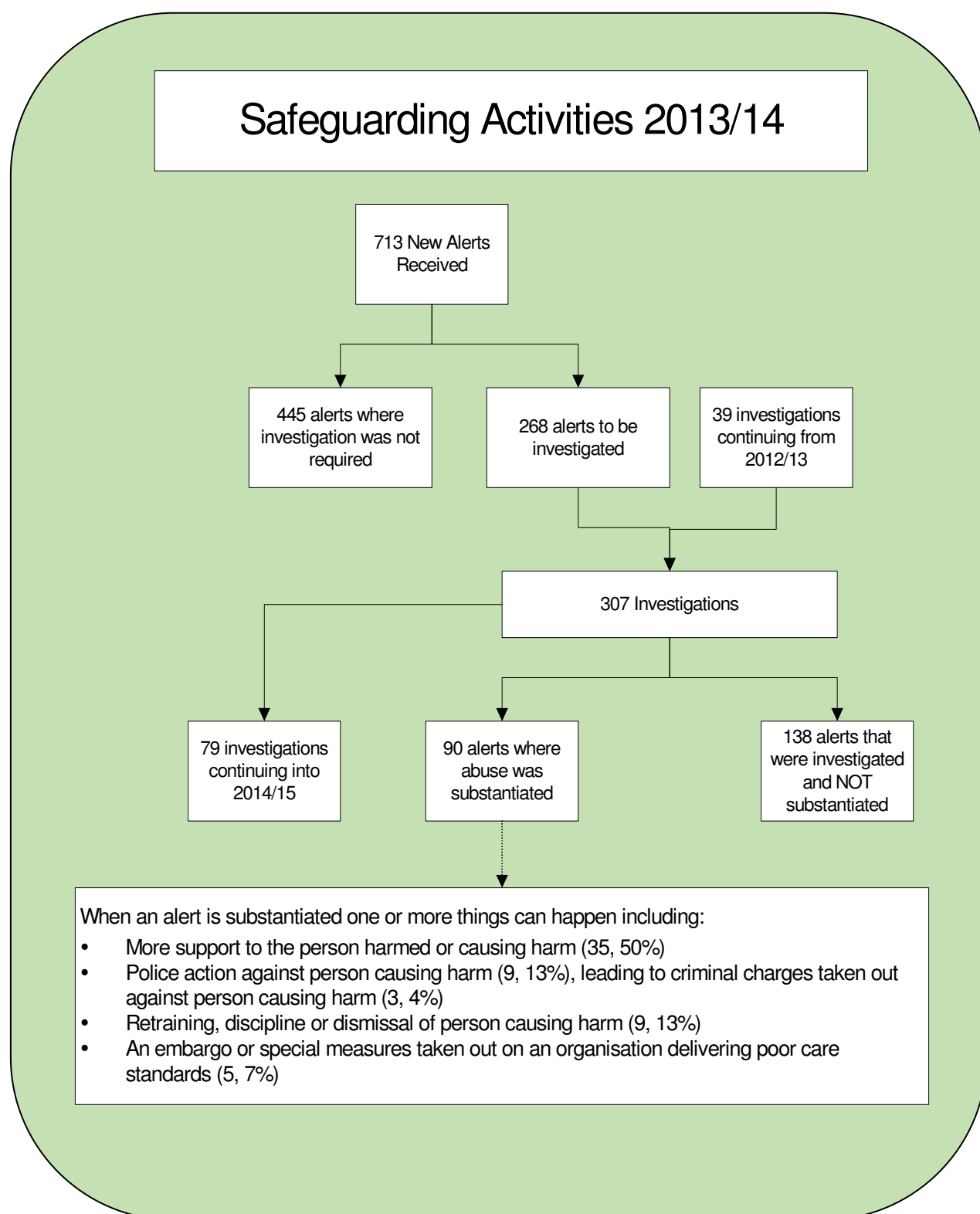


Figure 1: No of safeguarding alerts per year

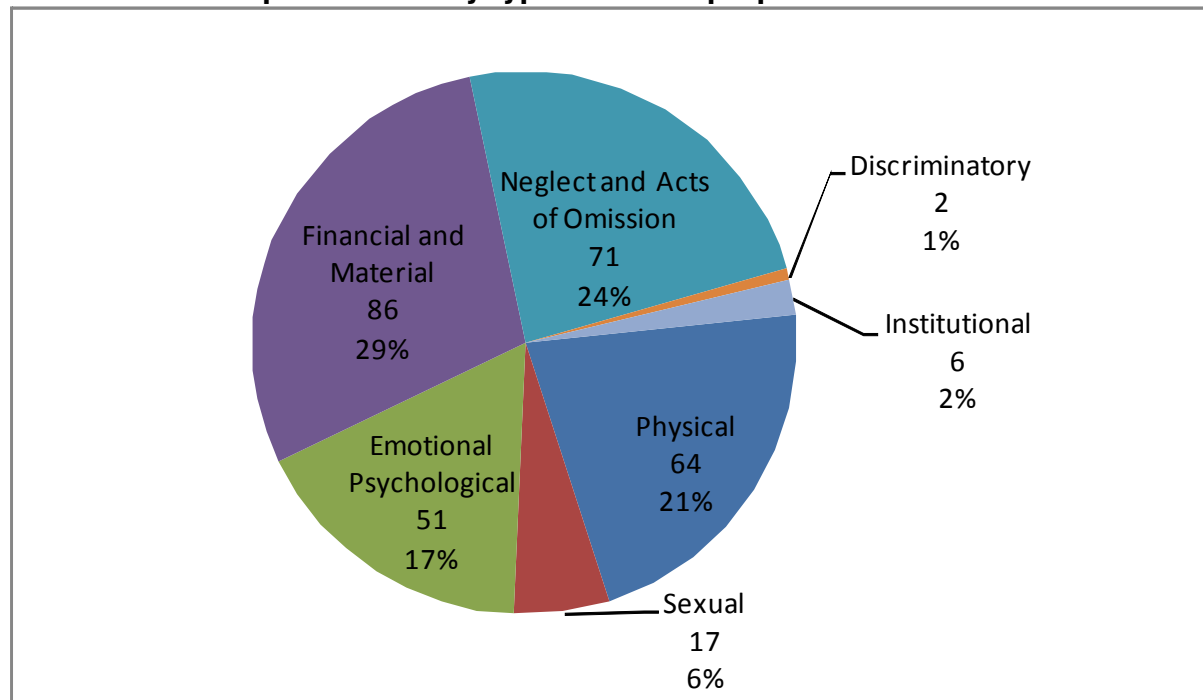
The diagram below shows how we responded to the alerts we received.



Types of abuse

- Financial abuse remains the most prevalent type of abuse in Hackney interventions (29%), but there has been a reduction in prevalence since last year. 2013/14 has seen an increase in abuse by Neglect and Acts of Omission (from 18% last year to 24% in 2013/14).

Figure 2: Alerts accepted for investigation and action under safeguarding adults procedures by type of abuse perpetrated.

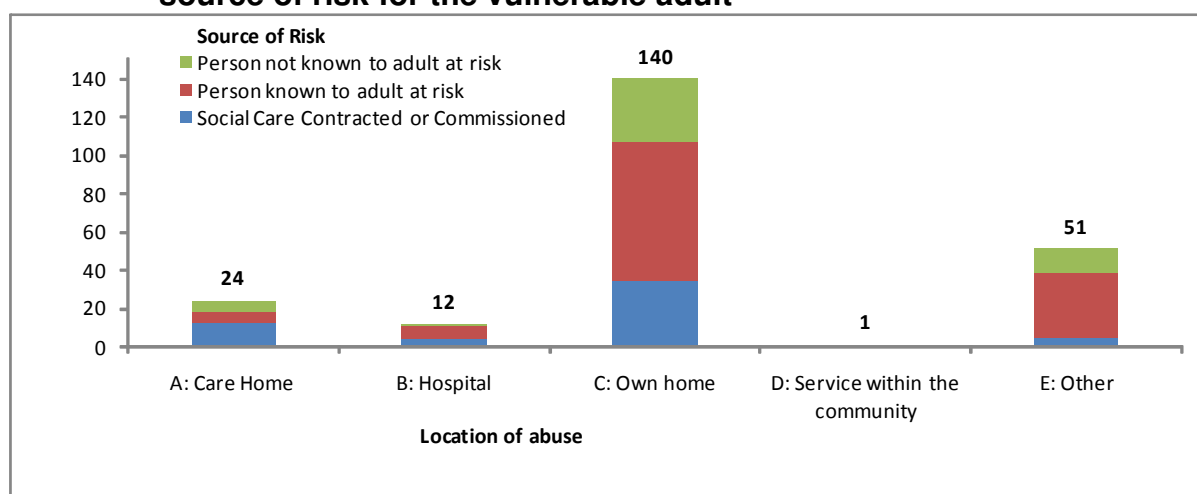


Source: SAR 2013/14¹.

NB: There can be more than one type of abuse identified for a single case, 68 cases investigated in 2013/14 had multiple types of abuse investigated.

¹ The Safeguarding Adults Return (SAR) is an annual statutory data return for Local Authorities. The SAR addresses various aspects of safeguarding, with particular regard to the details of the victim, the alleged perpetrator and the alleged offence. It strengthens the information held nationally and locally on the incidence of abuse, supporting local authorities to reduce incidents of abuse and neglect, and to respond appropriately when incidents occur.

Figure 3: Completed safeguarding investigations by location of abuse and source of risk for the vulnerable adult



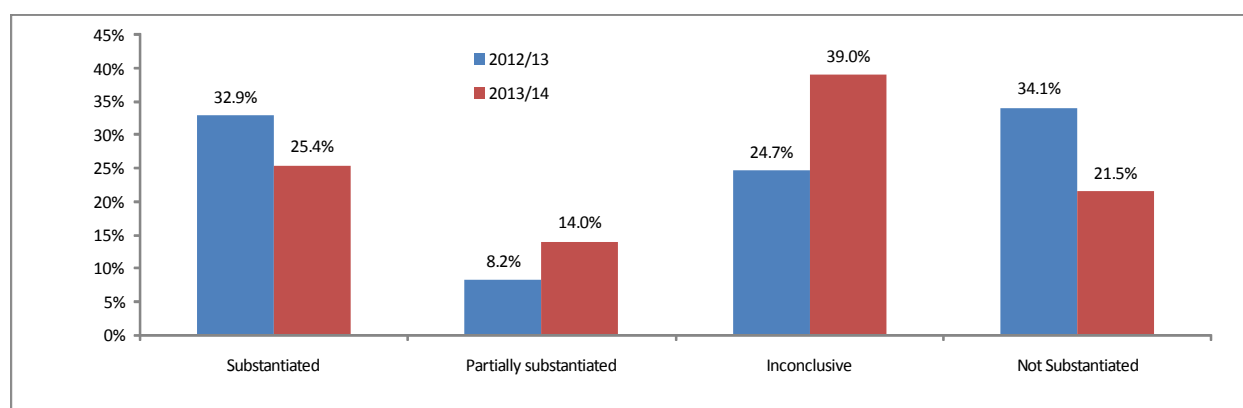
- The high percentage of abuse of vulnerable adults by people they know is confirmed again this year in our analysis of the 228 completed safeguarding cases. 52% of investigations found the source of risk to be known to the adult at risk. 61% of investigations also found that the location of abuse was the victim's own home. The prevalence of domestic abuse by family members is consistent with previous analysis.

Location of abuse	Source of Risk			Total
	Social Care Contracted or Commissioned	Person known to adult at risk	Person not known to adult at risk	
A: Care Home	13	5	6	24
B: Hospital	4	7	1	12
C: Own home	34	73	33	140
D: Service within the community	1			1
E: Other	5	34	12	51
Total	57	119	52	228

Source: SAR 2013/14

Investigation Outcomes

Figure 4: Outcomes of completed safeguarding investigations, 2012/13 and 2013/14.

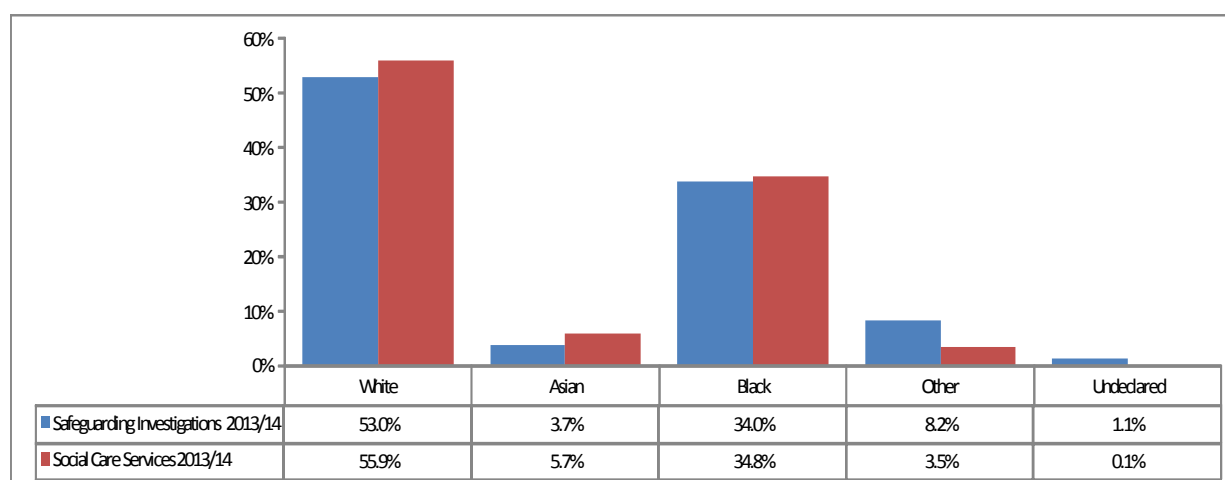


Source: SAR 2013/14

Compared to last year there has been a drop in cases where the abuse was substantiated following safeguarding investigations, but an increase where it has been partially substantiated. This may indicate more thorough recording of outcomes and more comprehensive investigations. There are more cases where the outcome is inconclusive rather than not substantiated compared to last year, which may also indicate more complex investigations. These variations, while notable, are not cause for concern and there is a close correlation between the two years of data.

Ethnicity of adults-at-risk

Figure 5: Comparison of the ethnic profile of accepted safeguarding cases with the ethnic profile of Service Users receiving Adult Social Care Services 2013/14.



Source: SAR 2013/14.

- There is a strong correlation between the ethnic profile of alerts for adults at risk and the profile of our care population for several years. Further analysis will be required for Hackney as the Department of Health ethnicity requirements for the SAR are minimal and do not account for the ethnic diversity in the borough.

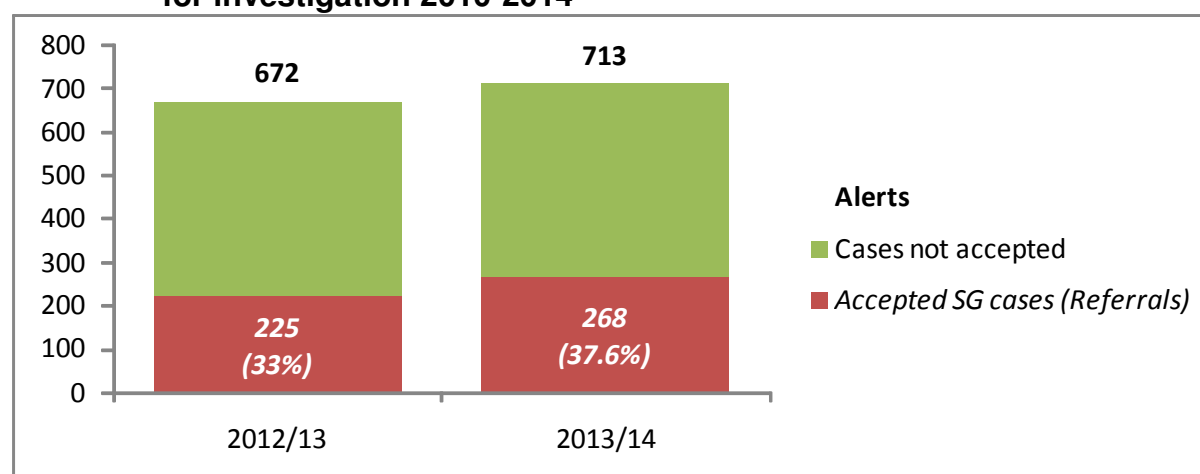
Gender of adults at risk

- Females have a slightly higher proportion of safeguarding alerts at 51%. This is a consistent pattern.

Proportion of safeguarding alerts that required investigation and action under safeguarding adults policies and procedures

- The proportion of alerts that became accepted safeguarding cases has slightly increased since last year from 33% to 37.6%.

Figure 6: Analysis of Safeguarding alerts and proportion of cases accepted for investigation 2010-2014

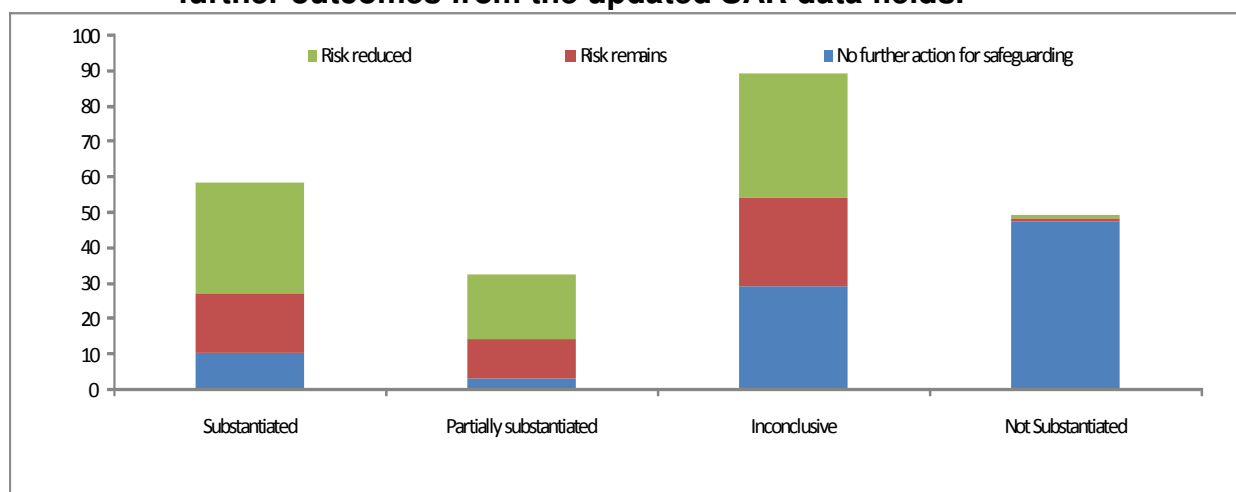


Source: SAR 2013/14

Actions taken to safeguard adults-at-risk

- The SAR was amended for 2013/14. Further analysis is possible but should not affect the outturns for the statutory return. The following analysis can now be made from the amended SAR collection.

Figure 7: Outcomes of completed safeguarding investigations 2013/14 with further outcomes from the updated SAR data fields.



Source: SAR 2013/14

- We do not record any outcomes with the SAR outcome “Risk Removed”, as it is not possible to remove risk completely. However no further action for safeguarding is shown here, usually when cases are passed back to care management in LBH.

Safeguarding alerts by client group for the last three years

- The number of alerts from adults at risk with substance misuse issues has dropped down to the levels recorded for 2011/12. The number of adults at risk with learning disabilities has increased 20%. Alerts from older people with mental health problems have increased 65%, but this is most likely due to improved recording of mental health issues for older people at risk.

Figure 8: Safeguarding alerts 2011-2014 by client group and age.

Age Range	Service User Category	Alerts 2011/12	Alerts 2012/13	Alerts 2013/14	% difference 2012/13 to 2013/14
18 - 64	Physical Disabilities	92	124	121	-2%
	Mental Health	102	132	141	7%
	Learning Disabilities	85	84	106	26%
	Substance Misuse	18	48	12	-75%
18-64 Total		297	388	380	-2%
65 +	Older People	176	222	226	2%
	Older People with Mental Health Problems	63	62	107	73%
65 + Total		239	284	333	17%
Total		536	672	713	6%

Source: SAR 2013/1

5.6 Deprivation of Liberties Safeguards Activity Data 2013-2014

- Caring for people with complex needs and cognitive impairment sometimes requires restriction of their freedom in their best interests. A high level of restriction can amount to a deprivation of their liberty under Article 5 of the European Convention on Human Rights. Such a deprivation can only take place if it is properly authorised in accordance with the 2009 amendments to the Mental Capacity Act.

The Safeguarding Adults team is Hackney's "supervisory body", responsible for giving authorisations for deprivation of liberty when the relevant criteria are met. Applications may be made by care homes or hospitals, or family members and friends may contact the supervisory body to express concerns over possible deprivation of liberty.

The supervisory body aims to promote a human rights based and person-centred approach while ensuring that service users are not exposed to unacceptable risks. The team also appoints Independent Mental Capacity Advocates (IMCAs) to support people through the assessment process and sometimes when the authorisation is in place, if they do not have any family or friends who can take on this role.

- In 2013 - 2014 there were 23 applications for DoLS authorisations of which 13 were approved.
- As discussed earlier, in March 2014, the Supreme Court reviewed the definition of deprivation of liberty to make it more inclusive, which is leading to a substantial increase in Dols activity. In the period April – October 2014 173 applications have already been received and around 300 are expected in total. This has led to increased demand for best interests assessors (BIAs), training for care management and service providers, and increased pressure on administrative services.
- The DoLS team in Hackney is keeping the situation under review to identify innovative ways of using resources more effectively. This will be discussed in full in next year's report.

5.7 Developments for 2014/15

The table below sets out what LBH Hackney did to protect adults in 2013-14 and what we plan to do in 2014-15.

What we said we would do	Examples of what we did and what we plan to do
Monitor care homes to make sure they improve care and communication with residents and families	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Carried out 24 investigations into safeguarding concerns in care homes Checked 25 care homes to see how well they listened to residents and relatives and met clients' needs. <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Will make sure that we monitor every care home in Hackney in which Hackney residents are placed ; Will gain intelligence on homes within Hackney where no Hackney residents are currently placed and liaise with CQC regarding any concerns; Will also work with other local authorities where Hackney service users live.
Make sure home care agencies continue to receive safeguarding awareness training and monitor home care	<p>In 2013-14:</p> <ul style="list-style-type: none"> 487 staff from Hackney Council and service providers attended our safeguarding training programme at 24 training events We closely monitored six home care agencies in Hackney where there were concerns over standards of care. We worked with the organisations and CQC to improve the quality of care. <p>In 2014-15 we will:</p> <ul style="list-style-type: none"> Publish a safeguarding awareness pack for people who pay for their home care with a direct payment. The pack will also be useful for people who fund their own care.
Interview 10 people (3%) who undergo safeguarding to find out how well it worked for them	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Identified 10 people to interview, five declined, one was too unwell to take part. Four people who agreed to be interviewed said they were happy with the speed of the safeguarding intervention and the steps taken to protect their safety <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Will take part in a Department of Health pilot study on how we are making social care more personalised. Will carry out 20 face to face interview with adults at risk in 2014

Arrange enhanced training for staff who undertake safeguarding investigations	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Developed a training programme for staff that included legal training for lead safeguarding investigators <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Will run more training events to help staff to listen better to clients' views and wishes during investigations
Extend safeguarding training to GPs, practice nurses and emergency services	<p>In 2013-14:</p> <ul style="list-style-type: none"> 64 GPs and practice nurses attended safeguarding training sessions 20 police staff attended specifically tailored training <p>In 2014-15:</p> <ul style="list-style-type: none"> We will run more training events for Hackney GPs and health professionals.
Make sure the views and wishes of people with support and their families are properly taken into account	<p>In 2013-14:</p> <ul style="list-style-type: none"> An independent review of our safeguarding service gave positive feedback on a number of areas of practice. The review also recommended we strengthen our person centred approach to adults at risk. We will work on this during 2014-15. <p>In 2014-15:</p> <ul style="list-style-type: none"> We will develop quality standards which take into account the views of people who have undergone safeguarding, their families and their carers
Work with partners to strengthen safeguarding processes across the borough	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Advised Homerton University Hospital on safeguarding cases and how to apply the Mental Capacity Act (MCA) when people without capacity need medical treatment or surgery for serious conditions Reviewed 700 MERLIN reports on vulnerable adults who had come to the attention of the local police to make sure they got the most appropriate help Launched a quarterly Safeguarding Adults Newsletter to provide updates on good practice, case law, and training opportunities <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Continue to work closely with partners to ensure our processes are robust
Raise public awareness of so people in the wider	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Reviewed our publicity material and made it widely available to the public

community know how to recognise and report abuse	<ul style="list-style-type: none"> • Promoted safeguarding awareness at local events including • Hackney Carnival • World Mental Health Day Partnership • Working Together Group – for mental health service users • An information sharing event with local advocacy services <p>In 2014-15 we will:</p> <ul style="list-style-type: none"> • Run a safeguarding awareness campaign to continue to help diverse communities in Hackney to understand how safeguarding adults can support them.
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6 Priorities of the CHSAB 2014/2015

The critical areas for development for the Safeguarding Adults system in Hackney over the coming year include:

- Improving further our processes to identify and address poor quality health and social care services.
- Building on our work to understand better the views and wishes of our service users to inform service development.
- Embedding our improvement plan to implement the recommendations of the independent review undertaken in 2013.
- Cementing strategic arrangements with the Health and Wellbeing Boards City & Hackney Clinical Commissioning Group and Community Safety Partnerships
- Developing the identified sub groups of CHSAB governance framework for CHSAB
- Continuing our preparations for implementation of the Care Act.

7 Key Contacts

Everyone has the right to live free from abuse and neglect. If someone is harming you, or you suspect someone is at risk of harm, you can tell the police, a social worker, a nurse or someone you trust.

For Hackney:

You can contact Hackney Council's safeguarding adults team directly on:

Tel: **020 8356 5782** Outside office hours tel: **020 8356 2300**

Email: adultprotection@hackney.gov.uk

or visit our Safeguarding Adults pages on the council website

<http://www.hackney.gov.uk/safeguarding-vulnerable-adults.htm#who>

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For City of London:

You can contact the City of London's Adult Social Care Team directly on:

Tel: 0207 332 1224 Outside office hours Tel: 020 8356 2300

Email: social.services@cityoflondon.gov.uk

or visit our Safeguarding Adults pages on the website

<http://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>

Useful web links

Pan-London policy on safeguarding adults from abuse:

<http://www.hackney.gov.uk/Assets/Documents/scie-report-2011.pdf>

Action on Elder Abuse:

<http://www.elderabuse.org.uk/>

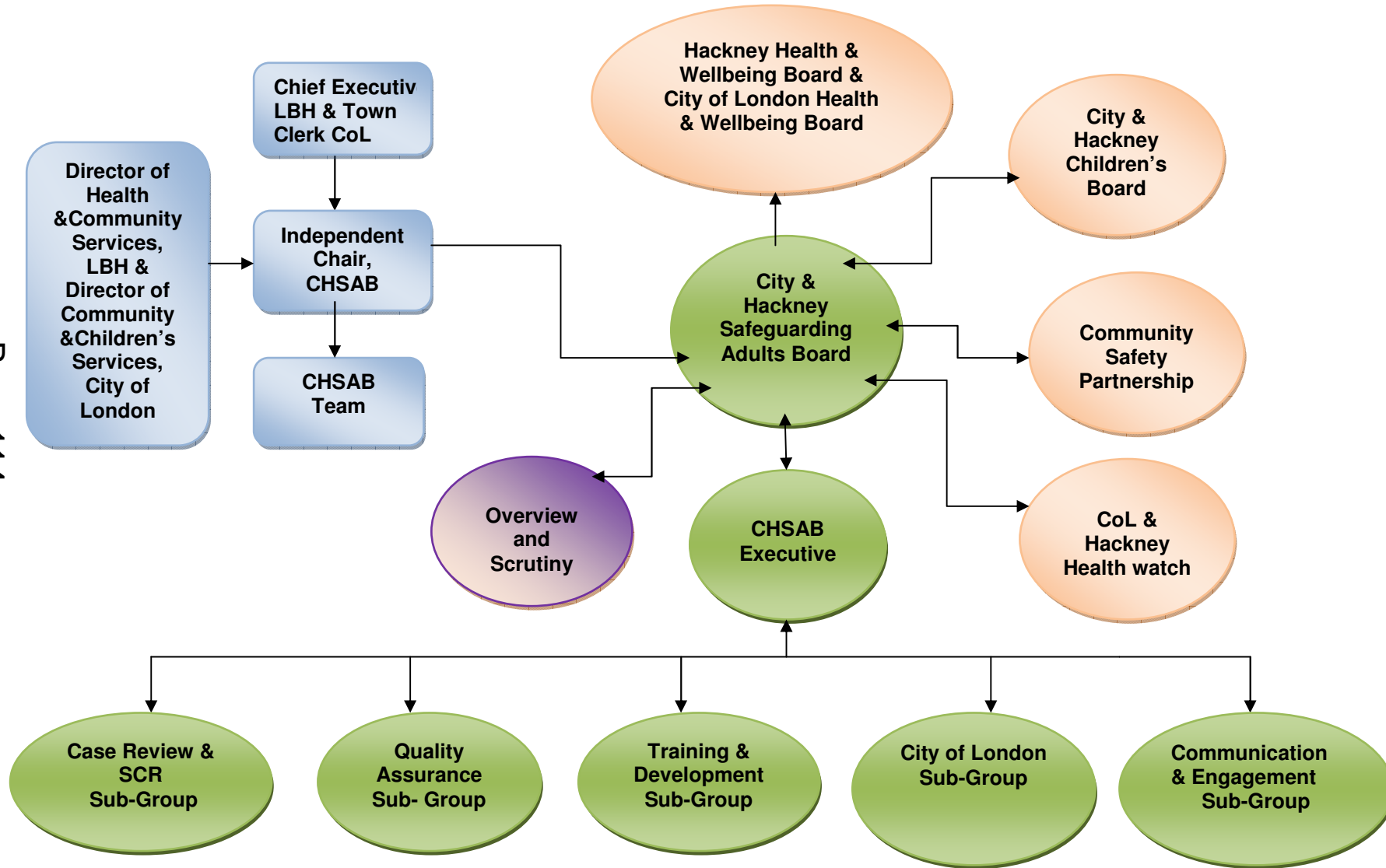
Appendix 1: Safeguarding arrangements in the City & Hackney

1.1 Membership City and Hackney Safeguarding Adults Board 2013-14

	Agency	Role
1.	City and Hackney Safeguarding Adults Board	Independent Chair
2.	London Borough of Hackney	Lead Member
3.	City of London	Lead Member
4.	London Borough of Hackney	Corporate Director of Health and Community Services
5.	City of London	Deputy Director of Adult and Community Services
6.	London Fire Brigade, Hackney	Borough Commander
7.	Homerton NHS Foundation	Chief Nurse & Director of Governance
8.	Homerton NHS Foundation	Head of Adult Safeguarding
9.	East London Foundation Trust	Deputy Borough Director
10.	East London Foundation Trust	Associate Director Safeguarding Adults and Domestic Abuse
11.	City & Hackney Clinical Commissioning Group	Adult Safeguarding Lead
12.	Hackney Council for Voluntary Services	Chair of Hackney Carers Centre
13.	City of London	Head of Community Services
14.	Older People's Reference Group	Chair
15.	Advocacy Service	VoiceAbility
16.	London Borough of Hackney	Assistant Director Adult Social Care
17.		
18.	Hackney Borough Command (Met. Police)	Public Protection lead
19.	London Borough of Hackney	Head of Safer Communities
20.	London Borough of Hackney	Head of Housing Needs
21.	London Borough of Hackney	Head of safeguarding Adults Service

The Board met six times during 2013-14, with an Independent Chair. Sub-groups of the Board were reviewed at a board development day,

City & Hackney Safeguarding Adult Board Governance



Appendix 2: Reports from individual agencies

2.1 The City of London Safeguarding Adults Report 2013/14

Overview

This Annual Safeguarding Adults report details what has been achieved in the City of London Adult Social Care Service during 2013/14 and Safeguarding Adults arrangements have become embedded over the last year in relation to our core strategic aims and values.

The City has a resident population of 7,400, found in densely populated pockets of the square mile. The resident population, of 4,400 households, has grown slowly over the last decade, but is projected to grow more rapidly to reach 9,190 by 2021. In addition to those who live permanently in the City, there are also 1,400 people who have a second home in the square mile. Average household size in the City is the lowest of all the local authorities in England and Wales with 56 per cent of households comprising one person.

Growth in the City's population in the next decade is expected to be most rapid among those aged 65 and over. Life expectancy in the City is very high, but an increase in the aging population is likely to bring with it an increase in age related health difficulties such as reduced mobility, dementia and social isolation, as well as the need for additional support and care. With increased vulnerability, as a consequence, safeguarding will also become an increased risk factor.

The City's population is predominantly white (79 per cent) with the second largest ethnic group being Asian (13 per cent) – a group that include Indian, Bangladeshi and Chinese populations, which has grown over the past decade. The size of the Black population is smaller in comparison to both the London wide population and that of England and Wales.

Meeting the escalating demand for social care services is acknowledged as one of the greatest challenges the department will face in the next three years. We have an aging population and more vulnerable adults potentially needing support and assistance to maintain their independence and dignity. We have high numbers of older adults living on their own and at risk of social isolation. The City has the sixth highest number of rough sleepers. This group is intensely vulnerable to chronic alcohol and drugs use as well as acute mental health, which present major risk factors.

We will continue to fulfil our duties to safeguard those who are most vulnerable whilst targeting the resources we have to ensure we achieve maximum value for money.

Safeguarding Arrangements

The Community and Children's Services (CCS) Departmental Business Plan 2014-17 states "that we have a wide remit to provide safeguarding, care and support to the residential population of the City of London".

The Adult Social Care (ASC) service also has a duty to ensure that those people placed outside the City of London, in care homes and supported living settings, are also safeguarded through collaborative working arrangements with relevant host authorities.

As part of the CCS strategic aims, Adult Social Care is required to report the number of Adult Safeguarding Alerts within the City and those outside on a quarterly basis. In terms of governance arrangements, the safeguarding adults agenda is placed alongside safeguarding children in respect of the work of the Member led Safeguarding Sub-committee (a Sub-Committee of the Community and Children Services Grand Committee), which last year replaced the corporate parenting task group. This has ensured that Members of the Court of Common Council are now presented with quantitative and qualitative evidence in respect of the arrangements to safeguard adults in the City of London. Furthermore, an elected member of the Court of Common Council and Member of the Safeguarding Sub-Committee is also now a member of the City and Hackney Safeguarding Adult Board.

At officer level, the City of London Safeguarding Adults Subcommittee has been confirmed as a Sub-Committee of the City and Hackney Safeguarding Adult Board and is chaired by the Assistant Director for People Services.

During the year, ASC has continued to build on partnership arrangements across the health landscape to support improved information sharing, processes and interventions that seek to be person centred, in the right place and at the right time. This work has drawn on the need to develop integration plans in respect of the Better Care Fund which in turn has also been concerned with the business of safeguarding, through seeking to forge more substantial collaboration and referral pathways for early intervention and prevention.

As such, we have sought to establish greater links and integration with health across the main routes for hospital discharge with 2 Acute Trusts, Bart's Health and UCLH, together with seeking to build partnerships with primary health across 3 Tower Hamlets GP practices, 1 in Islington and continuing to work closely with the 1 City and Hackney CCG GP practice within the square mile. ASC have a designated social worker whose role is to work with all GP practices where City of London residents are registered to ensure consistency and continuity of care and support is maintained, which has a direct correlation with safeguarding and the early intervention and prevention model that the City has adopted.

Achievements

- *Dementia Strategy*

The work around the Dementia strategy has centred on the work with the Alzheimer's Society and Skills for Care together with the ASC Dementia champion in seeking to make the City more dementia friendly. Since the start of the strategy implementation there has been a rise in the numbers of safeguarding alerts that relate to people with a dementia diagnosis (3 in total.)

As greater understanding on behalf of partners, such as Police and Housing officers has increased, greater community intelligence has been raised regarding potential adults at risk who are experiencing cognitive impairment due to Dementia. Multidisciplinary protection plans have been formulated to ensure the persons safety and importantly their ability to remain in their own home.

One elderly woman was referred by housing and community police officers who had reported that persons had broken into this woman's home. It transpired that this woman was living with Dementia and she had become acutely unwell experiencing periods of delirium and a delusional state. This case is an example of a safeguarding alert being received but not being pursued via the safeguarding route, but support and ongoing care being offered in a collaborative manner through ASC, CPN and Psychiatrist. This woman was successfully treated in the community and remains in her own home.

- *Prevention and keeping people safe- partnership working*

ASC has continued to work closely with the London Fire Brigade over 2013/14. 86 ASC service users were identified as being most vulnerable and at risk of harm as a result of fire. The process is well underway with heat and smoke detectors being installed through the telecare offer, as well as fire safety ashtrays being issued where appropriate. The Supported Assessment Questionnaire, under the Keeping Safe section, now contains a check question, to ask whether the social worker has considered fire safety as part of the assessment.

Adult Social Care continues to work with partner agencies to strengthen arrangements for community safety, such as working closely with the Multi Agency Risk Assessment Conference (MARAC) and the Multi Agency Public Protection Arrangements (MAPPA). There has been consistent engagement and attendance at these fora throughout the year.

Regular meetings are held with housing estate and community policing and ASC staff to discuss vulnerable residents, and possible referral to ASC as well as possible adults at risk of abuse. Monthly meetings are chaired by ASC to discuss concerns regarding the mental health of rough sleepers, with Police, ELFT CPN, Broadway and the Rough Sleepers Service.

- *Safeguarding Awareness Raising*

In March 2014 Safeguarding was added to the City of London Corporate strategic risk register. A Corporate safeguarding policy was also produced to act as a source of reference and understanding throughout the Corporation.

In addition to this, and as part of the DCSS transformation agenda, there has been the development of a Safeguarding Awareness Raising campaign, called Notice the Signs.

The Campaign is targeted at two distinct audiences:

- City of London Employees (including members and partner agencies)
- City of London residents.

The primary aims of the campaign are:

- To improve general knowledge, understanding and awareness of the City of London's role in safeguarding adults and children at risk
- To ensure that City of London staff understand their responsibilities and roles in safeguarding
- To raise awareness among City of London residents of what constitutes abuse and what is an Adult at Risk. To provide them with information and advice to ensure that they know what to do and who to call if they wish to discuss concerns and raise an alert.

The safeguarding campaign to residents will be launched in September –December 2014. The campaign has been approved by all City of London's Safeguarding Committee's together with the City and Hackney Safeguarding Board.

- *Learning and Development*

Last year as part of the Winterbourne review and stocktake, ASC worked on a best practice model to emphasise quality reviews of all residential placements for all service users, not just those with a Learning Disability. ASC have 13 Service Users with a Learning Disability. 7 live within the City and receive support within their own homes and 6 are in placements outside the City. ASC continue to have funding responsibility for those placed outside the City, and review each person every 6 months. None of the adults the City work with currently would meet the criteria of an adult with challenging behaviour and complex Learning Disabilities, as was the case for those Adults who resided at Winterbourne View, which was a health funded assessment unit.

ASC used best practice principles to redefine our Statutory Review process for all adults in a care home settings, regardless of their Learning or Physical Disability, Mental Health or Age, and revised our review template to have a more focused and personalised support plan, that looked in more depth at medication and possible over use of anti-psychotics. New outcomes for the review were set out as follows; the social worker will always seek to meet the key worker, home GP or home nurse to discuss medical needs; to always invite family members and document relatives' views as well as the service user's wishes and feelings where ever possible; to assess capacity at each review.

City review documentation and established workforce practices did already lend themselves to this personalised approach to Care Home Reviews, but Winterbourne tightened up the importance of sound professional social work reports with an emphasis on reading medical notes and meeting as part of the multi-disciplinary team when holding the review, and making the home more accountable for its actions. The main area that the ASC service have formalised is to raise the status of the review and designate a qualified social worker who has Care Home Reviews as her specialist area. Another important outcome has been awareness in the need to

carry out unannounced visits to placements where our service users are living. This challenges providers to maintain high standards and transparency at all times, especially when service users do not have any frequent visits from relatives. The Winterbourne Stocktake messages and lessons learnt have been demonstrated through the above practice within Adult Social Care.

Adult Social Care has continued through contract monitoring and review, to maintain awareness with commissioned services regarding safeguarding. This has been incorporated into all meetings with Toynbee 50+, CSV shopping and befriender service, City Carers Advice and Information, together with Age UK Camden who run the Memory Lane Café.

Any Alerts involving domiciliary care providers are reported to the Commissioning team who would attend strategy meetings where necessary. Commissioning is currently working on a review of all contracts to insure they comply with safeguarding and mental capacity requirements.

In November 2013 an independent quality assurance review of safeguarding adults arrangements was conducted over a period of 3 days. The review was undertaken by an independent freelance consultant who specialises in the field of safeguarding adults. The review was jointly commissioned by both City and Hackney, although specific reviews took place in each authority. It was agreed upon at the outset that judgements would be measured according to the “outstanding” matrix as defined by CQC and SCIE .3 cases were independently chosen by the reviewer and analysed against an audit tool.

The overall headline findings were as follows:

- Of the 3 cases examined, one was found to be excellent, one very good and one satisfactory overall.
- Recording was very good in 1 case and satisfactory in 2 cases
- Knowledgeable and competent management of safeguarding work in place
- General adherence to the London Policies and Procedures
- Quality of protection planning is good
- Follow-through on protection plans is evident
- Personalisation / Prevention is evident
- Engagement of other agencies is evident
- Outcome, closure and review stages evident.
- Positive development of the strategic joint city and hackney safeguarding board
- Development required around publicity and public awareness of safeguarding needed through information systems via website and information literature.

An improvement plan has been drafted to support implementation of development areas which will be reviewed by the Safeguarding Adults Board subcommittee and progress reported back to Member led subcommittee. The same independent reviewer will carry out a further review in 2014 to assess quality of implementation of the findings as well broaden scope to look in more detail at the safeguarding system in the City.

- *Adult Safeguarding Self-Assessment*

Following a City and Hackney Safeguarding Adult Board development day in February 2014, it was agreed that the board would adopt the new Safeguarding Adults at Risk Audit Tool, as part of the Safeguarding Adults assurance process to strengthen inter agency working and processes. The tool was developed by NHS England in conjunction with the Safeguarding Boards Network.

The self-assessment process identified that the City of London adult social care service meets 18 of the 22 requirement's, with 4 assessed as requiring additional action. No reds were identified. Review of the findings will be driven through the Quality Assurance sub group.

- *The Voice of the User*

In working to prevent abuse and to keep people safe, it is essential to have the "voice of the user" to understand what makes people feel unsafe, what is it that makes them feel vulnerable and what interventions they need to address this. During 2013/14 the Adults Advisory Group (AAG), which has representation on the Adult Safeguarding Sub-Committee, has been kept informed and consulted on a number of policy and practice issues. The AAG is chaired by a Member of the Court of Common Council and is represented by service users and residents from across the City. It is hoped that there will also be service user representation on the City and Hackney safeguarding board in 2014 alongside the development of various focused subcommittees to look at specific safeguarding matters in more detail, such as quality assurance and qualitative safeguarding outcomes and user feedback.

Making safeguarding personal has been a key theme for ASC and we have devised a simple outcomes data collection model which asks people after the safeguarding process how safe they now feel on a scale of 1-10. This is a new workflow devised through the social care electronic recording system Framework I, and we anticipate reporting on this outcome of this feedback survey following an intervention for the next Annual report.

New Developments

- *Deprivation of Liberty Safeguards*

There has been one DOLS authorisation over the period.

A Supreme Court Ruling in March 2014, has redefined how a Deprivation of Liberty must be viewed under the auspices of the Mental Capacity Act , and this in turn has meant that the number of people we currently support in care homes and also now in supported living are being reviewed by a Best Interests Assessor. ASC currently accommodate 33 people in supported living and 32 people in a care home. There is a potential that due to those service users lack of capacity, the City may have to safeguard them further via a DOLS authorisation, as well as apply to the Court of

Protection. Progress on the implementation of the response plan will be reported in the next Annual Report.

Future developments

- To continue to develop effective partnerships with key agencies such as CCGs, CQC, Police, Housing and Advocacy, particularly with the focus of the Care Act 2014.
- To continue to develop a high level of safeguarding competence in the ASC workforce and with partners.
- To evaluate the improvement plan and undertake a review of our safeguarding practices
- To raise awareness of Adult Safeguarding to City of London residents, through the campaign launch, Notice the Signs, in September 2014, in order that communities and organisations know how to respond effectively when they suspect that an adult is at risk of abuse.
- To ensure that in the City of London we are actively identifying and preventing the circumstances where abuse occurs and promote the welfare and interests of adults at risk.

2.2 Metropolitan Police Service

Overview

The Metropolitan Police Service (MPS) has a duty to work in partnership to protect the most vulnerable persons in society. Like many other public authorities, the police are frequently the first point of contact for a vulnerable person in crisis. Officers need to be able to recognise risk and identify early intervention opportunities to support and protect.

The MPS is committed to the protection and safeguarding of all adults at risk and is a partner to the pan London multi-agency safeguarding adult procedures. Operational toolkits are currently under review and new instructions for the risk assessment and research of potential safeguarding adult incidents are due for publication. Pan London Proposals for the Protection of Vulnerable Persons are currently being considered by the MPS Management Board.

Any allegations of crime involving a vulnerable adult where abuse, neglect or ill treatment is alleged will be managed by experienced investigators within the Community Safety Unit. These officers have received enhanced training to reduce the impact of the investigation upon the victim by the use of special measures and intermediaries.

An intermediary is somebody who can help a vulnerable witness understand questions they are asked and can communicate the witnesses' response. They help witnesses at each stage of the Criminal Justice process, from police investigations and interviews, through pre-trial preparation and at court. Intermediaries perform an

important function, helping the most vulnerable members of our society gain equal access to justice.

The MPS has a corporate management structure with rank specific areas of responsibility. All staff have access to legal services for any complex legal advice required for Adult Safeguarding cases. Staff are supported by operational instructions that inform them of their responsibilities under the Mental Capacity Act and they have Strategic Support Units to provide operational support and advice as required on safeguarding and mental health issues.

Safeguarding Activity

During this reporting period, MPS Hackney recorded 15 allegations of crime involving a vulnerable adult. It is anticipated, this will increase as employees and society become more aware of safeguarding responsibilities. A number of allegations are still under investigation, but 2 resulted in positive case disposals. In the case of a carer being verbally abused, the suspect was warned under the Protection from Harassment Act 1997.

The police conducted a parallel investigation in partnership with the Care Quality Commission and NHS Trust during another more complex allegation. This is still progressing through the criminal courts, but resulted in a member of staff being charged with willful neglect of a person without capacity, under section 44 Mental Capacity Act 2005.

Adult Safeguarding has significantly changed over the last few years across London. Historically, London boroughs were operating to different policies and procedures with little structure for recording and referrals. The creation of the MPS Safeguarding Adults policy in 2012 was the first step towards a pan London procedure, supported by the NHS and Adult Social Care.

In April 2013 the MPS began to record encounters with vulnerable adults (persons over the age of 18) who came to the attention of police. Whether as a victim, witness, suspect or member of the public, these encounters are now recorded on the MERLIN system as an Adult Coming to Notice (ACN), where:

a) there is a concern of vulnerability in one or more of the following aspects:

1. Physical
2. Emotional/Psychological
3. Sexual
4. Acts of Omission / Neglect
5. Financial

and

b) there is a risk of harm to that person or another person.

The MPS also record all Section 135 and 136 Mental Health Act incidents on ACNs (Sec 135/6 reports are for record only). Non Section 135/6 reports will be reviewed and researched by the Multi-Agency Safeguarding Hub (MASH) to identify risk and cases which require a referral to an appropriate agency for intervention. Except during weekends, this process must be undertaken within 24 hours, supervision is a mandatory part of the process before reports are closed by the MASH Supervisor.

It is imperative that police officers ask the person coming to notice for consent to share their personal details with partner agencies. Without consent the MPS should not share this information.

Police officers and staff are not medical professionals; it is unrealistic to expect them to be able to identify all forms of mental illness. Therefore officers are being trained to identify those that are vulnerable and which referral pathways they can use. The number of ACN reports received by Hackney MASH fluctuates. Reporting levels are circa 5-10 ACN each day; however, as was seen when the MPS first began recording CTN (Child Coming to Notice) on MERLIN, numbers will increase in line with staff awareness.

Training

Historically, MPS staff have not received mandatory Adult Safeguarding training, it used to feature as part of other hate crime training e.g. Domestic Abuse. Since January 2014, all frontline staff receive mandatory training on the 'Vulnerability Assessment Framework'. This is currently being rolled out across the MPS and will therefore be measurable for compliance.

Case example JM: Merlin report received on 13.4.14 advised

"Officers opinion is that this subject is vulnerable, due to his inability to communicate or defend himself should there be unwanted visitors or an intruder. The house has bars on all windows, but multiple persons are entering the premises as carers, who may also bring along unknown others. The rest of the house is full of his recently deceased mother's possessions, which his next of kin believes is being searched."

As this client (J.M) was known to Adult Social Care, the allocated Social worker arranged for a Safeguarding Adult strategy meeting, in which the above allegations were investigated and protective measures put in place. These included:

- Further Police investigation
- Ongoing service delivery investigation of service provider by Contracts Team
- Safeguarding Adult fuller investigation
- Review of clients care needs and suitability of current accommodation
- Fire safety referral
- Referral to bereavement services re the recent demise of J.M's mother

Client was supported to remain within the property with a reconfigured care package as this was what he stated was important to him.

Social worker continues to monitor and review support, working with client, his family and other voluntary, statutory and health services in ensuring that client receives a joined up service.

The Safeguarding Adult Team was also able to interview JM as part of the work being undertaken in conjunction with the Health and Social Care Information Centre (HSIC). Here a Safeguarding Adults pilot study is being completed, in a bid to make safeguarding more personalised. J.M was able to advise that he was able to understand all the information given to him when people were trying to help him stay safe and as a result of protective measures he felt quite a bit safer.

2.3 London Fire Brigade

Overview

The London Fire Brigade has two detailed policies around safeguarding (one each for adults and children). Operational staff and other staff groups who may come into contact with vulnerable people are aware of the actions to be taken. The issue will be reported to the Officer of the day (OOD) within 4 or 24 hours depending on urgency. The OOD will inform the duty Deputy Assistant Commissioner (DAC) who will assess the situation against set criteria and make a decision whether or not to make a safeguarding referral to the local Social Care Department or to treat as a welfare referral.

The London Fire Brigade has a strong commitment to safeguarding both adults at risk and children. The appointed lead officer for safeguarding is the deputy head of community safety, who has responsibility to 'champion' safeguarding throughout the organisation. The lead officer is supported by members of the central community safety team in discharging this function. All new staff are made aware of their responsibilities to safeguard adults at risk and children and promote well being. Staff utilise internal safeguarding procedures for managing referrals to local authorities in a consistent and robust manner.

Each London Fire Brigade (LFB) Borough Commander sits on their local SAB and the LFB is also represented at the strategic level London Safeguarding Adults Network meeting.

The organisation's commitment to inter-agency working can be found in strategy documents such as the London Safety Plan – Fifth version, endorsed earlier this year by the London Fire and Emergency Planning Authority, the body responsible for governing the LFB.

Safeguarding activity

LFB personnel in Hackney made one safeguarding and three adult welfare referrals between April 2013 and March 2014. Officers refer to the appropriate agency through safeguarding protocol where evidence suggests this is necessary and make welfare referrals where appropriate. London Fire Brigade have made a number of referrals throughout the year in accordance with Brigade policy which defines a safeguarding referral as a situation where a person is being abused, as opposed to a welfare referral which is generated when a serious risk is identified to a person's welfare. Of these one has been referred through the urgent safeguarding referral process. The remainder have been treated as welfare referrals and referred to appropriate services and agencies within the borough.

Training

Although no formal training is carried out for operational LFB staff, the two policies related to Safeguarding will be covered annually during lecture periods. Members of staff within our Community Safety department that work specifically with children and young people receive bespoke safeguarding training.

Copies of the policies are also available to staff at all times to inform their decision making if they are in a situation with a potential safeguarding issue.

Key developments for 2014/15

London Fire Brigade will continue to build links with partner organisations in the borough to raise awareness of the risks to adults from fire. We will build on work to highlight the increased fire risk for people with mental health problems, the dangers of hoarding and to promote the provision of arson proof letter boxes and fire retardant bedding. LFB will support partners by providing advice in relation to fire safety in the home and by promoting domestic sprinklers for those deemed to be at very high risk from fire.

Both safeguarding policies (Adults at Risk and Safeguarding Children) are currently under review by the central community safety team. Work is underway to update data transfer methods and compile a centrally held safeguarding referral database which will identify safeguarding trends pan London and those who have been previously referred. When the policy review has been completed an appropriate training input for all staff at all levels will be rolled out across the service.

2.4 Homerton University Hospital NHS Foundation Trust

Overview

This report provides an overview of activities aimed at safeguarding vulnerable adults during the period 1st April 2013 to 31st March 2014. It contains an update on the work planned to strengthen the Trust's systems and processes which are important in improving quality of our work to safeguard vulnerable adults.

The profile and awareness of the importance of safeguarding vulnerable adults has increased, particularly in the wake of poor care revealed by covert filming in care facilities and the publication, in February 2013, of the Francis report into the failings at Mid Staffordshire NHS Foundation Trust. This report should be viewed in the wider context of action in Homerton and in response to the Francis Report. In addition, there has been recognition that the statutory framework for safeguarding vulnerable adults has lagged behind that for safeguarding children.

The Care Quality Commission (CQC) the regulator for health and social care in England, assesses whether hospitals, care homes and all other care services provide people with safe, effective, compassionate and high-quality care. The CQC makes judgements using criteria set out in the Essential Standards of Quality and Safety. Safeguarding (Outcome 7: Safeguarding people who use services from abuse) is one of the 16 Essential Standards most closely related to the quality of patient care. CQC inspections of the services provided by Homerton and their involvement in the safeguarding processes led by London Borough of Hackney (LBH) and the City of London also provide assurance of the quality of Homerton's safeguarding functions.

This report highlights activities and achievements against the main indicators or headings used in safeguarding adults self-assessment frameworks². The main priorities for improvements during 2014/2015 are summarised at the end of each section.

Safeguarding Activity

A: Leadership, strategy, governance, organisational culture

In January 2014, Homerton published its organisational strategy called 'Achieving Together: working towards 2020'. This strategy sets out the priorities, goals and values of the organisation and was developed through broad based consultation with patient representatives, staff, external partners and other stakeholders. Homerton's mission is:

Safe, compassionate, effective care provided to our communities with a transparent, open approach.

The mission and strategy are underpinned by a set of four core values each of which is relevant to safeguarding adults

- Safe
- Personal
- Respectful
- Responsibility

The work on developing the vision and values at Homerton took place during 2013 and helps to inform the work specifically focused on safeguarding.

i. Developing shared safeguarding principles

A shared view of safeguarding principles was developed through a joint workshop held in October 2013 which brought staff involved in safeguarding children and adults together. These principles have been used to inform the safeguarding adults workplan 2014/2015.

Safeguarding principles

- A whole family approach
- Provide high quality services which deliver evidence based practice that is built on and connected to the Homerton's values
- The safety of our patients and clients is everyone's responsibility
- Effective and appropriate training for all. This is underpinned by life-long learning, learning from incidents and training models that demonstrably improve competence and confidence.
- Effective multi-agency working and information sharing
- Listening to the voice of the child or vulnerable adult
- A focus on awareness of safeguarding and prevention

ii. Changes in the safeguarding adults team

Homerton's leadership for safeguarding adults underwent major changes during 2013/2014. The Chief Nurse and Director of Governance is the executive lead for safeguarding and changed in July 2013 with the appointment of Sheila Adam.

The Head of Safeguarding Adults changed hands in 2013. Unfortunately this meant the post was vacant for a total of seven months during 2013/2014. The Lead Nurse for Vulnerable Adults left Homerton in March 2014 and the scoping of this role is a priority for 2014/2015. Throughout 2013/2014 there was regular contact between safeguarding staff and staff providing clinical services. Contingency arrangements were also put in place to support clinical staff particularly with complex safeguarding adults cases. The Safeguarding Adults Committee met four times monitoring the safeguarding adults workplan and helping to shape the changes in policies and procedures as well as the safeguarding priorities.

iii. Meeting CQC standards

In the inspection carried out to assess Homerton's community based services in December 2013 and January 2014, CQC found that Homerton met Essential Standard Outcome 7: Safeguarding people who use services from abuse.

CQC inspectors found that:

- People who used the service told us they felt safe with staff. One person using the service told us, *"I feel safe here as I have always had the same midwife, which means I can connect with them."*
- The Trust had policies and procedures for safeguarding vulnerable adults and children, as well as a whistle blowing policy for staff.
- The staff we spoke with demonstrated a good understanding of safeguarding issues and knew how to respond. We asked some members of staff how they would respond to safeguarding scenarios and they provided safe and appropriate answers.
- The Trust's training records showed that staff had attended safeguarding training, as well as training about mental capacity, consent to care and deprivation of liberty. Staff told us that senior staff spoke with them about safeguarding as part of their regular individual and group supervision meetings

In February 2014, CQC under the Chief Inspector of Hospitals examined and rated the care provided at Homerton University Hospital. The inspection team included doctors, nurses, and hospital managers, trained members of the public, CQC

inspectors and analysts. The inspection team carried out an announced inspection visit in early February.

They examined the care provided in A&E, medical care (including older people's care), surgery, intensive/critical care, maternity, children's care, end of life care and outpatients.

Inspectors also visited the hospital unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report which CQC published in April 2014, was based on a combination of their findings, information from CQC's Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC rated whether services were:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Using a four point scale of 'outstanding', 'good', 'requires improvement', 'inadequate'. The table below is a summary of the ratings for each of the eight services inspected as well as for the hospital overall.

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Outstanding	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Intensive /Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Good	Good
Out-patients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Homerton is required to take action on three compliance actions set out below. The first two actions are related to the 'requires improvement' rating for the 'Is care safe?' domain:

1. The Trust must take appropriate steps to ensure that at all times there are sufficient members of suitably qualified, skilled and experienced staff employed on the medical wards.
2. The Trust must ensure that patients are protected against the risks of unsafe or inappropriate care and treatment by means of accurate record keeping, which should include appropriate information and documents in relation to the care and treatment planned and provided to each patient.
3. The Trust must ensure patients and/or their relatives are involved in 'do not attempt cardiopulmonary resuscitation' (DNAR CPR) decisions and ensure these are adequately documented.

A comprehensive action plan has been formulated and is being monitored via the Quality and Patient Safety Board and the Trust Management Board.

Priorities for action 2014/2015:

Leadership, strategy, governance and regulatory standards

- Staffing: ensure there is a full complement of dedicated safeguarding adult staff and build a network of safeguarding champions who will provide peer support and act as a source of expertise within services.
- Governance via overarching safeguarding committee which will meet bi-monthly. Adult safeguarding group will also meet bi monthly to examine adult specific issues.
- Representation and participation in CHSAB and North and East London network
- Culture – Duty of candour indicators
- Audit of the timeliness and quality of Notifications to CQC under Health and Social Care Act 2008, Regulation 18 including 'allegations of abuse'.
- Preparation for Fundamental Standards Regulation 13 safeguarding (which becomes law from April 2015).

B: Responsibilities towards adults at risk are clear for all staff and for commissioned services

Many of the key policies and processes that support staff in recognising and responding to adults at risk were revised during 2013/2014. Examples include:

- *Safeguarding vulnerable adults policies and procedures, 2013*. This simplified the reporting of incidents and aligned it to the seven steps in the Pan-London process.
- *Patients Subject To The Mental Health Act (May 2013)*. This policy was developed to help ensure that the Trust meets its legal responsibilities in relation to the Mental Health Act 1983 and appropriately protects the rights of patients detained under the Mental Health Act within the Trust.
- *Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy, July 2013*. This policy provides guidance on the local policies, practice and procedures that should be followed by Trust staff when working with individuals who have difficulty decision-making. It is intended to ensure that all staff act in accordance with the relevant legal framework.

Priorities for action 2014/2015:

Policies and practice informed by legal frameworks and enquiry recommendations

- Review the safeguarding policies in light of changes in the legal framework underpinning safeguarding e.g. Care Act 2014 and the Cheshire West and Surrey County Council judgements.
- Develop a system for communicating relevant updates from case law, Court of Protection rulings and European Court of Human Rights judgements.
- Review the commissioned and contracted services requirements to demonstrate that the MCA is complied with in conjunction with safeguarding children.

Revise the recommendations for action developed following the enquiry into the activities of Saville in NHS organisations.

C: Organisation's approach to workforce issues reflects a commitment to safeguarding and promoting the wellbeing of adults at risk

Homerton is committed to carrying out robust and safe recruitment procedures and practices. Assurance that these procedures are followed is provided by the monthly performance reports within each of the service divisions.

There is good evidence that the more engaged staff members are, the better the outcomes for patients and the organisation generally. The Trust encourages staff to participate in the annual national NHS staff survey and the quarterly staff 'Friends and Family Test'³. The NHS staff survey 2013 showed that Homerton was in the top

³ The staff Friends and Family Test is a confidential survey administered by The Picker Institute. The survey asks two questions and answers range from 'extremely likely' to 'extremely unlikely'

- How likely are you to recommend "your trust" to friends and family if they needed care or treatment?
- How likely are you to recommend "your trust" to friends and family as a place to work?

20% of trusts for staff who were highly engaged in their work, in their team, and in the Trust. Homerton is also in the top 20% of trusts providing opportunities for staff personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

Fostering an open transparent approach is central to the Trust's mission and is particularly important in encouraging and enabling staff to report any safeguarding adults concerns. Homerton has signed up to the Nursing Times 'Speak out safely' campaign which encourages any staff member with a genuine patient safety concern to raise this within the organisation at the earliest opportunity.

Training on the key principles of safeguarding adults is part of the statutory and mandatory training delivered at the induction of all new members of staff. Safeguarding adults is also part of the annual mandatory update which was delivered to all staff via a training booklet in 2013/2014. The table below shows that the average percentage of staff trained at level 1 in 2013-2014 was 95.59%. These figures are reported to the Trust Board each month as part of the report on the quality of services provided.

Safeguarding Adults Level 1 Mandatory Training Completed (%)

Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
95.99	94.36	93.22	90.55	91.63	91.16	98	99.97	99.97	99.94	96.60	95.69

Safeguarding adults level 2 training is provided as a mixture of bespoke courses and mandatory clinical updates in for example the maternity service. Safeguarding adults level 3 training: focused on staff undertaking an investigation when a safeguarding alert has been raised. The table below shows the level of the uptake of training as of May 2014.

Safeguarding Adults training level	Number of staff requiring Safeguarding Adults training at specified level	Number of staff completing training	% of staff trained
Level 2	784	754	96.17%
Level 3	37	36	97.30%

Whilst the uptake of training at all levels is excellent, it is unclear whether the training models in place during 2013/2014 enabled all the right staff to feel confident and competent to recognise safeguarding adults concerns and take the appropriate action. Analysis of a proportion of incidents reported as safeguarding adults concerns during 2013/2014 highlighted the complexity of many of the issues surrounding adult safeguarding in diverse and deprived communities in Hackney and

parts of the City. The priorities for 2014/2015 are summarised in the box below and have been shaped partly by this analysis.

Priorities for action 2014/2015:

Developing a competent and confident workforce in adult safeguarding informed by staff and patient feedback

- Develop a comprehensive safeguarding adults training plan to include competencies at each level of training by job role, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training, Best Interest Assessor training, Safeguarding Alert Management and safeguarding adults investigation
- Develop methodology for assessing safeguarding adults competencies pre and post training.
- Develop a programme of Prevent training and awareness
- Ensure analysis of staff and patient feedback from 'rounding' style visits, complaints, incidents and PALS enquiries relevant to safeguarding adults is used in training programmes and service improvement

Develop a process for providing feedback to staff who report adult safeguarding concerns

D: Effective inter-agency working to safeguard and promote the wellbeing of adults at risk

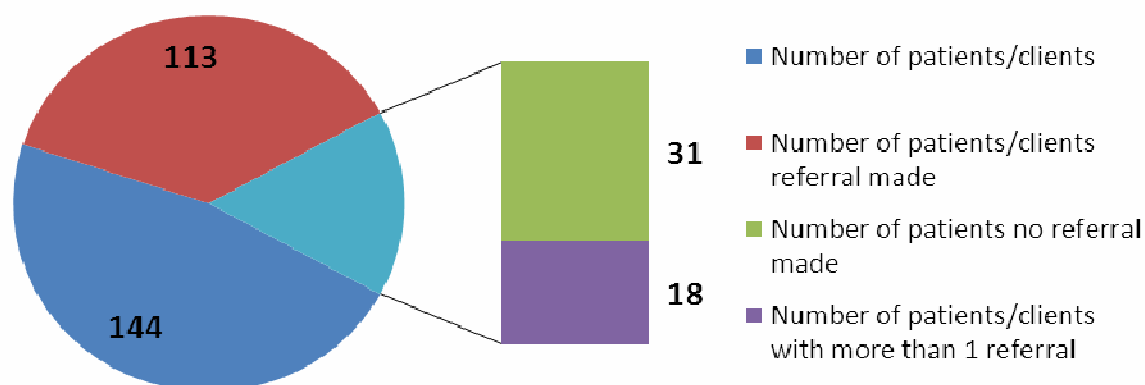
Homerton has been an active participant in multi-agency safeguarding adults meetings such as the North East and Central London Safeguarding Network and the City and Hackney Safeguarding Adults Board (CHSAB).

The Trust executive lead for safeguarding is a member of the CHSAB Executive and has disseminated findings and action from the CHSAB. Trust staff have completed safeguarding adult referrals in line with the Pan-London guidance and have participated in strategy meetings and case conferences. However, the Trust recognises that there were gaps in the consistency and timeliness with which safeguarding adults referrals were submitted and the systems for capturing the lessons and outcomes from these referrals needs to be strengthened.

As noted above, Homerton's process for reporting referrals and incidents regarding safeguarding adults was revised in autumn 2013 following a consultation exercise undertaken with staff by Head of Adult Safeguarding. The process was simplified to mirror the seven step Pan-London guidance. Homerton staff were required to report all safeguarding related incidents on the central Datix incident reporting system.

Whilst there is an 'adult protection' category that staff may use when reporting incidents, categorisation of incidents can vary according to the type of safeguarding incident. Some staff use the 'Category' box to indicate the type of abuse witnessed e.g. violence, harassment etc. The charts below were derived from analysis of a sample of incidents reported between March 2013 and April 2014. All the incidents including in this analysis were categorised as 'adult protection' related.

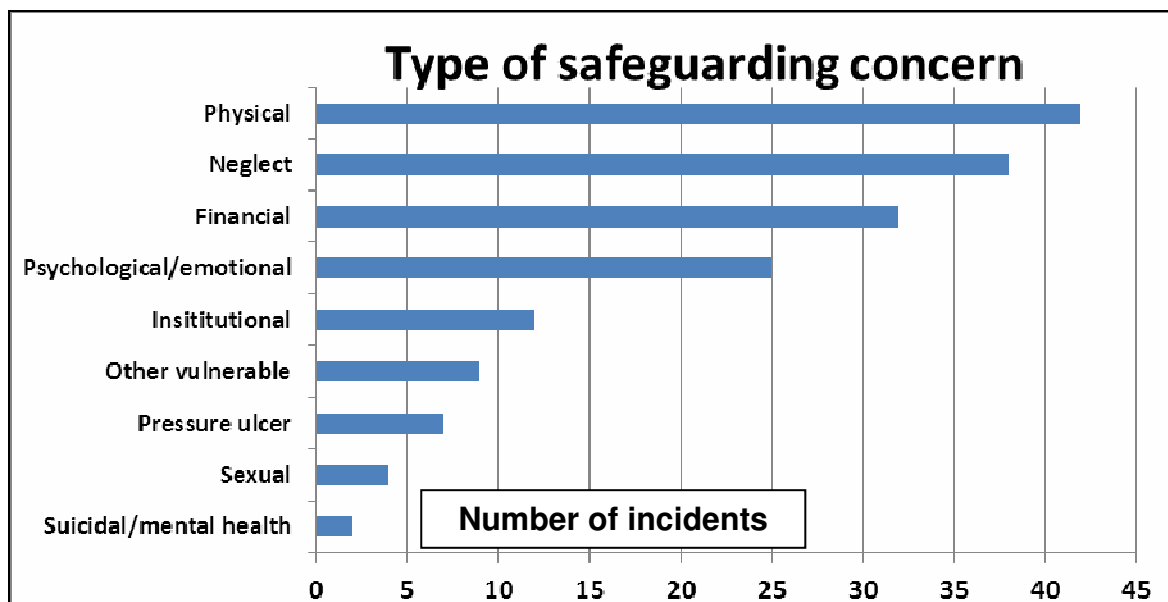
Analysis of incidents reported under the category 'adult protection' during March 2013 to April 2014



162 incidents were reported as adult protection and these involved 144 patients. 18 patients had more than one incident report (mainly 2 reports, though one patient had 3 reports). A patient may have more than one incident on the same ward, or more usually when they have moved ward or service e.g. moved from Graham ward to Mary Seacole Nursing Home.

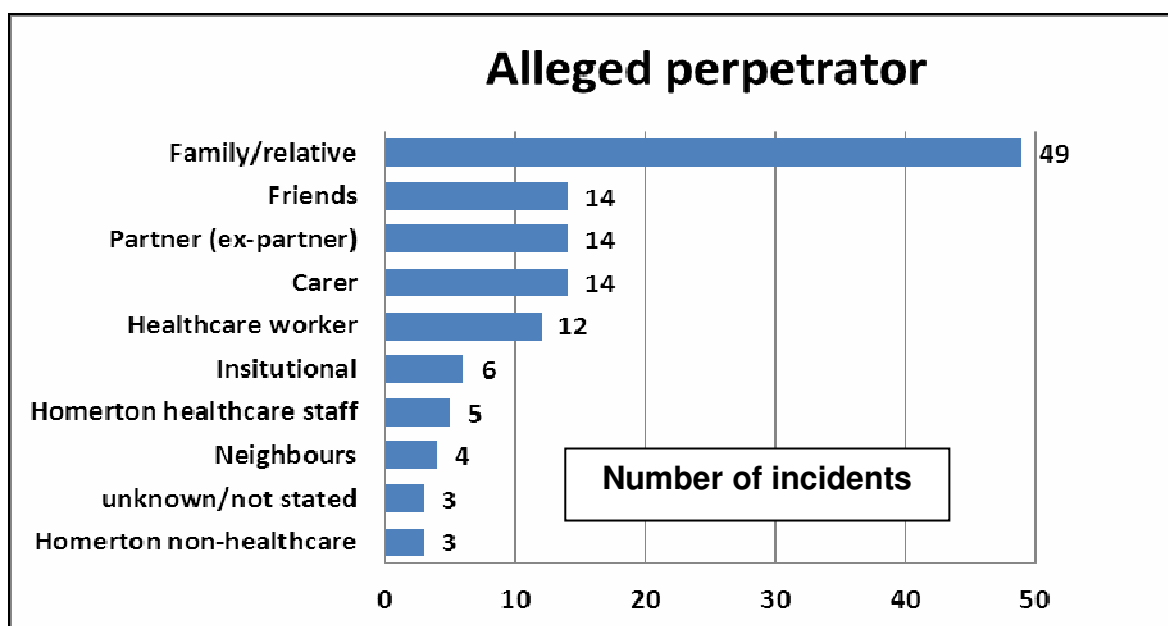
31 patients out of the 144 patients did not have a safeguarding referral. This is consistent with the fact that not every adult safeguarding incident meets the threshold for a referral. Analysis of the incidents where a safeguarding referral was not made showed that staff used the adult protection category to signal that the patient would need particular attention or arrangements for discharge planning for example. In addition, there were a small number of cases involving pregnant women or women with children at risk so the safeguarding approach taken was via safeguarding children processes. Most, but not all safeguarding referrals were made to LBH. Referrals were also made to the London Boroughs of Islington, Newham, Tower Hamlets and Waltham Forest.

The 162 incidents were examined to see the types of abuse noted and the alleged perpetrator of the abuse.



Please note that an incident may involve more than one type of safeguarding concern, for example financial abuse together with psychological/emotional abuse. The pressure ulcers category includes ulcers (grade 3 and 4) acquired in the community (mainly in nursing homes). There have been 5 grade 3 ulcers attributed to Homerton between January and March 2014. A task group to examine and take action on pressure ulcers was set up during 2013, led by a divisional Head of Nursing for acute services.

The chart overleaf shows a categorisation of the 'alleged perpetrator' involved in the adult protection incidents. It is striking that some of the 'alleged perpetrators' are themselves vulnerable due to 'hidden harms' such as substance misuse or mental health problems.



Please note that the category 'Homerton healthcare staff' includes staff working as 'agency' staff at Homerton. The 'Homerton non-healthcare staff' include staff providing services to Homerton as part of a contracted service. The 'Carer' category includes 'informal' caring arrangements as well as staff in nursing homes. The 'Institutional' category denotes where an organisation's systems have been implicated in the incident e.g. failed discharge planning.

The safeguarding team will use this analysis in a variety of ways during 2014/2015, including improving the Datix incident reporting system and in developing case studies used in safeguarding adult training and competency assessments.

Priorities for action 2014/2015:

Improving adult safeguarding processes and outcomes through learning from incidents and referrals

- Review and develop the Datix reporting system by devising a bespoke section for 'Safeguarding'. This will support triggers for safeguarding action such as DoLS applications, capacity assessments, safeguarding referrals and CQC notifications. An improved system will also underpin more timely and accurate analysis of adult safeguarding incidents and referrals.
- Devise a system to capture all safeguarding referrals consistently. The system will support the objective of analysing the appropriateness and quality of referrals and the outcomes, including the learning from each referral.

(These improvements will feed into the priority to improve the competence and confidence of the workforce in acting on adult safeguarding issues).

E: Addressing issues of diversity

F: People who use services are informed about safeguarding adults and empowered within the organisation's responses to it

A key member of the adult safeguarding team, the lead nurse for vulnerable adults, pioneered and led the work undertaken at Homerton on the equality objectives. In particular, she led participation in the MIND/Rethink 'Time to Change' campaign to tackle stigma and discrimination by changing attitudes and behaviour towards mental health problems. The adult safeguarding team is committed to continuing this participation in the wider work on Equality and Diversity.

'Respectful' and 'Personal' are two of the four core Homerton values and involve: 'providing services that meet the diverse needs of our communities' and 'actively listening to and involving patients and service users in decisions about their care';

Homerton provides information to adults at risk and their families about safeguarding adults in written and pictorial formats

Priorities for action 2014/2015:

Using the Homerton values 'personal' and 'respectful' to improve adult safeguarding practice

- Improve data capture on issues of diversity to enable analysis of incidents and referrals against the protected characteristics in the Equality Act 2010
- Revise and refresh Homerton's participation in joint working with East London NHS Foundation Trust to ensure that the physical/medical health needs of mental health patients are met effectively and well managed. This work will also involve collaboration with the Homerton Psychological Medicine service.
- Develop a plan to improve joint working between adult safeguarding and experts (including patient and service users) in Learning Disability, Dementia and End of Life care.

Develop a plan to capture information and views of the experience of patients and service users involved in adult safeguarding.

2.5 East London NHS Foundation Trust

Overview

The Trust continues to ensure that safeguarding adults concerns maintain a high profile across all its services. This includes a continued active role in the work of the London Borough of Hackney Safeguarding Adults Board. The Locality Director or Associate Director for Safeguarding Adults regularly attends the meetings and ensures all requests are actioned.

Key developments for 2014/15

The Safeguarding Adults Self Assessment Framework report, devised by NHS England, was adopted in **Tower Hamlets** for all partner organisations to complete.

The Report was to be RAG rated according to the following guidelines.

GREEN rating – the organisation meets the requirement consistently across the organisation.

AMBER rating – the requirement is met in part; there may be pockets of excellence and areas for improvement.

RED rating - the organisation does not meet this requirement.

The Trust assessed itself to have 20 Green and 4 Amber ratings, with no identified Red ratings. The four Amber ratings, outlined below, will be added to the Trust Annual Report Workplan with the aim of achieving Green rating for all 24 standards by the end of 2014/15.

- B3 All services demonstrate compliance with the Mental Capacity Act
- C2 Supervision policy and practice routinely address staff safeguarding responsibilities
- F3 Provision of written information and guidance by the Trust for Adults at Risk within the services and their involved family members
- F4 Feedback is sought from adults at risk, who have been the subject of safeguarding support and/or investigation, about their experience of the outcome.

Safeguarding activity/incidents

There have been no Serious Case Reviews or Domestic Homicide Reviews involving Trust service users during this year.

Training

The Trust has consistently achieved over 80% compliance for staff across all Trust services attending Safeguarding adults training at Level 1. It is anticipated for next year that the Trust will be able to report on Level 2 course for staff with designated roles in implementing procedures.

2.6 City and Hackney Clinical Commissioning Group

Overview

NHS City and Hackney Clinical Commissioning Group (CCG) is a newer NHS organisation. CCGs are led by GPs, allowing them to be better placed to assess, understand and meet the health needs of their patients, ensuring effective and accessible healthcare for all. City and Hackney CCG is made up of 44 GP practices. The CCG is responsible for:

- Understanding the health needs of the population
- Facilitating the design and redesign of services
- Buying services
- Measuring the impact of services and how well they are provided.

City and Hackney CCG is committed to commissioning patient care that is high-quality, effective and safe. As a major commissioner of local health services, the CCG recognises its responsibilities to ensure that the organisations it commissions have effective safeguarding systems in place and that these systems are monitored appropriately. The Chair of the CCG Board has overarching responsibility for all Safeguarding across the CCG and there is a local GP Clinical Lead for Adult Safeguarding.

Safeguarding Activity

Safeguarding Adults has been a high priority for the CCG during 2013-14 and achievements during the year have included:

- Publication of the CCG's Safeguarding Adults Policy – comprehensively outlining provider organisations responsibilities around Adult Safeguarding
- Providing training in primary care for GPs and nurses on Safeguarding Adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).
- Securing extra funding from NHS England to allow for more resources around training in MCA) and DOLS – this money will be used during 2014-15 to fund further training in primary care for both clinician and non-clinical staff members, the London Borough of Hackney and the Safeguarding Adults Board itself.
- Being fully engaged with the local Safeguarding Adults Board and Health and Wellbeing boards.
- Working closely with partners in the Safeguarding Adults Board to help prepare for the Care Act introduction in April 2015.
- 24 safeguarding alerts were made from Primary Health staff between March 2013 and April 2014. 14 of these alerts were then fully investigated under the LBH safeguarding procedure. Of the 14 investigations 2 were substantiated, 3 partially substantiated, 4 not substantiated and 5 inconclusive.

The CCG is looking forwards to continuing working with partners during 2014-15 to prepare for the statutory changes coming into effect with the introduction of the Care Bill in 2015.

2.7 Care Quality Commission (CQC)

Overview

CQC is a committed member of CHSAB and supports the Board's strategy for prevention and gives advice and support in adults at risk cases as required. CQC has developed a safeguarding protocol for its staff in February 2013 which describes their role in safeguarding children and adults. The underpinning priorities are:

- focus on quality and act swiftly to eliminate poor quality care;
- making sure that care is centred on people's needs and protect their rights.

Our local CQC regional manager attends the Board promoting CQC's role, sharing regulatory information and contributing to partnership working. CQC made one direct safeguarding alert referrals in 2013/14. The CQC, has adopted a five pillar question system of review which includes: is the service safe, effective, caring, well led and responsive to peoples needs.

2.8 Barts Health

Overview

This section details the work that has been undertaken at Barts Health to ensure that the people in our care, who are at risk of abuse or neglect are protected and to provide assurance that we are compliant with the Care Quality Commission (CQC), essential standards for Safeguarding Adults.

It includes

- An update on the team
- A summary of key work undertaken in the last year
- An outline of work planned for 2014 – 2015

Staff and Team Developments

This year has been a time of transition and development for the Safeguarding team. We have now fully recruited to the team which is made up of a lead post Head of Safeguarding Adults; a Safeguarding Co-ordinator, a Lead Nurse for Learning Disabilities and an appointment made to lead in mental health, the Mental Capacity Act; Deprivation of Liberty Safeguards and the PREVENT Strategy. The team also has a designated administrator.

The learning disabilities post is a new post, developed in response to feedback from carers regarding the need to improve the support offered to people with learning disabilities who are admitted to hospital.

The appointment of a lead for MHA/MCA/DoLS occurred before the Cheshire West judgment but will support the new and increased workload deriving from that judgment as well as the Trust-wide training needs that follow from it. Since the appointment, the Trust's MHA arrangements have been consolidated, through the

agreement of an SLA for MHA administration with each of our partner MH Trusts. The post holder also has responsibility for leading a work stream relating to the use of restraint in clinical settings.

Training

As planned we have improved the staff training compliance this year.

Overall training compliance figures for Barts Health are

Level 1 96%

Level 2 93%

Training compliance across the hospital sites is set out below

Level	WXH	NUH	RLH	SBH	LCH	MEH
1	94%	94%	94%	97%	98%	97%
2	92%	94%	90%	95%	95%	96%

The statutory training has been supplemented with bespoke training provided to the nursing preceptorship programme, sessions for student nurses and to clinical teams in trauma, accident and emergency and cardiac services.

Key achievements 2013 – 2014

- **Developing effective information systems**

A safeguarding adults' tracker database has been developed to support the safeguarding work. The database provides regular information to Trust Directors and a point of reference for the safeguarding team to ensure timely progress of investigations. The database will enable thematic analysis of safeguarding concerns raised by Borough, hospital and ward so that trends can be identified, concerns addressed and training needs met.

Partnership Working

- With other partners, Barts Health has adopted the Safeguarding Adults at Risk Audit to be monitored by NHS England. The audit will enable us to identify and share good practice as well as identify priorities for improvement and inform our annual work plan.
- The membership of the internal committees that support the safeguarding agenda at the Trust has been extended to include the Borough Safeguarding Service Managers and Commissioners in order to improve communication and facilitate greater partnership working.
- The policies and processes in place that will support compliance with the mental capacity act and deprivation of liberty safeguards are being developed.

Safeguarding activity

The total number of safeguarding alerts raised last year was 126. These are broken down by service in the table below. The highest number of alerts was raised in our

Emergency Care and Acute Medicine Group. This is the largest service group in the Trust and incorporates stroke, older people's services and accident and emergency.

Clinical Academic Group	Number of Safeguarding Alerts Raised
Cardiovascular	3
Community Health Services	2
Chief Operating Officer	1
Clinical Support Services	6
Emergency Care/Acute Medicine	106
Nursing Quality Governance	1
Surgery	7

CQC Inspection and Safeguarding

The Care Quality Commission undertook an extensive inspection of services across Barts health throughout November 2013. One key recommendation of high importance to the safeguarding agenda is that the Trust should improve in how it listens to staff and responds to their concerns. The key actions are to:

- Reaffirm that bullying and harassment has no place in the organisation
- Provide an anonymous web based tool for staff to use to contact a director personally for help, advice or to raise concerns.
- Extend the staff partnership forum to improve engagement and hear staff views from across the Trust.
- Commission independent research to investigate and understand staff experiences in the workplace.
- Promote a safety culture in particular the visibility of managers. This includes the appointment of Hospital Director, Hospital Matron and medical equivalent working in alignment with CAG leads; re launch first Friday with greater involvement of executives in the work of clinical areas and increased executive visibility on all sites at the weekends.

Plans for 2014 - 2015

- Training for the PREVENT initiative will be commenced in the Emergency Departments. The safeguarding children team will be involved in the organisational assessment process for PREVENT to ensure an integrated approach.
- The Statutory training books are to be developed further to include information about human trafficking, Female Genital Mutilation and more detailed information about learning disabilities and the PREVENT agenda.
- The procedures in place to ensure timely and effective multi-agency working with the 3 main Boroughs are being clarified to ensure that expectations and timeframes are understood and met.

Plans for 2014 – 2015 cont'd

- Work priorities will be clarified and agreed following a review of the evidence available to support achievement of the standards outlined in the Safeguarding Adults Audit Tool.
- To increase the involvement of clinical services in the integrated safeguarding assurance committee to receive regular assurance reports from them.
- To agree a sector wide pressure ulcer reporting pathway in relation to safeguarding, through the CCGs and Borough safeguarding teams.
- To agree an internal standard operating procedure for contributing to Serious Case and Domestic Homicide Reviews.
- To further develop the internal safeguarding tracker to enable more detailed data capture and analysis.

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Committee:	Date:
Safeguarding Sub Committee	19 February 2015
Subject: Update on Child Sexual Exploitation	Public
Report of: Director of Community & Children's Services	For Information
<p style="text-align: center;">Summary</p> <p>This report updates Members on the work being undertaken in the City of London to address issues in respect of Child Sexual Exploitation (CSE).</p> <p>It reports the development of a City of London CSE Action Plan and the establishment of the Multi Agency Sexual Exploitation (MASE) group. It also reports the completion of a peer review with the London Borough of Camden and includes the self-assessment conducted for the process.</p> <p>The report confirms that to date there have been no reported cases of CSE in the City of London or involving any of the City's children. The report also highlights that while the City of London's work in respect of CSE is driven by the City and Hackney Safeguarding Children Board CSE Strategy, the City's best interests are served by adopting a City of London specific Action Plan, the implementation of which will be overseen by the MASE group.</p> <p>Just under half of the actions of that Action Plan have been fully completed with the remainder underway.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report 	

Main Report

Background

1. Since the publication of the Jay Report into CSE in Rotherham, significant efforts have been made at national, regional and local level to ensure that safeguarding systems and arrangements are fit for purpose and responsive to the needs of vulnerable children and their families.
2. The City of London has been represented on the City and Hackney Safeguarding Children Board (CHSCB) CSE Working Group for over 12

months. This group has been developing a CHSCB CSE Strategy. The final version of this strategy will be formally signed off in early 2015. However, much work has been taken forward in terms of awareness raising and training across Hackney and the City of London.

3. In October, the Association of London Directors of Children Services (ALDCS) and the London Safeguarding Children Board tasked London partnerships to carry out peer reviews of their CSE arrangements before the end of 2014.
4. This report updates Members on the findings from the self-assessment, which is attached to this report under the heading 'Tackling the Challenge of Child Sexual Exploitation in London' (Appendix 1). This report also provides further information regarding the City of London CSE Action Plan (Appendix 2) and the establishment of a City of London Multi-Agency Sexual Exploitation (MASE) forum.

Current Position

5. During November and December, representatives from the City of London Police, Community and Children Services, City Gateway (Youth Services providers) and the CHSCB, carried out self-assessments of their CSE arrangements. These formed the basis of the City of London partnership self-assessment submission to Camden.
6. A peer review meeting took place on the 15 December 2014 to provide challenge of the City's draft self-assessment and identify common issues experienced by both Camden and the City. A final version of the City's self-assessment was submitted to the ALDCS following this review.
7. During this process of self-assessment the City of London partners recognised the need to establish a City of London specific CSE Action Plan, which would help to realise the ambitions set out in the CSE Strategy, but would be City of London specific. Prior to this, all CSE work had been framed in the context of City and Hackney together, which did not allow for the distinct profiles that each area has in respect of CSE.
8. The Action Plan sets out a number of sought outcomes against the 5 priority areas that the draft CSE Strategy covers;
 - a. Knowing Our problem, Knowing Our Response
 - b. Strong Leadership
 - c. Prevention and Early Intervention
 - d. Protection and Support
 - e. Disruption and Prosecution
9. Each of these outcomes has been rag rated either red (not started), amber (underway) or green (completed). None of the outcomes have been rag rated red.
10. The self-assessment exercise confirmed that no children resident in the City of London have been identified as being at risk of, or experiencing CSE. A recent deep dive review of all open cases to Children Social Care identified

two young people with potentially increased CSE vulnerability factors. However, there was no evidence to indicate that they had been subject of CSE. Work continues with these young people to minimise further any risk factors.

11. The awareness and approach within the City Police is supported by a CSE protocol, CSE Fast Track Actions guidance, CSE Warning Signs guidance and a police CSE Action Plan. In addition to this, the City of London has established a MASE group, which is co-chaired by the City of London Police and the Children Social Care service.
12. The first meeting took place in December 2014 where membership and Terms of Reference were agreed. This forum will enhance data sharing and the use of soft intelligence indicators to identify CSE risk that will ensure those at risk come to notice. It will also provide a specific focus on those identified as most vulnerable. The City Police will produce a problem profile in relation to CSE which will be presented to the next MASE meeting in early 2015.
13. The work of the MASE will be reported into the CHSCB CSE Working Group and the City of London Safeguarding Children Sub Committee.
14. As well as establishing a local MASE, other themes that emerged from the self-assessment and peer review which will be taken forward as part of the MASE and CHSCB CSE Working Group include;
 - a. Cross boundary issues including information sharing with neighbouring boroughs in respect of the movement of young people. While the City of London does not have any known local gang activity, community based intelligence suggests that there might be some gangs that come in and out of the City. Sharing intelligence with relevant local authorities will be key to adopting a successful regional approach to tackling CSE.
 - b. Camden and City of London both have major transport hubs. The peer review noted the importance of engaging British Transport Police and TfL in developing regional approaches to identifying vulnerable children in these locations.
 - c. The night time economy for some London local authorities will present a unique set of challenges which will need to be addressed at a regional as well as local level. City of London and Camden both have significant night time economies. Police intelligence is shared via the Police National Database and force intelligence bureau. The City police will share information with teams in other boroughs on a case specific basis.
15. Over the course of the next three months, further work is to be undertaken at a local and regional level to maximise safeguarding arrangements. The CSE Strategy will be formally signed off, the MASE meetings will be fully operational working to agreed Terms of Reference and at a regional level the police and local authorities will be collating the findings from the London wide peer reviews to support a regional response.

Corporate & Strategic Implications

The work of Community and Children's Services, City of London Police and our partners in respect of CSE supports our communities, makes the City safer and helps the City to continue to provide modern, efficient and high quality local services.

Conclusion

16. This report has provided an update on the findings of the recent self-assessment and the City of London specific Action Plan. Whilst there have been no reported cases of CSE in respect of City of London children, the partnership has prioritised the need to ensure robust local systems are in place to be able to support early identification and response to any potential concerns or issues that might arise. The work will be overseen via the MASE and the Safeguarding Sub Committee.

Appendices

- Appendix 1– Tackling the Challenge of Child Sexual Exploitation in London: City of London self assessment
- Appendix 2 - City of London CSE Action Plan.

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Tackling the challenge of Child Sexual Exploitation in London

City of London

1 How do these children come to notice?

- 1.1 No children resident in the City of London have been identified as being at risk of, or experiencing child sexual exploitation (CSE). We have a small population in which there are approximately 900 children. We currently have 13 children in need and child protection cases, and eight children looked after. A recent deep dive review of all open cases identified two young people with increased CSE vulnerability factors.
- 1.2 The low number of children and young people living in the City does not negate the potential risk to either them or to other children and young people visiting the area. Any such risk must be seen in the context of the City having the highest daytime population density of any local authority in the UK, with major transport hubs and a growing night time economy.
- 1.3 Our focus is therefore on ensuring that robust processes and awareness enable the identification of the risk or occurrence of CSE.
- 1.4 The needs of children and young people and the risks to them, including that of CSE, are identified across partners and alerted to the Children and Families service directly. A single point of entry into Children and Families services ensures rapid assessment of risk and need. This entry point is overseen by a single Team Manager and single Service Manager ensuring decision making is robust, timely and consistent.
- 1.5 The structure of the City's Children and Families service, in which early help is co-located with a generic children's social work service, designs out barriers to transfer and obviates the risk of drift or delay in step up or step down across thresholds. The City's revised thresholds document requires immediate referral to social care and/or the police where actual or suspected CSE is identified. Revised practice standards have been adopted to strengthen our approach and reflect lessons from case audits.
- 1.6 The awareness and identification of CSE has been supported by training of partner agencies (and some local businesses) and the participation and membership of our schools, health partners, youth services and the police in the City and Hackney Safeguarding Children Board (CHSCB) - City of London Sub Committee.
- 1.7 The City has good engagement with its schools – which are predominantly independent. Maintaining this, and ensuring continued awareness, good practice and coverage within the curriculum will present an on-going challenge.
- 1.8 The use of a Common Assessment Framework (CAF) across partner agencies has been supported by training on its completion. The CAF prompts consideration of issues such as health, emotional, social and behavioural development. All CAF forms submitted

are triaged by the duty social worker and through this process any risk indicators of CSE would trigger escalation.

- 1.9 Protocols and service level agreements with our partners in foster care agencies, City schools, the police, youth services and youth offending require the sharing of data on children missing from school or home, engagement in offending, substance misuse issues and other risk indicators.
- 1.10 The City faces a challenge in that a significant number of children and young people attend schools in neighbouring local authorities, and all looked after children are placed out of borough. Their potential exposure to risk could be associated to problem profiles relevant to those respective areas, but unknown to the City. CSE risk factors such as missing from school may not be shared with the City.
- 1.11 Where CSE is reported to the City police it is flagged. Such reports may result from the direct action or response to an incident by police, public reporting, anonymous information, police intelligence and referral from partner agencies. Intelligence of CSE on non-crime reports is flagged and shared with the Public Protection Unit (PPU). The awareness and approach within the City police is supported by a CSE protocol, CSE Fast Track Actions guidance, CSE Warning Signs guidance and a CSE Action Plan.
- 1.12 The City's "Notice the Signs" campaign promotes awareness of safeguarding risks to children and adults. The campaign uses posters and road show events to promote this message to a range of target groups (staff, Members, residents). Although it is not CSE specific it aims to highlight the responsibility of all residents, staff and workers in the City to report concerns where they notice signs of harm, neglect and/or exploitation of children and vulnerable adults.
- 1.13 Our City Gateway youth service has used its condom distribution programme to provide information advice and guidance to young people about sexual health and positive relationships. This activity is recorded on a pan-London database in order to identify risk factors evident through engagement across several settings.
- 1.14 It is unlikely that sexual health services commissioned by the City and Hackney CCG are those that young people in the City access. The extent to which young people in the City use services in Islington and Tower hamlets is not known
- 1.15 The City's Children and Families team has also been working on a programme of awareness raising sessions with the local Bangladeshi community which in February 2015 will focus on CSE.
- 1.16 The establishment of a Multi-Agency Sexual Exploitation (MASE) will enhance data sharing and the use of soft intelligence indicators to identify CSE risk that will ensure those at risk come to notice and provide a specific focus on those identified as most vulnerable.

- 1.17 A girls' school attended by City of London children in a neighbouring borough has been identified as at potential risk for CSE. In response the City Gateway youth service organised a residential trip in May 2014 for City pupils attending the school to help develop confidence and their knowledge of sexual health and positive relationships - therefore mitigating risks of exploitation.
- 1.18 The City has a number of major transport hubs which may provide a point of entry for vulnerable children and young people. Liverpool Street station links directly to Stansted Airport. There is no evident engagement with British Transport Police on the CSE agenda. Many black taxis and mini cabs serve the City without being based here – presenting a challenge and opportunity to work across boundaries and with Transport for London (in their licensing capacity) to raise awareness of CSE.
- 1.19 There are also a large number of hotels in the City that provide for both business visitors and tourists. The City has developed a toolkit to support hotels identify and respond to incidents including CSE.

2 What are the arrangements for the management and oversight of these children?

- 2.1 The commitment and focus of the City is on robust operational practice and strategic oversight to ensure any CSE cases are rapidly identified and managed. This is led through the commitment of Members and the City's Town Clerk (Chief Executive). A lead Member for Safeguarding has been appointed, whose role is supported by the Safeguarding Sub Committee.
- 2.2 At an operational level, any identification of vulnerability and risk factors associated with sexual abuse or CSE are immediately reviewed by the Team Manager or Service manager. A single point of entry to services ensures clear oversight by professionals. Decisions made in relation to a case are placed on file. The City's integrated care system (ICS) requires front line practitioners to identify and record where children and young people are identified as potentially vulnerable.
- 2.3 All statutory cases are led by a qualified Social Worker and supervised by an experienced manager. This allows for challenge/scrutiny and supports appropriate step-up or step-down where risk changes. Supervision, case reviews and audits are regular and ensure continuing quality of case work and support the minimisation of risk to children and young people.
- 2.4 The City has invested in and expanded its early help offer. This has provided the capacity to ensure partners are trained and confident in identification and assessment of need and the process of referral into services. Our commitment to effective partnership is delivered through monthly multi-agency meetings and a "team around the child" approach to co-produced assessment and response planning.

- 2.5 All CIN and CP plans are recorded on the ICS. Plans form part of the Core or CIN Group meetings and therefore attract multi-agency input and scrutiny. Children looked after are subject to regular reviews.
- 2.6 The City's quality assurance (QA) framework has been reviewed and revised and a timetable established to ensure that practice and standards remain at the highest level. All open cases have been audited in the last twelve months.
- 2.7 The revision of social work practice standards has restated the necessity to carry out a return from missing interview and compliance will be monitored through the QA process.
- 2.8 Transparent and open practice is supported by a formal Escalation Policy to ensure that officers can be confident that safeguarding concerns are heard and responded to. This has been presented to Members through the Safeguarding Sub Committee.
- 2.9 The CHSCB supports the City to challenge practice and identify where improvements can be made. This includes the multi-agency audit and review of cases to drive practice improvement.
- 2.10 Criminal investigation and reports are overseen by the Public Protection Unit's Detective Inspector to ensure effective safeguarding practice, referral to other forces where appropriate, and referral to the City's Children and Families team where necessary. Responses are governed by the CSE Protocol and Fast Track Actions policy.
- 2.11 The City has established a MASE group to strengthen risk profiling through the triangulation of formal monitoring and soft intelligence. This group will also support the identification and implementation of actions in response to high risk cases.
- 2.12 Strategic oversight is provided by the CHSCB. CSE remains a key strategic focus on the CHSCB business plan and as such is subject to the statutory objectives of the CHSCB to coordinate work across partners and scrutinise the effectiveness of the arrangements to tackle CSE. Enhanced governance arrangements include regular meetings with the City's Town Clerk, Director (both in role as DCS and Chair of the Children's Executive Board) that ensure CSE is kept on the agenda across key strategic leaders. Challenge, oversight and support are also provided through the City's Children's Executive Board and the Safeguarding Sub Committee. CSE is a standing agenda item for the Safeguarding Sub Committee.
- 2.13 CSE has been introduced as an important issue within the strategies that support the operation of Children's and Families as they have been revised. Each renewed strategy is presented and approved by the Safeguarding Sub Committee to ensure Member awareness and support. This focus is evident in the renewed Thresholds document, and the renewed Corporate Parenting Strategy which commits to:

- provide specific training for staff to identify the risk and/or experience of child sexual exploitation that may be experienced by unaccompanied asylum seeking minors
- ensure our foster carers are able to identify the risks of child sexual exploitation and can support online safety that includes the risks specific to children looked after
- establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children.

2.14 A CSE Strategy and Action plan has been drafted by the CHSCB. The current peer review process provides an opportunity to strengthen it where areas for development are identified. The Strategy will be approved by the CHSCB.

2.15 The CHSCB Annual Report will provide an assessment on the City's progress and response to CSE and be subject to scrutiny through its dissemination. Specifically, this will provide opportunity for CSE to be addressed as part of the strategic plans of the Health & Wellbeing Board and the Safer City partnership.

3 What level of protection are they given and how does the LA work with a group who often shun statutory services?

3.1 We have no current or historic cases.

3.2 Our focus is to build trust among, and empower the children and young people in our communities to engage with the services we offer. A higher than average proportion of young people in the City takes up youth services - exceeding the National Youth Agency benchmark.

3.3 We have a Children in Care Council and a Participation Strategy to strengthen engagement. We also undertake targeted work with specific groups, including young people NEET and our Bangladeshi Community.

3.4 We are also seeking to maximise the benefit of all interactions with children and young people to identify CSE risk. This includes the proposed use of CAMHS assessments of all current and new looked after children, and the age assessments of unaccompanied asylum seeking children.

3.5 The Police's CSE protocol and Child Protection Standard Operating Procedure ensure officers are aware of powers to take children into police protection if deemed at risk of harm.

3.6 Further work needs to be undertaken to ensure there is a clear understanding of the range of disruption options that are available to partners and how they are deployed.

4 What do you know about levels of prosecution?

- 4.1 At this current time there have been no City based CSE cases or criminal allegations identified. Protocols and procedures exist to ensure information is shared rapidly and appropriately. Small case numbers for any vulnerable group mitigates risk of delayed or inappropriate referrals and information sharing.
- 4.2 The City's police have access to lawyers with specialist CSE knowledge to allow effective liaison with the Crown Prosecution Service throughout life of a CSE investigation to maximise opportunities for prosecution.
- 4.3 Opportunities have been identified through groups within the City and through the Vulnerable Victim Coordinator within PPU to work closely with victims to ensure they are provided with ongoing care and support throughout the criminal justice journey and beyond.
- 4.4 The police have procedures in place to ensure all PPU CSE case files will be reviewed by the Evidence Review Officer for the PPU prior to submission to Criminal Justice Unit or Crown Prosecution Service (CPS) to assess file quality. This will ensure quality and maximise the effectiveness of evidence and prosecutions files submitted to CPS for all CSE cases.
- 4.5 Victims will be supported and offenders managed by utilising ancillary orders such as SOPOs, ROSHOs, bail conditions to maximum effect.

5 What trends in terms of communities and gang links are you identifying?

- 5.1 There are no gangs known to be based in the City. However, some gangs have been known to enter the City. Through our youth service there is evidence of some awareness of gangs by young people, but no knowledge or suspicion of membership. However, we will continue to monitor this through:
 - data and intelligence from YOS and the police
 - the Safer City Partnership, which includes MARAC and ASB meetings
 - the CHSCB
 - youth services intelligence
 - community awareness raising sessions.
- 5.2 We have identified some specific issues within in our Bangladeshi community. As mentioned above a residential trip of girls from this community sought to tackle low levels of knowledge of sexual health and positive relationships.
- 5.3 We have identified a very 'traditional' approach to arranged married, as well as some evidence of a normalised attitude towards domestic violence among young men in the same community. In response City Gateway is developing a "Man Up" residential, providing a safe environment to challenge some of the attitudes towards these issues.

- 5.4 The City police produced a problem profile in relation to CSE (online and offline). The last was produced in 2013 and the latest profile is due for publishing in December 2014.
- 5.5 The City's day time working population is the largest part of its wider community – dwarfing the residential population. The working population supports a vibrant night time economy and there is clearly an interface with drug misuse and sex working. Our understanding of the risks this community presents in terms of CSE is limited.
- 5.6 Although the presence of gangs and community issues associated with CSE risks are not prevalent in the City, there is a need for a better understanding of the interaction with gangs and communities across borough boundaries. Such understanding could present opportunities for shared intelligence and learning, best practice approaches and joint commissioning.

6 How are you sharing these linkages across borough boundaries?

- 6.1 A number of existing partnerships and structures support cross borough working and practice sharing. The City is part of a shared local safeguarding children board with Hackney. We commission a youth offending service from Tower Hamlets. Our CSE lead in City Gateway is a member of the Tower Hamlets MASE. The City's police and City Gateway are members of the CHSCB Sexual Exploitation Working Group.
- 6.2 These existing arrangements are not comprehensive and risk being limited in their geographic focus. There is an opportunity to strengthen cross borough working with the boroughs above, and to develop linkages in terms of the CSE agenda with other bordering boroughs, especially Islington where a residential population crosses the border.
- 6.3 The City has no local authority maintained secondary education within its boundaries and therefore many young people of secondary age attend schools in neighbouring boroughs. This presents a risk that some schools may fail to notify the City where children are missing from school.
- 6.4 The City participates in a number of Pan London forums where intelligence and learning is shared.
- 6.5 Police intelligence is shared via the Police National Database and force intelligence bureau. The City police will share information with teams in other boroughs on a case specific basis. However, not all CSE contacts are known to the City police across Metropolitan Police Service boroughs and this could risk delay in information sharing.
- 6.6 The City's size and demography reduces the usefulness and learning potential of benchmarking with other boroughs.

7 Is awareness and reporting high for partners such as schools, NHS - acute, GP community services?

- 7.1 Partner awareness is high and supported by participation in a number of multi-agency bodies. Schools, health services, the police, the CCG and Healthwatch are represented on the CHSCB City of London sub group.
- 7.2 The recent Notice the Signs campaign has included promotion of safeguarding issues to staff working within other City teams and departments outside of Children and Families and Adult Social Care. This approach needs to continue, and could be developed to highlight CSE more specifically.
- 7.3 The “Chelsea’s Choice” production was used in 2013 to raise awareness of warning signs of CSE with partner organisations. The City’s primary school has also engaged in the Drug Awareness Resistance Education (DARE) programme, which helps children and young people build skills such as self-confidence, resistance to peer pressure and knowledge of safe lifestyles. While it is not CSE specific, it delivers skills relevant to safeguarding against that risk.
- 7.4 City Gateway’s census of youth safety (2015) will provide an opportunity to measure awareness and identify where resources and activity to raise awareness and map risk should be targeted.
- 7.5 There is limited understanding of whether the risk of CSE, or knowledge of how to respond, among the businesses of the City’s night time economy is sufficient. Licensing powers may present an opportunity to ensure these businesses engage, are aware and have knowledge of how to respond.

8 Key areas for development

8.1 Prevention

- *sustaining the momentum and breadth of awareness raising*
- *developing targeted intervention strategies and approaches for specific groups such as children and young people, UASC, workers, Bangladeshi community and foster agencies*
- *ensure PHSE curriculum and targeted youth support appropriately addresses understanding and risk of CSE*
- *ensure CSE awareness/training and online safety among foster agencies*

8.2 Identification

- *identify CSE specific risk assessment tool that supports consistency of approach and data sharing across teams, boundaries and organisations*
- *ensure opportunities such as CLA CAMHS assessments and UASC age assessments identify CSE signs/risk.*

8.3 Practice

- *strengthen cross authority and organisation working and information/intelligence sharing*
- *identify/agree approach to working with schools out of borough attended by city children*
- *partner with other boroughs to ensure specialist and experienced support available to City workers.*

9 Themes emerging from the Camden and City of London peer review

9.1 Summary of work in Camden and City of London:

Camden	City of London
<ul style="list-style-type: none"> • Risk assessment tool in place and used to identify children at risk. Further work to be undertaken to refresh the tool and expand its use across all agencies • Risk assessment review now being done to demonstrate impact of interventions, with encouraging early results. • Strong awareness raising work such as the Parent Council events and campaign which has been mentioned as an area of best practice by OCC and Ofsted. • The MASE Analyst is a strength of Camden's- this role analyses the wealth of intelligence available to build the problem profile of Camden and feed this information into the strategic direction regarding CSE. • Camden's MASE Analyst feeds into cross- borough working • MsUnderstood project has enabled cross-borough working- more work to do on this in the coming year. 	<ul style="list-style-type: none"> • No children resident in the City of London have been identified as at risk of, or experiencing CSE. • No prosecutions by Police • No known gangs • Despite this, City of London is not complacent: • City of London Action Plan in place • First Multi-Agency Sexual Exploitation meeting has taken place • City of London works closely with other boroughs: Youth Services have strong links with Tower Hamlets and sit on their MASE, City of London also sit on Hackney CSE Working Group • City of London Police work closely with hotels and have developed a hotel toolkit to raise awareness and ensure they understand who to refer into if needed.

9.2 Emerging Joint Themes across City of London and Camden

Though the CSE profile of City of London and Camden is quite different, clear joint themes arose during this review. Both Camden and the City of London are considering their approach with regard to the following areas:

i. **Transport Hubs:**

With significant transport hubs in both Camden and City of London, both boroughs are focusing on the risks associated with transport hubs in terms of the arrival of visitors and the potential for them to be used as areas to traffic young people into and out of the borough. Both boroughs are considering their approach

ii. **Night Time Economy:**

Both boroughs benefit from a thriving night time economy but these areas bring with them significant risk for young people both residing in and visiting the borough. Further work is needed to raise awareness with hotel staff, takeaways, nightclubs and taxi firms to ensure the private sector are able to be part of the solution to CSE in London.

iii. **Cross Border Issues:**

As thriving areas for business and tourism, both Camden and City of London recognise there are three different communities they must focus on: residents, visitors and the workforce. Both Camden and City of London plan to focus on awareness raising with local businesses and companies to ensure they understand their role in tackling CSE.

Similarly, many children of school age may live in one borough but go to school in another; this is particularly the case for City of London. As opposed to taking a fixed 'borough' approach to CSE, both City of London and Camden have already started work with neighbouring boroughs to share intelligence. This will be further strengthened by the MsUnderstood project's North London Cluster.

iv. **Training and Awareness Raising Regularly:**

Both Local Authorities agree awareness raising and training need to be ongoing, single isolated events will not sufficiently get CSE messages across.

v. **Translating information and intelligence into action:**

Though both boroughs feel they have made good progress ensuring information and intelligence is shared and collated across partners and boroughs, it is important to ensure this information translates into clear action and improved outcomes for children and young people at risk of CSE. Both Boroughs highlighted the importance of the Police taking a proactive approach and working with the Local Authority to ensure we make full use of all powers to disrupt including those relating to ASB, Licensing and CCTV.

vi. Looking at risk in a holistic way:

The work of MsUnderstood has already uncovered the importance of looking at the risk areas and vulnerabilities across adolescence including gangs, youth offending, relationship violence, risks associated to the internet and social media, substance and alcohol misuse, ASB and CSE. Both boroughs recognise that the key to tackling CSE is looking at the vulnerabilities of young people as a whole and developing system wide approach to these vulnerabilities.

vii. Prosecution and Disruption

Camden recognises its profile is more related to peer on Peer CSE. In these instances, early intervention and engagement with young people is key and disruption becomes a key factor rather than focusing solely on the prosecution of young people.

9.3 Areas where Camden and City of London would benefit from a cross-borough or London wide approach:

Building on the common themes identified by the City of London and Camden and reviewing the strengths and areas for development that arose through self-assessment; both boroughs feel they would benefit further from closer working either with neighbouring boroughs, or across the whole of London to address the following areas:

i. Common Policies and Procedures:

Though every borough needs to understand their specific profile and respond to the specific needs of their CSE profile. A commonality of approach would help to ensure consistency and support across borough boundaries. Camden and City of London recommend that consideration is given to the development of a common toolkit and approach to CSE- this could be developed as part of the London Councils Pan London Procedures and cover a common approach to language, risk assessment, identification and audit.

ii. Data relating to CSE:

there appears to be a degree of variability across London in the collection and reporting of data relating to prevalence of CSE. Continuing the notion of a common approach, City of London and Camden recommend the development of a common set of data that is monitored and used to shape the strategic direction of London boroughs. This would form part of the performance framework of LSCBs and be used by LSCBs to scrutinise performance of their area in responding to the challenges of CSE and provide benchmarks for comparison across London

iii. Missing Episodes through the Day:

Gathering data on missing episodes through the day is an important element needed to build on the complex profile regarding CSE in every borough. Guidance and a common approach to gathering this data would be beneficial.

iv. A common awareness raising campaign:

Using common language and messages across London would be beneficial both to increase the impact of these campaigns and to make it easier for all who see them to understand key messages around CSE- consideration could be given to ensuring a joint approach with regard to Operation Make Safe.

v. Best Practice:

both City of London and Camden would benefit from further information relating to best practice. This would be particularly helpful regarding primary schools so they understand their role regarding curriculum, PHSE and staff training.

vi. MASE Analyst:

The key purpose of the role is to undertake detailed scoping and intelligence gathering using information collected by partners about individual cases. This information is used to build of the pattern of incidents; the networks which connect victims and potential abusers and the identification of hotspot areas so that services can work together to both identify and prevent abuse. The work of the MASE Analyst has been of vital importance in Camden and we recommend other boroughs develop this role.

vii. Common event with Independent Schools:

Though both City of London and Camden note their work with maintained schools in their boroughs is good and relationships are well developed, independent schools remain an outlier and consequently an area of potential risk. Hence a common event across London or neighbouring boroughs would be a good way to interact with this sector. As already noted, children may live in one borough and attend school in another so a pan London approach to this would be beneficial.



city & hackney
safeguarding
children board

Child Sexual Exploitation

City of London Action Plan

Introduction

Child Sexual Exploitation (CSE) is child abuse. For those children and young people who are abused through CSE, they face huge risks to their physical, emotional and psychological health and wellbeing. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (eg, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

CSE can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice resulting from their social, economic or emotional vulnerability. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

The City and Hackney Safeguarding Children Board (CHSCB) and its partners are wholly committed to tackling CSE. This plan sets out the actions required in the City of London in response to the agreed strategic priorities identified within the CHSCB strategy for CSE.

Priority1: Knowing our problem, knowing our response

Priority 2: Strong leadership

Priority 3: Prevention and early Intervention

Priority 4: Protection and support

Priority 5: Disruption and prosecution

For further information about this action plan or for information about CSE, please visit www.chscb.org.uk or contact Andrew Merkley, CHSCB Board Co-ordinator on 0208 356 4183 / andrew.merkley@hackney.gov.uk

PRIORITY 1: KNOWING OUR PROBLEM, KNOWING OUR RESPONSE

No.	Outcome	Actions	Lead	Timescale	RAG
1	The City operates a regular forum that oversees the operational responses to CSE that builds and interrogates the local problem profile	Establish a City of London Multi-Agency Sexual Exploitation (MASE) meeting with associate terms of reference and relevant documentation supporting its functions.	CHSCB	Dec 14	
		Ensure joint chairing arrangements b/w Police and social care to balance support and investigation			
		Develop and publish an information sharing protocol for MASE to assist with the development and dissemination of the local problem profile	CHSCB	Jan 15	
2	The MASE and CHSCB steering group has a clear analysis of all available City information on CSE activity in order to understand the nature and scale of CSE and plan strategic and operational responses	Develop further the City's problem profile and regularly collect and monitor this data at the CHSCB CSE working group and the City MASE	MASE Chair	Dec 14	
3	Professionals who come into contact with children and young people have knowledge of the local child sexual exploitation profile.	Review and ensure that the CSE training delivered by the CHSCB cites key data in respect of the City's problem profile (without compromising any sensitive information).	T&D Chair	Jan 15	
		City MASE to agree the methodology by which intelligence and information is shared by partners to directly inform prevention and investigation activity.	MASE chair	Jan 15	
		The City MASE to develop links with neighbouring authorities and meet them as required where there are opportunities for cross border collaboration / sharing of intelligence and targeted prevention activity	MASE chair	Mar 15	
4	A baseline audit is undertaken to ensure there are no children and young people currently being worked with by City Children's Services that are at risk of CSE that hasn't yet been identified.	Children's Services to deep-dive audit all open cases to establish if CSE vulnerabilities are a factor in any open case and to contribute to City of London problem profile	CP	Dec14	Complete
5	Professionals in City Gateway, know how many of their young people have identified vulnerabilities associated with child sexual exploitation, and are able to address these vulnerabilities therefore building young people's resilience to exploitation.	City Gateway undertake a baseline audit of all children working with them against the SAFEGUARD mnemonic identified in the City of London Police Operating protocol.	City Gateway	Jan 15	

PRIORITY 2: STRONG LEADERSHIP					
No.	Outcome	Actions	Lead	Timescale	RAG
1.	Senior leaders across all organisations in the City set a culture that CSE will not be tolerated; commit to taking CSE seriously, and provide the best possible service for our communities.	Develop a CSE pledge / statement of intent which is signed by all key statutory organisations of the CHSCB, partners and key organisations within the City of London.	JG	Jan 15	
2.	Local community leaders and businesses recognise and act on their responsibility to protect children and young people from CSE	Develop a CSE pledge / statement of intent available for local businesses and community leaders to sign to demonstrate their leadership and commitment to tackling CSE	JG	Jan 15	
3.	The local response to CSE is regularly subject to leadership scrutiny and challenge in relevant partnership forums in the City – including the Safeguarding Committee (scrutiny), Health and Wellbeing Board, Safer City Partnership	That the CHSCB receive 6 monthly progress reports against the City action plan from the CoL Safeguarding Sub Committee Chair	CoL Sub Chair	-	Complete
		CSE to be a standing reporting item on the City of London Safeguarding Sub Group under the CHSCB and to include updates from the CHSCB working group / MASE chair	CP	-	Complete
		The CHSCB Annual report to provide an assessment on the City's progress and response to CSE and be subject to scrutiny through its dissemination. Specifically, this to provide opportunity for CSE to be addressed as part of the strategic plans involving the Health & Wellbeing Board and the Safer City partnership.	RM	-	Complete
		The independent chair of the CHSCB to ensure that the local strengths and weaknesses of City's response to CSE are communicated directly to the Town Clerk as part of bi-annual meetings, and/or when relevant issues arise.	JG	-	Complete & Ongoing
4.	Front-line staff know who to approach in their organisation to raise / discuss concerns about CSE and know what needs to be done and how to respond.	Each agency to identify a named lead for CSE as the contact point for front-line staff in those respective agencies	JG	Jan 15	
		The City's Children's Social Care team to undertake shared learning exercises with colleagues in Hackney to develop expertise (i.e. attendance at Hackney MASE)	CP	Mar 15	

5.	All staff are supported in knowing how and when to provide professional challenge to other agencies concerning the safety and welfare of children and young people.	The CHSCB to seek assurance that all agencies have actively disseminated and supported the implementation of the CHSCB policy on escalation and that internal whistle-blowing policies are in place to support staff raising concerns.	JG	Dec 14	
		The CHSCB to review all Group A safeguarding training content to ensure sufficient emphasis is given to escalation / professional challenge and curiosity as part of any work where people may come into contact with children / young people.	T&D Chair	Mar 15	

Priority 4: PREVENTION & EARLY INTERVENTION

No.	Outcome	Actions	Lead	Timescale	RAG
1	Children, young people, parents and carers have appropriate information available to them to help them understand the risk of CSE.	Review, develop and make available on the CHSCB web clear advice and guidance on CSE for parents/carers, children and young people.	CHSCB Team	Mar 15	Complete & Ongoing
		Deliver awareness raising sessions to children and young people in the City.	City Gateway	Mar 15	Complete
	Looked after children and young people are better supported to understand CSE. This supports their ability to identify and self protect from risky situations where CSE might be a factor.	Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children.	CP	Mar 15	
2	Children and young people are more self-aware of the risks of CSE which supports their safety and that of their friends.	City Gateway to engage young people to help develop communication materials that target young people in the City regarding risks / warning signs	City Gateway	Mar 15	
3	There is improved identification of children who are being sexually exploited – professionals and volunteers know of the CSE warning signs, what and where to go for help. .	Include CSE risk factors as part of the City's "Notice the Signs" campaign to raise awareness among young people, parents and professionals with explicit reference to CSE being a form of child abuse requiring a referral to Children's Services.	CP	Feb 15	complete
		CHSCB to theme the 2014/15 Annual Conference on CSE.	RM	Mar 15	
		Bi-annual training sessions involving the <i>Alter-Ego</i> company to be delivered within the City of London	City Police	-	
		The CHSCB develop and deliver a rolling programme of multi-agency CSE training to professionals in the City with specific reference to: the local City CSE problem profile and: professionals adopting a consistent attitude towards consent, gender identity, healthy relationships, and sexuality, and model this in every aspect of their practice	T&D Sub	-	complete

Priority 4: PREVENTION & EARLY INTERVENTION					
No.	Outcome	Actions	Lead	Timescale	RAG
		Identify and promote relevant e-learning tools regarding CSE and ensure these are available for City's professional network	T&D Sub	Feb 15	
		CSE awareness sessions to be delivered to local schools (City Police)	City Police	-	complete
		CSE awareness sessions to be delivered to City sexual health service providers	Health	Mar 15	
		Identify and contact private health care provision in the City and target awareness raising via communication from the Independent Chair / Town Clerk / Police	Health	Mar 15	
		The CHSCB to make available the risk assessment tools that can be utilised by front-line practitioners to help identify CSE	CHSCB Team	Dec 14	
		Specific training and awareness raising on CSE is built into single agency training and development plans; Reported to T&D Sub Committee	ALL	Mar 15	
	There is increased awareness of CSE across the business community. There is an increase in referrals to the MASE as a result.	City of London, via the CHSCB, to engage in Operation <i>Makesafe</i> , to engage the wider community and business sector in protecting children and young people from CSE.	CP	Mar 15	
	Practitioners identify young people at risk of CSE and they receive appropriate services to reduce risk	In all cases of missing children and young people in the City, a risk assessment specifically in relation to CSE is completed + comprehensive return from missing interviews / de-briefs	City Police	-	
4.	Schools deliver high quality PSHE and where they strive to take a whole-school approach to gender equality, safeguarding, and preventing sexual exploitation.	City Gateway to map all secondary provision accessed by children and young people resident in the city and establish quality of PSHE provision in terms of its focus to issues relating to CSE.	City Gateway	Mar 15	
5.	Professionals engaged in providing universal and targeted services to young people identify harmful attitudes associated with perpetrating or instigating abusive behaviours, and are able to support young people to build positive and healthy attitudes towards relationships and friendships, gender identity, and sexuality.	City Gateway to progress through themed interventions	City Gateway	Mar 15	

Priority 5: PROTECTION & SUPPORT					
No.	Outcome	Actions	Lead	Timescale	RAG status
1	All professionals have clear written guidance to support their response to CSE and this helps ensure effective multi-agency practice on individual cases.	Agree and implement operating protocols that clearly set out the necessary pathways, information and guidance supporting effective multi-agency practice.	CHSCB Team	Jan 15	
		Operating protocols to specifically include a robust policing response to perpetrators: drafting, agreeing, and monitoring investigation plans to run alongside support plans developed in response to a child sexual exploitation referral			
		Revise and include clear guidance in the City of London Threshold tool with regards to the different levels of provision offered to children and young people at risk of or who have suffered from CSE in the City, based on their individual needs.	CP	Dec 14	complete
2	Enduring support is delivered to children who have been sexually exploited, ensuring that what is offered is appropriate for each individual child based on their gender, age, ethnicity, disability, and the nature of the exploitation that they have experienced	Establish a directory of services in place that are available to support children and young people who have been or are at risk of being abused through CSE. Undertake a gap analysis of support required.	Chair MASE	Jan 15	
		The CHSCB to work with local agencies, including health, to secure the delivery of post-abuse services where gaps identified.			
3.	The voluntary sector reach young people not engaged with statutory and targeted support services, in addition to providing time-intensive support and sustainable relationships to young people that mainstream services are unable to offer	City Gateway to confirm, via City MASE, that their service is able to identify and reach young people in the City. Map other voluntary sector services available to children and young people.	City Gateway	Mar 15	
4.	Appropriate placements and support are available for cyp who need to be moved in order to respond to their experience of sexual exploitation.	Children's Services to risk assess all placements of children / young people prior to placement in terms of safety regarding CSE. This to include liaison with the LA in which the child / young person will be placed re the local CSE problem profile.	CP	Dec 14	

PRIORITY 6: DISRUPTION & PROSECUTION					
No.	Outcome	Actions	Lead	Timescale	RAG
1	Police have access to lawyers with specialist CSE knowledge to allow effective liaison with Crown Prosecution Service throughout life of CSE investigation to maximise opportunities for prosecution	To identify specialist CSE lawyer within CPS for early pre charge and post charge liaison	AR	-	
2.	Victims are provided with ongoing care and support throughout criminal justice journey and beyond.	Local support groups identified within COL and Vulnerable Victim Coordinator within PPU to work closely with all victims of CSE (Green)	AR	-	
3.	There is high quality of evidence and high standard of prosecution file submissions to CPS for all CSE cases, to maximise prosecution opportunities.	All PPU CSE case files to be reviewed by PPU DS (Evidence Review Officers) prior to submission to CJU/CPS to assess file quality (Green)	AR	-	
4	Victims are supported and offenders managed by utilising ancillary orders such as SOPOs, ROSHOs, bail conditions utilised to maximum effect.	PPU officers knowledge in this area kept up to date and will actively seek to apply for orders in relevant cases	AR	-	
5	Children and young people are protected through intelligence-led disruption by the partnership on any local businesses, individuals or groups associated with sexual exploitation in the local problem profile	<p>The Police and partners to strategically introduce disruption options to exploitation cases based on identified models of exploitation in the City identified in the local problem profile.</p> <p>All disruption activity is reported through to the MASE</p> <p>MASE to map all existing disruption methods involving both criminal and civil interventions and ensure these are clear within operating guidance for staff.</p>	<p>City Police</p> <p>All</p> <p>MASE Chair</p>	Jan 15	

Committee:	Date:
Safeguarding Sub Committee	19 February 2015
Subject:	Public
Children in Care Council Update Report	
Report of:	For Information
Director of Community & Children's Services	
<p style="text-align: center;">Summary</p> <p>This report will inform Members of the progress that has been made in setting up the Children in Care Council (CiCC) with Children Looked After and Care Leavers who are supported by the City of London. The first CiCC took place on the 4th November 2015; at this meeting the children and young people confirmed the City of London's Pledge, which has now been included into the Corporate Parenting Strategy. The logo for the CiCC and Terms of Reference were also agreed at this meeting, the logo can be seen on the Corporate Parenting Strategy Action Plan which is attached to this report.</p> <p>The Chair and Deputy Chair of the CiCC will be elected from the young people attending, CityGateway are supporting these elections and until such time as they have taken place the Children and Families Team have been supporting in facilitating these roles. It has been agreed that the CiCC will meet in the half term, reporting directly into the Children's Executive Board (CEB), with representation on the board. A work plan has been agreed by the young people and this has been incorporated into the Corporate Parenting Strategy Action Plan, which is also attached to this report.</p> <p style="text-align: center;">Recommendation(s)</p> <p>Members are asked to:</p> <p>Note the report.</p>	

Main Report

Background

In 2007, the Government produced a White Paper, Care Matters: Time for Change which placed expectations on providers and care staff to develop the mechanisms for participation across all children's services.

"It is important that children have a chance to shape and influence the parenting they receive at every level – from expressing their wishes and feelings about the individual care they receive in their placements through to helping to shape the overall strategy for children in their area through a Children in Care Council" (DfES Time for Change 1.21 pg 20).

Due to the low numbers of children in care it was initially envisaged that it would not be viable or sustainable to have a CiCC, especially as the City's children and young people are placed all over London. Consideration was given to setting up a virtual CiCC, with young people connecting through social media forums. However, after some consideration and following consultation with the young people it was agreed that the young people would meet at the Guildhall in the City of London. To support the progression of the CiCC the City enlisted the support of a participation consultant to set up and imbed the CiCC.

Current Position

1. On the 4th November 2014, the first CiCC took place, there were some difficulties in setting up this meeting due to the young people's availability, as it conflicted with some of their school and college commitments. This difficulty was reflected in the low numbers of young people who attended whereby there were only four young people who were able to come. Even though there was limited attendance the young people were able to progress and agree the following;
 - The City of London's Pledge, which has now been incorporated into the Corporate Parenting Strategy.
 - The Logo for the CiCC, which can be viewed on the Corporate Parenting Strategy Action Plan attached to this report.
 - The Terms of Reference.
 - Agree a work plan for the CiCC which has been incorporated into the Corporate Parenting Strategy Action Plan.
2. The CiCC agreed that it would be more suitable to have the meetings in the half term, as more young people would be available to attend. The second CiCC meeting took place on the 22nd December 2014, at this meeting there were eight young people who attended of varying ages, ranging from 13 to 20. At this meeting the following was agreed;
 - The election of a Chair and Deputy Chair, the young people thought it would be a good idea to have a job description for the roles and it was envisaged that the elections would take place at the next CiCC meeting.
 - For the young people to prepare a welcome pack and contact card for Looked After Children and Care Leavers.
 - Prepare a young person friendly version of the Corporate Parenting Strategy.
 - Develop training and volunteering opportunities for young people to be involved in such as;
 - Mentoring other young people.
 - Interviewing skills e.g. for participation in interview panels.
 - Informal inspection of commissioned services for children.

- Chairing meeting skills.
 - Report writing, producing a short update report on CiCC activity.
- Develop feedback forms in relation to service development and delivery.
3. Following the last CiCC all the young people went to a pizza making activity, supported by the Participation Consultant, CityGateway and two members of staff from the Children and Families Team. This activity helped the young people to get to know each other as a group, with the older young people supporting some of the younger ones in the group. Overall the young people confirmed that they had an enjoyable and productive evening during which, they were able to bond with each other.
 4. The young people are also being offered time credits for their participation in the CiCC, which can be used to access activities. The CiCC has been allocated a small budget to pay for any cost incurred around administration, printing and activities for the group. The young people have expressed an interest in going on another residential activity. The last residential was arranged by CityGateway to facilitate an opportunity for the young people to participate in the setting up of the CiCC, and was well attended by the young people.
 5. A celebration event is being arranged for the young people for either the end of March or early April 2015. The young people have indicated that they would like to showcase their culture by bringing food and wearing clothes that represent where they come from. Initially this event was scheduled to take place in December 2014 but it was considered that it would be more conducive to delay the event until the CiCC was established. This would give time for those young people who were on the CiCC to feel part of the group and be more confident of their role.

Conclusion

6. Initially there was some deliberation as to whether the City of London would have enough representation on a CiCC and consideration was given as to whether there should be a virtual CiCC using social media. The consensus of opinion was that it would be beneficial for the young people to meet and be part of the City of London. A residential event was arranged, inviting Children Looked After and Care Leavers, the purpose of this residential was to scope the interest of the young people in being involved. The feedback from the residential was positive and there was every indication that many of the young people would be interested in being involved in the CiCC.
7. The first CiCC took place on the 4th November 2014 and there were some difficulties around the young people attending due to school and college commitments. It was agreed at this meeting that the CiCC should be convened in the half term and when the second CiCC took place on the 22nd December 2014 considerably more young people attended. Although there is a wide age range the CiCC does present as working well, with commitment and ideas coming from the young people as to the future development of the CiCC.

8. The next step in developing the CiCC will be to elect a Chair Person and Deputy from the group of young people attending. The young people will also be supported in receiving training so that they can participate in shaping services through being involved in recruitment and monitoring of commissioned services. It is envisaged that in the future the CiCC will be more self-determining about its development.

Appendices

Corporate Parenting Action Plan

Background Papers

Care Matters: Time for Change www.tsoshop.co.uk

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Children in Care Council Appendix

Corporate Parenting Action Plan

Children's Social Care Team, Department of Community and Children's Service
January 2015 to January 2016

Priorities	Action	Who will lead this	Date due	RAG Status
1.0 That everyone in the City of London Corporation is aware of their responsibilities as Corporate Parent.	<ul style="list-style-type: none"> Training to be undertaken with Members and the Chief Officers Group on the role of being a Corporate Parent. 	DLT	March 2015	Amber
	<ul style="list-style-type: none"> That Children and Young People who are looked after by the City receive additional support around their educational training and housing needs. 	SM	January 2016	Amber
1.1 That Looked After Children and Care Leavers feel safe.	<ul style="list-style-type: none"> That Children and Young People are able to access independent support and advice, additional to the support they receive from the Children and Families Team and IRO Service,. 	TM	January 2016	Amber

	<ul style="list-style-type: none"> All Children and Young People coming into Care will receive an assessment from CAMHS. 	TM	January 2016	Amber
	<ul style="list-style-type: none"> That children and young people will always have a choice as to whether they move from foster placement into semi-independent living post 18 years. 	TM	January 2016	Amber
	<ul style="list-style-type: none"> That there is targeted preventative support for children and young people to prevent Child Sexual Exploitation (CSE) FGM and Radicalisation. 	TM	April 2015	Amber
1.3 All looked After Children and Care Leavers will access to a range of Health Services.	<ul style="list-style-type: none"> Looked After Children and Care Leavers will have access to a General Practitioner and Dentist to meet their day to day health needs, as well as preventative health service. 	TM	January 2016	Amber
1.4 Looked After Children and Care Leavers will feel that their views are valued and heard in improving services.	<ul style="list-style-type: none"> All Children and Care Leaver who are looked After will be encouraged and supported in joining the Children in Care Council (CICC) 	Participation Consultant	January 2016	Amber
	<ul style="list-style-type: none"> That the Children in Care Council will be Chaired and led by either a Looked After Child or Care Leaver. Reporting in the Children's Executive Board. 	Participation Consultant	January 2016	Amber
	<ul style="list-style-type: none"> That Children and Young People who are on the CICC will be encouraged to be involved in 	Participation Consultant	October 2015	Amber

	the monitoring of commissioned services and the recruitment of staff.			
	<ul style="list-style-type: none"> CICC is involved in developing a pack to support children coming into care. 	CCIC , support from Participation Consultant	April 2015	Amber
	<ul style="list-style-type: none"> That the CICC have an allocated budget to assist with administrative costs, activities and events for the CICC. £10,000 has been allocated 	CCIC , support from Participation Consultant	April 2015	Green
1.4 Children and Young People have access to arrange of activities and are supported in integrating into the community.	<ul style="list-style-type: none"> Children and Young People to have access to services in their area through time credits and from additional funding, following assessed need. 	TM	January 2015	Amber
	<ul style="list-style-type: none"> That young people have support in maintaining their faith and cultural heritage. . 	TM	January 2015	Amber
1.5 That Children and Young People have a celebration event to acknowledge the achievement in setting up the CICC.	<ul style="list-style-type: none"> Celebration event to be set up for the end of March 2015. Members to be invited to event. 	CCIC , support from Participation Consultant	April 2015	Amber

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Committee:	Date:
Safeguarding Sub Committee	19 February 2015
Subject:	Public
Knowledge Transfer Programme Annual Report	
Report of:	For Information
Director Community & Children Services	

Summary

This is an update on the first year of the three year Knowledge Transfer Programme that the Department of Community and Children's Services – People Directorate have established with Goldsmiths, University of London Department of Social, Therapeutic and Community Studies.

This programme has been set up to provide on-going development and improvement support for the City using research, service evaluation and practice focused seminars. For the university the programme is providing the opportunity to establish learning and research that has demonstrable impact.

The programme has been running for just short of a year, starting with a launch event in March 2014. The origins of the programme are in the work of the Social Work Reform Board and, the review of social work practice by Professor Eileen Munro, which recommended closer links between universities and social services for staff development, but also to provide research and service evaluation backing. As a result there is considerable national and local authority interest in how Knowledge Transfer Programmes work and achieve improved outcomes for all stakeholders.

The programme is a key mechanism to supporting development of staff across the Department, building a stronger evidence base to support interventions and ways of working with members of the community and in doing so, supports a collective drive to commission and deliver outstanding services for City residents.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. City of London Department of Community and Children's Services – People Directorate and Goldsmiths, University of London Department of Social, Therapeutic and Community Studies, developed the Knowledge Transfer Programme (KTP) to bring together the determination of both organisations to deliver outstanding high quality services and research. The intent of the programme is to use research to directly improve services for City residents and to improve research and teaching at

2. the university through direct contact with public services.
3. For the City of London the programme plays a key role in contributing to development and understanding of the effectiveness of early help and preventive policies and practice. The effectiveness of preventative practice can be difficult to evaluate so the involvement of research expertise at an early stage is invaluable.
4. The idea for the Knowledge Transfer Programme was carefully developed over a period of time with the expectation that there would be learning for both organisations and in particular how to work together. By combining our two organisations for this programme we are locating ways to bring about benefits with minimal additional costs and considerable opportunity for adding value to existing work. The work of the KTP is supported by a ring fenced workforce development grant to support staff development, with strategic and operational oversight provided by the KTP Board.
5. The Board has three members the Assistant Director People City of London, Head of Department Social, Therapeutic and Community Studies Goldsmiths University of London and an independent person who is a resident of the City of London. The Board has administrative, financial and business support drawn from both Goldsmiths University and the City of London.
6. Within the City of London, the work of the KTP is also reviewed by the People Directorate Workforce Development Group and the Departmental Workforce Champions Group. The work of the KTP contributed to the Department of Community and Children Services winning the Town Clerk learning and Development Award 2014/15.

Current Position and Summary of Outputs

7. After less than a year the benefits of working together are being found for each of the organisations. A number of activities have been undertaken, projects initiated and staff engaged.
8. The priority has been seeking to add value by focusing on improved outcomes for City residents through bringing together practice and research. Whilst still in the early days, the foundations of the KTP have been laid to support an improved evidence base that is realised through improved learning opportunities for both organisations and in turn, better outcomes for residents.
9. Together the programme is beginning to show how higher education and public services can add value to each other's work.
10. In the first year of operation the KTP has produced the following outputs:
11. Created the KTP Governance Board with resident participation. The Board meets on a bi monthly basis to support strategic work planning , monitoring and review of the work of the KTP.

12. Held a launch event with presentations by the Town Clerk, Chairman of Community and Children Services Committee and the country's Chief Social Worker for Children and Families - Isabelle Trowler. The launch was attended by 50 people.
13. Run four seminars that bring research, policy and practice together. The seminars applied a similar structure involving leading academics presenting research and practitioners presenting evidence and impact of practice. The seminars were on;
 - a. International Perspectives on Mental Health and Risk; attended by 30 staff of particular significance in the development of the early help policies in the City
 - b. Personalisation; attended by 35 people providing an opportunity to compare progress and innovation made in the City with research on best practice. An opportunity to see the work on rough sleeping in the City as breaking new ground.
 - c. Therapeutic Approaches to Working with Children and Families; attended by 20 people provided a set of options for future practice and improving outcomes for children.
 - d. Understanding Domestic Violence; Issues for Policy and Practice; a large event attended by 85 people which made an important contribution to the review of City policy and an alert to the increasing knowledge about perpetrators of domestic violence. (Appendix 1 has a report and the evaluation summary)
14. A longitudinal service / research project on an aspect of early help service for children and families. This is investigating the outcomes for children and families of a component of the early help work that uses a communication improvement approach called the Solihull approach. The research will provide the City with information about how well this works with reports over the three years of the research. A research officer has been appointed; the methodology has been agreed by the Children Executive Board and Goldsmiths Ethics Committee; interviews with staff and managers have started and an interim evaluation report will be made available during 2015/16.
15. A research project focused on residents in the City of London about social isolation. The research is just starting and will contribute to range of other pieces of work to understand and respond to the social and health effects of isolation. The research lead has met with the Adults Advisory Group and will be progressing a community based approach that will result in report and recommendations going to the Adult Wellbeing partnership in 2015.
16. A number of practice based research projects as part of social work placement planning. This is supporting the development of short research and

projects that students do as part of their course being of direct use to the City in evaluating the effectiveness of services.

17. Set up a structured practice reflection model for staff using case studies called Intervision. This involves children and adult social workers carrying out collective, reflective review and evaluations of case work. This is a new way of working and is supported by a lead academic in Goldsmiths.

Proposed activity for second year

18. In addition to continuing to establish improved learning and evaluation systems in the coming year the KTP plans to:
19. Continue the longitudinal service research project on an aspect of early help service for children and families – this is focused on the Solihull approach to communication within and with families. Key issues being to evidence reductions in difficulties and improvements in children being able to achieve. An interim evaluation report will be produced during the year.
20. Complete a research project on social isolation in the City. This will link to and support a range of policy and practice initiatives on this subject. Although social isolation is most common in older people, younger adults (e.g, housebound and disabled or a single mother of young children) may also be affected by both social isolation and loneliness. Reduced social contact, being alone, isolation and feelings of loneliness are associated with reduced quality of life and health problems. This subject is likely to be the theme for a full day seminar event in the autumn of 2015. The intent is to bring research, policy practice and the experience of residents together to review progress and identify areas for further improvement.
21. Develop an evaluation methodology that identifies resident outcomes
22. Host three more research and practice seminars, including the one already highlighted regarding social isolation. The seminars will be offered to internal members of staff, partners and representatives from other authorities where relevant. Resident engagement in the seminars will also feature in the 2015 programme.
23. The development of academic as well as professional accreditation systems for practice staff.

Corporate & Strategic Implications

24. The KTP supports the Corporate and Departmental Business Plans to provide modern, efficient and high quality local services within the Square Mile for workers, residents and visitors

Implications

25. The KTP is supported by a ring fenced grant to support staff development and is match funded from Goldsmiths. Any additional costs associated with activities linked to the KTP, e.g. venue hire for seminar are accounted for in the Department's Budget.
26. The KTP operates under a Memorandum of Understanding, which will be reviewed during 2015. There are no other legal implications.

Conclusion

27. In the first year of operation the Knowledge Transfer Programme has shown the advantages of creating and managing an on-going working arrangement between the university and the Department of Community and Children's Services – People Directorate. We are locating ways to gain added value from existing activities and quicker more efficient ways to gather research information. This is being achieved by placing the practice of our staff along side research findings and evaluation techniques. The result is positive for all concerned but most importantly directly improves the experience and outcomes for residents using the services.
28. The second year of the programme will continue the progress made but also stretch the work to contribute to developing policy and practice in relation to social isolation.

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Appendix 1

Knowledge Transfer Programme

Understanding Domestic Violence Seminar 20 November 2014

As part of the Knowledge Transfer Programme (KTP) The Department of Social, Therapeutic and Community Studies, Goldsmiths, and the Department of Community and Children's Services, City of London Corporation hosted a seminar on domestic violence on 20 November 2014. This is part of on-going programme of activities linking research, policy and practice. The seminar was timely, coinciding with the United Nations' *International Day for the Elimination of Violence against Women*, which is marked annually on 25 November. It is designed to galvanise action to end gender-based violence against women and girls around the world. Domestic violence is a major societal problem and public health issue that has its roots in gender relations, and in particular gender inequality. Both organisations are committed to challenging the factors that lead to domestic violence

The seminar brought together around eighty delegates from a wide range of disciplinary backgrounds, including key policy makers and practitioners working in the areas of social work, health, education, housing, community safety, and law enforcement. This was an opportunity to explore aspects of evidence-informed policy and practice and approaches to reducing and preventing domestic violence. Five presentations explored the interface between research, policy and practice across the following areas: dynamics of domestic violence in families; the effects of domestic violence on children; interventions with perpetrators of domestic violence; and specialist support services for victims of domestic violence. As children experience the effects of domestic violence in different ways, and domestic violence is a key indicator for child abuse and neglect, the seminar explored how domestic violence affects children's physical, emotional and mental health, and examined whether current policies and procedures enable good outcomes.

The development of legislation and policies to combat domestic violence has been a priority of key government departments, and the seminar explored how the work that is being undertaken in the City of London sits within national initiatives. In particular the strengthening links with child safeguarding and the development of early help practice. Holding perpetrators accountable for their behaviour and working with them to deepen understandings of how their behaviour impacts those that are victimised is a major challenge in practice and one that the City is accepting. It was hardly surprising, therefore, that many delegates emphasised the importance of continuing multi-agency intervention efforts to address domestic violence.

There was general agreement on the value of taking time to reflect on accepted policy and practice. Delegates were able to put assumed wisdom about theory and practice to the test through open debate. The benefit of shared learning was evident in the energy and noise generated during smaller discussion groups. The opportunity to encounter fresh ways of talking about familiar issues brings the university experience out to the workplace. Delegates got a taste of the type of learning being facilitated on the new MA in Understanding Domestic Violence and Sexual Abuse run by the

Department of Social, Therapeutic and Community Studies at Goldsmiths. Delegates were enthusiastic about the programme and had an opportunity to talk with the first year of MA students and several of the lecturing team.

The event concluded with the creation of a new research network comprised of managers, practitioners, researchers, students and academics. Events like these have enormous potential to generate change across the sector by connecting thought, reflection and action. The event gave impetus to a shared aspiration to know more and to give better service to those who are disempowered by experiences of domestic violence.

Evaluation sheet

Questions - scale of 1 (low satisfaction) through 5 (high satisfaction)	1	2	3	4	5
Overall experience of the Seminar			2%	49%	49%
Organising of the programme			4%	43%	52%
Relevance of its topic to your research area			12%	31%	57%
Opening presentation					
How useful were the keynote speakers' presentations?			2%	47%	50%
Was the discussion handled to your satisfaction?				45%	56%
Group Discussion					
Have you found the information useful?			4%	43%	52%
Were the presentations clear and understandable?			4%	40%	56%
Was the discussion handled to your satisfaction?			2%	37%	61%
Domestic abuse policy					
Have you found the information useful?			10%	33%	57%
Were the presentations clear and understandable?			9%	27%	64%
Was the discussion handled to your satisfaction?			9%	33%	58%
Domestic Abuse Practice					
Have you found the information useful?			11%	30%	59%
Were the presentations clear and understandable?			11%	24%	65%
Was the discussion handled to your satisfaction?			11%	28%	61%
Group -work on case studies /discussion					
Have you found the information useful?			9%	30%	61%
Were the presentations clear and understandable?			9%	33%	58%
Were the presentations clear and understandable?		2%	5%	31%	62%
Feedback and closing session					
Was the venue and conference food to your satisfaction?	2%		9%	35%	53%

Was the time management satisfying?				32%	68%
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Comments

- Seminars like these need to take part more often. Let people talk and learn about the new research and develop skills and knowledge in the field
- Room was a little cold
- I found Suzanne and Joanna presentations particularly informative and useful in going forward in this work. Really enjoyed the group discussions, talking across professions and with students.
- Very Informative
- Personally would have liked more information on social service roles in domestic violence – cases and areas of improvement.
- Very interesting and informative seminar, which links directly in to my practice
- I found this very useful
- Food was good but venue too cold in morning Would have been good to have a facilitator on each table to help with discussion Dr Suzanne Martin presentation was excellent
- Enjoyable informative day Thank you
- I found venue too cold I think hot drinks should have been left to have with the sandwiches which would have warmed me up The seminar was very interesting
- Very useful and informative
- Very interesting information gained and great to speak with other sector workers
- I enjoyed Dr S Martin and Nichol presentation the best. Thank you
- Venue too cold
- Really informative engaging and helpful day Thank you
- Thank you
- Thank you for the invitation and opportunity to attend
- An excellent presentation on domestic from all angles. Thoroughly engaging!
- Lovely opportunity
- It would be interesting to have a case scenario to facilitate group discussion
- Directions to conference room at entrance to Barbican centre!
- Skill sharing opportunity > how do we raise questions of DV perpetrators, victims, children
- Room was awe bit cold
- In relation to Q5 Perhaps could have used other techniques such as questions on anonymous post it notes. Would have been good to have included service users in programme
- Excellent opportunity to work with a variety of disciplines
- Although there was some time dedicated to questions/discussion after talks, there wasn't much discussion which is why I've given a 3 for most. I found the information really useful but felt frustrated by restrictions placed by lack of funding / services that could provide preventative measures.
- Would have like to have heard from someone who works with perpetrators of domestic violence / abuse.
- Excellent approach to the subject involving all stakeholders ??? with the KTP Much food for thought and future seminar ???? (Indecipherable)
- Chris Pelham Chaired things particularly well

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