



Safeguarding & Special Educational Needs Sub (Community & Children's Services) Committee

PUBLIC APPENDICES PACK

Date: MONDAY, 13 OCTOBER 2025
Time: 11.00 am
Venue: COMMITTEE ROOMS, 2ND FLOOR, WEST WING, GUILDHALL

5. CITY OF LONDON, DCCS, CITY OF LONDON 2025 ANNUAL SURVEY

For Information
(Pages 3 - 126)

6. CORPORATE PARENTING STRATEGY 2025-2028

For Decision
(Pages 127 - 150)

**7. CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT
2024/25**

For Information
(Pages 151 - 202)

8. FAMILIES IN THE CITY UPDATE

For Information
(Pages 203 - 204)

10. CHILDREN AND FAMILIES SERVICE PERFORMANCE - Q1 2025/26

For Information
(Pages 205 - 208)

14. CHSCP ANNUAL REPORT 2024-25

For Information
(Pages 209 - 368)

Ian Thomas CBE
Town Clerk and Chief Executive

Children, Young People and Families Supported by the City of London

Annual Survey
2025

Children, Young People and Families Supported by the City of London

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Introduction to the survey report

During April - May 2025, Coram Voice conducted the 10th Annual Service User Survey among children, young people and families supported by the City of London Children's Services teams. As in previous years, the categories included Care Leavers (CL), Children and Young People in Care (CIC), Children in Need (CIN), Child Protection (CP), and Early Help (EH).

Survey Population

This year's survey cohort totalled 68 potential interviews, representing 76 unique children and young people. Parents completed the Children in Need, Child Protection and Early Help surveys on behalf of their children, and may have responded on behalf of more than one child. Children and young people answered the Children and Young People in Care and Care Leaver surveys directly, except in one instance where a Foster Carer completed the Child in Care survey on behalf of the child, given the child's age (more information about this can be found in the relevant section of the report).

Overall, the number of potential interviews has remained broadly consistent since 2020 (69 in 2020; 65 in 2021; 72 in 2022; 71 in 2023; 73 in 2024). However, the relative size of the Children in Need, Child Protection and Child in Care cohorts has decreased when compared to 2023. No children supported by Special Guardianship Orders were included in the survey population in 2025, given the small number and limited interaction they have with services.

Figures in this table show the total number of unique children in each cohort.

	<i>Early Help</i>	<i>Children in Need</i>	<i>Child Protection</i>	<i>Child in Care</i>	<i>SGO</i>	<i>Care Leavers</i>
<i>2023</i>	14	16	Not reported*	10	Not reported*	56
<i>2024</i>	13	6	3	5	2	52
<i>2025</i>	14	7	1	5	0	50

**The number of children in the survey population supported by Child Protection Plans and under Special Guardianship Orders was not reported in the 2023 survey report.*

Survey Participation

The figures in the table below show the number of interviews successfully completed as part of the 2025 report. The figures show the total number of interviews completed, followed by the total number of unique children that these interviews represented, which are shown in brackets.

When reading this report, it is important to remain aware that the interview cohorts are in some cases very small. As a result, while the data collected provides valuable insights into the experiences of the participants, caution is needed when extrapolating these findings to a broader population. The small sample sizes mean that we cannot conclusively assume that these responses represent the views or experiences of a wider group.

	<i>No. of potential interviews</i>	<i>No. of interviews completed</i>	<i>No. of interviews refused</i>	<i>No. uncontactable</i>	<i>% participation</i>
<i>Early Help</i>	8 (14)	4 (6)	1 (1)	3 (7)	50% (43%)
<i>Children in Need</i>	4 (7)	2 (5)	1 (1)	1 (1)	50% (71%)
<i>Child Protection</i>	1 (1*)	0	1 (1)	0	0%
<i>Children in Care</i>	5*	5	0	0	100%
<i>Care Leavers</i>	50	21	7	22	42%
Total	68 (76*)	32 (37)	10 (10)	26 (30)	48.4% (51.2%)

** One young person in the survey population sits across both the Children in Care and Child Protection cohorts. This young person and their parent were offered the opportunity to participate in both surveys. For this reason, the total number of unique young people represented across the survey was 76.*

Thorough information was provided by City of London colleagues ahead of the survey period, sharing information about the context, communication preferences and needs of the children, young people and families in the survey population. This included information about participants' work and study patterns, additional needs, and current engagement with Children's Services. This provided very helpful insight into how best to support participants through the survey process.

Throughout the survey period, Coram Voice callers were able to contact the City of London Social Work team for further information, for example, where callers encountered outdated contact information, or to seek further insight into the communication preferences of potential participants. The Social Work team were very quick to respond to these requests, and the support provided by City of London colleagues was greatly appreciated.

Of the 26 interviews which were not completed due to non-response from the potential participants, additional information was provided for six children, young people or their families which suggested there might be barriers to participation in the survey. This included young people who were no longer living in the UK; young people working full time; and Care Leavers who had specific reasons for not currently engaging with their Social Workers.

In several cases, callers were able to speak to potential participants to arrange future appointments in order to complete the survey. However, when callers phoned back, their calls were diverted directly to voicemail, or their calls and subsequent follow up was not answered.

Interviews were refused by 10 potential respondents, representing 10 unique children and young people. Where reasons were given for refusal, these have been included at the start of the report on each survey's findings.

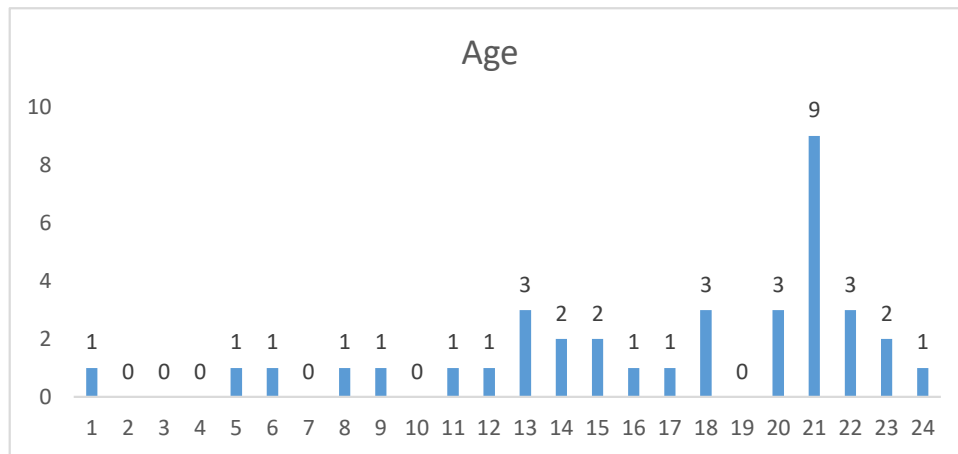
Survey process

All potential participants received a briefing from City of London Children's Services, explaining the purpose of the survey and informing them to expect the call. All surveys were conducted 1:1 with a Coram Voice caller over the phone. The majority of children, young people and families contacted in 2025 were aware of the survey and were expecting the call.

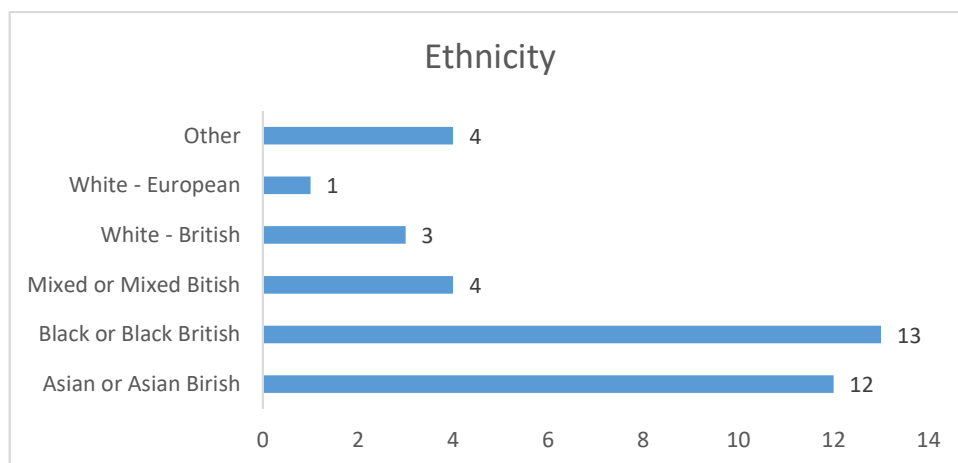
It was agreed with City of London Children's Services that all potential participants would receive five phone calls from Coram Voice callers. Each phone call would be conducted on a different day of the week, and at a different time of day in order to promote participation. Following each unsuccessful call attempt, callers left voicemail messages and sent follow up texts, explaining who was calling and providing background about the survey and its purpose. All participants were given a £10 voucher in recognition of the time they spent contributing.

Overall demography of survey participants

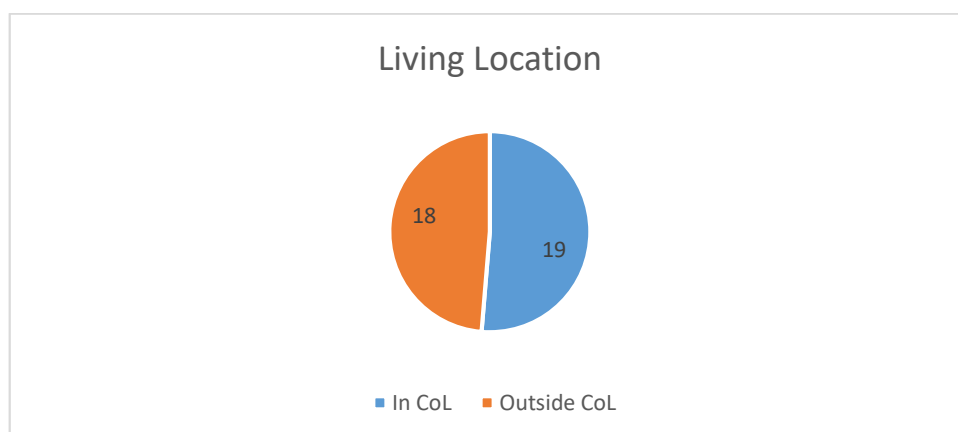
The graph below shows the age of the **37 unique children** and young people represented in completed interviews. A broad range of different age groups are represented, ranging from one to 24 years old.



The graph below shows the preferred description of the **37 unique children's** ethnicities.



The graph below shows where the 37 unique children are living.



Summary findings – Care Leavers

Eligibility and response rate

Following feedback given as part of the 2024 survey, and in consultation with a group of Care Experienced Consultants three options were made available for Care Leavers to participate in the survey in 2025:

1. Full Care Leaver Survey: comprising 51 questions, completed with Coram Voice caller. This option was completed by 9 young people.
2. Self-Directed Full Care Leaver Survey: comprising 51 questions, completed independently. This option was completed by 1 young person.
3. Short Care Leaver Survey: comprising 14 questions, completed with Coram Voice caller. This option was completed by 11 young people.

All young people were initially asked to complete the Full Care Leaver Survey with the support of a Coram Voice caller. Where young people declined this option, the Self-Directed Survey and the Short Care Leaver Survey options were offered. These options for participation showed some success in capturing the voices and feedback of young people who otherwise would have declined participation.

At the close of the calling period, all Care Leavers with whom callers had not yet made contact were sent the Self-Directed Survey and were given a final week in which they could choose to complete this. No further Care Leavers participated as a result of this.

As in previous years, Care Leavers formed the largest cohort of eligible young people for this year's survey, with 50 potential interviewees. 21 Care Leavers chose to take part in the survey, representing a participation rate of 42%, with a further 7 young people refusing participation, representing 14% of the eligible population.

Although the Full Care Leaver survey was slightly shortened this year, the survey continues to be a lengthy undertaking for young people. Although the majority of Care Leavers felt that the questions asked were relevant to them, their lives, and what they want to share with Children's Services, several Care Leavers fed back that they did not want to participate due to time constraints of their busy lives, families, jobs and education.

The Full Care Leaver Survey took a minimum of 40 minutes to complete, with some young people spending more than 70 minutes responding. The Short Care Leaver Survey generally took between 25-35 minutes, with the quickest survey lasting for 15 minutes and the longest lasting for 45 minutes.

The reasons given by the 7 young people refusing participation were as follows:

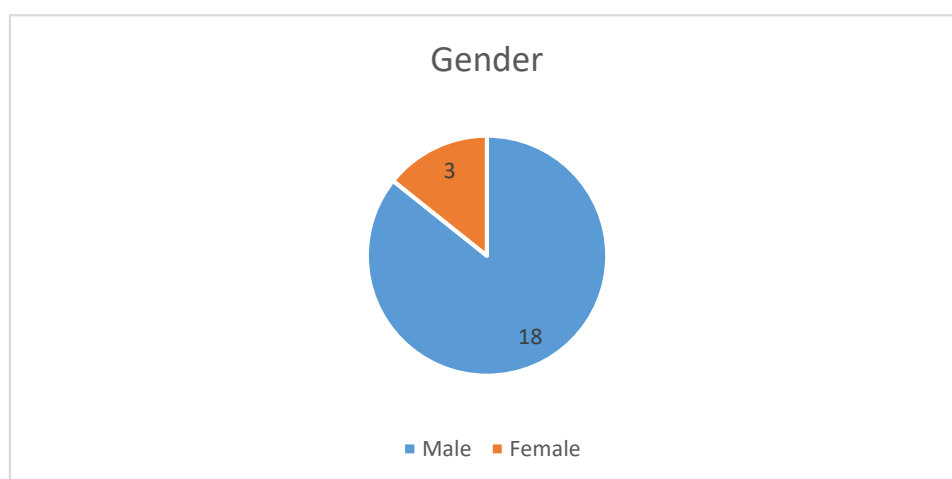
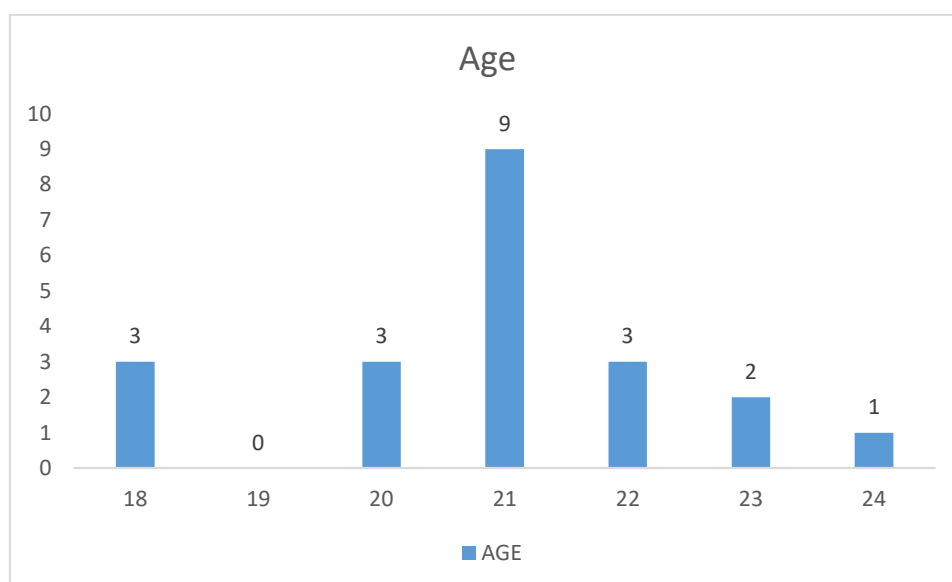
- Three young people said that they were not interested in completing the survey;
- One young person felt that they 'had nothing really important to say';

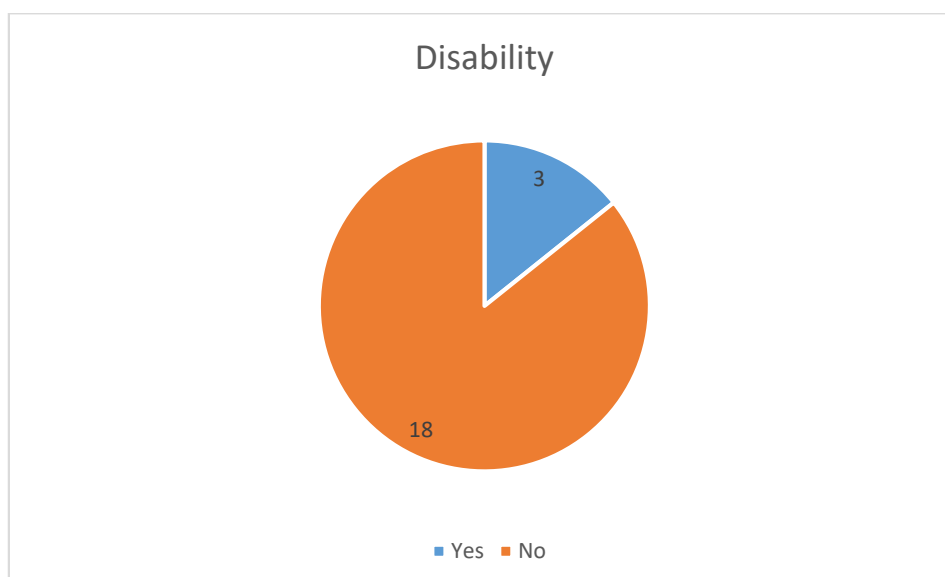
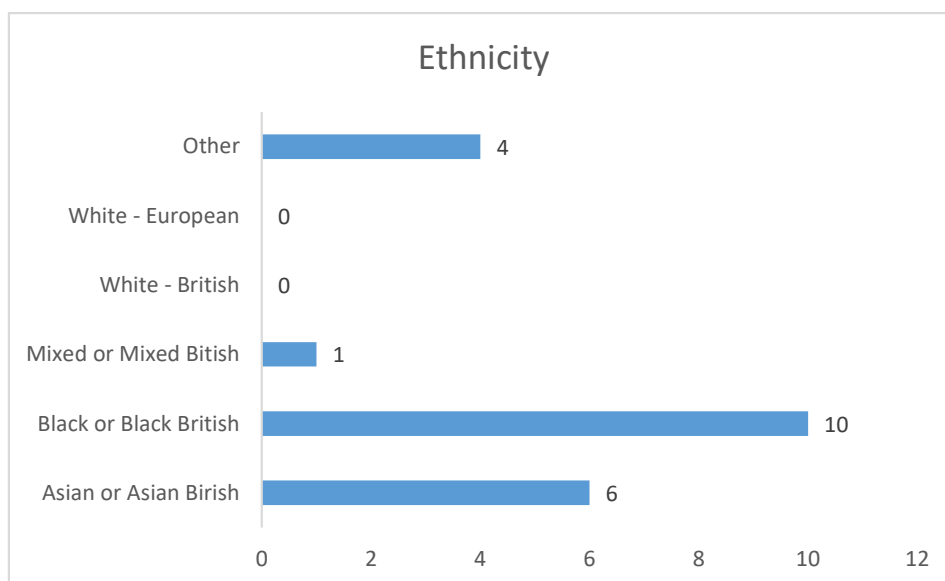
- One young person felt that they had already responded to the 2024 survey recently, and they had nothing new to add;
- One young person said that they did not want to speak on the phone;
- One young person did not want to give a reason for refusal.

Callers were unable to make any contact at all with 22 Care Leavers eligible for the survey due to their calls not being answered at any point during the survey period (44% of the Care Leaver population). This is in line with the 2024 survey, where 44% of the survey population were also uncontactable.

Demography

The ages of the Care Leavers participating in the survey ranged from 18 – 24. The majority of respondents were male young people who arrived in the UK as asylum seekers, which is in line with the population of Care Leavers in the City of London. The majority of respondents identified themselves as being from Black, Black British, Asian, or Asian British backgrounds.





Several of the Care Leavers interviewed for this survey referenced the complex and, at times, traumatic journeys which had led them into the City of London's care. Respondents spoke about leaving their families to travel to the UK, and their experiences of bereavement and war. Several Care Leavers described experiencing isolation and loss, and as in previous years, young people showed remarkable trust and generosity in sharing difficult memories with the interviewer. Coram Voice callers were equipped with a range of different sources of support to which they could direct any Care Leaver who wanted this. This year, callers signposted young people to a range of different organisations, including The Samaritans, Shelter, and their GPs, as well as several young people who were signposted to Advocacy with Coram Voice. Several young people were also provided with the City of London Local Offer.

However, as in previous years, the Care Leavers participating in the survey demonstrated impressive adaptability and tenacity, as well as a clear sense of optimism and purpose, even in the face of significant challenges. The Care Leavers interviewed described the hard work

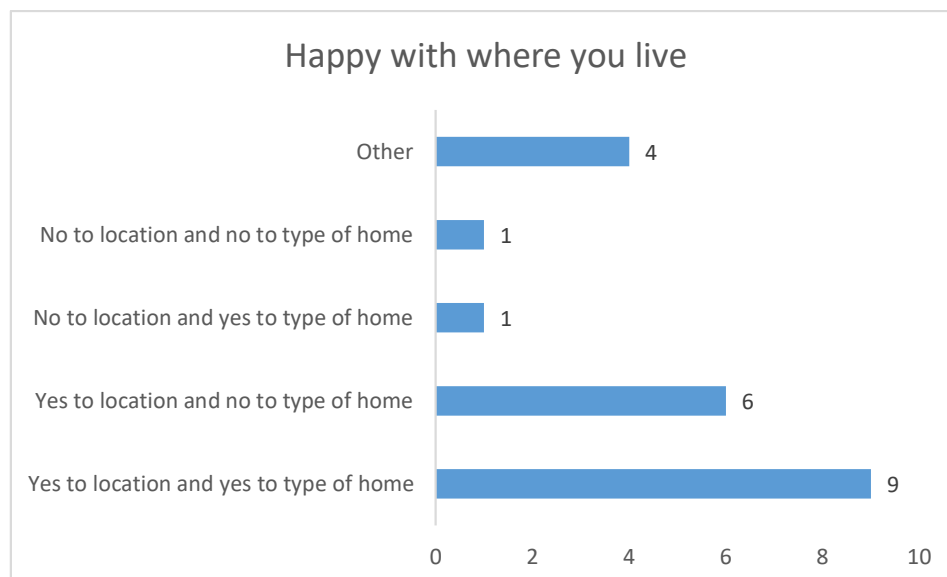
they poured into living – in the words of one young person – a ‘good life’, with the support of Children’s Services and others in their networks.

Living Arrangements

Six young people were living in the City of London area; 15 young people were living outside the City of London area.

All 21 young people were asked whether they were happy with where they were living and the home they were living in. 10 young people described themselves as being happy with both (48%), and only one young person (0.5%) described themselves as being unhappy with both. 10 young people described themselves as being unhappy with the home they were living in. Young people spoke about feeling that they did not have enough space or privacy in their current living environment, or talked about issues such as damp and mould in their property.

The answers given are shown in the graph below:

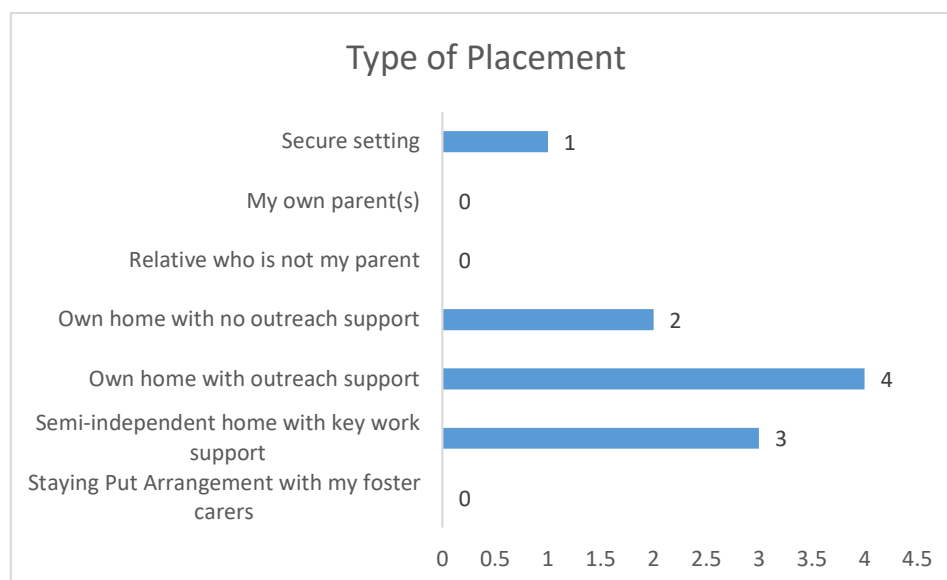


Respondents who selected ‘other’ gave further information:

- ‘I am not happy with the room it is too small, I want a council property’;
- ‘I am not happy with the services, my flat has mould in every room. I have reported this but nothing is being done’;
- ‘When I turned 18 years old I asked for my own place, as at the moment I live in a shared house and I need my own accommodation’;
- ‘I am happy with the house and the area I live in’.

This is a common issue for young people living in London, given low housing stock available across the capital.

The remaining 10 young people who chose to complete the Full Care Leaver Survey, provided further detail about the kind of home they were living in. The largest group of respondents was those living in their own home with outreach support (4):



Care Leavers were asked whether they feel that they go the support they needed to look after their own home. Half of the respondents (5) felt that they did. However, where one respondent was unsure ('my keyworker is coming sometimes'), the remaining four respondents did not feel that they got adequate support:

- 'No. I can look after my house but they are supposed to give me someone to give me tenancy support to help me with setting up my gas and electric, council tax discount. I've tried ringing them but I can't get hold of anyone. There's one guy, but he's not helpful and doesn't answer the phone, but i'm alright, I can do it myself';
- 'No, they don't actually care about how you are feeling. They can't help me in more ways, they actually. They don't ask how i'm doing';
- 'Don't get support from LA e.g. rent. Trying to build up life but physical disability makes this difficult';
- 'No I look after by myself'.

Housing, particularly in the London area, can be a huge source of stress for Care Leavers, and the answers above suggest that there may be more need to support young people, especially those who are new to the UK, with their housing. At several points, Care Leavers spoke about the difficulty in getting support from the Housing Department, even where they felt very positively about their Social Worker ('[I am getting all of the help I need from my Social Worker] but the council takes too long for housing decisions').

Two respondents confirmed that they had received the full Setting Up Home Allowance. Five respondents had not received the allowance as they were living in temporary accommodation. A further three respondents were not sure what the Allowance is, or

whether they had received it. This may be because these conversations are not initiated until the Care Leaver will receive the allowance.

Your Social Worker

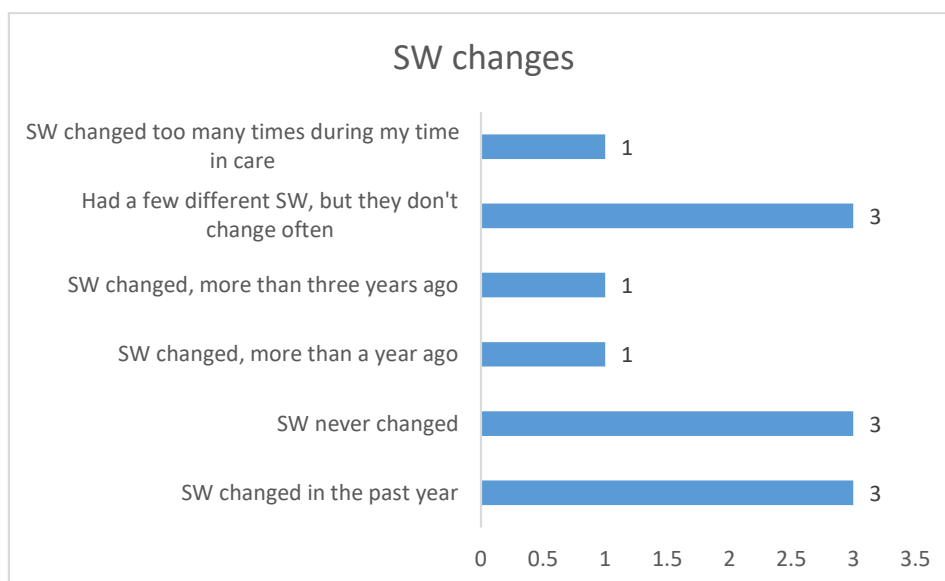
All 21 young people were asked whether they felt they get all of the help they need and want from their Social Worker. Responses were overwhelmingly positive, with 17 respondents (81%) saying that they felt they got all of the support they needed from their Social Worker now, even where the respondents had been unhappy with previous support, or were aware of the limits of how their Social Worker could help. This included comments such as:

- 'Yes I get all support need. When I need advice I always call [them] for advice they always try to help me as much as they can including the manager';
- 'Social worker is aware of all issues and helps';
- 'They are very helpful';
- 'My social worker is very helpful';
- '[I get] a lot of help';
- 'Now my social worker has changed, yes [I get the support I need]';
- 'I will, say 85% because sometimes they say things that they don't do'.
- 'Yes she is doing her best. She can do everything but sometimes I need financial support, they don't help with the money stuff, but they help me with ideas'.

However, four respondents shared that they did not feel that they got all of the support they needed:

- 'I don't think so. They change my allowance to Tesco vouchers. I'm not getting cash money, I'm in the same clothes as two years ago that I came in from [my home country]. I'm in a bad condition, I can't get a regular haircut. I look really bad most of the time, I can't save my money to buy all the stuff I need because only have Tesco vouchers. I start to think that what they are doing is not good, not illegal, but not good. They not trying to find a solution, to be honest, I've been thinking that they know this, but they want me to go back to my country'.
- '[I do not get] all what I need'.
- 'No I am not getting support from social services. I was told that I will be assigned a social worker but they have not allocated me a social worker so I am currently not getting any support'.

All ten of the young people who completed the Full Care Leaver Survey knew their named Social Worker. When asked about how consistent their Social Worker had been, only one young person felt that they had changed 'too many times' ('they leave or find another company'). A further three young people had experienced a change of Social Worker in the past year. Most young people described having the same Social Worker for all or most of their time in care.



When asked about the frequency with which they saw their Social Worker and making contact with them, the large majority of respondents (8, 80%) felt that they saw their Social Worker 'as often as I need', and found their Social Worker easy to contact ('I have a lot of ways to reach [them]'; 'I can contact [them] whenever I want'; 'it's only when [they're] on holiday I have to contact someone else'). Two respondents (2, 20%) would have liked to see their Social Worker more frequently, and found them only 'somewhat easy' to contact them.

Care Leavers were asked to select words to describe how they feel after they speak to their allocated worker. Responses tended to be very positive, with a clear theme that allocated workers are reassuring and help young people to feel safe, as well as an appreciation for the perspicacity and care of the workers. However, responses also show that young people do not always understand fully what their allocated worker has said:

- 'I feel cared about' (7)
- 'I understand what is happening' (7)
- 'I feel reassured' (4)
- 'I feel safer' (4)
- 'I feel comfortable' (1)
- 'I feel confused' (1)
- 'I feel unsafe' (1)
- 'I feel neutral' (1)
- 'I feel ok' (1).

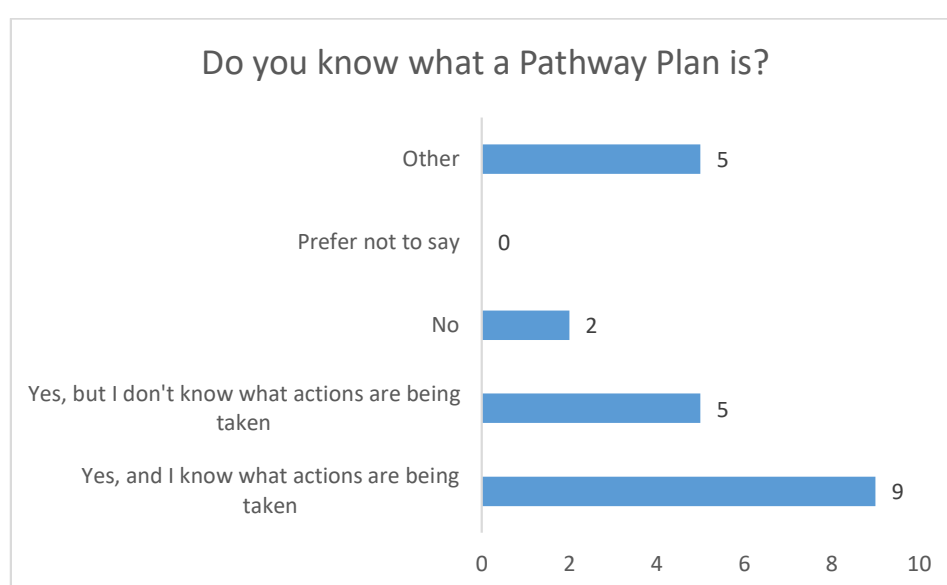
One Care Leaver added, 'I don't feel like [my Social Worker] is being truthful, I feel like [they] have a bad perspective of me'.

Generally, most respondents did feel that their views and wishes were taken into account by their Social Worker, with six respondents feeling that this 'always' happens and three feeling that it 'sometimes' happens. Only one young person felt that their Social Worker

does not listen to their views and wishes. Respondents were able to give clear examples of decisions which were influenced by their views and wishes, including decisions about where they lived; childcare; support at school and college; and gaining citizenship. One young person said, '[they] do generally listen to me'.

Rights and Entitlements

All 21 young people were asked whether they knew what their Pathway Plan is. As in previous years of the survey, there was a variety of knowledge and awareness around rights and entitlements within the Care Leaver group.



Those responding 'other' shared the following comments:

- 'I had a meeting with my social worker a few months ago and I have been provided a copy of my plan';
- 'Yes it is done every three months and I know a little about it';
- 'Yes I do this with my social worker';
- 'I have not been given my plan';
- 'I have not been explained or given the pathway plan'.

Therefore, while the majority of respondents knew what their Pathway Plan was (17), in total, four respondents felt that they did not know what their own Pathway Plan was at all. The team of Care Experienced Consultants who supported with the design of the Short Care Leaver Survey in 2025 included this question because they felt that the Pathway Plan was the most important entitlement for a Care Leaver to be aware of.

Entitlements for Care Leavers can be highly complex to navigate and understand, especially for young people who may have moved to the UK from abroad and may not use English as their first language. The Pathway Plan is an empowering, collaborative single point of reference for a young person looking for support and guidance. The responses above

suggest that there is need to ensure all City of London Care Leavers are aware of and have had input to their Pathway Plan and the actions within it.

All ten of the young people completing the Full Care Leaver Survey were asked if they knew what the Care Leaver Local Offer was and where to find this. There was a considerable amount of confusion within the group, even when the terminology was explained by the caller. Eight young people did not know or were not sure what the Local Offer was, and one young person believed that it wasn't relevant for them as they were living outside of London. One young person summed up the group's consensus: 'I maybe have heard the words before but not sure what it means'. By contrast, one young person felt that they had been sent 'lots of information about the local offer'. This confusion is likely in part due to the diverse terminology used to describe rights and entitlements for Care Leavers, and most of the respondents were nonetheless aware of at least some of the services that they could access, or felt that they could ask their Social Worker for this support. Several young people asked to be sent the Local Offer following the call.

When asked about other rights and entitlements, responses were once again mixed as to how familiar young people were with these options:

	Yes – I know what this is and I have used it before	Yes – I know what this is but have not used it before	No – I do not know what this is	Not sure
Children in Care Council meetings and events	5	3	2	0
Children in Care Council website	3	1	4	2
Children in Care Council Whatsapp and email group	8	1	1	0
City of London's Pledge for Children in Care	3	1	6	0
Advocacy	5	0	3	2
Independent Visiting	6	2	2	0

Complaint: 8 respondents (80%) knew how to make a complaint if they needed to. One was unsure, and one did not know. On young person volunteered that they would seek out the support of an advocate if they wanted to do this.

As in previous years, the understanding of entitlements within the Care Leaver group was inconsistent, and few young people felt fully confident about all of the things they could access.

Education, Training and Employment

All 21 young people were asked whether they have faced any barriers when trying to access a job or training. Six respondents (29%) felt that they had not faced any barriers when trying to get a job, but the majority of respondents (15, 71%) spoke about facing a barrier. When asked to provide further information, they shared the following:

- Three young people spoke about struggling with the English language ('[they are] enjoying [their] course but struggling with language barrier as English is not great'; '[they] are studying but is struggling with language barrier'; '[they are] currently studying at college, has very limited English and believes this is a barrier for [them]').
- Two young people spoke about practical barriers to accessing opportunities, giving examples like needing new clothes ('I don't have clothes, it is hard') and internet issues ('I had a problem with internet connection accessing online lessons').
- Two young people felt that they should have received more support in general from their Social Worker or Key Worker to access opportunities ('I am currently working, but when I asked my key worker to help me find a job they said they will support me. However, I never received support to find a job or apprenticeship'; 'A lot. Lack of assistance. LA should have done more to help me').
- One young person spoke about the ongoing impact of the trauma of fleeing war and losing family members on their ability to study ('I am struggling with depression and losing family to war').
- One young person spoke about the impact of securing funding to study ('I have been trying to enrol onto an electric course but I have not been supported with the funding as it is not a free course').
- One young person spoke about the impact of discrimination while trying to get a job with a disability ('I have barriers when trying to get a job with disability and people judge me over this').
- One young person spoke generally about the challenges of a competitive job market and decreasing wages ('getting a job is difficult, and there are no jobs like there used to be').

The responding Care Leavers face complex, compounding challenges in trying to access education, employment and training, overcoming issues ranging from the day-to-day and practical, to wider issues of trauma and adjusting to life in the UK.

Of the ten Care Leavers who responded to the Full Care Leaver Survey, nine respondents felt that they got enough help from the adults around them to overcome these barriers and access education and employment. Only one respondent felt that they did not get 'enough help'. By comparison, four respondents felt that they would need more help around finances in relation to their education, training and employment.

The majority of respondents (8, 80%) were also aware of the Virtual School and how to contact them for extra support. Four of these young people had previously accessed support from the Virtual School.

Health and Wellbeing

All 21 young people were asked if they knew how to access services if they felt unwell physically or mentally. 17 respondents (81%) felt confident that they could either access services independently (12, 57%) or with the support of an adult in their lives (5, 24%). Four Care Leavers were more unsure as to whether they would know what to do. One responded that they 'knew how to book appointments' but did not feel completely confident with all aspects of their health. One Care Leaver shared that they would feel confident accessing support for their physical needs, but not their mental health needs. One Care Leaver knew that they needed support to access medical services, but did not always know which adults to turn to. One final Care Leaver described feeling a lack of trust towards the NHS due to previous experiencing in being asked to take medication.

Of the ten Care Leavers who responded to the Full Care Leaver Survey, all were registered with a GP. Only one was not registered with a dentist.

When asked whether they could identify areas to do with their health which they wanted more support with, two young people (20%) said they wanted help to stop smoking. One young person also spoke about coping with the aftermath of an accident. Otherwise, no respondents felt that they wanted or needed more support.

Safety

All 21 young people were asked if they feel safe in their lives at the moment.

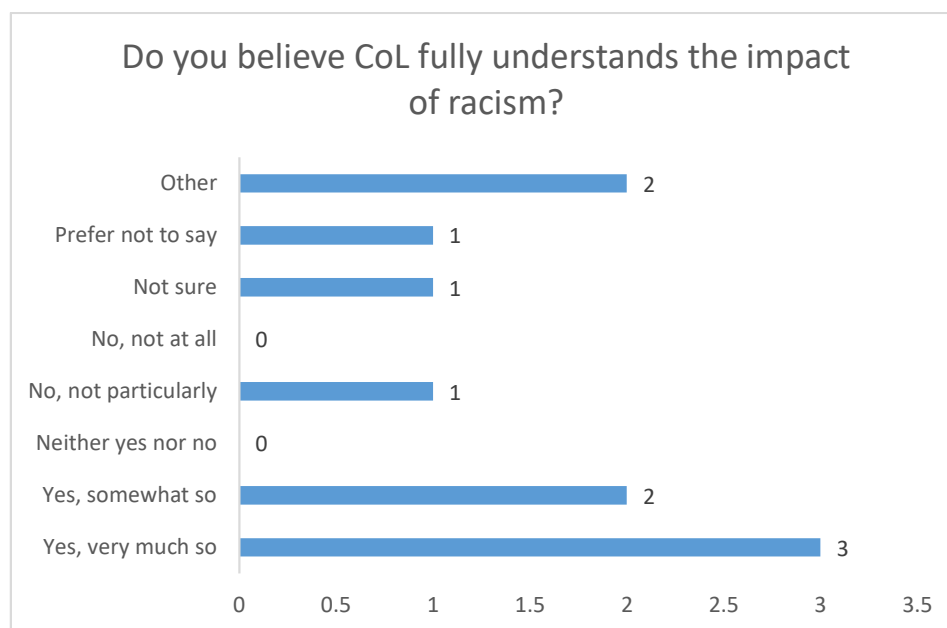
Five respondents (24%) did state that they do not feel safe, for a range of reasons. One young person felt that their accommodation was a 'hazard' because of the restoration work taking place on their accommodation. Another young person spoke generally about not feeling safe in their current home, but was not able to give further detail about why this was. One Care Leaver spoke about feeling unsafe in their local neighbourhood, and like they are 'not able to walk around in this area'. However, they shared that they had been supported by their Social Worker to attend a different college to support with this, and was pleased about this outcome.

One young person described feeling unsafe because of a lack of privacy in their accommodation. The young person said that the staff in the placement came into their room without being given permission and without the young person being told this would happen. The staff member filmed a video of their room, and the young person has since made a complaint about this.

Of the ten Care Leavers who responded to the Full Care Leaver Survey, all of them felt that they would have someone to tell if they were being harmed or bullied, and were able to list people they would contact, including the police, their Social Worker, a partner, friends, or emergency numbers that their Social Worker has given them.

Respondents were also asked about whether they had experienced racism. Six respondents said that they had not experienced racism. Two further respondents had experienced racism but felt that they got the help they needed with this. However, two further respondents said that the racism they had experienced was from within Children’s Services – one had experienced this from Children’s Services outside London, and one from their current City of London Social Worker. The latter added, ‘my Social Worker tells me that I’m not a person who needs this help, that I’m not a refugee because I came in from [country of origin]. I feel a few times when they have told me this... it’s not good to help me’.

Respondents shared the information below when asked whether they felt that the City of London understands the impact of racism and are taking action to tackle this:



The ‘other’ responses included two young people who did not feel that they could comment.

Respondent were also asked whether they had experienced any discrimination as a Care Leaver, and more participants felt that they had experienced this. Six Care Leavers felt that they had experienced discrimination because of their care status. Again, two young people felt that this had come from Children’s Services or their Social Worker, and a further two felt that this had originated from their Key Worker.

Young people were asked whether they felt able to speak to and spend time with people who were important to them. Everyone was able to identify at least one person with whom they could do this, including their family members, partners, former foster carers, Key Workers, and their Independent Visitor.

Finally, respondents were asked about their sense of connection to others, and whether they feel cared for by the people around them.

All 21 young people were asked this. Although some respondents spoke of ‘friends in the UK’, the majority of young people spoke with sadness about the people who cared for them

being in their 'home' countries. Many respondents described a sense of isolation and feeling cut off from others in the UK ('everyone is back home', 'only my mother cares, but she is not with me', 'I do not have any family or friends who care about me'). Several described carrying the trauma of their experiences abroad with them through their life in the UK. There was a clear need among this group to be supported to develop a broader support network and to find more opportunities for connection where they are living. These Care Leavers may also benefit from support to help them to access communities of support which will help them to feel linked to their own cultural heritage in the UK.

The Future

All 21 young people were asked to share their dreams and aspirations for the future. As in 2024's survey, respondents spoke with pragmatism and clarity about their ambitions to secure training and stable employment. They described a broad range of career paths, including working in travel and tourism; cyber security; medicine; nursing; as an electrician; as an artist; as a musician; as a truck driver; and running their own businesses. One young person said that they 'would dream of attending university'.

Several Care Leavers said that they felt well supported to achieve these goals because of the help of their Social Worker ('they have helped and supported me to where I am now'; 'I receiving the correct level of support').

The ten Care Leavers who completed the Full Care Leaver survey were asked to share whether they had any worries about the future if they felt comfortable doing so. The group were split, with five Care Leavers (50%) sharing that nothing worried them at the moment. However, five respondents did share worries, including:

- 'Living in the UK with this circumstance and life expensive at all the time that what I'm worried about how it will be my future with no work experience or job title
- 'Yes. To be honest I don't feel good with my life. I care a lot for my future. Even if my social workers say that I don't look like I care for my future, but I do';
- 'I have lots of worries, but nothing specific';
- 'I am worried about getting council housing';
- One young person also shared that they worried about balancing the pressures of child care with work and study'.

All 21 young people were given a final opportunity to share support that they would like which they are not currently receiving. Four young people felt that they were getting everything they needed.

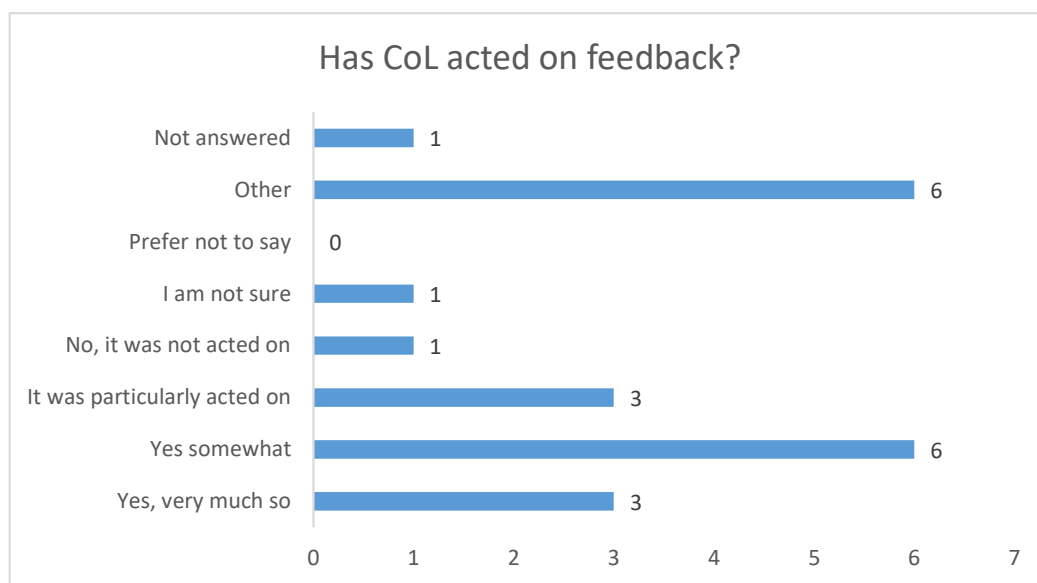
There was a significant preoccupation with housing when young people spoke about their futures. Ten young people said that they wanted more support around housing, with the majority of these respondents saying that they wanted support to secure council housing or

improving the condition of their accommodation. One young person described the impact that their temporary accommodation was having on their wellbeing: 'I am very stressed'.

Other young people spoke about wanting more support with changing their habits ('I would like to get someone to help me to change my habits'; one young person wanted support to get 'into work'; and one young person spoke about wanting support to move their partner to the UK with them. One Care Leaver described a deep, relational want for support: 'I would like someone who checks in with me. There is no one who worries about me'.

Feedback

All 21 young people were asked whether they felt that Children's Services had listened to their feedback if they had given this previously.



Around half of the respondents (9, 43%) felt that their feedback had been 'somewhat' acted upon (6) or 'very much' acted upon (3). Some respondents felt more ambivalent about whether their feedback is acted upon, explaining that it depended what topic they were feeding back on ('my Social Worker does sometimes listen to me, but not when I try to discuss my accommodation or physical health'; 'Not all of them [the topics I raise]'). Four young people had not given feedback previously.

Summary findings – Children in Care

Eligibility and response rate

The cohort of Children in Care eligible to participate in the survey this year was small, comprising only five eligible children (5 eligible children in 2024; 10 eligible children in 2023).

However, responses were received representing the experiences of all five children in this cohort:

- 1 child completed the survey independently with no support.
- 2 children with SEND were supported to complete the survey by an adult carer (one by a parent and one by a member of school staff);
- 1 child was supported to complete the survey by their parent to support with the child's engagement;
- 1 child's carer completed the survey on the child's behalf (child aged one year old).

This represents a 100% response rate (80% in 2024; 50% in 2023; 45% in 2022; 65% in 2021).

The children's ages ranged between 1 year old to 17 years old. Three children identified as having a disability, and one was awaiting the outcome of an ADHD assessment.

Care Arrangements

The children interviewed lived in a range of different care arrangements, including in a semi-independent home with key work support (2), a foster home (1), a Residential Children's Home (1), and a Residential School (1). Two children were living within the City of London Local Authority area, and three were living outside of the City of London but within the Greater London area.

All of the respondents shared that they felt happy with both the type of home they were living in, as well as the location of their home, and felt that they were getting all of the support they needed where they were living.

Social Workers, Key Workers and Foster Carers

The feedback that young people and their carers shared about their Social Worker was overwhelmingly positive. Four respondents felt that they got all of the help they need from their Social Worker, sharing the following comments: '[The Social Worker] is on the ball'; '[They] are very proactive'; 'The Social Worker is very good'. All respondents felt it was either 'somewhat easy' (2) or 'very easy' (2) to contact their Social Worker. One participant added that they don't often have to call their Social Worker because '[they] call me first'.

One respondent was more tempered in their response, saying that they only ‘sometimes’ get all of the help they need. Another participant, who shared that they felt very positive about their current Social Worker, said that they felt that ‘young Social Workers seem to be a lot more enthusiastic’.

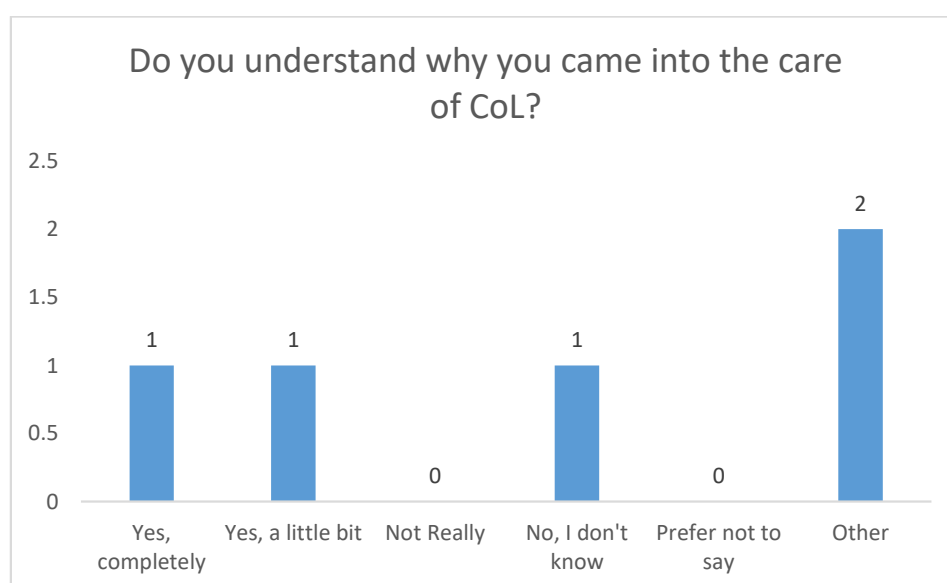
One respondent spoke of the complexities of a relationship with a Social Worker, particularly in the context of the challenging work they are sometimes asked to do: ‘sometimes we have mixed feelings after we have seen [them], but always I feel refreshed, more knowledgeable and to keep going’.

When asked how often their Social Worker changed, two respondents shared that their Social Worker had never changed, and only one respondent said that their Social Worker had changed in the past year. One participant added, ‘they change a lot but they are all really good and have been amazing with starting the transition to adulthood’.

Respondents were asked whether their Social Worker talks to them on their own. Answers varied depending on the child’s age. The older children described ‘always’ being seen alone; younger children described ‘usually’ and ‘sometimes’ being seen alone; the 1 year old child’s carer said they were always seen ‘together’. This suggests that Social Workers in the City of London are adapting their visits around the needs and stage of each child. Similarly, one carer described that even though the child cannot have a direct conversation with their Social Worker due to disability, ‘[they] always enjoy seeing [them]’.

The majority of respondents felt that their Social Worker does take their views into account, with one child saying they were ‘not sure’ about this. Two respondents were able to name concrete examples of when decisions had changed because of their views.

Feelings were mixed when participants were asked if they understood why they were in care, with only two people responding that they ‘completely’ understood. Others answered ‘a little bit’ (1), ‘I don’t know’ (1), or shared ‘I do not fully understand, and they don’t really tell me everything’ (1).



Similarly, there was a range of understanding about what a Care Plan is, what is included within the respondents' own Care Plans, and who was responsible for taking the actions described there. One person felt fully confident that they knew what was in their Care Plan and who was taking actions. However, one person did not know what their Care Plan was at all, and the remaining three respondents only partially knew about this. Only one respondent shared that they were 'partially' involved in making their Care Plan. One carer commented, 'I did not have input into [the child's] care plan'.

Rights and Entitlements

The respondents' understanding of their rights and entitlements was mixed. This may indicate both the complexity of the system to navigate, and the variety of different terms used to describe rights and entitlements, as well as pointing to the relevance of some of these entitlements to different age groups included in this section of the survey.

The table below shows the responses given:

	Yes – I know what this is and have used it	Yes – I know what this is but I have not used it	No – I do not know what this is	Not sure – I am not sure what this is
Children in Care Council meetings	0	1	2	2
Children in Care Council website	0	0	3	2
Children in Care Council Whatsapp and email group	0	1	2	2
City of London's Pledge for Children in Care	0	1	2	2
Advocacy	1	1	3	0
Independent Visiting	1	0	3	1

Complaints: two respondents knew how to make a complaint to Children's Services if they needed to. Two did not know how to do this, and one young person was not sure.

Independent Reviewing Officer (IRO): most respondents (3) did not know what an IRO was. Of the other two respondents, one felt that their IRO did 'not really' help them, and another shared that they felt they did not help 'at all'. Only one person knew how to contact their IRO if needed.

When asked what further support they would like which they are not currently getting, three respondents said they were getting 'everything they need already', one was not sure, and one asked for 'driving lessons'.

Education, Training and Employment

Four of the children surveyed were attending full-time education at school or college. The carer of the 1 year old child shared that they will start nursery later in 2025.

Of the four children attending education, three stated that this support was 'very good' (1) or 'good' (2). One carer felt unable to answer this question, saying, 'I don't communicate with [their] school a lot and [they don't] always go in'. Two of the carers surveyed, answering on behalf of the children, shared that they would have liked more support with the child's education. One elaborated, sharing that they would like 'more help keeping up attendance'.

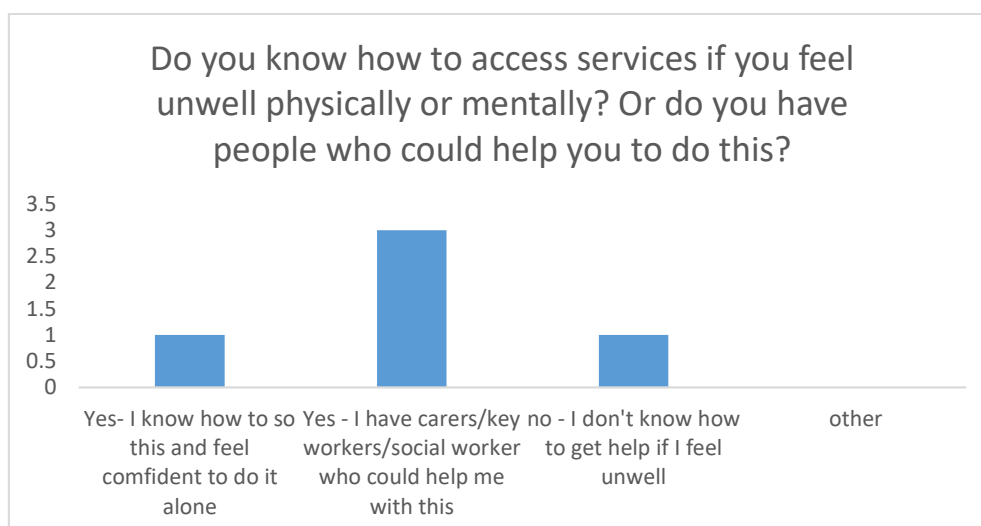
When asked about the Virtual School, one respondent knew what this was and had attended within the past year. The other four respondents were not sure what the Virtual School is – this may be because this support is not relevant for the children surveyed

Health and Wellbeing

Generally, feedback about health and wellbeing was positive in this group. Four respondents did not express significant worries about their physical and emotional health. Two carers noted that the children did have active health issues for which they needed support, and were receiving help for this already. Of these two, one carer described wanting further support to help the child engage: 'drug use – [they are] getting some support but [they're] not always open to it'.

One child, answering with the support of an adult, shared that they did have 'concerns about mental health', and the Coram Voice caller facilitated a conversation about different options for support that the child could access.

One child felt that they could confidently access services independently if they felt unwell, and a further three felt that they could use the support of carers, Key Workers or Social Workers if they needed this. One child said that they would not know how to access further support.



Two respondents said that they regularly attend their Annual Health Assessment, and one carer fed back on behalf of the child that he was 'assessed really well', where another child said that 'it's good'. Two further participants were unsure whether they attended their Annual Health Assessment, and when prompted were unsure about which doctors appointments or health checks were being referenced. One child received regular visits from a paediatrician.

Wellbeing, Safety and Belonging

In terms of safety, there were a mixture of feelings within the surveyed group. This varied feedback speaks to the broad range of ages and issues experienced by children within the group.

One child shared that 'loud noises' and 'travelling alone' can make them feel unsafe. At points, different opinions were shared by the carer than by the child directly. One carer said, 'I feel [they are] unsafe when we are out in the community, but [they do] not feel unsafe'.

However, all respondents felt that there was no further support that they needed which they were not already receiving. One child said that they only wanted for adults around them to 'keep helping me', and a carer shared that the staff at 'school know [them] well and give [them] person-centred care'.

All participants said that they would have someone to tell if they were being harmed or bullied. One carer, who did not believe that the child would be able to express this themselves directly, felt confident that the adults around them know them well enough to 'see signs'.

Four respondents said that they had never experienced racism, and one said that they were not sure whether they had. Opinions were mixed as to whether the adults around them understand the impact of racism on them. One carer shared that they felt able to ask staff at the child's school to celebrate race-specific occasions.

Three respondents said that they had never experienced stigma as a Child in Care. Two were unsure.

All five respondents identified people in their lives that they are able to communicate and spend time with, including their parents, other family members, friends, teachers, key workers, or an advocate. However, one respondent felt that they did 'not really' have anyone in their life who celebrated their successes with them.

The future

When asked about their aspirations for the future, children were able to share a range of goals and ambitions: one young person wanted to focus on their education; one talked with great enthusiasm about being a writer or musician; one was currently undertaking work experience, and spoke about a possible career in gardening or farming.

The carers surveyed spoke about the range of different tools and methods they use to speak to the children with additional needs about abstract concepts like their futures, such as social stories.

All of the children consulted said that they did not have any worries for the future, although some carers added that they had worries which they held for the children and which troubled them ('I have worries as the parent, but not [them]'; '[The child] is not concerned but I worried about not having enough space at home. Worries about what will happen when we die').

When asked what more Children's Services could be doing to support them, most respondents felt that they were getting the help they needed ('I think [they have] been supported really well coming into care and leaving care'; 'the adults are trying their best'; 'City of London are doing a great job'; 'I think the City of London are doing well'). One respondent – a carer – asked to be informed more clearly of their options ('Social Care just need to give us information about what the family's options are'), and a child made the suggestion that more activities could be made available ('they're good for me, but I think they could provide more activities in the city for young people').

On the whole, the feedback provided by the Children in Care and their carers was positive. The participants here felt that they were getting robust support which was tailored to their needs, even where the child's additional needs were complex. They tended to describe positive relationships with their Social Workers and other adults around them, which had helped them to build trust in Children's Services; the term 'person-centred care' was used by two carers during their interviews. Coram Voice callers were able to witness some of this support first hand, as adults in the children's lives supported them to participate in the survey with kindness and patience.

Although two children described 'missing [their] families', they also spoke with warmth about the 'nice helpers' around them in residential settings; the 'freedom' that they otherwise might not have had; and the 'wonderful journey' they have been on. One carer summed up the comprehensiveness of the support received with real positivity: '[they] are getting everything they should be, all under one roof'.

Summary findings – Child in Need

Eligibility and response rate

Parents and carers were asked to complete this survey on behalf of their families. The information was provided for four potential interviewees, representing 7 unique children.

Callers were able to contact three of the families using the information provided, and successfully completed interviews with two families, representing five children. One carer refused participation in the survey, as the child in their care was imminently leaving the UK and their case would be closed with Children's Services. One family was uncontactable for the duration of the survey period.

In order to protect the anonymity of the families choosing to participate, feedback shared here has been carefully anonymised, and only limited identifying information has been provided. Demographic information for the children represented by these responses has been included in the full summary data at the top of the report.

The Child in Need Service and Social Workers

Both carers felt that when they were first contacted by the Child in Need service, it was 'somewhat explained' what the service is and how it works.

Both carers felt that it was 'very easy' to contact their Social Worker, but used markedly different words to describe how contact with their Social Worker makes them feel. Where one carer described feeling 'reassured', like '[they] hear me out', and that they leave understanding what their Social Worker has told them, the other carer said they feel 'judged'. They added 'sometimes it's a bit much and their language makes me feel like I'm failing, other times it's lovely'.

Both carers said that their child's Social Worker speaks directly to their child to seek the child's views, and one added '[they are] getting to know the [children]'. However, the carers expressed mixed opinions about whether the Social Worker sought their views as carers, with one carer feeling that this did happen ('[they] listen'), and one feeling that it did not, describing it as something which happened more 'in the past' but was now 'a bit of a battle'. One carer also described the frustration of advocating for their needs: 'they didn't listen to me or believe me. All the time professionals suggested it was my mental health that was the issue... I think things would be different if [child] had had the right support early on'. Both respondents did, however, feel that they were invited to contribute in the Child in Need review meetings.

The table below shows the responses that were given to the following statements:

	I agree	I do not agree	I'm not sure/ prefer not to say
The Social Worker explained to me why they came to see me and my family	2		
The Social Worker asked me about my plans and hopes for the future	2		
I felt listened to	1	1	
I was given enough time to talk	2		
I felt that what I said was taken seriously		1	1
I felt that the Social Worker understood my family and their needs		1	1
The Social Worker explained what would happen next	1	1	
Me and my family were treated with respect	1		1
I knew who my Social Worker was and how to contact them	2		

One respondent caveated their answers with, 'there answers would be very different and more negative if it was based on experiences of other previous Social Workers'. This comment highlights the ambivalence which underlies some of the answers to their survey, and highlights how heavily an individual's experience can depend on their relationship with their allocated worker as the face for the service as a whole.

Respondents highlighted the complex and overlapping network of relationships involved in their support systems, including family members, friends, neighbours, teachers, advocates, and charity workers. One carer summed it up by saying, 'we all kind of communicate alright'.

Both respondents felt that they understood the Child in Need Plan in place to support their children, and noted practical support that they were receiving through Children's Services e.g. short breaks service and therapy. However, one respondent expressed real frustration that the plan showed that their property was unsuitable for their child's needs, but this was 'not addressed' in reality: 'I'm priority for housing, but I don't feel like me or [my child/ren is/are] being prioritised... they need to be more hands on knowing that the family has a low level of support. They should do a lot more, communicating, pushing for housing. I was in a situation where housing was unsafe because of electrical faults, and I was told I had to leave but to go where?... my [child/ren is/are] not safe in this flat, despite me trying my best'. One respondent also spoke about the challenges in accessing the Short Breaks service, particularly without the 'dependence of receiving DLA'.

Family Hubs

One respondent had heard of the Family Hub model before.

When the concept was fully explained, the respondents made suggestions about where the Hub could be located, including a school (1), a community centre (1) – specifically Golden Lane Community Centre – or a library (1). Both respondents wanted to see a Hub host activities for older children (2), as well as activities for 0-5s (1), and support for people with disabilities/ long term health conditions (1). One respondent said they particularly wanted to see activities for siblings of children using services, in order to ‘support single parents with multiple children’.

Feedback

Both respondents had previously shared feedback with the City of London. Where one respondent felt that their feedback was ‘somewhat’ listened to, the other respondent felt that it was not listened to and that they faced negative consequences because they had shared: ‘I feel like by giving feedback I was treated badly because of it and my case was escalated’.

When asked whether there was any final feedback which carers wanted to share with Children’s Services, one respondent said, ‘I think sometimes they think they are helping you, but sometimes it can be quite overwhelming’. The other respondent spoke about the constant ‘threat’ that their children might be ‘taken’. This is a potent reminder of the importance of ensuring that every effort is made to ensure carers and their children are given time, space and help to understand the support they are being given and why – especially when the stakes are so high for service users.

Summary findings – Child Protection

Eligibility and response rate

The pool of potential interviews for families supported by a Child Protection Plan for this year's survey included just one potential participant. This young person and their parent were asked to complete both the Child Protection and Child in Care survey, as the young person has transitioned between these two teams.

The parent did not feel that they had time to complete the Child Protection survey and to support their child to complete the Child in Care survey. Because of this, they opted to complete only the Child in Care survey, meaning that no responses to the Child Protection survey were received in 2025.

Summary findings – Early Help

Eligibility and response rate

Parents and carers were asked to complete this survey on behalf of their families. The information was provided for eight potential interviewees, representing 14 unique children.

Four interviews were completed, representing six unique children. One carer refused participation in the annual survey, as they did not feel that they had the time. Coram Voice callers were unable to contact three families whose details were provided.

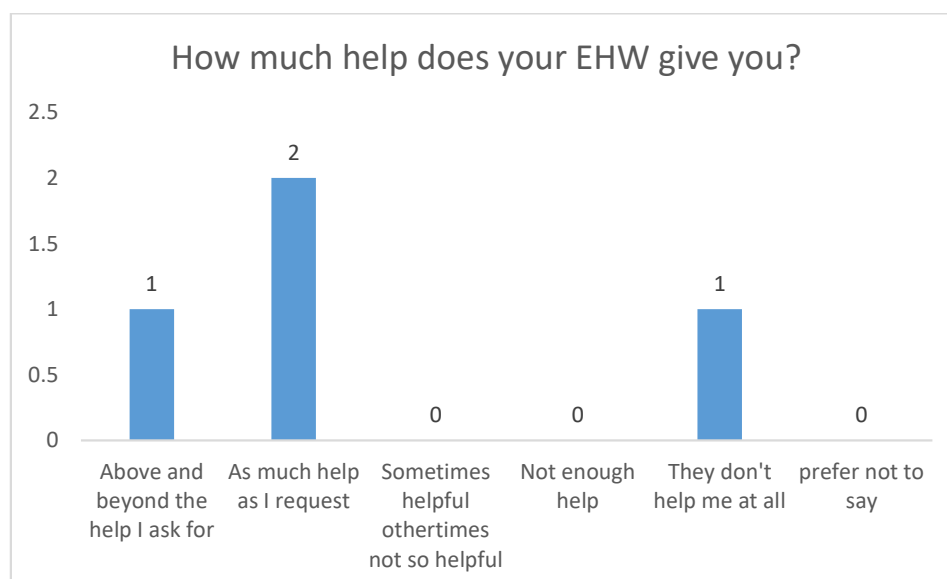
Responses given here represent the experiences of children aged from 5 – 15 years old, and included children with a diagnosed disability.

The Early Help Service and Early Help workers

The feedback given about the Early Help service in 2025 was more mixed, compared to previous years when it was broadly very positive.

Three respondents felt that the Early Help service was either ‘somewhat’ (1) or ‘fully’ (2) explained to them when they were first contacted. Three respondents remember the Early Help service talking to them and their child/ren about their views and feelings. One respondent was unsure whether this had happened. One respondent added that the Early Help service had sought the views of their child/ren, but not the views of their carer: ‘I had to explain to them what the problems were because they didn’t know [my child]’.

When asked about how much help the participants received from their Early Help Worker, there was again a mix of feelings, with the majority of respondents feeling positively about the amount of help they are given:



One respondent spoke very positively about their Early Help Worker, saying, '[they're] really amazing, [they were] really really helpful'. By contrast, one respondent felt that 'they could do a bit better'. Three respondents described it being 'very easy' to contact their Early Help Worker, where one described it as 'very difficult'.

When respondents were asked to share more detail about whether they feel the Early Help Service has made a difference to their child's life, the feedback was generally very positive. Even where carers initially said that they did not see much of a difference, they were able to name support which had been implemented:

- 'Yes, now the issues my [child] had, I can say he is doing much better'.
- 'It made a huge difference. As an example, my [child] was having a very hard time in school... it has been a massive help'. The respondent gave examples of educational support which has been implemented, alongside signposting to social groups, which has made a big difference in their child's life.
- 'Not much of a difference really, but more of a difference in my life than my child's. Initially they came to me because of [issue], but they helped me with other things about the relationship and getting support'.

When asked what further support they would have wanted, two respondents felt that they had received all the support they wanted already ('no'; 'at the moment there isn't anything else they can do as everything I have asked they have done or tried to do'). The other respondents gave a range of suggestions about additional support they would like to see:

- One respondent said that they would have like their child to be assessed due to their behaviour issues;
- One respondent wanted more support with 'housing' as they wanted separate rooms for their growing children.

When asked what the City of London could do differently, the following suggestions were made:

- One respondent suggested 'more events for children with additional needs';
- One respondent suggested 'help for parents on universal credit, it's not really known what sources and resources they have, they don't really make it aware. I only heard through Early Help things like I can go shopping in the Barbican for £4 and things like that. They should publicise support more'.

One respondent added, 'I don't have any suggestions. Work that they do is really good and is working so far for our family'.

Two respondents knew how to make a complaint if they needed to; one did not know; and one was unsure.

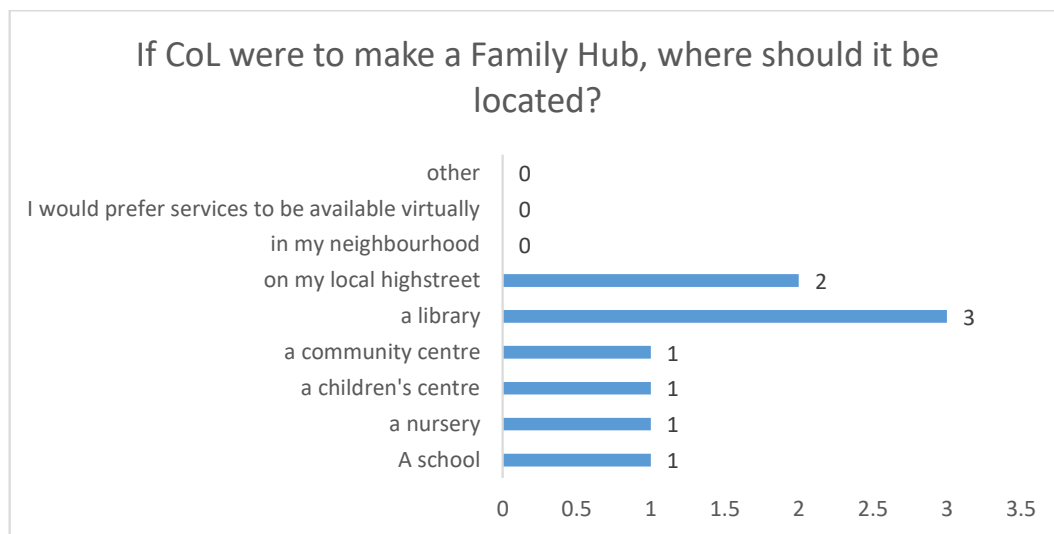
When asked whether they believed that the City of London and Children's Social Care understand the impact of racism and discrimination, three respondents felt positively about

this, sharing 'very much so' (2), or 'somewhat so' (1) as responses. One respondent was not sure about this.

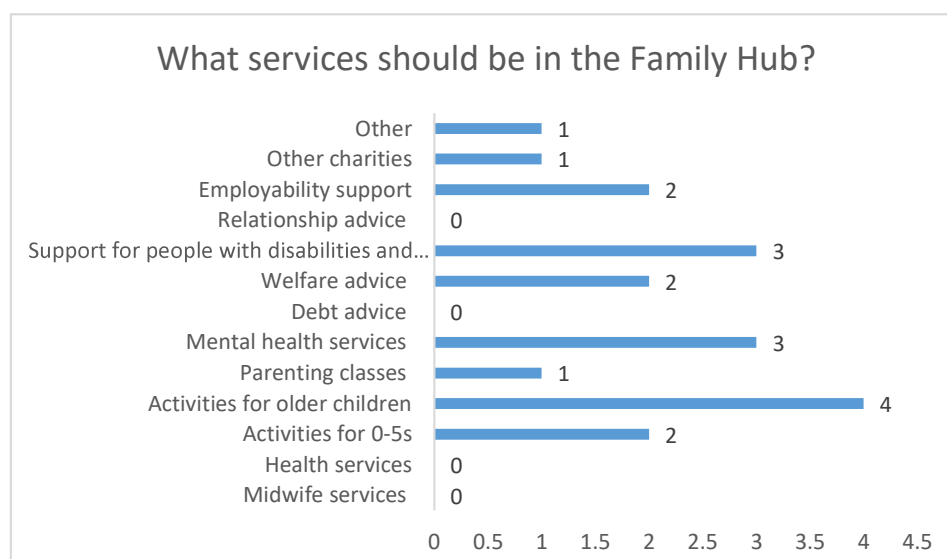
Family Hubs

One respondent had heard of the Family Hub model before. The other respondents were unsure (1) or did not know at all (2).

When the concept was fully explained, the respondents made suggestions about where the Hub could be located, with the most popular options being inside a library (3) or on a local high street (2).



When asked about what services respondents would like to see in a Family Hub, all participants agreed that 'activities for older children' (4) would be desirable, followed by 'mental health services' (3) and 'support for people with disabilities and long-term health conditions' (3).



Feedback

Two respondents had given feedback to the City of London before, and were different in their opinions about whether or not this had been acted on. One respondent felt that it had 'very much' been acted on, where the other respondent felt that it 'was not acted upon'.

Responses to the Early Help survey indicate fairly polarised opinions between different respondents about their experiences. Generally, feedback received about the Early Help service was positive, with families citing concrete examples of support they have received from the service, and the difference it has made in their child or children's lives.

Involvement of Care-Experienced Consultants in the Design of the 2025 Surveys

Coram Voice worked with a group of Care-Experienced Consultants (CECs) to redevelop the survey experience and questions in 2025. The group of CECs are paid for their time and expertise, and consult with Coram Voice on a range of issues to ensure that the voices of young people with experience of the care system are amplified in the work that we do.

The group primarily focused on the design of the Care Leaver survey, but also offered advice on the way in which the surveys should be carried out and how to improve the experience of those being surveyed.

A record of suggested changes and alterations to survey questions has been shared in full with Laura Demetriades, Head of Safeguarding and Quality Assurance. Key suggested changes are included below:

- The group felt that there needed to be a stronger emphasis on allowing survey respondents to direct their own responses, avoiding lists of options which may be restrictive. Considerations were given to the accessibility of this approach, particularly for respondents learning English as an additional language, given the relatively high proportion of Unaccompanied Asylum Seeking Children in the City of London care population.

Action taken: The design of the survey was altered to ensure that all survey questions were answerable via free text box. Coram Voice callers were briefed on the importance of supporting respondents to voice their experiences in words which reflect their unique experiences. Interviewers were provided with scaffolded lists of options to be used as prompted when respondents needed these. Coram Voice callers worked in a person-led way to dynamically assess what the respondent wanted and felt comfortable with as the call progressed.

- The group felt that many of the surveys were too long; in particular, the Care Leaver survey.

Action taken: Respondents were offered a range of different ways to participate in the survey in 2025. Where respondents across all survey cohorts said that they did not want to participate in the survey, they were offered the option to tell the interviewer 'Just One Thing' which they wanted Children's Services to know about their experience. However, no respondents chose to complete this single-question survey in 2025. Respondents were also given the option to complete the survey independently online to best fit in with their own schedules.

Care Leavers were given the option to complete the full Care Leaver survey, or a shortened version of the survey which contains only 14 questions. The selection of questions included in the shortened survey was informed by the CECs. There was good uptake of this option in 2025, with just over half of responding Care Leavers electing to complete the shorter survey.

- The group felt that more context needed to be given around why certain demography questions were being asked. The group of CECs shared the exhaustion and otherwise negative impact that they felt in being asked repeatedly to share information with professionals about their personal characteristics.
Action taken: All Coram Voice callers were provided with a clear scaffold for their introductory conversation with potential respondents, including space to explicitly ask about their communication needs, pronouns and preferred name. Further detail was added to explain why Coram Voice callers were asking questions about particularly personal data, e.g. around disability.
- The group felt strongly that the survey should be carried out by interviewers with care experience.
Action taken: Although this was explored in 2025, logistical issues around safeguarding and confidentiality within the survey meant that this was not possible. This should be explored again in future iterations of the survey.

Recommendations for Future Surveys

As in the 2024 survey, all participants were asked for feedback on changes they would like to see to the survey or the way that it is completed. The vast majority of respondents did not have any feedback that they wanted to share, and shared comments such as 'not sure how they can make it better'; 'you have covered a lot'; 'I have no idea how it could be better'; 'no suggestions', 'no, I am happy'.

Several participants were positive about the opportunity to share feedback about Children's Services via an independent route.

One Care Leaver shared that they felt the survey would be better with 'no difficult questions', which may well be indicative of the challenging nature of some of the topics covered. Following the 2024 survey, Coram Voice callers were equipped with a comprehensive bank of signposting options to offer children, young people and their families ongoing support following the survey. Coram Voice callers also made a proactive offer to all participants who shared that they wanted something different from their Social Worker, for Coram Voice to share this directly with the City of London to support in securing the requested change. No respondents took this offer up, and some expressed concerns that this might impact their anonymity.

One Care Leaver said that the 'survey is useful, but it needs to be done quicker'. This young person completed the Short Care Leaver Survey, which offered a streamlined survey of 15 questions. The Short Care Leaver Survey was created this year in response to feedback received in 2024 from Care Leavers who told us that the Full Care Leaver Survey was too long an undertaking. For any children, young people and families who said that they would not have time to complete any survey, Coram Voice callers asked whether they could share 'just one thing' which they would like to feedback to Children's Services. No one chose to respond to this question. Coram Voice suggests continuing to provide a range of different options to potential participants to try to encourage participation from as many people as possible and to honour both those with an appetite for a longer conversation, and those who only have a short amount of time to offer.

One young person said that they would prefer to do the survey 'face to face to help communication and to understand who they are speaking to'. The possibility of a face to face meeting in the style of a focus group was explored in 2025, but there are various complexities around this e.g. in ensuring equitability of access for all participants and maintaining anonymity.

As in 2024, Coram Voice callers also offered suggestions from their experience of delivering the survey. It was noted that participants were sometimes confused by the different terminology used e.g. Key Worker, Personal Advisor, Social Worker. It is important that callers spend time providing context to and examples of the different terms and roles described. It was particularly helpful to be able to concretely name individuals within City of London services e.g. when speaking about the Virtual School and Independent Reviewing Officer.

Overall, in 2025 it has worked well to offer a broad range of different options for ways to complete the survey, including a self-directed option (although take-up for this option was very low, with only one young person completing this). Although the calling period was much shorter in 2025 – just 4 weeks, compared to 10 weeks in 2024 – the engagement rate was slightly higher this year. A more concentrated calling period helped to avoid ‘survey fatigue’ for children, young people and families being contacted, while the broad range of options for engagement supported Coram Voice to capture the feedback and views of a broad pool of respondents.

Appendix 1 – Introduction to surveys

Intro

Hello, my name is _____. I am calling you from a children's charity called Coram Voice. I'm getting in touch to ask you if you would like to take part in City of London's annual survey for children, young people and their families who have used Children's Services in their local area.

Hopefully you have received an email from your Social Worker already to let you know that I would be calling. You may have already participated in surveys in previous years.

Anonymity

This survey is a chance for you to share your feedback and give your views on the services that you received. We are interested in hearing all feedback – good or bad. If you choose to complete the survey, everything you say will stay completely anonymous. No one except for me and the Survey Lead will know who gave what answers.

All of the feedback which is given by anyone who completes this survey will be sent to the City of London. They will use this feedback to make their services are high quality and helpful for the people who use them. By sharing your feedback in this survey, you will be helping to improve Children's Services, and make them better for others in the future. The City of London will tell you what they have done about the feedback they received.

Other info

- The survey normally takes between [insert] minutes, but this depends on how long your answers are.
- If you do choose to complete the survey, you will be sent a £10 voucher to thank you for your time.
- Are you happy to participate in the survey?
- Do you have any questions for me before we begin?

Information gathering for the call

- What would you like me to call you while we're on the phone today?
- What pronouns would you like me to use for you?
- Are you in a place where you feel able to speak openly about your experiences?
- *Where a communication need has been listed for this person on your spreadsheet:* your Social Worker has already made me aware of [communication need]. Is there anything else that you would like me to know to make sure that you're comfortable speaking on the phone to me today?

Sensitivity and support

Some of the topics that are asked about in the survey might be sensitive. Throughout this survey, you can always tell me if you do not want to answer a particular question. You do not need to share anything which you do not feel comfortable with. You can ask for a break at any time.

If you feel like you want more support with anything that we speak about today, I can let you know about other organisations which will be able to help. You can also request children's advocacy from Coram Voice. If you would like me to, I can also share specific requests for support with your Social Worker. I will not do this unless you want me to.

The only time when I would need to share more information is if we believed that your life or someone else's life was in danger; if you told us that you were seriously hurting another person or knew that someone else was being seriously hurt.

Appendix 2 – Care Leaver Survey (full)

Demography Questions

1. Where do you live?

- ☐ In the City of London area; Golden Lane, Barbican, Portsoken etc
- ☐ Outside the City of London area
- ☐ I do not currently have a fixed address
- ☐ Prefer not to say/ not sure

2. Tell us about you.

You

How old are you?

What is your
gender identity?

How do you
describe your
ethnicity?

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you have a disability or life-long health condition?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ Prefer not to say

Comment:

Your home

4. What kind of home do you live in?

- ☐ I live in a Staying Put Arrangement with my foster carers
- ☐ I live in a semi-independent home with key work support
- ☐ I live in my own home with outreach support
- ☐ I live in my own home with no outreach support
- ☐ I live with a relative who is not my parent
- ☐ I live with my own parent(s)
- ☐ I live in a Secure setting
- ☐ Prefer not to say

5. Are you happy with where you are living and the home you are living in?

- ☐ Yes to location and yes to type of home I am living in
- ☐ Yes to location and no to type of home I am living in
- ☐ No to location and yes to type of home I am living in
- ☐ No to location and no to type of home I am living in
- ☐ Other (please specify):

6. Have you received your Setting Up Home Allowance?

Please note: this is only provided when a young person moves into their permanent accommodation, so you may not have received this yet.

- ☐ Yes, I have received the full amount
- ☐ I have received some of this allowance
- ☐ No, I have not received any of this allowance
- ☐ I do not know what the Setting Up Home Allowance is
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

7. Do you get the support you need to care for and look after your home?

Your Social Worker

8. Do you have a named Social Worker?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

9. Have mostly you had the same Social Worker, or has your Social Worker changed? (Select all statements that are true for you)

- ☐ My Social Worker has changed in the past year
- ☐ My Social Worker has never changed
- ☐ My Social Worker has changed, but more than a year ago
- ☐ My Social Worker has changed, but more than three years ago
- ☐ I have had a few different Social Workers, but they do not change often
- ☐ My Social Worker has changed too many times during my time in care

Comment:

10. How often do you see your Social Worker?

- ☐ Too often
- ☐ As often as I need

- ☐ Not as often as I would like
- ☐ I don't see my Social Worker
- ☐ Prefer not to say
- ☐ Other (please specify):

11. How easy is it for you to get in touch with your Social Worker when you need to?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Prefer not to say

Comment:

12. Do you get all of the help that you need and want from your Social Worker?

13. How do you normally feel after speaking to your Social Worker?

- ☐ I feel safer
- ☐ I feel reassured
- ☐ I feel cared about
- ☐ I feel like I understand what they have said
- ☐ I feel scared
- ☐ I feel unsafe

- ☐ I feel confused
- ☐ I do not understand what they have said
- ☐ I feel worried
- ☐ I feel neutral
- ☐ Other (please specify):

14. Does your Social Worker ask you for your views about what you want? Do you feel that your views and wishes are included when plans are made?

- ☐ Always listens and takes on board your suggestions
- ☐ Sometimes listens and takes on board your suggestions
- ☐ Neither listens not doesn't listen
- ☐ Often doesn't listen and take on board suggestions
- ☐ Never listens and takes on board suggestions
- ☐ Prefer not to say
- ☐ Other (please specify):

15. Can you give us an example of something that changed due to your views, or when you were disappointed by a decision?

16. Do you understand why you came into the care of the City of London?

- ☐ Yes, completely
- ☐ Yes, a little bit
- ☐ Not really
- ☐ No, I don't know
- ☐ Prefer not to say
- ☐ Other (please specify):

Your Rights and Entitlements

As a Care Leaver, there are different things which Children's Services should give you or do for you. Many of these are written into English law. We call these your rights and entitlements.

17. Can you tell us what you think the City of London Care Leaver Local Offer is?

18. How confident would you feel accessing things from the Care Leaver Local Offer?

- ☐ Very confident
- ☐ Quite confident
- ☐ Neither confident nor unconfident
- ☐ Not very confident
- ☐ I would not know how to do this
- ☐ I could not do this myself, but I would know who to ask for help
- ☐ Prefer not to say
- ☐ Other (please specify):

19. Do you know about the rights and entitlements below?

	Yes - I know what this is and have used this before	Yes - I know what this is but I have not used this before	No – I do not know what this is	Not sure – I am not sure what this is
Children in Care Council meetings and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in Care Council website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in Care Council Whatsapp and email group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes - I know what this is and have used this before	Yes - I know what this is but I have not used this before	No – I do not know what this is	Not sure – I am not sure what this is
City of London's Pledge for Children in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

20. Do you know what your Pathway Plan is? Do you know what actions are being taken and by who?

- ☐ Yes – I know what my Pathway Plan is, and I know what actions are being taken
- ☐ Yes – I know what my Pathway Plan is, but I do not know what actions are being taken
- ☐ No – I do not know what my Pathway Plan is
- ☐ Prefer not to say
- ☐ Other (please specify):

21. Were you involved in writing your Pathway Plan?

- ☐ Yes – I was fully involved in making my Pathway Plan
- ☐ Yes – I was partially involved in making my Pathway Plan
- ☐ No – I have seen my Pathway Plan, but was not involved in making the plan
- ☐ No – I do not know what my Pathway Plan is, and I was not involved in making it
- ☐ Prefer not to say
- ☐ Other (please specify):

22. What do you think should be included in the Care Leaver Local Offer?

- ☐ Not sure

☐ Everything that should be included is already there

☐ Other (please specify):

23. Is there any support that you would like which you are not currently getting?

☐ Not sure

☐ I am getting everything that I need already

☐ Other (please specify):

24. Do you know how to make a complaint about Children's Services?

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

Comment:

Your Education, Training and Employment

25. Are you currently in education, training or employment? (Tick all that apply)

☐ Yes, full-time education at school/college/University

☐ Yes, part-time education at school/college/University

☐ Yes, I am attending tuition

☐ I have enrolled on a course and am waiting for it to start

☐ I am attending vocational/on the job learning such as an apprenticeship/work experience

☐ I am in part time employment

☐ I am in full time employment

☐ I am not in any education, training or tuition

☐ Prefer not to say

☐ Other (please specify):

26. Have you experienced any barriers when trying to get a job, training or education?

27. Are you getting the all help you need with your education and employment? This might include help from your Social Worker, a Key Worker or your education provider.

☐ Yes – I get all the help I need

☐ Yes – I get most of the help I need

☐ I get some of the help I need

☐ No – I do get enough help

☐ No – I don't get any help at all

☐ Other (please specify):

28. Do you have the support you need around finances in relation to your education, employment or training? E.g. Higher Education Bursary, financial support at university, hardship loans etc.

☐ Yes – I get all the help I need

☐ Yes – I get most of the help I need

☐ I get some of the help I need

☐ No – I do get enough help

☐ No – I don't get any help at all

☐ Other (please specify):

29. If you are in education or tuition: what do you think about the education you are getting at the moment?

☐ Very good

- ☐ Good
- ☐ Ok - sometimes good, sometimes not good
- ☐ Not good
- ☐ Very bad
- ☐ Prefer not to say
- ☐ Other (please specify):

30. Do you know how to contact the Virtual School (Debby or Ismail) for extra support with your education?

- ☐ Yes – I have used the virtual school in the past year and I know how to contact them
- ☐ Yes – I have used the virtual school more than 1 year ago, and I know how to contact them
- ☐ Yes - I know what the virtual school is and I know how to contact them, but I have never used them
- ☐ No – I know what the virtual school is but I don't know how to contact them
- ☐ No – I don't know what the virtual school is and I don't know how to contact them
- ☐ I am not sure what the virtual school is
- ☐ Prefer not to say
- ☐ Other (please specify):

Your Health

31. Do you have any worries about your physical or mental health at the moment?

32. Do you know how to access services if you feel unwell physically or mentally? Or do you have people who could help you to do this?

- ☐ Yes – I know how to do this and feel confident to do it alone

- ☐ Yes – I have carers/ Key Workers/ Social Worker who could help me with this
- ☐ No – I do not know how to get help if I feel unwell
- ☐ Other (please specify):
-

33. Are you registered with a GP?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):
-

34. Are you registered with a dentist?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):
-

35. Are there areas to do with your health which you feel you need more support with?
Note for callers: You may want to offer the following prompts - healthy eating; exercise; physical health; sexual health and relationships; drugs, alcohol or smoking; personal hygiene; isolation and loneliness; emotional wellbeing; mental health

Your Wellbeing, Safety, Belonging

36. Does anything make you feel unsafe at the moment?

37. What could City of London do to make you feel safer?

38. If you were being harmed or bullied, do you have someone who you could tell?

39. Have you experienced racism?
If yes: did you get the help you needed after experiencing racism?

40. Do you feel that Children’s Social Care understand the impact of racism and discrimination and take action to tackle this?

- ☐ Yes, very much so
- ☐ Yes, somewhat so
- ☐ Neither yes nor no
- ☐ No, not particularly
- ☐ No, not at all
- ☐ Not sure
- ☐ Prefer not to say

☐ Other (please specify):

41. Have you experienced any stigma as a Care Leaver?

If yes: did you get the help you needed after experiencing racism?

42. Are you able to speak to and spend time with the people who are important to you?

	Yes	No	I do not want to spend time with this person
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members - siblings, aunts, uncles, cousins etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/ ex partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former foster carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charity worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

43. Do you have people in your life who celebrate your successes and achievements with you?

☐ Yes, very much so

☐ Yes, a bit

☐ Sometimes yes, sometimes no

☐ Not really

☐ Not at all

☐ Prefer not to say

☐ Other (please specify):

Your Future

44. Do you have aspirations or dreams for the future? Please share these with us if you feel comfortable to do so.

45. Do you have worries about the future? Please share these with us if you feel comfortable to do so.

Callers may want to use the following prompts: money; employment; finding work experience; coping with living independently; life skills e.g. setting up bank accounts, managing payment of bills; finding somewhere to live

46. What more could the City of London be doing to help you prepare for the future?

☐ I am getting all of the support I need

☐ I want more support

☐ I am not getting any support, but I do not want any support

☐ Prefer not to say

☐ Not sure

☐ Other (please specify):

47. Is there anything else that you would like Children's Services or the City of London to do differently?

48. What is the best thing about being a Care Leaver?

49. What is the worst thing about being a Care Leaver?

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

Signposting

Some of the topics we have spoken about today might have been sensitive and difficult to speak about. Would you be interested in me sharing information with you about other organisations which might be able to help?

Note to caller: some options for signposting are below. If appropriate, tell the person you are speaking to . If you need to look into something more specific, tell the person you are speaking to that you can follow up with more information via text/ email.

A broad range of signposting options and details about how to contact them can be found here: V:\London and South East\ADV\Helpline\Helpline Signposting.doc

- Shelter - issues to do with housing and homelessness
- Trussell Trust - foodbanks across the UK
- Coram Voice - advocacy and Independent Visiting for children/ young people

- New Horizons - centre for homeless 16-25 year olds
- Samaritans - 24 hour phone line for anyone facing difficulty/ mental health crises
- Childline - 24 hour phone line for 18 y/os and under in distress
- The Refugee Council - wide-ranging, holistic welfare support, health services, Age Dispute Project for asylum-seeking young people

50. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

51. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon
- ☐ I am not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

52. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

Appendix 3 – Care Leaver Survey (short)

Demography Questions

1. Where do you live?

- ☐ In the City of London area; Golden Lane, Barbican, Portsoken etc
- ☐ Outside the City of London area
- ☐ I do not currently have a fixed address
- ☐ Prefer not to say/ not sure

2. Tell us about you.

You

How old are you?

What is your
gender identity?

How do you
describe your
ethnicity?

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you have a disability or life-long health condition?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ Prefer not to say

Comment:

Core Questions

4. Are you happy with where you are living and the home you are living in?

- ☐ Yes to location and yes to type of home I am living in
- ☐ Yes to location and no to type of home I am living in
- ☐ No to location and yes to type of home I am living in
- ☐ No to location and no to type of home I am living in
- ☐ Other (please specify):

5. Do you get all of the help that you need and want from your Social Worker?

6. Do you know what your Pathway Plan is? Do you know what actions are being taken and by who?

- ☐ Yes – I know what my Pathway Plan is, and I know what actions are being taken
- ☐ Yes – I know what my Pathway Plan is, but I do not know what actions are being taken
- ☐ No – I do not know what my Pathway Plan is
- ☐ Prefer not to say
- ☐ Other (please specify):

7. Is there any support that you would like which you are not currently getting?

- ☐ Not sure
- ☐ I am getting everything that I need already
- ☐ Other (please specify):

8. Have you experienced any barriers when trying to get a job, training or education?

9. Do you know how to access services if you feel unwell physically or mentally? Or do you have people who could help you to do this?

- ☐ Yes – I know how to do this and feel confident to do it alone
- ☐ Yes – I have carers/ Key Workers/ Social Worker who could help me with this
- ☐ No – I do not know how to get help if I feel unwell
- ☐ Other (please specify):

10. Do you feel safe in your life at the moment? Is there anything which City of London could do to make you feel safer?

11. Do you have aspirations or dreams for the future? What could City of London do to help you achieve them?

12. Do you have people in your life who you feel care about you?

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

Signposting

Some of the topics we have spoken about today might have been sensitive and difficult to speak about. Would you be interested in me sharing information with you about other organisations which might be able to help?

Note to caller: some options for signposting are below. If appropriate, tell the person you are speaking to . If you need to look into something more specific, tell the person you are speaking to that you can follow up with more information via text/ email.

A broad range of signposting options and details about how to contact them can be found here: V:\London and South East\ADV\Helpline\Helpline Signposting.doc

- Shelter - issues to do with housing and homelessness
- Trussell Trust - foodbanks across the UK
- Coram Voice - advocacy and Independent Visiting for children/ young people
- New Horizons - centre for homeless 16-25 year olds
- Samaritans - 24 hour phone line for anyone facing difficulty/ mental health crises
- Childline - 24 hour phone line for 18 y/os and under in distress
- The Refugee Council - wide-ranging, holistic welfare support, health services, Age Dispute Project for asylum-seeking young people

13. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

14. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon
- ☐ I am not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

15. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

Appendix 4 – Children in Care Survey

Demography Questions

1. Where do you live?

- ☐ In the City of London area; Golden Lane, Barbican, Portsoken etc
- ☐ Outside the City of London area
- ☐ I do not currently have a fixed address
- ☐ Prefer not to say/ not sure

2. Tell us about you.

You

How old are you?

What is your
gender identity?

How do you
describe your
ethnicity?

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you have a disability or life-long health condition?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ Prefer not to say

Comment:

Your home

4. What kind of home do you live in?

- ☐ I live in a foster home
- ☐ I live in a semi-independent home with key work support
- ☐ I live in a Residential Children's Home
- ☐ I live in a Residential School
- ☐ I live in my own home with outreach support
- ☐ I live with a relative who is not my parent
- ☐ I live with my own parent(s)
- ☐ I live in a Secure setting
- ☐ Prefer not to say

5. Are you happy with where you are living and the home you are living in?

- ☐ Yes to location and yes to type of home I am living in
- ☐ Yes to location and no to type of home I am living in
- ☐ No to location and yes to type of home I am living in
- ☐ No to location and no to type of home I am living in
- ☐ Other (please specify):

6. Do you get the support you need and want where you are living? E.g. from your Social Worker, your parents, your foster carer, your Key Worker, residential staff?

Your Social Worker

7. Have mostly you had the same Social Worker, or has your Social Worker changed? (Select all statements that are true for you)

- ☐ My Social Worker has changed in the past year
- ☐ My Social Worker has never changed
- ☐ My Social Worker has changed, but more than a year ago
- ☐ My Social Worker has changed, but more than three years ago
- ☐ I have had a few different Social Workers, but they do not change often
- ☐ My Social Worker has changed too many times during my time in care

Comment:

8. How easy is it for you to get in touch with your Social Worker when you need to?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

☐ Prefer not to say

Comment:

9. Do you get all of the help that you need and want from your Social Worker?

10. Does your Social Worker talk to you on your own?

☐ Always

☐ Usually

☐ Sometimes

☐ Rarely

☐ Never

☐ Prefer not to say

☐ Other (please specify):

11. How do you normally feel after speaking to your Social Worker?

☐ I feel safer

☐ I feel reassured

☐ I feel cared about

☐ I feel like I understand what they have said

☐ I feel scared

☐ I feel unsafe

- ☐ I feel confused
- ☐ I do not understand what they have said
- ☐ I feel worried
- ☐ I feel neutral
- ☐ Other (please specify):

12. Does your Social Worker ask you for your views about what you want? Do you feel that your views and wishes are included when plans are made?

- ☐ Always listens and takes on board your suggestions
- ☐ Sometimes listens and takes on board your suggestions
- ☐ Neither listens not doesn't listen
- ☐ Often doesn't listen and take on board suggestions
- ☐ Never listens and takes on board suggestions
- ☐ Prefer not to say
- ☐ Other (please specify):

13. Can you give us an example of something that changed due to your views, or when you were disappointed by a decision?

14. Do you understand why you came into the care of the City of London?

- ☐ Yes, completely
- ☐ Yes, a little bit
- ☐ Not really
- ☐ No, I don't know
- ☐ Prefer not to say

☐ Other (please specify):

Your Rights and Entitlements

As a Child in Care, there are different things which Children's Services should give you or do for you. Many of these are written into English law. We call these your rights and entitlements.

15. Do you understand what your rights and entitlements are as a Child in Care?

☐ Yes – I understand this fully

☐ Yes – I understand this mostly

☐ No – I only understand a little bit

☐ No – I do not understand at all

☐ Prefer not to say

☐ Other (please specify):

16. Do you know about the rights and entitlements below?

	Yes - I know what this is and have used this before	Yes - I know what this is but I have not used this before	No – I do not know what this is	Not sure – I am not sure what this is
Children in Care Council meetings and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in Care Council website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in Care Council Whatsapp and email group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of London's Pledge for Children in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes - I know what this is and have used this before	Yes - I know what this is but I have not used this before	No – I do not know what this is	Not sure – I am not sure what this is
Independent Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

17. Do you know what your Care Plan is? Do you know what actions are being taken and by who?

- ☐ Yes – I know what my Care Plan is, and I know what actions are being taken
- ☐ Yes – I know what my Care Plan is, but I do not know what actions are being taken
- ☐ No – I do not know what my Care Plan is
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

18. Were you involved in writing your Care Plan?

- ☐ Yes – I was fully involved in making my Care Plan
- ☐ Yes – I was partially involved in making my Care Plan
- ☐ No – I have seen my Care Plan, but was not involved in making the plan
- ☐ No – I do not know what my Care Plan is
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

19. Is there any support that you would like which you are not currently getting?

- ☐ Not sure
- ☐ I am getting everything that I need already
- ☐ Other (please specify):

20. Do you know how to make a complaint about Children's Services?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Comment:

21. Do you know how to contact your Independent Reviewing Officer (Ria Lane)?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not know what an IRO is
- ☐ Prefer not to say
- ☐ Other (please specify):

22. Does your Independent Reviewing Officer (Ria Lane) help you to get the care and services you need?

- ☐ Yes, very well
- ☐ Yes, well
- ☐ Not really

- ☐ No, not very well
- ☐ No, not at all
- ☐ I don't know what an IRO is
- ☐ Prefer not to say
- ☐ Other (please specify):

23. If yes: can you give us an example of how your IRO has helped you?

Your Education, Training and Employment

24. Are you currently in education, training or employment? (Tick all that apply)

- ☐ Yes, full-time education at school/college/University
- ☐ Yes, part-time education at school/college/University
- ☐ Yes, I am attending tuition
- ☐ I have enrolled on a course and am waiting for it to start
- ☐ I am attending vocational/on the job learning such as an apprenticeship/work experience
- ☐ I am in part time employment
- ☐ I am not in any education, training or tuition
- ☐ Prefer not to say
- ☐ Other (please specify):

25. Have you experienced any barriers when trying to get a job, training or education?

26. Are you getting the all help you need with your education and employment? This might include help from your Social Worker, a Key Worker or your education provider.

- ☐ Yes – I get all the help I need
- ☐ Yes – I get most of the help I need
- ☐ I get some of the help I need
- ☐ No – I do get enough help
- ☐ No – I don't get any help at all
- ☐ Other (please specify):

27. If you are in education or tuition: what do you think about the education you are getting at the moment?

- ☐ Very good
- ☐ Good
- ☐ Ok - sometimes good, sometimes not good
- ☐ Not good
- ☐ Very bad
- ☐ Prefer not to say
- ☐ Other (please specify):

28. Do you know how to contact the Virtual School (Debby or Ismail) for extra support with your education?

- ☐ Yes – I have used the virtual school in the past year and I know how to contact them

- ☐ Yes – I have used the virtual school more than 1 year ago, and I know how to contact them
- ☐ Yes – I know what the virtual school is and I know how to contact them
- ☐ No – I know what the virtual school is but I don't know how to contact them
- ☐ No – I don't know what the virtual school is and I don't know how to contact them
- ☐ I am not sure what the virtual school is
- ☐ Prefer not to say
- ☐ Other (please specify):

Your Health

29. Do you have any worries about your physical or mental health at the moment?

30. Do you know how to access services if you feel unwell physically or mentally? Or do you have people who could help you to do this?

- ☐ Yes – I know how to do this and feel confident to do it alone
- ☐ Yes – I have carers/ Key Workers/ Social Worker who could help me with this
- ☐ No – I do not know how to get help if I feel unwell
- ☐ Other (please specify):

31. Do you go to your Annual Health Assessment?

- ☐ Yes
- ☐ No
- ☐ Not sure

☐ Prefer not to say

☐ Other (please specify):

32. If yes: how helpful do you find your Annual Health Assessment?

33. Are there areas to do with your health which you feel you need more support with?

Note for callers: You may want to offer the following prompts - healthy eating; exercise; physical health; sexual health and relationships; drugs, alcohol or smoking; personal hygiene; isolation and loneliness; emotional wellbeing; mental health

Your Wellbeing, Safety, Belonging

34. Does anything make you feel unsafe at the moment?

35. What could the adults around you do to make you feel safer?

36. If you were being harmed or bullied, do you have someone who you could tell?

37. Have you experienced racism?

If yes: did you get the help you needed after experiencing racism?

38. Do you feel that the adults around you understand the impact of racism and discrimination and take action to tackle this?

- ☐ Yes, very much so
- ☐ Yes, somewhat so
- ☐ Neither yes nor no
- ☐ No, not particularly
- ☐ No, not at all
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

39. Have you experienced any stigma as a Child in Care?

If yes: did you get the help you needed after experiencing racism?

40. Are you able to speak to and spend time with the people who are important to you?

	Yes	No	I do not want to spend time with this person
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members - siblings, aunts, uncles, cousins etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/ ex partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former foster carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charity worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

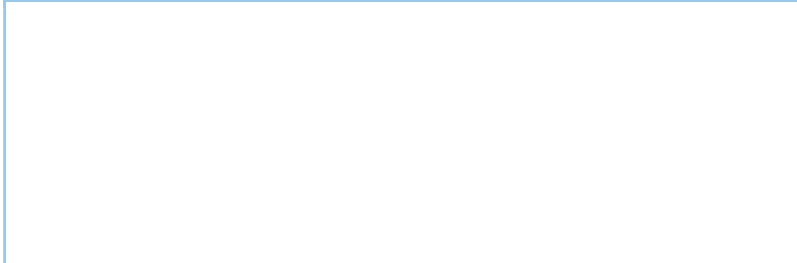
Comment:

41. Do you have people in your life who celebrate your successes and achievements with you?

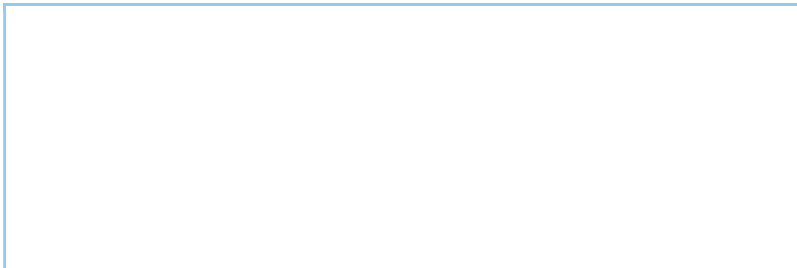
- ☐ Yes, very much so
- ☐ Yes, a bit
- ☐ Sometimes yes, sometimes no
- ☐ Not really
- ☐ Not at all
- ☐ Prefer not to say
- ☐ Other (please specify):

Your Future

42. Do you have aspirations or dreams for the future? Please share these with us if you feel comfortable to do so.

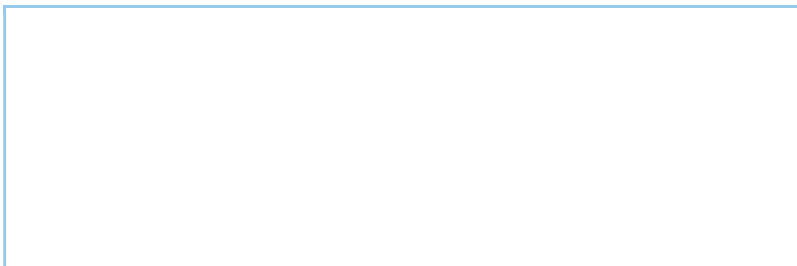


43. Do the adults around you tell you when changes are going to happen in your life, and help you to prepare for these?



44. Do you have worries about the future? Please share these with us if you feel comfortable to do so.

Callers may want to use the following prompts: money; employment; finding work experience; coping with living independently; life skills e.g. setting up bank accounts, managing payment of bills; finding somewhere to live



45. What more could the adults around you be doing to help you prepare for the future?

- ☐ I am getting all of the support I need
- ☐ I do not want more support
- ☐ Prefer not to say
- ☐ Not sure
- ☐ Other (please specify):

46. Is there anything else that you would like Children's Services or the City of London to do differently?

47. What is the best thing about being a Child in Care?

48. What is the worst thing about being a Child in Care?

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

Signposting

Some of the topics we have spoken about today might have been sensitive and difficult to speak about. Would you be interested in me sharing information with you about other organisations which might be able to help?

Note to caller: some options for signposting are below. If appropriate, tell the person you are speaking to . If you need to look into something more specific, tell the person you are speaking to that you can follow up with more information via text/ email.

A broad range of signposting options and details about how to contact them can be found here: V:\London and South East\ADV\Helpline\Helpline Signposting.doc

- Shelter - issues to do with housing and homelessness
- Trussell Trust - foodbanks across the UK
- Coram Voice - advocacy and Independent Visiting for children/ young people
- New Horizons - centre for homeless 16-25 year olds
- Samaritans - 24 hour phone line for anyone facing difficulty/ mental health crises
- Childline - 24 hour phone line for 18 y/os and under in distress
- The Refugee Council - wide-ranging, holistic welfare support, health services, Age Dispute Project for asylum-seeking young people

49. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

50. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon
- ☐ I am not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

51. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

Appendix 5 – Child in Need Survey

Demography Questions

1. Where do you/ your children live?

	You	Your child/ children
In the City of London area; Golden Lane, Barbican, Portsoken etc	<input type="checkbox"/>	<input type="checkbox"/>
Outside the City of London area	<input type="checkbox"/>	<input type="checkbox"/>
I do not currently have a fixed address	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say/ not sure	<input type="checkbox"/>	<input type="checkbox"/>

2. Tell us about you/ your children

	You	Your child/ children
How old are you/ your children?	<input type="text"/>	<input type="text"/>
What is your/ your children's gender identity?	<input type="text"/>	<input type="text"/>
How do you describe your/ your children's ethnicity?	<input type="text"/>	<input type="text"/>

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you or your child have a disability or life-long health condition?

	You	Your child/ children
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

4. If your child does have a disability or long-term health condition, do they access the Short Breaks Service?

- ☐ Yes
- ☐ No
- ☐ It was offered to me but I declined the service
- ☐ I'm not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

Your understanding of the Children's Services and their understanding of you

5. When Children's Services first contacted you/your family, was it fully explained what the service is and how it works?

- ☐ Yes, fully explained
- ☐ Yes, somewhat explained
- ☐ No, somewhat unclear
- ☐ No, very unclear
- ☐ Not sure

☐ Prefer not to say

Comment:

6. Does your child's Social Worker talk to you about your/your child's views and feelings, and the type of support they need?

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

Comment:

7. Does your child's Social Worker speak directly to your child to get their views and feelings?

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

Comment:

Your Social Worker

8. How much help does your Social Worker give you?

- ☐ Above and beyond the help I ask for
- ☐ As much help as I request
- ☐ Sometimes helpful other times not so helpful
- ☐ Not enough help
- ☐ They don't help me at all
- ☐ Prefer not to say

Comment:

9. How easy is it for you to get in touch with your Social Worker when you need to?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Prefer not to say

Comment:

10. How do you normally feel after speaking to your Social Worker?

- ☐ I feel safer
- ☐ I feel reassured
- ☐ I feel cared about
- ☐ I feel like I understand what they have said
- ☐ I feel scared
- ☐ I feel unsafe
- ☐ I feel confused
- ☐ I do not understand what they have said
- ☐ I feel worried
- ☐ I feel neutral
- ☐ Other (please specify):

11. Do you feel that your social worker listens to you when making decisions?

Do you feel that your social worker takes your suggestions on board?

- ☐ Always listens and takes on board your suggestions
- ☐ Sometimes listens and takes on board your suggestions
- ☐ Neither listens not doesn't listen
- ☐ Often doesn't listen and take on board suggestions
- ☐ Never listens and takes on board suggestions
- ☐ Prefer not to say
- ☐ Other (please specify):

12. Do you agree or disagree with the following statements?

	I agree	I do not agree	Not sure/ prefer not to say
The Social Worker explained to me why they came to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I agree	I do not agree	Not sure/ prefer not to say
see me and my family			
The Social Worker asked me about my plans and hopes for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough time to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that what I said was taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the Social Worker understood my family and their needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Social Worker explained to me what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me and my family were treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who my Social Worker was and how to contact them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Other people who help you and your family

13. Has your social worker involved other professionals, friends and family members who are important in your/your child(ren)'s life?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Not sure
- ☐ I don't want other people to be involved
- ☐ Prefer not to say
- ☐ Other (please specify):

14. Who is involved in your network? Who might be missing who you would like to be involved?

	Involved already	Missing but I would like them involved	Not required/ I don't want them involved
Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends/ neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/ ex partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charity worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Your Child in Need Plan

15. Do you understand the Child in Need Plan in place to help your child(ren)?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

16. Are you invited to attend or contribute to the Child in Need Review Meetings?

- ☐ Yes, I attend and contribute to the meetings
- ☐ Yes, I attend the meetings but I don't want to contribute
- ☐ I have been invited to attend but I don't want to attend or contribute
- ☐ No, I have never been asked to attend or contribute to the meetings, but I don't want to
- ☐ No, I have never been asked to attend or contribute to the meetings, but I would like to be in the future
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

Your feedback on Children's Services

17. Do you feel that Children's Services has made a difference to your child(ren)'s life? Could you give an example of this?

18. Can you tell us what would have helped you even more?

19. Is there anything else that you would like the Early Help service to do differently?

20. Is there anything else that you would like the City of London to do differently?

21. Do you know how to make a complaint about Children's Services?

- ☐ Yes
- ☐ No
- ☐ Not sure

☐ Prefer not to say

Comment:

22. Do you have any suggestions of how the City of London can help children feel safer?

23. Do you feel that Children's Social Care understand the impact of racism and discrimination and take action to tackle this?

☐ Yes, very much so

☐ Yes, somewhat so

☐ Neither yes nor no

☐ No, not particularly

☐ No, not at all

☐ Not sure

☐ Prefer not to say

☐ Other (please specify):

Your thoughts on Family Hubs

The recent Social Care Review proposed that local authorities create 'Family Hubs'. A Family Hub would be a space in your local community where parents and families can access lots of different kinds of support all in one place.

24. Have you heard of Family Hubs before?

☐ Yes

- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Family Hubs have been built in places like schools, community centres, libraries, or on local high streets.

25. If a Family Hub was created in the City of London, where do you think this should be located?

- ☐ A school
- ☐ A nursery
- ☐ A children's centre
- ☐ A community centre
- ☐ A library
- ☐ On my local highstreet
- ☐ In my neighbourhood
- ☐ I would prefer services to be available virtually
- ☐ Other (please specify):

26. If a Family Hub was created in the City of London, what services would you like to see based in a Family Hub?

- ☐ Midwife services
- ☐ Health services
- ☐ Activities for 0-5s
- ☐ Activities for older children
- ☐ Parenting classes
- ☐ Mental health services
- ☐ Debt advice
- ☐ Welfare advice
- ☐ Support for people with disabilities and long-term health conditions
- ☐ Relationship advice

☐ Employability support

☐ Other charities

☐ Other (please specify):

27. Would you be interested in being part of future discussions about Family Hubs? If so, would you be happy for us to tell the City of London that you would like to do this?

☐ Yes

☐ No

☐ I would like more information about this

☐ Prefer not to say

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

Signposting

Some of the topics we have spoken about today might have been sensitive and difficult to speak about. Would you be interested in me sharing information with you about other organisations which might be able to help?

Note to caller: some options for signposting are below. If appropriate, tell the person you are speaking to . If you need to look into something more specific, tell the person you are speaking to that you can follow up with more information via text/ email.

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- Shelter - issues to do with housing and homelessness
- Trussell Trust - foodbanks across the UK
- Coram Voice - advocacy and Independent Visiting for children/ young people
- New Horizons - centre for homeless 16-25 year olds
- Samaritans - 24 hour phone line for anyone facing difficulty/ mental health crises
- Childline - 24 hour phone line for 18 y/os and under in distress
- The Refugee Council - wide-ranging, holistic welfare support, health services, Age Dispute Project for asylum-seeking young people

28. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

29. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon
- ☐ I am not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

30. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

Appendix 6 – Child Protection Survey

Demography Questions

1. Where do you/ your children live?

	You	Your child/ children
In the City of London area; Golden Lane, Barbican, Portsoken etc	<input type="checkbox"/>	<input type="checkbox"/>
Outside the City of London area	<input type="checkbox"/>	<input type="checkbox"/>
I do not currently have a fixed address	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say/ not sure	<input type="checkbox"/>	<input type="checkbox"/>

2. Tell us about you/ your children

	You	Your child/ children
How old are you/ your children?	<input type="text"/>	<input type="text"/>
What is your/ your children's gender identity?	<input type="text"/>	<input type="text"/>
How do you describe your/ your children's ethnicity?	<input type="text"/>	<input type="text"/>

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you or your child have a disability or life-long health condition?

	You	Your child/ children
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

4. If your child does have a disability or long-term health condition, do they access the Short Breaks Service?

- ☐ Yes
- ☐ No
- ☐ It was offered to me but I declined the service
- ☐ I'm not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

Your Social Worker

5. Does your child's Social Worker talk to you about your/your child's views and feelings, and the type of support they need?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Comment:

6. Does your child's Social Worker spend time with your child and find ways to get their views and feelings?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Comment:

7. How much help does your Social Worker give you?

- ☐ Above and beyond the help I ask for
- ☐ As much help as I request
- ☐ Sometimes helpful other times not so helpful
- ☐ Not enough help
- ☐ They don't help me at all
- ☐ Prefer not to say

Comment:

8. How easy is it for you to get in touch with your Social Worker when you need to?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Prefer not to say

Comment:

9. How do you normally feel after speaking to your Social Worker?

- ☐ I feel safer
- ☐ I feel reassured
- ☐ I feel cared about
- ☐ I feel like I understand what they have said
- ☐ I feel scared
- ☐ I feel unsafe
- ☐ I feel confused
- ☐ I do not understand what they have said
- ☐ I feel worried
- ☐ I feel neutral
- ☐ Other (please specify):

**10. Do you feel that your social worker listens to you when making decisions?
Do you feel that your social worker takes your suggestions on board?**

- ☐ Always listens and takes on board your suggestions

☐ Sometimes listens and takes on board your suggestions

☐ Neither listens nor doesn't listen

☐ Often doesn't listen and take on board suggestions

☐ Never listens and takes on board suggestions

☐ Prefer not to say

☐ Other (please specify):

11. Do you agree or disagree with the following statements?

	I agree	I do not agree	Not sure/ prefer not to say
The Social Worker explained to me why they came to see me and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Social Worker asked me about my plans and hopes for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough time to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that what I said was taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the Social Worker understood my family and their needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Social Worker explained to me what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I agree	I do not agree	Not sure/ prefer not to say
Me and my family were treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who my Social Worker was and how to contact them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Other people who help you and your family

12. Has your social worker involved other professionals, friends and family members who can support you and your child(ren) in the Child Protection Plan?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Not sure
- ☐ I don't want other people to be involved
- ☐ Prefer not to say
- ☐ Other (please specify):

13. Who is involved in supporting you with the Child Protection Plan? Who might be missing who you would like to be involved?

	Involved already	Missing but I would like them involved	Not required/ I don't want them involved
Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Involved already	Missing but I would like them involved	Not required/ I don't want them involved
Friends/ neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/ ex partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charity worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Your Child Protection Plan

14. Do you understand the Child Protection Plan in place to help your child(ren)?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

15. Are you invited to attend or contribute to Child Protection Core Group Meetings?

- ☐ Yes, I attend and contribute to the meetings
- ☐ Yes, I attend the meetings but I don't want to contribute
- ☐ I have been invited to attend but I don't want to attend or contribute
- ☐ No, I have never been asked to attend or contribute to the meetings, but I don't want to
- ☐ No, I have never been asked to attend or contribute to the meetings, but I would like to be in the future
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):
-

16. Are you invited to attend or contribute to Child Protection Conferences?

- ☐ Yes, I attend and contribute to the Conferences
- ☐ Yes, I attend the meetings but I don't want to contribute
- ☐ I have been invited to attend but I don't want to attend or contribute
- ☐ No, I have never been asked to attend or contribute to the meetings, but I don't want to
- ☐ No, I have never been asked to attend or contribute to the meetings, but I would like to be in the future
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):
-

17. Does the Chair of the Child Protection Conferences...

	Yes	Somewhat	No	Not sure	Prefer not to say
Explain the purpose of the meeting/ conference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Somewhat	No	Not sure	Prefer not to say
Make you feel like you can contribute in meetings/conferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sure your children's views are heard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Your feedback on Children's Services

18. Do you feel that Children's Services has made a difference to your child(ren)'s life? Could you give an example of this?

19. Can you tell us what would have helped you even more?

20. Is there anything else that you would like Children's Services to do differently?

21. Is there anything else that you would like the City of London to do differently?

22. Do you know how to make a complaint about Children's Services?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Comment:

23. Do you have any suggestions of how the City of London can help children to feel safer?

24. Do you feel that Children's Social Care understand the impact of racism and discrimination and take action to tackle this?

- ☐ Yes, very much so
- ☐ Yes, somewhat so
- ☐ Neither yes nor no
- ☐ No, not particularly
- ☐ No, not at all
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

Your thoughts on Family Hubs

The recent Social Care Review proposed that local authorities create 'Family Hubs'. A Family Hub would be a space in your local community where parents and families can access lots of different kinds of support all in one place.

25. Have you heard of Family Hubs before?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

Family Hubs have been built in places like schools, community centres, libraries, or on local high streets.

26. If a Family Hub was created in the City of London, where do you think this should be located?

- ☐ A school
- ☐ A nursery
- ☐ A children's centre
- ☐ A community centre
- ☐ A library

- ☐ On my local highstreet
- ☐ In my neighbourhood
- ☐ I would prefer services to be available virtually
- ☐ Other (please specify):

27. If a Family Hub was created in the City of London, what services would you like to see based in a Family Hub?

- ☐ Midwife services
- ☐ Health services
- ☐ Activities for 0-5s
- ☐ Activities for older children
- ☐ Parenting classes
- ☐ Mental health services
- ☐ Debt advice
- ☐ Welfare advice
- ☐ Support for people with disabilities and long-term health conditions
- ☐ Relationship advice
- ☐ Employability support
- ☐ Other charities
- ☐ Other (please specify):

28. Would you be interested in being part of future discussions about Family Hubs? If so, would you be happy for us to tell the City of London that you would like to do this?

- ☐ Yes
- ☐ No
- ☐ I would like more information about this
- ☐ Prefer not to say

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

Signposting

Some of the topics we have spoken about today might have been sensitive and difficult to speak about. Would you be interested in me sharing information with you about other organisations which might be able to help?

Note to caller: some options for signposting are below. If appropriate, tell the person you are speaking to . If you need to look into something more specific, tell the person you are speaking to that you can follow up with more information via text/ email.

A broad range of signposting options and details about how to contact them can be found here: V:\London and South East\ADV\Helpline\Helpline Signposting.doc

- Shelter - issues to do with housing and homelessness
- Trussell Trust - foodbanks across the UK
- Coram Voice - advocacy and Independent Visiting for children/ young people
- New Horizons - centre for homeless 16-25 year olds
- Samaritans - 24 hour phone line for anyone facing difficulty/ mental health crises
- Childline - 24 hour phone line for 18 y/os and under in distress
- The Refugee Council - wide-ranging, holistic welfare support, health services, Age Dispute Project for asylum-seeking young people

29. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

30. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon

☐ I am not sure

☐ Prefer not to say

☐ Other (please specify):

31. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

Appendix 7 – Early Help Survey

Demography Questions

1. Where do you/ your children live?

	You	Your child/ children
In the City of London area; Golden Lane, Barbican, Portsoken etc	<input type="checkbox"/>	<input type="checkbox"/>
Outside the City of London area	<input type="checkbox"/>	<input type="checkbox"/>
I do not currently have a fixed address	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say/ not sure	<input type="checkbox"/>	<input type="checkbox"/>

2. Tell us about you/ your children

	You	Your child/ children
How old are you/ your children?	<input type="text"/>	<input type="text"/>
What is your/ your children's gender identity?	<input type="text"/>	<input type="text"/>
How do you describe your/ your children's ethnicity?	<input type="text"/>	<input type="text"/>

Everyone should have equal access to opportunities in their lives. The City of London want to make sure that people with disabilities have equal access to their services.

Coram Voice will use the answers to this survey to let the City of London know if people with disabilities have a better or worse experience with Children's Services than people who do not have a disability.

Because of this, we are asking everyone who completes this survey to share whether they have a disability or life-long health condition, if they feel comfortable doing this.

3. Do you have a disability or life-long health condition?

	You	Your child/ children
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

4. If your child does have a disability or long-term health condition, do they access the Short Breaks Service?

- ☐ Yes
- ☐ No
- ☐ It was offered to me but I declined the service
- ☐ I'm not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

Your understanding of the Early Help service and their understanding of you

5. When Early Help first contacted you/your family, was it fully explained what the service is and how it works?

- ☐ Yes, fully explained
- ☐ Yes, somewhat explained
- ☐ No, somewhat unclear
- ☐ No, very unclear
- ☐ Not sure

☐ Prefer not to say

Comment:

6. Did the Early Help service talk to you about your/your child's views and feelings, and the type of support they need?

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

Comment:

7. Did the Early Help service speak directly to your child to get their views and feelings?

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

Comment:

Your Early Help Worker

8. How much help does your Early Help worker give you?

- ☐ Above and beyond the help I ask for
- ☐ As much help as I request
- ☐ Sometimes helpful other times not so helpful
- ☐ Not enough help
- ☐ They don't help me at all
- ☐ Prefer not to say

Comment:

9. How easy is it for you to get in touch with your Early Help worker when you need to?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Prefer not to say

Comment:

Your feedback on the Early Help Service

10. Do you feel that the Early Help service has made a difference to your child(ren)'s life? Could you give an example of this?

11. Can you tell us what would have helped you even more?

12. Is there anything else that you would like the Early Help service to do differently?

13. Is there anything else that you would like the City of London to do differently?

14. Do you know how to make a complaint about the Early Help Service?

- ☐ Yes
- ☐ No
- ☐ Not sure

☐ Prefer not to say

Comment:

15. Do you have any suggestions of how the City of London can help children feel safer?

16. Do you feel that Children's Social Care understand the impact of racism and discrimination and take action to tackle this?

☐ Yes, very much so

☐ Yes, somewhat so

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☐ No, not particularly

☐ No, not at all

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☐ Prefer not to say

☐ Other (please specify):

Your thoughts on Family Hubs

The recent Social Care Review proposed that local authorities create 'Family Hubs'. A Family Hub would be a space in your local community where parents and families can access lots of different kinds of support all in one place.

17. Have you heard of Family Hubs before?

☐ Yes

- ☐ No
- ☐ Not sure
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Family Hubs have been built in places like schools, community centres, libraries, or on local high streets.

18. If a Family Hub was created in the City of London, where do you think this should be located?

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- ☐ A nursery
- ☐ A children's centre
- ☐ A community centre
- ☐ A library
- ☐ On my local highstreet
- ☐ In my neighbourhood
- ☐ I would prefer services to be available virtually
- ☐ Other (please specify):

19. If a Family Hub was created in the City of London, what services would you like to see based in a Family Hub?

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- ☐ Activities for older children
- ☐ Parenting classes
- ☐ Mental health services
- ☐ Debt advice
- ☐ Welfare advice
- ☐ Support for people with disabilities and long-term health conditions
- ☐ Relationship advice

☐ Employability support

☐ Other charities

☐ Other (please specify):

20. Would you be interested in being part of future discussions about Family Hubs? If so, would you be happy for us to tell the City of London that you would like to do this?

☐ Yes

☐ No

☐ I would like more information about this

☐ Prefer not to say

Final questions

We are now in the final section of our survey. Thank you very much for taking the time to complete this survey with me today - your answers will make a big difference in helping to improve Children's Services in the future.

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21. The City of London run this survey each year. Do you have any suggestions about how we can make this survey better for next year?

22. If you have given feedback to Children's Services before, do you feel that this feedback has been listened to?

- ☐ Yes, very much so
- ☐ Yes somewhat
- ☐ It was partially acted upon
- ☐ No, it was not acted upon
- ☐ I am not sure
- ☐ Prefer not to say
- ☐ Other (please specify):

23. Thank you very much for taking part in the survey today. If you would like a £10 high street shopping voucher can you please let me have your email address and we will arrange to have this sent to you.

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Annual Survey 2025 Feedback for Participants – You Said, We Did Early Help, Child in Need and Child Protection Services

You Said	We Did/Are Doing	Date	Impact
1 More support with getting assessments for their child(ren)'s behavioural needs	<p>Our Children's Social Care and Early Help Service provide Assessments for all the families that we work with. However, we cannot diagnose specific Special Education Needs, Disabilities, or mental health needs.</p> <p>We support and signpost families to our SEND Local Offer - City of London Family Information Service, and will help them work with the service to get the type of Assessment their child requires for any Special Education Needs.</p> <p>We also support and signpost families to physical and mental health services usually via GP referral. City and Hackney Child and Adolescent Mental Health Service Alliance, City & Hackney East London NHS Foundation Trust</p> <p>We also research and utilise a wide range of community and voluntary services to offer support as appropriate to children and their families depending on their needs.</p>	In Place	<p>Parents and carers are supported to navigate various systems to receive the assessment and services that their child(ren) need.</p> <p>Workers advocate for families they are working with to ensure that any concerns are addressed, where this is not happening workers will support families to escalate their concerns.</p>
2 More support with housing issues.	<p>Workers can support the process of making an application for housing within the City of London, for those who have a local connection to the City of London. Specialist support can also be provided by the Housing Needs Team Housing Register - City of London</p>	In Place	<p>Parents and carers are more aware of the range of services who provide support around housing matters.</p> <p>We recognise that housing is a complex system with variations between council tenancies, social housing providers,</p>

	<p>City of London Housing residents can sign up for regular communications from housing, to keep you in the loop. Housing communications - City of London</p> <p>Workers are able to support you in reporting repairs and complaints in relation to your housing Housing feedback and complaints - City of London</p> <p>People who live, work or study in the City of London can access free advice via City Advice in relation to renting problems such as deposits, repairs, landlord disputes and evictions, and help with housing related benefits, energy, homelessness and more. Housing - Toynbee Hall or 020 7247 6943</p> <p>Shelter also provide range of housing support services including an emergency helpline, online housing advice, or webchat Get help from Shelter - Shelter England</p>		<p>facility management services, and private landlords.</p> <p>Workers will do their best to help you navigate these services but are not necessarily housing experts so will signpost to specialists who can provide support.</p>	
3	<p>More events for children with additional needs.</p>	<p>Based upon this feedback funding has been secured to deliver Holiday and Food activity programme at the Aldgate school. There are sessions for children of various ages, and they are designed to be inclusive for children with additional needs. These have been a successful additional to our offer, children that have attended have enjoyed the programme and parents and carers have given positive feedback to date. We will look to continue these in the school holiday periods. More information contact Keisha.nurse@cityoflondon.gov.uk</p>	<p>In Place</p>	<p>Children with additional needs and their families are able to access full holiday activity provision without requiring adaptation or additional support. Children with additional needs have the same opportunities as their peers and are included in community provision equally</p>
	<p>The commissioned Youth Service provision is currently under review, part of this is ensuring that the offer is truly universal and accessible to all children in the City taking into account those with additional needs.</p>	<p>March 2026</p>	<p>Children with additional needs are fully considered within the commissioning process and services put in place are</p>	

Children in Care and Care Leavers

3

	All children in care are entitled to independent advocacy support from Coram Voice City of London - Coram Voice call 0808 800 5792 or email help@coramvoice.org.uk	In Place	Children in care can be supported by independent advocates to ensure that they are able to access the complaints process and achieve the outcomes they want.
	Complaint and Advocacy Leaflet to be shared with care providers to ensure children know how to make a complaint if needed. Complaints leaflet to be added to the CiCC website	Sep 2025 Sep 2025	Children and their carers will be clear about what the complaints process is, how they can use it if they need to, and support that is available to them to do this.
2	Some children in care were not sure who their IRO was or how to contact them IRO to review and update their profile as necessary independent-reviewing-officer-profile-rl-jan-2024-.docx Independent Reviewing Officer – Ria Lane, phone: 07718576035, email: ria.lane@cityoflondon.gov.uk Profile to be shared with all current children in care, and ensure it is added to the Welcome to Care pack given to new children coming into care	Sep 2025 Sep 2025	Children and their carers will be clear about who the Independent Reviewing Officer is and how to contact them. Providing clarity on their role and how they can support children in care and hear their wishes and feelings.
3	Some children in care wanted more support with education and were not clear who/what the Virtual School was Virtual School to create/update a child friendly profile to what they are, who they are, and how to contact them for support. Head of the Virtual School – Debby Rigby, phone: 07941072737, email: Debby.rigby@cityoflondon.gov.uk Deputy Head of the Virtual School – Ismail Ibrahim, phone: 07944363788, email: Ismail.Ibrahim@cityoflondon.gov.uk	Oct2025	Children and their carers will be clear about what the Virtual School is how they can support children in care to meet their educational aims, meaning better long terms outcomes and options for children.

		This profile to be shared with children in care, carers, care providers, and included in the Welcome to Care pack given to new children coming into care	Oct 2025	
4	Not all children in care were clear about the CiCC, what it does and how to get in touch, nor were they clear on the Advocacy Service and Independent Visitor Service	<p>Some children in care live at such a distance from the City, or are too young to be able to engage with most of the activities of the CiCC, therefore these activities are not promoted to them.</p> <p>There is CiCC introductory leaflet available to all children in care and care leavers introduction-to-the-children-in-care-council.docx which forms part of the Welcome to Care pack given to new children coming into care</p> <p>Information regarding the Advocacy Service and Independent Visitor Service is available on the CiCC website.</p>	In Place	There is child friendly information explaining the role of the CiCC and how children in care can get involved if able.
		<p>CiCC leaflet to be added to CiCC website</p> <p>CiCC leaflet, Advocacy Service and Independent Visitor information to be shared via email and letter to all children in care and care leavers, and care providers</p>	<p>Sep 2025</p> <p>Sep 2025</p>	The leaflet will be accessible online for any child or carer to access at any time.
5	Some care leavers expressed frustrations around their accommodation, specifically waiting for permanent council tenancies	<p>We run monthly CiCC online information sessions and invite housing to attend on a regular basis to provide information around process, waiting list numbers, and any questions care leavers may have about their housing application</p> <p>The Care Leaver Offer was updated last year to be clear about the housing process and expectations,</p>	<p>In Place</p> <p>In Place</p>	<p>We recognise that waiting for permanent housing can be a frustrating process and provide regular updates to care leavers on this. Making spaces for your views and feedback to be heard, Ensuring there is clarity in the information we provide to you, so you</p>

		<p>this can be found here Housing - City of London Family Information Service it is also translated into several languages.</p> <p>Shelter also provide range of housing support services including an emergency helpline, online housing advice, or webchat Get help from Shelter - Shelter England</p>	In Place	<p>understand what is happening, even if specific timescales cannot be given.</p>
5	<p>A small number of care leavers felt it was difficult to contact their social work or weren't getting the support they need, and didn't know what their Pathway Plan was</p>	<p>If your social worker is not available there is always a duty work available to answer your calls and try to help in any way they can. You can contact the duty worker by calling 020 7332 3621 from 9am to 5pm, Monday to Friday or email: children.duty@cityoflondon.gov.uk</p> <p>If you need help outside of office hours you can call the Emergency Duty Team on 020 8356 2710</p> <p>If you do not feel you are getting the support you need you can raise this with one of the Team Managers and they can support you and your worker to put things in place to help. You can contact the Team Manager Sadie on 0207 332 3621 or 07751 725 978, or email: sadie.carnegie@cityoflondon.gov.uk or the Deputy Team Manager Bindu on 0207 332 3621 or 07355925432, or email bindu.anathanam@cityoflondon.gov.uk</p> <p>If you would like independent support to raise any complaints or to help you in getting the right support from your social worker you can get an independent advocate from Coram Voice City of</p>	In Place	<p>There is always a point of contact available for children and young people should they need it. There are mechanisms in place to support children and young people to raise any concerns they may have and ensure action is taken.</p>

		London - Coram Voice call 0808 800 5792 or email help@coramvoice.org.uk this service will not cost you anything		
		Pathway Plans are shared with all care leavers and will be uploaded to your Caring Life account so that care leavers and their keywork can access it as needed	Oct 2025	Care leavers have easy access to their Pathway Plans at all times now and in the future.
6	Some care leavers were not clear what the Care Leaver Local Offer is	<p>The Care Leaver Offer was updated last year to be clear about the housing process and expectations, this can be found here Care Leaver Offer - City of London Family Information Service it is also translated into several languages.</p> <p>A recent CiCC monthly online session focused on the Care Leaver offer, and this will be revisited in a future session.</p> <p>Workers will be reminded to discuss the Care Leaver Offer in visits to care leavers</p>	In Place	The Care Leaver Offer is available to all on the website, in an easy read format with translations.
		Workers will be reminded to discuss the Care Leaver Offer in visits to care leavers	Sep 2025	Care leavers are made aware of how and where to access information.
8	More care leavers felt they had experienced discrimination due to their care experience than felt they had experienced racism	<p>A range of wellbeing support services are promoted on the CiCC website Being healthy and feeling well - City of London Family Information Service should any child or young person be experiencing discrimination that is impacting their wellbeing.</p> <p>Care experience is a protected characteristic in the City.</p> <p>Some apprenticeships within the City are ring fenced for those with care experience.</p> <p>Workers to be mindful of the types of discrimination faced by care leavers and ensure that where</p>	In Place	Care experience is seen as a positive attribute which equips young people with transferable skills for employment.
		Workers to be mindful of the types of discrimination faced by care leavers and ensure that where	Dec 2025	Care leavers are fully supported and advocated for to address any

		discrimination is faced robust action is taken to address this.		discrimination, to promote the best outcomes possible for their future.
9	Some care leavers felt a lack of connection to their local communities	<p>Monthly supper clubs are held in various locations to support young people to explore their local areas and to find areas that they feel comfortable, and places that they could visit with friends.</p> <p>Within Commissioning Review Meetings, the participation offer is shared and feedback gained on how young people are supported to engage in their local communities.</p>	In Place	<p>Efforts are made to link young people into local activities and servicers, promoting inclusion and building networks.</p>

City of London Corporation Corporate Parenting Strategy 2025–2028

1. Foreword

2. Introduction

Corporate Parenting is the statutory responsibility of local authorities to act as the "parent" to children in their care, as set out in the Children and Social Work Act 2017. It is not just a legal duty but a moral drive to nurture, advocate for, and stand by our children in care and care leavers.

The City of London is home to just under 9,000 residents, with 1,975 children and young people aged 0–25 and 712 aged 0–18 (Census 2021). Most resident children attend one of over 66 different schools outside the City of London. Our Children and Families Service supports a small but complex group, including a high proportion of unaccompanied asylum-seeking children (UASC). At the end of March 2025, this included 4 children in care and 49 care leavers, with all care leavers in suitable accommodation and 67% (33 out of 49) in education, employment, or training.

In September 2024 Ofsted rated the City of London Corporations Children and Families Services 'Outstanding'. Children's Social Care in the City is delivered through a small, highly skilled, and consistent team that supports a systemic, relationship-based model. This is complemented by a deeply engaged and effective Virtual School. Our integrated approach across education, housing, early help, health, and quality assurance enables us to deliver exceptional outcomes in a highly personalised way. Consistency of social workers is a known strength, regularly highlighted by care leavers, one of whom described their worker as being "like a big sister" (2024-25 Practice Review Feedback). This continuity builds trust, emotional safety, and genuine partnerships with young people.

This strategy builds on that strong foundation. It is not just about improving services—it is about maintaining and protecting the strengths that care leavers and inspectors have praised, while continuing to evolve in response to emerging needs.

The development of this strategy has been directly informed by feedback from children and young people. In 2025, care leavers and children in care shared their experiences through the Annual Survey with Coram Voice, providing both praise and constructive suggestions for improvement. In parallel, quality assurance has been strengthened through six senior

leader visits to care providers in 2024–25, which brought insight into the lived experiences of nearly 40% of our care-experienced population (Quality Assurance of Care Providers Annual Report 2024–25). These insights have been triangulated with social worker feedback, commissioning reviews, and independent practice reviews.

The City of London Corporation is committed to listening and acting, as evidenced by the redesign of housing communication, clearer signposting of mental health support, and enhanced participation opportunities through the Children in Care Council.

Our Pledge to Children in Care

Our pledge is built on what children and young people have told us matters most. Co-produced with the Children in Care Council, it reflects their voices, hopes, and expectations. These promises represent our commitment to being respectful, honest, and reliable corporate parents who do what we say and support each child's journey with integrity.

- We will find you a safe and stable home where you feel secure and listened to.
- You will be involved in decisions that affect you, and we will keep you informed throughout.
- We will support you in your education, health and wellbeing, including registration with a GP and dentist, and help you pursue additional learning and enrichment opportunities.
- We will guide you as you prepare for independence, including accessing housing, furniture, work experience, and voluntary opportunities.
- We will respect your identity and background, never judge you, and support you in doing the things you love—including sport and safe travel.
- We will only share your information with your consent and will always tell you who has access.
- We will respond to you in the way you prefer and make sure we do what we say.
- We will be open, honest, and consistent, and ensure you have regular contact with a social worker and opportunities to attend the Children in Care Council.

The seven Corporate Parenting Principles from the Children and Social Work Act 2017 guide our actions:

- Act in the best interests of children and young people.
- Encourage their health and wellbeing.
- Support relationships that are important to them.

- Support their education and career success.
- Provide safe and stable homes.
- Prepare them for adulthood and independence.
- Listen to their views and help them be heard.

This strategy sets out how we will deliver on these principles through coordinated action across all Corporation departments, partners, and communities.

3. Vision and Values

Our Vision: For every child in our care and leaving our care to feel safe, valued, and supported to reach their full potential.

Values:

- **Respect and Belonging**
Every young person is seen, heard and valued for who they are. We embrace each child's identity, background, and beliefs, and work to create a sense of belonging in everything we do.
- **Stability and Care**
We prioritise stable relationships, reliable adults, and places that can be called home. Our children deserve nothing less than enduring care and emotional security.
- **High Aspirations**
We believe in our young people's potential and will never place limits on what they can achieve.
- **Voice and Empowerment**
Children and care leavers are not just involved — they are central. Their voices shape the decisions that affect them, and their experiences guide how we improve services.
- **Equity and Inclusion**
We tackle inequality, champion fairness and recognise that care-experienced children may face additional barriers. We commit to actively addressing those barriers across all services.

4. Corporate Parenting Responsibilities: What This Means for Members and Officers Across the Corporation

Corporate Parenting is everyone's responsibility. While Children's Social Care leads day-to-day support for children in care and care leavers, the whole City Corporation — across departments, services, and roles — shares the duty to promote their wellbeing, inclusion, and success. This includes both **officers and elected Members**, who have a collective and statutory obligation to act in the best interests of every child in our care.

Being a child in care is now recognised as akin to a protected characteristic at the City of London Corporation, and our updated practice review templates include a focus on anti-racist practice and child voice evaluation. Members play a key role in this work — particularly through their responsibilities on the Community and Children's Services Committee and its Safeguarding and SEND Sub-Committee. They are expected to champion the rights of care-experienced children and young people, scrutinise performance, and ensure their voices are heard at the highest levels. At the heart of this is a single guiding question:

“Would this be good enough for my child?”

Officers in **Housing, Education, HR, Procurement, Cultural Services, Finance, and beyond** all have a role to play in removing barriers and championing opportunities for care-experienced young people. This could mean:

- Priority housing allocations or resolving tenancy issues.
- Ring-fenced apprenticeships or internships for care leavers.
- Making cultural venues, sports programmes, or training more accessible.
- Ensuring internal policies (e.g. data handling, communications, decision-making) reflect the needs and voices of young people in care.

If there are any concerns about the welfare of a child in care, please see the City of London Corporation Safeguarding Policy (NOTE: to be hyperlinked).

INSERT: “What Good Looks Like” Case-study

5. Strategic Priorities

5.1 Home Stability

Children in care need to feel safe and secure in the homes where they live. Stable homes are the foundation of emotional wellbeing, educational success, and long-term resilience.

Strengths and Evidence:

- In the 2025 Coram Voice Annual Survey, 100% of children in care (5 of 5 respondents) said they were happy with both the type and location of their home and felt supported where they live.
- Quality Assurance visits reported that "the accommodation and support being provided to children and young people is of a high standard which meets their needs well."
- Senior leaders conducted six visits in 2024–25, covering 39% of the children in care and care leavers, reinforcing strong oversight and quality assurance.

Our focus for Improvement

We’ve heard clearly that when homes are stable, young people feel safe, supported and able to focus on their future. Most children in care told us they’re happy with both the type and location of their home and feel well supported by those around them. However, some care leavers shared that housing can feel temporary, overcrowded or isolating. In response, we will keep striving for stability of homes and increase the availability of suitable, long-term accommodation that young people are proud to call home.

Actions:

Children in Care
For children in care for more than 12 months we will maintain a care-arrangement stability rate of 85%, where this is in each child’s best interests.
Prioritise children living close to their existing communities and support networks whenever possible.
Quality Assurance
Continue six senior leader Quality Assurance visits per year and revisit the Young Inspectors Programme to embed young people in oversight processes.

5.2 Health and Wellbeing

Children and young people in care face distinct health inequalities and emotional challenges, especially those who have experienced trauma. City of London Corporation’s

health and wellbeing support is trauma-informed and culturally responsive. One aspect of this is providing infectious disease screening on arrival depending on a child’s journey to the Square Mile.

Strengths and Evidence:

- 81% (17 of 21) know how to access health services independently (12) or with an adult’s help (5).
- 100 % (10 of 10) care leavers registered with a GP; 90 % with a dentist.
- 76% (16 of 21) feel safe in their lives.

(Source: Coram Annual Survey 2025)

Our Focus for Improvement

Young people told us they know how to access health services and feel their needs are usually met — but that emotional wellbeing and feeling safe in their surroundings remain priorities. Some care leavers spoke about challenges with depression, trauma, and adjusting to independent living. We’re committed to strengthening early access to mental health support, ensuring advocacy is available in the languages young people need, and continuing to listen to what helps them feel safe, both physically and emotionally.

“I would like someone who checks in with me. There is no one who worries about me.”

Care leaver, Annual Survey 2025 with Coram Voice

Actions:

Unaccompanied asylum-seeking children
Ensure every unaccompanied asylum-seeking child is offered an interpreter-supported advocacy appointment within 72 hours of arriving in our care, followed by ongoing access to an advocate in their chosen language.
Ensure access to culturally competent health and mental health services.
Children in Care & Care Leavers

Ensure that 95% of all initial and review health and dental assessments are completed on time.
Promote emotional wellbeing through access to trauma-informed care, physical activity programmes, and structured mental health support.
Sustain initiatives such as free bus travel, dental access, and education celebrations through strategic use of available local partnerships and resources.
Ensure all young people receive clear signposting to emotional wellbeing and access to systemic family therapy where appropriate.
Care Leavers
Issue all care leavers with their health history.

5.3 Education, Employment, and Training

We believe in the potential of every child and care leaver to thrive through education and meaningful employment. The Virtual School provides stability and ambition, tailoring plans for each young person's strengths and interests. English for Speakers of Other Languages is also provided through our Adult Education Service.

Strengths and Evidence:

- 80% (8 of 10) of full-survey respondents know how to contact the Virtual School; four have already used it.
- The Virtual School was praised for helping with job applications and tuition.

(Source: Coram Annual Survey 2025)

Our Focus for Improvement

We know that education, employment, and training unlock opportunities. Young people praised the support they received from the Virtual School and professionals who believed in them. At the same time, many identified practical barriers to progression — from internet access and funding gaps to language difficulties or disability. We want to ensure

no young person is held back by these factors and will work to remove systemic barriers while maintaining high expectations for what everyone can achieve.

“I have barriers when trying to get a job with disability and people judge me over this.”

- Carer Leaver, Annual Survey 2025 with Coram Voice

Actions:

Children in Care
Ensure 100% of Children in Care have high-quality, SMART Personal Education Plans.
Deliver targeted one-to-one tuition and access to enrichment for those needing additional support.
Care Leavers
Reserve at least 10% of all internal apprenticeships for care leavers, with an ambition to grow internship pathways across sectors.
Children in Care/ Care Leavers
Promote awareness of the Virtual School and its role in supporting education and employment.

5.4 Voice of Children and Young People

We are committed to listening to and acting on the views of children and care leavers. They are experts in their own lives, and their experiences must shape the services we deliver.

Strengths and Evidence:

- 50% (5 of 10) have attended the Children in Care Council (Children in Care Council) at least once.

- 6 of 10 young people felt their feedback had been “very much” or “somewhat” acted on.
- 80% (8 of 10) know of the WhatsApp and email group and are using it.

(Source: Coram Annual Survey 2025)

Our Focus for Improvement

Children and care leavers told us they want more chances to be involved, feel heard, and see their feedback acted on. Many knew about the Children in Care Council and how to share their views, but participation in strategic meetings and decision-making remains limited. We’ll build on what’s working by offering more flexible, inclusive opportunities to engage — from WhatsApp groups to creative methods and targeted outreach. Most of all, we’ll continue working to ensure young people feel a genuine sense of belonging in the City of London and in shaping the services that affect them.

Actions:

Children in Care/ Care Leavers
Support the Children in Care Council (Children in Care Council) to meet at least six times annually and ensure the voice of children in care and care leavers is formally presented to elected Members.
Embed a "You Said, We Did" approach to demonstrate impact and build trust.
Involve children and young people directly in the recruitment of staff, co-production of policy, and the design of training.
Expand promotional efforts for Children in Care Council, the Pledge, and feedback platforms such as newsletters and WhatsApp to increase engagement and visibility.

5.5 Transition to Independence

Moving into adulthood is a critical period for care leavers, requiring thoughtful preparation and consistent support. We want every young person to leave care with the skills, resources, and confidence to succeed.

“My social worker has been my social worker all the way through, that makes a real big difference.”

- Care Leaver, 2024–25 Practice Review Feedback

Strengths and Evidence:

- 81% (17 of 21) say they now get all the help they need from their Social Worker (Coram Annual Survey 2025).
- The service was praised for managing social worker transitions well and maintaining consistent relationships (Ofsted inspection report, 2024).
- We offer Staying Put arrangements beyond age 18, where needed, to provide continuity and stability — with support potentially extending up to age 25 in some cases.

Our Focus for Improvement

Care leavers told us their Social Workers often go above and beyond, and many feel well supported. But for some, the journey to independence feels overwhelming — particularly when facing housing uncertainty, limited finances, or navigating services alone. We are committed to preparing young people for adulthood early, practically, and consistently. This includes life skills, housing stability, and strong relationships that don’t end when they turn 18 or 21. Our ambition is that every young person leaving care enters adulthood feeling ready, supported, and hopeful.

Actions:

Care Leavers
Care leavers over the age of 25 are warmly encouraged to maintain contact with the City of London Corporation. They are welcome to visit the Guildhall and can access support by phone or email via the duty line, which offers signposting and connections to adult education, charities, parenting resources, and other relevant services.
Provide life skills training to all care leavers, including tenancy readiness, financial literacy, and digital skills.
Joint tenancy support with social workers and housing.

Guarantee care leavers priority access to appropriate housing and ensure wraparound support is available during the transition.
Implement senior management oversight for transition planning from age 23 to ensure stability into adulthood.
Explore tailored transition support for care leavers with disabilities and embed disability-inclusive planning in all Pathway Plans.
In response to feedback from care leavers about housing quality and tenancy readiness, we will strengthen post-18 accommodation reviews to ensure all care leavers live in housing that is safe, appropriate, and aligned with their support needs.
Sessions with The Youth Offending Service and attendance at the Children in Care Council are open to Care Leavers.

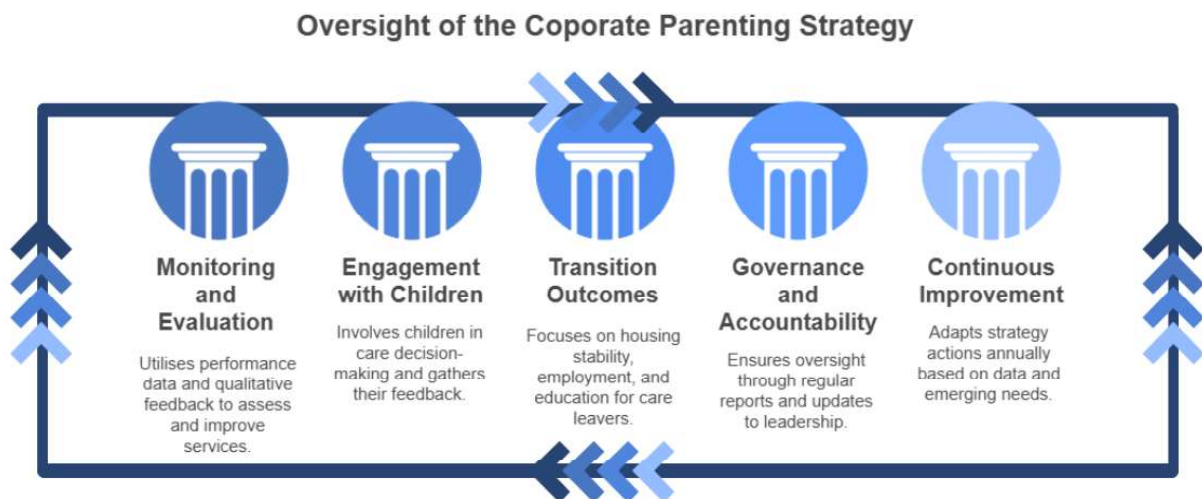
6. Governance Framework

Our governance includes: The Safeguarding and SEND Sub-Committee acts as our Corporate Parenting Board and meets quarterly to provide strategic oversight and ensure that the needs and voices of children in care and care leavers remain central to our planning and service delivery. This sub-committee includes elected Members, senior officers, whilst representatives from health, education, and housing are called upon for specific issues.

The sub-committee will oversee an annual reporting cycle that includes updates to the Community and Children's Services Committee and formal feedback from the Children in Care Council, ensuring transparency, accountability, and continuous improvement.

7. Monitoring and Evaluation

The City of London’s commitment to excellence is grounded in a strong framework of monitoring, evaluation, and improvement.



This includes:

Performance Data and Dashboards:

- Quarterly dashboards reviewed by the Safeguarding and SEND Sub-Committee, Achieving Excellence Board (AEB), and senior leadership.
- KPIs include home stability, NEET rates, education attainment, and health assessment compliance (e.g., 100% of children in care health checks completed on time as of March 2025).

Qualitative Feedback:

- Annual surveys with children in care, care leavers, and families.
- For 2024-25, 34 of 39 practice reviews (87 %) were rated Good or Outstanding and 5 (13 %) Required Improvement; none were Inadequate. Most practice reviews are conducted externally through Aidhour.

Participation and Impact Evaluation:

- The Children in Care Council held 25 events in 2024–25, informing policy, training, and pledges, with outputs tracked via a “You Said, We Did” mechanism.
- Monthly NEET and attendance tracking by a multi-agency panel supported targeted interventions, including online tuition and enrichment programmes.

External Assurance and Audit:

- Ofsted rated the City of London Corporation's Children and Families Service work as "Outstanding" in September 2024.
- Biannual Joint Safeguarding Scrutiny with City of London Police.
- Include external auditors

Continuous Learning:

- A new quality assurance framework was launched in 2024 with monthly practice reviews and enhanced moderation.
- An updated practice review template now includes anti-racist practice and child voice evaluation.

This integrated approach ensures both accountability and a real-time response to emerging challenges and lived experiences.

Engagement with Children and Young People

- We actively involve the Children in Care Council in evaluating success. Their feedback is captured and acted upon through mechanisms like our "You Said, We Did" dashboards.
- Participation in care planning and decision-making is monitored to ensure children and young people have meaningful influence on their care and future.

Transition Outcomes

- We monitor housing stability, employment, and access to education and training for care leavers.
- Annual surveys gather care leavers' satisfaction with the support provided during their transition to adulthood, including key areas like housing, health, and financial independence.

Governance and Accountability

- Quarterly performance reports are submitted to the Safeguarding and SEND sub-committee and Community and Children's Services Committee. This provides Members with a regular opportunity to monitor progress, hold services to account, and advocate for continuous improvement.
- These include updates on home stability, educational outcomes, health assessments, and feedback from young people.

Continuous Improvement

- The strategy is reviewed annually, informed by performance data and lived experience.
- New targets and actions are shaped by gaps identified in delivery and the emerging needs of children and care leavers.

Together, these tools ensure that our Corporate Parenting Strategy remains responsive, inclusive, and focused on outcomes that matter most. An annual review will be published and co-produced with the Children in Care Council.

8. Appendices

- **Appendix A:** Performance Metrics and Targets Table
- **Appendix B:** Corporate Parenting Legislation Summary
- **Appendix C:** [Introduction to the Children in Care Council](#)
- **Appendix D:** Care Leaver Local Offer

APPENDIX A: Performance Metrics and Targets Table

Lead	Metric Area	Indicator	Target / Benchmark
Home Panel	Home Stability	% of homes lasting more than 12 months	85% by 2026
Child in Care Health Services	Health and Dental Checks	Timely completion of health and dental assessments for children in care (based on specific practice requirements in guidance).	95% compliance
Child in Care Health Services, Care Providers & Commissioning Team	Health Access	# of children in care registered with a GP and dentist	100%
Virtual School	Education (children in care)	# SMART Personal Education Plans in place	100%

Virtual School	Education (Care Leavers)	% in Education, Employment or Training (EET)	70%
Corporation Apprenticeships Team	Apprenticeships	% of internal apprenticeships reserved for care leavers	Minimum 10%
Participation Officer	Children in Care Council Participation	# of Children in Care Council meetings per year	Minimum 6, with co-chairing of Board sessions
Head of Safeguarding & Quality Assurance	Feedback Implementation	# of "You Said, We Did" responses tracked	100%
Head of Safeguarding & Quality Assurance and Head of Children's Social Care and Early Help	Independent Reviews	% of external reviews rated outstanding/excellent	80% Outstanding or Good
Commissioning, Housing Services and Head of Children's Social Care and Early Help	Housing Stability	% of care leavers in suitable accommodation	100%
Head of Children's Social Care and Early Help, Virtual School, Commissioned Care Providers and Housing	Transition Preparation	Access to life skills, tenancy, digital literacy	Universal provision
Head of Children's Social Care and Early Help, Head of Safeguarding & Quality Assurance, Head of Virtual School	Governance Reporting	Performance reporting to Corporate Parenting Board & Committee	Quarterly
Head of Safeguarding & Quality Assurance	Safeguarding Scrutiny	Joint safeguarding scrutiny with City of London Police	Biannual events

Head of Safeguarding & Quality Assurance and Commissioning	QA Oversight	# of senior leader QA visits to care providers	6 visits annually (minimum)
Head of Children's Social Care and Early Help	Transition Oversight	# of senior management review of care leavers' transition plans age 23+	Target dependent on # of care leavers per year. Embedded in Pathway Plan audit cycle
Participation Officer	Children in Care Council Engagement Reach	# of children in care and care leavers aware of and in receipt of communications about Cicc and other events.	100%

Our Priorities (2025–2028)

Homes

- Safe, supportive, long-term homes.
- Housing for care leavers that feels stable and positive.

Health & Wellbeing

- GP and dentist checks for all.
- More mental health and wellbeing support.
- Interpreters and advocates for new arrivals.

Your Voice

- Children in Care Council meets at least 6 times a year.
- “You Said, We Did” to show real changes.
- More ways to share your views (WhatsApp, email, creative projects).

Independence

- Life skills training (budgeting, tenancy, cooking, digital skills).
- Priority housing for care leavers.
- Support continues after 18 – and even beyond 25 if needed.

Education, Training & Jobs

- Strong education plans for every child in care.
- 10% of City apprenticeships saved for care leavers.
- More tuition, enrichment & job support.

HOW YOU CAN GET INVOLVED

WE WANT TO HEAR FROM YOU AS YOUR VOICE SHAPES OUR SERVICES!



PARTICIPATION TEAM EMAIL:

PARTICIPATION@CITYOFLONDON.GOV.UK



JOIN THE CHILDREN IN CARE COUNCIL TO SHARE IDEAS AND MAKE CHANGE HAPPEN.

Corporate Parenting in the City of London

Annual Report – April 2024 to September 2025

Safeguarding Sub-Committee, October 2025

1. Introduction and context

- 1.1. This annual report updates on the City of London Corporation's (the City Corporation) role as a corporate parent and the outcomes achieved for children in our care between April 2024 and September 2025. It aligns with the Families in the City Self Evaluation Framework (SEF), follows the 2023/24 Annual Report and sits alongside the Corporate Parenting Strategy 2025–2028.
- 1.2. The City Corporation continues to be a corporate parent to children in its care aged 0 to 18 who cannot safely remain with their families, including unaccompanied asylum-seeking children (UASC), children with disabilities, and those who have experienced abuse or neglect. Our responsibilities extend into adulthood, ensuring care leavers have the support they need to transition to independence.
- 1.3. Children's Social Care and Early Help Services were inspected by Ofsted in September 2024 under the ILACS framework and judged 'Outstanding' overall, including 'Outstanding' for Children in Care and Care Leavers. Inspectors praised the City Corporation's personalised approach, manageable caseloads, and culture of ambition and care. This reflects the commitment embedded in our Corporate Parenting Strategy 2025–2028, which strengthens our focus on equity, lifelong support, and participation.

2. The children in our care

- 2.1. At the end of July 2025, the City Corporation was supporting:
 - 4 children in care
 - 47 care leavers
- 2.2. Between September 2024 and August 2025, 22 children came into care, including 14 Unaccompanied Asylum-Seeking Children (UASC). Not all these children remained in our care due to the National Transfer Scheme (NTS). At the end of July 2025, for the first time in several years, all children in care were City of London residents rather than UASC, reflecting the impact of the NTS.

- 2.3. There were no adoptions or private fostering cases in this period, and no children in contact with youth justice services.

3. Corporate Parenting Board (Safeguarding Sub-Committee)

- 3.1. The Safeguarding and SEND Sub-Committee continues to act as the City Corporation's Corporate Parenting Board, meeting four times a year to oversee outcomes for children in care and care leavers. Between April 2024 and September 2025, the Sub-Committee received reports on:
- The Care Leaver Offer (including lifelong offer)
 - Unregulated placement commissioning
 - Independent Reviewing Officer (IRO) Annual Report
 - Virtual School Annual Report
- 3.2. Members have also received enhanced training in corporate parenting and scrutiny, strengthening their role as champions for children and young people.

4. Achievements in 2024–25

- 4.1. During this reporting period, a number of significant achievements were made:
- Launch of the lifelong Care Leaver Offer, extending entitlements beyond age 25, including access to ongoing advice, financial guidance, tenancy support, and community connections beyond statutory entitlement.
 - Virtual School restructure to expand support capacity from January 2025, increasing dedicated staff for post-16 support, improving oversight of apprenticeships and training pathways, and strengthening early intervention to address attendance and attainment issues.

5. Corporate Parenting Strategy 2025–2028

- 5.1. The Corporate Parenting Strategy 2025–2028 sets out a renewed vision: that children in care and care leavers are safe, happy, healthy, ambitious, and feel a sense of belonging. It emphasises lifelong support, anti-racist practice, and tackling disproportionality. Key priorities include strengthening the Care Leaver Offer and expanding participation.
- 5.2. The strategy has been directly shaped by the voices of children in care and care leavers:
- Feedback from the Coram Voice Annual Survey 2025 highlighted both strengths (100% of children in care were happy with their accommodation;

81% of care leavers felt supported by their social worker) and challenges (such as barriers to education, feelings of social isolation, and concerns about accommodation stability).

- A City care leaver reviewed the draft strategy and commented that it “feels personal and caring” and shows “our voices have impact.”
- A young person-friendly version has been produced to ensure accessibility and transparency.

5.3. The strategy sets five strategic priorities:

- i. **Home Stability** – ensuring safe, secure accommodation.
- ii. **Health and Wellbeing** – trauma-informed, culturally responsive support.
- iii. **Education, Employment, and Training** – removing barriers to achievement.
- iv. **Voice of Children and Young People** – ensuring meaningful participation and influence.
- v. **Transition to Independence** – preparing for and supporting independence into adulthood.

5.4. These priorities reflect a "you said, we did" approach, ensuring that feedback from children and young people has directly informed planned actions. Implementation will be monitored quarterly by this Sub-Committee.

6. Children in Care Council (CiCC)

6.1. The CiCC continues to be central to participation. During 2024/25 and 2025/26, activity included:

- A new monthly supper club, co-designed with young people, to reduce isolation and celebrate cultural and religious occasions such as Eid and Christmas.
- 11 supper clubs held, alongside theatre trips, sports activities, and a football tournament involving Virtual Schools across London.
- Translation of materials into Arabic and production of explanatory videos, supporting inclusion for UASC and care leavers with English as a second language.
- Attendance at pan-London events including the Shining Stars celebration, where City of London young people were recognised.

Young people told us:

“The CiCC is always there for us, from day one of coming into care. You help us and take us out to do fun things. We have nice memories with you.” (City care leaver, 2025 Coram survey).

7. Health and wellbeing

- 7.1. Children in care continue to receive timely health assessments. As of July 2025:
- 100% of initial health checks completed
 - 86% of annual health checks up to date
 - 100% of dental checks completed
- 7.2. All children in care had up-to-date immunisations or were in the process of completing booster programmes. No children were recorded with substance misuse concerns.
- 7.3. The City continues to use the Healthy Smiles referral route to secure NHS dental care, with private provision funded where mental health was affected by dental needs.

8. Safeguarding our children

- 8.1. All children in care and care leavers are allocated a qualified social worker. At the end of Q1 2025/26, no children were missing from placements.

Ofsted (Nov 2024) noted:

“Children who are in the care of the City of London receive an outstanding service that significantly improves their life experiences.”

- 8.2. The City Corporation continues to work closely with the Police through scrutiny of protection notices and the refreshed MACE forum to respond to risks of exploitation and youth violence where these affect children in care and care leavers.

9. Education and employment

- 9.1. The Virtual School supported 47 care leavers and 9 children in care (EY–KS5) during 2024/25. Attendance for children in care was: Autumn 94%, Spring 79% (reflecting reduced attendance for one child), Summer 91%. Reception–Y11 attendance for children in care was 99%.

- 9.2. Enrichment included forest school, oracy projects, apprenticeships, and London Careers Festival sessions. Four apprentices joined the virtual school through a partnership with Partnership for Young London and Adult Education and Skills.

One care leaver shared:

"I enjoyed doing the business admin for the holiday programme. It was rewarding seeing the children enjoy themselves and all the parents were super positive."
(Virtual School apprentice, 2025)

10. Case planning and permanency

- 10.1. 100% of pathway plans for children in care and care leavers were completed within statutory timescales. Permanency planning remains strong, with oversight by senior management.

11. Independent Reviewing Officer (IRO) service

- 11.1. The IRO conducted 24 reviews in 2024/25, with 100% held within statutory timescales. Children are supported to attend their reviews, and the hybrid model continues based on their preferences. The IRO service has contributed to improvements in statutory care plans and extra tuition access.

12. Accommodation

- 12.1. At July 2025, 47 care leavers were supported, all but one in suitable accommodation (one young person on remand in prison, with support continuing).
- 12.2. The Sufficiency Strategy 2024–27 guides placement commissioning through the commissioning alliance CarePlace portal. The City Corporation places all children out of borough (as there are no placements within the City of London boundaries), with the majority within 20 miles of the Square Mile. All reviews of commissioned placements include young people's voices.
- 12.3. A new non-payment of rent policy introduced in March 2025 supports care leavers to practice sustaining tenancies. This aligns with the Strategy priority on preparing young people for independence.

13. Areas of development and priorities for the year ahead

13.1. The Corporate Parenting Strategy 2025–2028 sets the direction for the next three years. Priorities include:

- Strengthening the Care Leaver Offer, including tenancy readiness and lifelong support.
- Tackling disproportionality in outcomes for children in care and care leavers, ensuring equity for young people with disabilities, UASC, and those from minoritised backgrounds. This priority is informed by the broader disproportionality audit across children's services, with relevant findings applied to Children in Care and care leavers.
- Expanding participation and ensuring the CiCC continues to grow.
- Reducing NEET numbers through a trauma-informed approach.
- Embedding the quality assurance framework and maintaining outstanding practice.

13.2. This quote, taken from Ofsted's 2024 ILACS inspection report, was included by inspectors to illustrate the strength of relationships and support offered to care leavers in the City of London. It reinforces the Outstanding judgment and the importance of sustaining this culture of care as we move forward.

As Ofsted reported in 2024:

"Care leavers experience consistent, secure and stable relationships with workers, who talk about them with affection and care, and help them to make progress and achieve their ambitions." (Ofsted ILACS, 2024)

CHSAB Annual Report 2024–25

**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**

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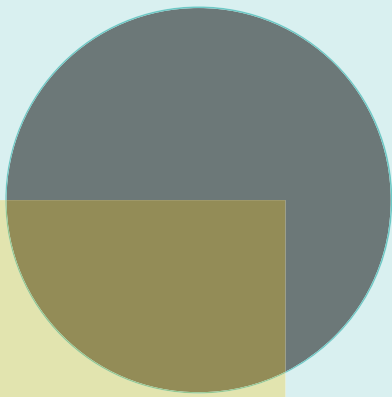


CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

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Introduction by Claire Solley

I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2023/24 (the Board), which is a key statutory duty. As the Independent Chair of the Board, I am extremely grateful to all partners for their continued engagement and support to safeguard people living in the City and Hackney in the context of ongoing challenges in responding to changing safeguarding risks and needs. The relationships between the Board's partners continue to be positive and collaborative, and appropriately challenging when seeking assurance that we are all meeting our safeguarding responsibilities.

The annual report describes what the Board has been doing as well as what individual Board partners have achieved during the year. It provides a picture of who is safeguarded and why. This helps to inform the Board's annual strategic plan and priorities for 2024/25. There continues to be learning from Safeguarding Adults Reviews that provide a focus for improvements in safeguarding practice and processes. This is reflected in the annual strategic plan and out priorities for 2024/25. There continue to be significant contextual factors that impact on people's lives and potentially increase safeguarding risks, such as the ongoing increases in the cost of living and the long-term legacy of the Covid-19 pandemic. The Board and its members continue to address these challenges and seek ways in which residents experiencing risks of abuse or neglect can be supported and protected.

I want to use this opportunity to thank all the practitioners and staff from the wide range of partner organisations and agencies, volunteers and residents in City and Hackney who are committed to keeping people safe in the City and Hackney. They have supported and continue to support people at risk of abuse or neglect, often without recognition, and make a huge and significant positive contribution to many peoples' lives.

Dr Adi Cooper OBE,
Independent Chair, City and Hackney Safeguarding Adults Board

What is the Safeguarding Adults Board?

Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate.

Membership

The CHSAB has three statutory partners: the Local Authority, Integrated Care Board and Police service and a wide range of non-statutory partners

Below is a full list of our partners and their attendance at our quarterly Board meetings:

2024-25	
Independent Chair	100%
London Borough of Hackney Adult Social Care	100%
Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, London Borough of Hackney	100%
City of London Corporation Adult Social Care	100%
North East London Integrated Care Board	100%
Homerton University Hospital	75%
Barts Health NHS Trust	75%

2024-25	
East London NHS Foundation Trust	100%
London Fire Brigade	50%
Metropolitan Police	100%
City of London Police	100%
Hackney Council Voluntary Service	50%
London Borough of Hackney Housing	75%
London Borough of Hackney Benefits and Homeless Prevention	75%
Age UK East London	75%
Turning Point	100%
Older People's Reference Group	100%
Department for Work and Pensions	75%
City and Hackney Public Health	75%
Healthwatch Hackney	75%
Healthwatch City of London	75%

Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- Prevention** – It is better to take action before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- Proportionality** – The least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- Protection** – Support and representation for those in greatest need.
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

- **Accountability** – Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

- **Empowerment** – Support and representation for those in greatest need.



“I was asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”

Board Governance

Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

Quality Assurance:

The group examines quantitative and qualitative data to help identify safeguarding trends and issues across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board. In 2024/25, the subgroup worked on developing a CHSAB dashboard that could be used to help identify and respond to emerging safeguarding trends. Although not yet finalised, the subgroup has made progress on the dashboard and hope to have a final version ready for the 2025/26 year. The subgroup also made progress on undertaking a multi agency case file audit, with the subgroup agreeing on an audit template as well as a methodology for the audit itself.

SAR action plan task and finish group:

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long term impact on improving practice. In 2024/25, the group focused on ensuring the recommendations from the 'Steve' SAR were progressed, and supported the organisation of the practitioners and learning events held for the SAR. It also focused on progressing any outstanding learning from previous SARs, including the JL discretionary SAR.

Safeguarding Adults and Case Review

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required. In 2024/25, the group agreed to undertake two discretionary Safeguarding Adult Reviews, details of which can be found further down the report.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where it allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities. In 2024/25, the Committee received reports on various safeguarding issues pertinent within the City of London, including rough sleeping, social isolation, fire safety and mental capacity.

CHSAB strategic links

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board will also engage with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

Budget

In 2024/25 the budget was £234,325 from the partners listed below:

Partner contributions to the CHSAB	CHSAB Partnership 2023/24 (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Barts Health NHS Trust	(5,000)
City of London Police	(4,400)
LB Hackney	(131,550)
Total income	234,325

The expenditure for the Board in 2024/25 was £179,138

The remaining £55,186.82 was transferred to the reserve pot.

Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

CASE STUDY 1:



... Adult Social Care has remained involved, offering continued support focused on safety planning, financial advice, and maintaining independence...

London Borough of Hackney Adult Social Care

Joan was targeted by an individual who posed as a helpful friend offering assistance in her home. Over time, the situation escalated; this person caused damage to the property, behaved threateningly, and attempted to take control of her accommodation. They even demanded payment for building work that was never completed. Joan was supported to explore her options and decide what she wanted to happen next. Through close joint working with the Police, the individual was safely removed from the property, and Joan regained control of her home. Adult Social Care has remained involved, offering continued support focused on safety planning, financial advice, and maintaining independence. Joan has expressed a strong desire to remain self-sufficient, and ongoing support is being tailored to help her do so with confidence and security.

CASE STUDY 2:

East London Foundation Trust

Mr Wilkinson, a 53-year-old man with schizoaffective disorder, had been supported by ELFT mental health services for three years. He was previously engaged with treatment but became increasingly isolated and stopped attending appointments following the death of his partner 18 months earlier. After repeated missed visits, his care team attempted home outreach. During one visit, clinicians found Mr Wilkinson in a significantly deteriorated state. He presented as manic, with disorganised thoughts and speech, and admitted to stopping his medication. He appeared malnourished, and his home environment was cluttered and unsafe, raising concerns about self-neglect. The mental health team escalated concerns to the Trust's safeguarding lead and initiated a Section 42 enquiry. Self-neglect was identified as the primary issue. ELFT led the enquiry in partnership with housing and community day services. Mr Wilkinson was also found to be experiencing complex grief and depression, which further impacted his motivation and self-care. With his consent, Mr Wilkinson was admitted to a mental health ward for short-term stabilisation. He responded well to treatment, and a coordinated discharge plan was developed. This included a deep clean of his home, weekly support from a carer agency, and bereavement-focused psychological therapy. His care coordinator increased contact, and community engagement was encouraged through local groups. This multi-agency, person-centred approach led to a positive outcome. Mr Wilkinson re-engaged with services and his community, and his mental and physical health stabilised. The safeguarding process enabled effective collaboration to reduce risk and support sustained recovery.



Strategic Plan for 2024/25

The City and Hackney Safeguarding Adults Board had the following strategic priorities for 2024/25:

- 1 To continue to improve the quality of mental capacity assessments.**
- 2 To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.**
- 3 To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.**
- 4 To identify and respond to the safeguarding needs of people who are homeless, people experiencing modern day slavery, people experiencing discriminatory abuse (hate crime) and young people (18-25 year olds).**
- 5 To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.**
- 6 To support frontline practitioners to respond to complex issues relating to self-neglect.**
- 7 To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.**
- 8 To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.**

CHSAB Achievements for 2024/25

Community and Resident Engagement

- The Board engaged with service users via the CHSAB newsletter, which was reinstated in Feb 2024. The purpose of the newsletter is to ensure service users are kept up to date with the work of the Board and are able to join any planned events in the future.
- The Chair of the Board hosted a Patient Panel on Safeguarding in the City of London which was open to residents and explained what safeguarding means, how to raise concerns, and what role the City and Hackney Safeguarding Adults Board plays. This event empowered community members to protect vulnerable adults and clearly communicated important contact points and procedures.
- The Board is part of a wider range of different stakeholder groups that includes the: Carers Partnership Board, Suicide Prevention Board and domestic abuse work streams.

Training and engagement with professionals and community voluntary sector

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 safeguarding courses delivered quarterly throughout the year.
- Courses on offer included the following:
 - Safeguarding awareness training (webinar).
 - Trauma informed approaches to safeguarding (in person).
 - Safeguarding, Self-neglect & Hoarding (webinar).
 - Safeguarding Adults Workshop for Manager & Safeguarding Leads (webinar).
 - SAMs – Exploring the Roles, Responsibilities and Expectations of Safeguarding Adult Managers (webinar).
 - SAE – Undertaking S42 Safeguarding Enquiries (webinar).
 - Safeguarding, mental health and social isolation (webinar).
- In total, over 150 people attended the various different training sessions on offer.

Safeguarding Adults Week

- The Board organised a series of events throughout the whole month of November, in recognition of Safeguarding Adults Week.
- These included events on intergenerational domestic abuse, modern slavery and organised immigration crime as well as a session with the Department for Work and Pensions around the move to Universal Credit and supporting vulnerable residents throughout this transition.
- The City and Hackney Safeguarding Adults Board also organised an in-person learning event for the 'Steve' SAR during November, whereby attendees were able to hear from Jess Harris, a senior research fellow at Kings College London, on Mental Capacity and Multiple Exclusion Homelessness, as well as from Dr Caroline Shulman, an honorary research fellow at University College London, on Palliative Care.
- The learning event was very well attended, with approximately 50 professionals across the City and Hackney SAB partnership joining on the day,

Quality Assurance

- Board partners undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool in Feb 2025, which was analysed by the Board Manager and used as evidence to help guide discussions during the Boards Development Day in April 2025.
- The Quality Assurance Subgroup developed and agreed on an audit template, which will be used by partners when undertaking multi agency case file audits.
- The Independent Chair of the Board continued to meet with Board partners, in order to ensure that all safeguarding issues affecting residents were identified and addressed and that engagement with Board partners continued to increase. These check-ins also helped resolve any issues partners experienced within the system, and served to improve relationships with key stakeholders.
- The Board received presentations from both the London Borough of Hackney and the City of London Corporation on their Adult Social Care Self Assessment as part of the CQC assurance process.

Multi-agency working

- There was Board attendance at a number of partnership groups including the suicide prevention group, strategic vulnerability board, community safety officer group and domestic abuse work streams.

National work

- The City and Hackney Safeguarding Adults Board responded to the letter from the Department of Health and Social Care regarding individuals rough sleeping. The letter made several recommendations to SABs around how Boards can support individuals who are rough sleeping, and sought to seek assurance on mechanisms that are in place within each local authority.
- The Board has also sent published Safeguarding Adults Reviews (SARs) to the national SAR library as well as the National Analysis of Safeguarding Adult Reviews.

CASE STUDY 3:

Barts Health NHS Trust

Lewis, a 58-year-old man with cancer and schizophrenia, was flagged by the hospital nursing team after missing multiple chemotherapy and clinic appointments. He appeared unkempt, had a bedbug infestation, and faced possible eviction from his hostel, raising concerns about his ability to manage his health and living conditions. The hospital safeguarding team reviewed community records and found Lewis was already supported by mental health, homelessness, and community health services. These teams were contacted to share concerns and coordinate a response. A safeguarding referral was also made to Hackney Adult Social Care to ensure hospital concerns were included in ongoing community care planning. This multi-agency collaboration allowed professionals across settings to work together effectively. Community teams helped Lewis attend appointments, while hospital staff made reasonable adjustments such as tailored communication and flexible care delivery to improve his engagement. When Lewis was later admitted, discharge planning benefited from this prior coordination. The care team was already aware of his risks and support needs, enabling a smoother, safer discharge. This coordinated approach ensured Lewis remained central to care decisions. By sharing information and working jointly, professionals reduced treatment disruption, enhanced engagement, and provided appropriate support for both his health and social needs.



Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that it was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2024/25, the Board published two discretionary Safeguarding Adults Review.

JL: The discretionary Safeguarding Adults Review (SAR) into the death of JL was commissioned by the City and Hackney Safeguarding Adults Board (SAB) in June 2023 to complement a local learning review by Adult Social Care services in Hackney.

JL was aged 77 when he died in his flat in February 2022. An inquest held in April recorded that his death was caused by pneumonia, frailty, chronic alcoholism, hyperthyroidism and frostbite. The review recommended strengthening input from housing partners within the Board as well as reviewing the Board's Escalation Policy. The Board published the 7 minute briefing in September 2024 which can be found [here](#).

Steve: The discretionary Safeguarding Adults Review (SAR) into the death of 'Steve' was commissioned by the City and Hackney Safeguarding Adults Board (SAB) in November 2023. 'Steve' had been known to services in Hackney since April 2020 and was an extremely vulnerable individual who had cancer, and a long history of homelessness, trauma, alcohol misuse and substance misuse. A safeguarding referral was made to Hackney ASC in April 2023 due to concerns about his inappropriate housing, self neglect and inability to manage medication safely. 'Steve' experienced numerous hospital admissions and discharges between Dec 2022 and May 2023. 'Steve' was admitted to hospital in early May 2023 due to a fall and a head injury and died a few days later. The coroner's report noted his cause of death as 1a) Acute Respiratory Failure, 1b) Combined Opioid and Opiate Use and 2) Metastatic Testicular Seminoma, Hypertension, Chronic Obstructive Pulmonary Disease.

A practitioners' event for the 'Steve' SAR was held in July 2024, providing practitioners an opportunity to provide insight and contribute to the review, as well as draw out learning to help inform the recommendations. A further learning event was held in November 2024 for the 'Steve' SAR, where

attendees were able to hear a synopsis of the review, understand the challenges that occurred in supporting 'Steve' and focus on research findings relating to the recommendations that were made; namely palliative care and mental capacity for people that are homeless.

The Board published the 'Steve' SAR in November 2024 which can be found [here](#).

Key Learning and Themes

The JL review made four recommendations including strengthening multi agency coordinations especially around complex safeguarding cases, reviewing policies such as the escalation policy as well as the hospital discharge policy and improving partnership engagement in order to enhance communication, challenge, and the ability to respond to risk holistically.

The Steve SAR made ten recommendations, including improving multi-agency coordination, strengthening safeguarding and escalation pathways, and ensuring timely access to advocacy for people experiencing homelessness. It also called for enhanced workforce training in areas such as palliative care, self-neglect, and mental capacity, as well as better integration between health, housing, and social care services.

...Eight weeks after discharge, a joint review by adult social care and mental health services found Anna's mental health had stabilised...



CASE STUDY 4:

City of London Corporation Adult Social Care

Anna, a woman in her 40s from Eastern Europe, had been rough sleeping across the City of London and surrounding boroughs. A safeguarding concern was raised after she was seen walking into traffic and threatening members of the public. She spoke little English, was not registered with a GP, and was subsequently detained under the Mental Health Act due to significant concerns about her mental state. Following assessment, the City of London assumed Section 117 aftercare responsibility. Anna was assessed as needing supported accommodation upon discharge. A City social worker led on capacity assessment, and a best interests meeting was held with an interpreter, advocate, health professionals, and the social worker to ensure her voice remained central to the process. Anna was discharged into a supported living placement with one-to-one staffing. She was registered with a GP and connected with the local neighbourhood mental health team. She also received immigration support through Praxis. The adult social care team used discretionary funding to provide her with clothing and secure identification, including a passport. Eight weeks after discharge, a joint review by adult social care and mental health services found Anna's mental health had stabilised, and her physical health had improved. Her support team introduced her to local communities who spoke her language and shared her interests, and supported her to access familiar films and media. Anna reported feeling settled and expressed interest in future employment or returning to her home country. Her support hours were reduced as she became more independent. The case demonstrated strong partnership working, legal literacy, and a strengths-based approach, leading to meaningful and sustained outcomes for Anna.



CASE STUDY 5:

Turning Point

Kyle is a 65 year old male with a long history of severe alcohol dependence which resulted in significant cognitive and memory impairments. Kyle was previously residing in a hostel which became unsuitable for his needs as he suffered from frequent seizures and falls putting him at serious risk of injury and potential fatality. The confined space and lack of accessible support further exacerbated these risks. During this period, Kyle experienced multiple hospital admissions due to his deteriorating physical health. Following a referral to Adult Social Care, a care package was implemented. However, despite this support, Kyle continued to suffer from recurrent seizures, resulting in ongoing hospitalisations. Due to these risks, he was relocated to alternative temporary accommodation where a twice-daily care package remained in place. It became evident that Kyle required more stable, supported housing. However, barriers securing appropriate accommodation included historic rent arrears. During this time, Kyle was also subject to financial exploitation by another resident. In response, Turning Point and Social services collaborated to safeguard him with practical support and education around financial safety. A multi-agency approach was taken with services including adult social services, housing, GP, Groundswell worker, and recovery worker from Tuning Point and this was instrumental in resolving his rent arrears and facilitating his transition into supported housing. Kyle has now successfully moved into a safer placement and is able to engage positively with services to address his ongoing needs. Kyle has been able to maintain independence and has been able to reduce his alcohol use.

CASE STUDY 6:

City of London Police

Sara arrived in the UK on a spousal visa with no English, no recourse to public funds, and was completely financially reliant on her husband and in-laws, who subjected her to escalating honour-based violence and coercive control under the guise of protecting family “honour.” Her case was escalated to the City of London Multi-Agency Risk Assessment Conference – a multi-agency panel convened to safeguard those at highest risk and she was supported by an Independent Domestic Violence Adviser. Together they devised an urgent safety plan while simultaneously securing safe, confidential housing, applying for the Migrant Victims of Domestic Abuse Concession (MVDAC), and obtaining a non-molestation order against the perpetrators. Through this coordinated effort which included police, housing services and guidance from the Independent Domestic Violence Advisor, Sara moved into safety, gained legal protections, accessed vital financial support, and began learning English and managing her own finances, reclaiming autonomy in a life that had been controlled by others.



...Sara moved into safety, gained legal protections, accessed vital financial support, and began learning English and managing her own finances, reclaiming autonomy in a life that had been controlled by others...

Safeguarding data for 2024/25

The safeguarding data for 2024/25 is presented separately for the City of London Corporation, London Borough of Hackney and the East London NHS Foundation Trust.

City of London Corporation Performance Data for 2024/25

49 safeguarding concerns were raised.

30 of those concerns led to a Section 42 Enquiry.

21 S42 enquiries concluded in 2024-25 compared to **19** the previous year. **62%** of adults were asked about their desired outcomes, and they were expressed. From that total, **69%** had their outcomes fully or partially met.

Concerns and Enquiries

The trend over the last five years shows, concerns have **decreased from 57** in 2020/21 **to 49** in 2023/24 and have stayed the same in 2024/25. The conversion rate (the proportion of concerns that turned into enquiries) was **63%** in 2023/45 before experiencing a slight decrease to **61%** in 2024/25.



For the concerns and enquiries rates per **100,000** population, we use data from the NHS Safeguarding Adults Collection (SAC), which incorporates mid-year population estimates from the Office for National Statistics (ONS). This approach allows us to compare our rates with those of other local authorities and with the national average.

The rate of safeguarding concerns per **100,000** has **generally increased** in line with the national average since 2016/17. However, it has **recently fallen, decreasing from 626** in 2022/23 **to 478** in 2024/25. Similarly, the rate of safeguarding enquiries per **100** (including enquiries commenced during the reporting period) **has declined from 283** in 2023/24 **to 195** in 2024/25.

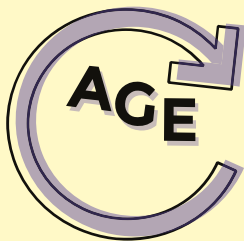
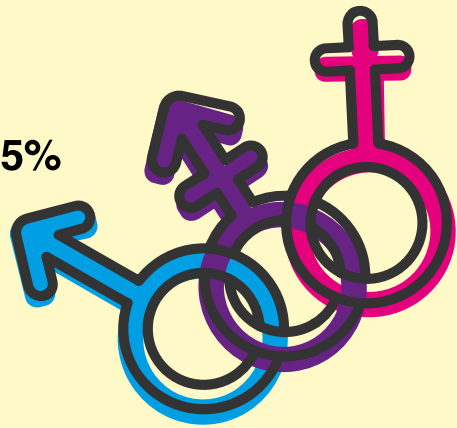


Ethnicity

The adult population structure of the city of London is mostly from the white ethnic background. The data shows the consistency that adults are at risk to be mostly from the white background. Out of **44** individuals that had a concern in the year, **30** were from a white ethnic background..

Gender

The male population in the City of London makes up **55%** in the **18+** group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.



The data shows of the **44** individuals who had a concern during the year 2024-25, **15** were in the **18-64** age grouping. The remaining **29** individuals were in the **65+** grouping.

Type of Risk

Upon concluding **21** S42 Enquiries, a total of **28** distinct risks were identified. The most prevalent risk noted this year in safeguarding enquiries was Neglect and Acts of Omission, accounting for **32%** of all cases. This was closely followed by Self-Neglect, which constituted **29%** of the risks. Financial or Material Abuse represented **18%** of the total risks identified.



In terms of the concerns raised during the 2024-25 period, Self-Neglect again topped the list, representing **33%** of all cases. This was followed by Neglect and acts of omission at **27%**, Financial or Material abuse at **14%**, and Physical at **14%**.

Source of Referral and Risk

In line with the national and London average, the data shows **79%** of client's risk comes from someone known to the individual. This is an increase from the previous year 2023-24 of **64%**. **A significant decrease in service providers at 14% compared to 32% the previous year.**

Location of Risk

The **majority** of safeguarding enquiries related to alleged abuse that happened within the **person's own home**. **Four** happened in hospital-acute, **one** enquiry happened in the community, **one** in the hospital-community **and four** in other locations. The continued increase in cases in people's own home is consistent with national data which identifies that abuse typically happens within someone's own home.

Making Safeguarding Personal

There were **21** concluded S42 enquiries in 2024-25 nineteen the previous year. **62%** of adults were asked about their desired outcomes and they were expressed. Of which 69% had their outcomes fully or partially met. **The local management system recording has been improved to capture the outcomes better than in previous years** and there has been some discussions at Safeguarding Adults Board Quality Assurance group around whether further improvements could be made to the form data fields to capture a more in-depth understanding of the MSP data.

Deprivation of Liberty Safeguards

	2022/23	2023/24	2024/25
Number of DoLS referrals received	30	30	30
Number of DoLS authorised	30	35	34
DoLS Not Granted	0	0	0
Applications withdrawn	0	0	0



...The male population in the City of London makes up 55% in the 18+ group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.



London Borough of Hackney Performance Data for 2024/25

Data has been collated using LBH Dashboard in respect of Concerns received by LBH and allocated to LBH (i.e. not those allocated to ELFT or those not progressing to a SAM Decision).

Concerns and Enquiries

1780 safeguarding concerns were raised.

The number of accepted section 42 enquiries (538) is generally in line with the previous two years (a little lower, and S42 Enquiries concluded in 2024-25 period is also lower).

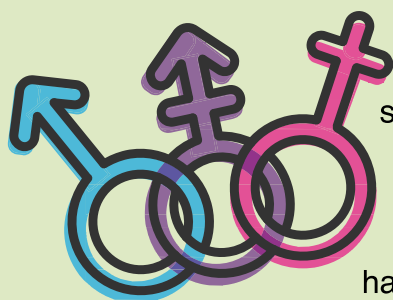


Ethnicity

The proportion of concerns broken down by ethnicity for 2024/25 remains very similar to previous years. The most concerns continue to relate to adults from a White or Black African, Caribbean, or British background, and generally consistent with the demographic profile of the borough. The proportion without a declaration remains similar to last year at **8.3%**.



Gender



The proportion of concerns split by gender remains very similar to previous years, with females still the majority, **amounting to 51.7% of concerns.** This is consistent with the 2021 census for Hackney, which shows the borough has more females compared to males, and therefore expected to have a higher proportion of concerns.



The highest number of concerns being raised in respect of age has remained the same as previous year; **those between the ages of 26-64.** This contrasts with the national picture of safeguarding, which highlights that abuse is typically experienced by older adults. The younger demographic within Hackney could be an explanation for this.

Type of risk

The most common form of abuse reported **continues to be self-neglect, which makes up 28.2%** of all concerns reported. **Financial or Material Abuse and Neglect and Acts of Omission make up second and third most common types of abuse** (a reversal in 2nd and 3rd place since last year).



Source of Referral and Risk

The data shows that the source of risk is most likely to be someone known to the individual, **which makes 80.4% of concerns referred** to adult safeguarding. There has been an increase in the service provider being identified as the source of risk, **from 8.8% in 2023/24 to 12.5% in 2024/25**.

The number of safeguarding concerns from Hospitals remains the most common source of referrals, amounting to 23.6%. There continues to be a consistent number of concerns raised by friends and family, which is encouraging for the Board and evidence of the engagement work done with many community groups over the past couple of years.

Location of Risk

The data continues to show that most abuse occurs within the home, which is consistent with previous years and likely to correlate to self-neglect being the most common type of abuse.

Making Safeguarding Personal

In **92.2% of concluded section 42 enquiries**, adults were asked what their desired outcome was. This is **slightly higher than the previous year's figure of 89%**. Of those that were asked and expressed their desired outcomes, **94.1%** had their desires partially or fully achieved (**up from 92% last year**). This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.

Deprivation of Liberty Safeguards

	2022/23	2023/24	2024/25
Number of DoLS referrals received	917	843	971
Number of DoLS authorised	568	542	587
DoLS Not Granted	56	80	64
Applications withdrawn	293	221	320

East London NHS Foundation Trust

Performance Data for 2024/25

Concerns and Enquiries

515 safeguarding concerns were raised. This is an increase of 36% compared to 2023/24 (when 377 concerns were raised).

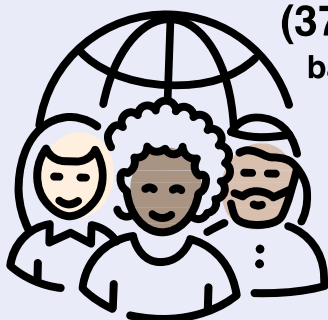
143 of those concerns led to a Section 42 Enquiry

The proportion of concerns that were accepted as s42 enquiries was **28%**, which is broadly in line with 2023/24 (**30%**).



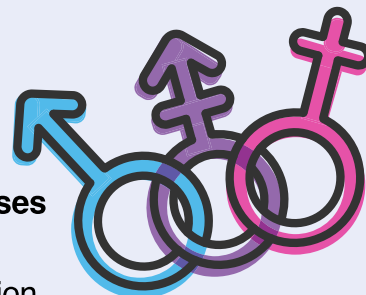
Ethnicity

The majority of safeguarding cases relate to adults from a Black background (**37%**), with **32%** relating to adults from a White background, **15%** from a Mixed background, and **9%** from an Asian background. While this does not mirror the borough population profile, it is broadly representative of our Adult Social Care service user population, which is likely to be a more appropriate comparator of vulnerable adults.



Gender

A significantly higher proportion of safeguarding cases relate to males (**58%**) than the borough population (**48%**), though again, this mirrors the over-representation of males within the mental health service user population, so is indicative of the wider inequalities around mental health rather than relating to safeguarding specifically.



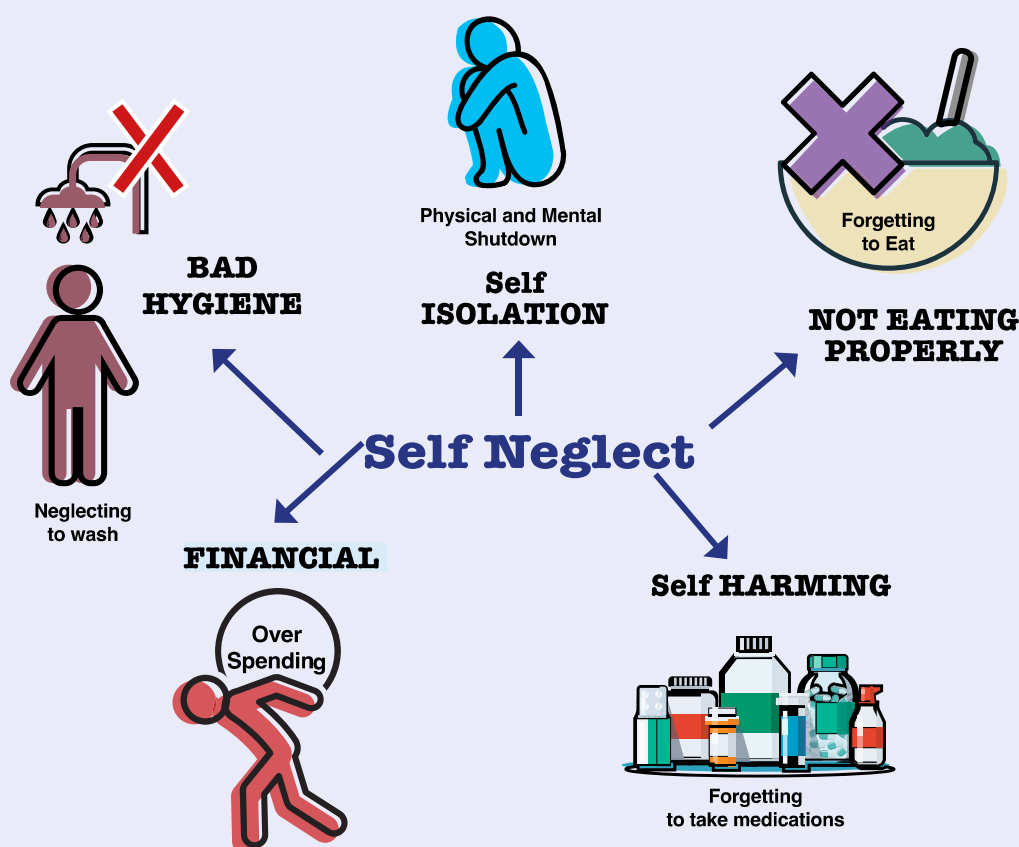
The **largest proportion** of safeguarding cases relates to **adults aged 18-64 (89%)**, with **8%** coming from **65-74 year olds**, and the remaining **3%** from over **75s**.

Type of Risk

The top three types of abuse reported for the year 2024/2025 were:

- Self-neglect (**30%**)
- Financial or Material Abuse (**19%**)
- Physical abuse at (**11%**)

Self-neglect has seen a significant increase in both the proportion and number of concerns since last year; **with 155 concerns (30%) reported in 2024/25, compared to 68 concerns (18%) in 2023/24.**



As a result of this, we have carried out self-neglect specific audits and subsequently developed bespoke self-neglect training to all services to bolster knowledge, competence and practice.

Source of Referral and Risk

Similar to previous years and consistent with national trends, the source of risk is most likely to be someone known to the individual, **which makes up 85%** of safeguarding concerns.

Location of Risk

The data continues to show that **most abuse occurs within the home (51%)**, which is **consistent with high levels of self-neglect and abuse from known individuals. Mental Health hospitals are the second most common location at 32%** of concerns, illustrating the really positive work that has been carried out with the psychiatric wards in responding to concerns and reviewing within a safeguarding framework. The Matrons regularly attend SAM forums and involve the Named Professional for Safeguarding in delivering robust safeguarding processes. **Of the remaining concerns, 10% occur in the wider community, 2% in a community service, 2% in residential care homes, 1% in acute hospitals and 3% in other locations.**

Making Safeguarding Personal

In **59%** of completed enquiries, adults were asked about their desired outcomes. In a further **24%** of cases, it was not recorded whether this was asked, and **17%** it was not asked. Of those asked, **73% stated that their outcomes had been fully or partially achieved**, while **15%** stated they were not achieved, and **12%** the response was not recorded. MSP remains a priority in MH and ELF has been working with clinicians to address the process issue of not always documenting views of outcomes. The ASC Service Review in ELFT has MSP and safeguarding as a priority and we are confident that the new reporting process will allow the service user perspective to be clearly heard.



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CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2024/25:

London Borough of Hackney Adult Social Care

- Adult safeguarding first and foremost is about the outcomes that can be achieved for the adult at risk, focused on their recovery and resilience. In Hackney, we are proud of the continuing focus on 'making safeguarding personal', meaning adults are supported to express what they would like to happen in response to concerns of abuse. At the end of a safeguarding enquiry, we ask the adult to what extent those outcomes were achieved and 94.1% of residents report we helped them fully or partially achieve what matters to them.
- We have seen a culture fostered that promotes organisational learning, where we have capacity to reflect, adapt and improve. During the last year, we continued to focus on ensuring all actions that arose from safeguarding adult reviews, audit or individual cases were evidenced as being embedded into how we work. For example, following one review we have strengthened the knowledge and understanding of the intersection of homelessness and adults who may have need for care and support under the Care Act.
- Our commitment to a human rights approach and ensuring people are enabled to live with as much choice as possible and least restriction, means we place great importance on the Deprivation of Liberty Safeguards. In Hackney we are really proud that there is no 'backlog' of applications, which is an issue elsewhere nationally, and that we are able to utilise the safeguards within these legal rules to have additional assurance that people, who lack mental capacity, are not being deprived of their liberty in care homes or hospitals.

City of London Corporation Adult Social Care

- We have continued to strengthen our Early Intervention and Prevention work, aligning this with the second principle of safeguarding; preventing harm before it occurs. This has involved a focused review of both in-house and commissioned services to understand how effectively they identify and respond to emerging risks. By using data analysis and service user feedback, we have been able to assess the real-world impact of these interventions, identify gaps, and target improvements.
- Following an independent safeguarding audit in October 2023, the Adult Social Care workforce engaged in a comprehensive cycle of learning and reflection to strengthen practice. This included targeted development in

key areas such as decision-making at the point of safeguarding concerns, application of the Mental Capacity Act (MCA) within safeguarding contexts, and Making Safeguarding Personal (MSP). The process not only helped to address areas of improvement identified by the audit but also reinforced a culture of continuous learning and professional accountability across teams.

North East London Integrated Care Board

- We have embedded safeguarding across many areas of our organisation, ensuring it is a key focus in groups such as the Homeless Health Steering Group and the Refugee Health Steering Group. This helps us address the complex needs of vulnerable populations more effectively.
- We are proud to lead the national work on the NHS England Case Review Tracker, which brings together important data from Safeguarding Adult Reviews, Domestic Homicide Reviews, and Children's Safeguarding Reviews. This helps improve learning and safety across the health system.
- Our Learning Disability Mortality Review Programme is making strong progress. We have developed clear learning pathways that support staff in understanding both effective practices and where improvements are needed, ensuring lessons from these reviews are put into action.
- In response to growing demand, we have expanded domestic violence training and case management support for staff working in primary care and community health settings. This strengthens their ability to identify and respond to domestic abuse, improving outcomes for those affected.

Homerton University Hospital NHS Foundation Trust

- We devised a complex patient panel following a high number of absconsions, complex safeguarding incidents and the need to have a Multi Disciplinary Team forum to support staff with pts that have complex behavioural & social needs. The Head of Safeguarding Adults co-chairs with the Head of PT therapies and meets weekly face to face for one hour. Themes so far have included – Challenging behaviour on the wards, concerns around mental capacity and complex discharge planning.
- We commissioned Prevent training with the Prevent Lead in the London Borough of Hackney. These sessions are now face to face sessions and take place bi monthly. We have also launched a digital version of the training.
- We have made significant improvements to the Mental Capacity Act form on EPR. The updated form is now more user-friendly and offers a better direction to clinicians who struggle with this part of their work duties. This will likely lead to assessments being of better quality and withstand scrutiny when challenged – if recorded allows to withstand more legal scrutiny.

East London Foundation Trust

- We have continued to build on a strong and sustainable safeguarding leadership framework. This includes active collaboration through the Directorate Management Adults and Children's Safeguarding Sub-Group, the SAM Forum, our weekly Complex Case Panel, and dedicated safeguarding drop-in sessions within community teams. These platforms ensure robust oversight and timely response to safeguarding concerns across the Trust.
- We provide regular, bespoke safeguarding training across ELFT, with consistently high levels of staff compliance. Our Corporate Safeguarding Team actively reviews safeguarding data to tailor training to current needs; for example, delivering Self-Neglect training in response to identified risks. Domestic abuse training modules are now readily accessible through the ELFT Learning Academy, and DIAS (Domestic Abuse Intervention Service) drop-in sessions are available to staff within our community teams, offering practical support and advice.
- Our Community Mental Health Services are undergoing a significant transformation through the Adult Social Care (ASC) Review and ELFT's wider Service Redesign. As part of this work, safeguarding processes are being strengthened to ensure every safeguarding concern receives oversight from a Social Care SAM within the London Borough of Hackney (LBH). This will enhance support to both community-based mental health services and inpatient psychiatric care, ensuring safeguarding remains at the heart of service delivery.

Barts Health NHS Trust

- We have significantly improved the number of DOLS referrals via a significant training and improvement program across the Trust. The quality of these referrals has also improved (checked as part of our audit program) with recording clearer, quality of capacity assessments has improved etc.
- We have reviewed and rolled out a new Level Adult 3 face to face training, revised in line with new intercollegiate guidance and NHS E Core Skills training framework. This has meant staff receiving this training (which includes MCA/DOLS training) has gone up from a few hundred to around 7000 across the Trust. We are on track to reach the compliance rate (85%) within three years.
- We have introduced a Trust wide safeguarding audit program, which includes domestic abuse processes, self-neglect, MCA ec.

Metropolitan Police Service

- We worked closely with experts inside and outside the Met to develop a clear framework for Vulnerability and Public Protection Notices (VPTN),

aligning our definitions with the Care Act. We also updated our Standard Operating Procedures and improved the SharePoint site so officers can easily access the information they need.

- We provided training to around 4,400 frontline officers and MASH teams on completing VPTNs, common issues, and key adult safeguarding topics like consent and identifying adults at risk. We developed the training with input from our partner organisations to reflect real issues on the ground.
- Together with partners and MASH teams, we created a new decision-making guide to help officers better understand safeguarding legislation when making referrals. This has improved referral quality, reducing inappropriate referrals to Adult Social Care by 15%, allowing them to focus on those most at risk. Feedback from partners has been very positive.

City of London Police

- We have launched and implemented a new Victim Strategy in February 2025, which aims to put the wellbeing of victims at the heart of policing. It has helped improve communications with victims, embedded procedural justice, and ensured real-time feedback was acted upon.
- We have also delivered Operation Reframe, in partnership with the City Corporation, Hackney Council, Good Night Out, and local licensed venues with an aim to bring targeted focus to women's safety in the night-time economy. Through training, posters, social media campaigns, and the "Ask for Angela" scheme in bars, the initiative has helped address harassment and sexual violence in late-night venues.
- We have also developed Operation Servator, which aims to disrupt terrorism and serious crime within the City of London. We work closely with businesses and community partners to ensure everyone understands how they can help by reporting anything unusual.

Turning Point

- We have seen an increase in referrals to safeguarding adults, demonstrating that our staff are vigilant in identifying concerns and taking prompt action to protect vulnerable individuals. This reflects our ongoing commitment to raising awareness and ensuring that safeguarding remains a top priority in our service.
- Compliance with our mandatory safeguarding adult awareness training remains high, ensuring all staff have the knowledge and skills needed to recognise and respond effectively to safeguarding issues. This strong training culture helps us maintain high standards of care and protection for the people we support.
- Over the past year, we have actively participated in a wide range of professional and external safeguarding meetings. This engagement

strengthens our collaboration with partners and enhances our ability to share information, learn best practices, and improve outcomes for adults at risk within our service.

London Borough of Hackney Benefits and Homeless Prevention

- We continue to develop our Shared Planning approach for applicants with more than two support needs, ensuring we collectively safeguard our residents. We work closely with partners like the Greenhouse service and Homerton Mental Health discharge team, meeting weekly to discuss homeless patients on mental health wards and share vital care and risk information for safe housing decisions.
- Our team includes two embedded social workers; one generalist and one mental health specialist who support frontline staff in assisting residents facing multiple disadvantages. They run weekly drop-in sessions and quarterly learning sessions covering key topics such as mental health crisis pathways, Care Act Assessments, and Mental Capacity Assessments. In 2024, we welcomed our second student social worker and began mentoring to expand in-reach support for single homeless and rough sleepers
- We assist many residents who fall into the “Edge of Care” group, presenting complex needs that don’t meet statutory thresholds for Adult Social Care or Mental Health services. To better support these residents, we’ve delivered trauma-informed and reflective practice training to all frontline officers, alongside mandatory training on improving access for clients experiencing multiple disadvantages and co-occurring conditions.

Age UK

- We launched 'centring safeguarding' programme across the organisation which included a review and launch of our safeguarding policy, radically streamlining our safeguarding process to remove barriers to staff in raising their concerns, reducing risk through delegation of responsibility across a wider group of colleagues and new bespoke training programme of deep dives into trending themes e.g. Self neglect and capacity and consent.

London Borough of Hackney Domestic Abuse Intervention Service

- We launched the Hackney trauma-informed multi-agency guidance: responding to child victims of domestic abuse, the UK's first local guidance focused on trauma caused by domestic abuse. The guidance helps professionals working with parents or carers to understand and respond to trauma caused by domestic abuse.

- We achieved Respect accreditation of both our Domestic Abuse Prevention Programme and the Intensive Case Management approach used with those harming family members through intergenerational domestic abuse. Hackney is the only Local Authority service to have achieved dual accreditation for these two areas of work.
- We took over the commissioning and overseeing of refuge provision in Hackney, thus enabling greater integration of the refuges within the wider VAWG partnership.
- We launched the Hackney Sexual Exploitation Meeting, a monthly multi agency meeting which takes a proactive approach to safeguarding those at risk and disrupting those causing harm.



CASE STUDY 7:

Metropolitan Police

A joint community problem-solving initiative was launched to tackle serious anti-social behaviour linked to several high-risk properties. These homes had become centres for drug-related activity, causing distress to local residents and businesses. Vulnerable tenants were being exploited by drug users who used the addresses for criminal purposes. Neighbourhood police officers carried out targeted patrols, welfare checks, and gathered evidence, leading to the issuance of Anti-Social Behaviour Warnings and Community Protection Notices. Their work focused on disrupting offending and protecting vulnerable individuals. Working closely with the housing association and support partners, a joint action plan was developed. Regular meetings allowed agencies to share information, assess risks, and coordinate interventions. Vulnerable tenants were offered additional support, while housing providers took enforcement actions, including Notices Seeking Possession and injunctions against perpetrators. As a result, anti-social behaviour significantly decreased. Exploitative individuals were removed or legally barred from returning, and properties were secured to prevent further misuse. Vulnerable residents received safeguarding support, helping them regain safety and stability. This case highlights the power of partnership working; combining enforcement and support to address complex issues and achieve lasting positive outcomes for both individuals and the wider community.



...This case highlights the complex balance of risk, capacity, and autonomy. It demonstrates the importance of multi-agency collaboration, executive capacity assessments, and creative problem solving to support individuals in high-risk situations.



CASE STUDY 8:

Homerton University Hospital

David, a 73-year-old man with multiple long-term conditions, lived at home with his 17-year-old son. Though separated from his wife, he maintained occasional contact with her and received remote support from his adult daughter, who helped with online grocery orders. David was under the care of district nurses and the foot health team for leg ulcers and a sacral pressure ulcer, and received a four times daily care package. Concerns grew around David's non-engagement with his care plan. He often sat for long hours with his legs down, worsening his swelling and wounds, and regularly slept in a recliner while lying on his pressure ulcer. Despite appropriate equipment being in place, he continued to make decisions that placed him at risk. A bedbug infestation triggered a safeguarding referral. The community safeguarding practitioner coordinated emergency fumigation and arranged temporary respite accommodation. However, David soon returned home, stating he disliked the respite setting. Care was arranged for his son during this period. After his return, professionals raised further concerns about David's hygiene, nutrition, and non-concordance with treatment. Although he had previously been assessed to have capacity, his ongoing choices suggested impaired decision-making. A joint visit was arranged with the GP and tissue viability nurse, and a mental capacity assessment found David lacked executive capacity; he could understand information, but struggled to act in ways that kept him safe. The safeguarding team led a series of personalised interventions. These included delivery of a second air mattress to encourage bed use, repositioning the TV to allow him to lie flat and still watch it, and setting alarms on his phone to prompt pressure relief and leg elevation. Carers were advised to escalate concerns about unmet needs directly to district nurses or family. Despite ongoing support, David's condition worsened. The safeguarding practitioner had repeated discussions with him about respite care. Although initially resistant, he agreed to a trial placement outside the borough, secured through collaborative work with the local authority. The new setting better matched his preferences. David responded well and, after six weeks, chose to remain there permanently. This case highlights the complex balance of risk, capacity, and autonomy. It demonstrates the importance of multi-agency collaboration, executive capacity assessments, and creative problem solving to support individuals in high-risk situations.

Appendix A:

CHSAB Annual Strategic Plan 2024-25



City and Hackney
Safeguarding Adults Board

CHSAB Annual Strategic Plan 2025 – 2026

The CHSAB Plan addresses the **six key objectives** contained in the CHSAB's Strategy for 2025 – 2028

Strategic Objectives	We will:
1. Make Safeguarding Everyone's Responsibility	Embed a culture of shared responsibility by ensuring residents, staff, volunteers and organisations understand what adult safeguarding is and their role in preventing and responding to abuse, neglect or self neglect
2. Embed the views and experiences of residents, people who draw on care and support, and carers in everything we do	Ensure residents, people who draw on care and support, and carers, including seldom heard voices, are involved and their feedback is used to shape the SAB's activity; safeguarding policies, procedures and practice
3. Gain assurance that multi agency systems are safe and reflect Making Safeguarding Personal	Review, update and implement robust governance, oversight, quality assurance and improvement mechanisms to gain assurance about safeguarding arrangements and practice; ensuring this is in accordance with Making Safeguarding Personal
4. A culture of continuous learning and development	Foster an open and transparent learning culture that encourages reflection, shares learning and promotes continuous development; and use learning from local, regional and national reviews in order to continually improve and shape our training and other professional development activities
5. Strengthen our use of data and insight to underpin SAB activity and key priorities	Develop and embed our existing multi-agency adult safeguarding data set to understand current or emerging themes and to underpin SAB activity and key priorities
6. Building Effective Multi-Agency Partnerships	Strengthen our multi-agency collaboration and partnership working with relevant partnerships (such as the Community Safety Partnership, The Children's Safeguarding Partnership and the Health and Wellbeing Board), across North East London and London

Subgroup	Chair
City of London Adult Safeguarding Subcommittee	Claire Solley
SAR & Case Review	Claire Solley
Performance and Quality Assurance	Proposed joint chair with Anita Marsden and Mary O'Reardon
SAR Action Plan Group (Meets as needed) - links to Performance and Quality Assurance	Mary O'Reardon
Workforce Development (virtual group as and when needed via email)	Shohel Ahmed
Self- Neglect	TBC
Homelessness	TBC
Financial Abuse	TBC
Community engagement	TBC

This priority supports CHSAB to meet Strategic Objectives 1, 2 and 3

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
1. Develop and Implement a Community Engagement Strategy	<p>1.1 Co-produce a Community Engagement Strategy with residents</p> <p>1.2 Coordinate community engagement activity with existing/developing plans/pathways across City and Hackney</p> <p>1.3 Raise awareness of what adult safeguarding is, including seldom heard voices, what to do if someone has concerns or someone discloses abuse to them, how to report concerns and what happens next</p> <p>1.4 Gather insight and feedback from people with lived experience, specifically those who have experience of adult safeguarding and develop and embed systems to use this to continuously improve</p> <p>1.5 Develop mechanisms/framework for resident representation at CHSAB</p>	<p>Raise awareness of adult safeguarding with the public and professionals, including seldom heard voices; to prevent abuse, neglect and self neglect; and ensure our responses are timely and coordinated</p> <p>Improve engagement with all communities, including seldom heard voices</p> <p>Understand and ensure the voice and lived experience of adults at risk and carers shapes adult safeguarding arrangements, practice and CHSAB's key priorities</p> <p>Embed effective partnership working across CHSAB organisations; the community, voluntary and faith sector; and care providers</p>	<p>Improved outcomes for residents</p> <p>Increased understanding for residents, volunteers and staff of what adult safeguarding is, what to do when they have concerns and what will happen next</p> <p>Increase our preventative approach to abuse, neglect and self neglect - including reducing social isolation</p> <p>Address inequity in adult safeguarding</p> <p>Increase in adult safeguarding concerns received reflecting all communities</p> <p>Adults with lived experience involved in co-producing policies, procedures, training, adult safeguarding practice and CHSAB's key priorities</p> <p>Feedback from residents is used to continually improve adult safeguarding arrangements and reflects Making Safeguarding Personal (making sure the adult is at the centre - please see definition of this below)</p> <p>Strengthened multi-agency collaboration to prevent and respond to abuse, neglect and self neglect</p>

This priority supports CHSAB to meet Strategic Objectives 2, 3,4 and 5

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
2. Establish a Multi-Agency Dashboard and Conduct regular multi-agency audits	<p>2.1 Identify and agree data for a CHSAB multi-agency dashboard</p> <p>2.2 Design and launch a multi-agency dashboard</p> <p>2.3 Using evidence base, agree forward plan and complete multi agency audits to establish impact of CHSAB activity, especially related to Safeguarding Adult Review learning and recommendations - identify good practice and areas of improvement</p>	<p>Enable early identification of trends and current or emerging risks</p> <p>Inform CHSAB key priorities</p> <p>Understand the impact of CHSAB activity and embedding of learning and recommendations from reviews to underpin adult safeguarding learning needs for staff, volunteers and members of the public and systems and practice improvement</p> <p>Improve visibility of safeguarding data across the multi-agency system</p>	<p>Improved outcomes for residents</p> <p>CHSAB strategy reflects real-time issues and community needs</p> <p>Emerging concerns are identified early, and targeted interventions are made before the risk escalates</p> <p>CHSAB is assured on quality of practice and safety of multi agency systems</p> <p>Good multi agency audit outcomes</p> <p>Training and system and practice development are evidence-led</p> <p>Shared learning opportunities that inform improvements in practice, policy, and training.</p> <p>SAB partners have access to timely, integrated data to enable informed decisions</p>

This priority supports CHSAB to meet Strategic Objectives 1,2 3, 4, and 6

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
3. Ensure Learning from Safeguarding Adult Reviews (SARs) and Other Reviews are complete timely and learning is shared	<p>3.1 Review and promote our current arrangements related to SAR referrals</p> <p>3.2 Develop our current oversight and governance arrangements related to the completion of actions related to the learning and recommendation in SARs</p> <p>3.3 Develop our current oversight and governance arrangements related to sharing the learning and recommendations from SARs</p> <p>3.4 Develop a framework to share and embed learning and recommendations from other reviews ie Domestic Abuse Related Death Reviews, Children Safeguarding Practice Reviews, LeDeR etc...t</p>	<p>Assurance that SAR referrals are made as required</p> <p>Robust oversight, scrutiny and governance related to SAR learning and recommendations</p> <p>Robust oversight, scrutiny and governance related to embedding learning and recommendations from SARs and other reviews</p> <p>Sustain a culture of openness, reflection and continuous learning</p>	<p>Improved outcomes for residents</p> <p>SAR referral processes are well embedded and people understand when and how to make a SAR referral</p> <p>Learning and recommendations from SARs and other reviews are complete timely and learning is shared timely and effectively</p> <p>A safe and open culture of learning and reflection across all agencies at all levels</p> <p>SAR learning and recommendations are reflected in practice improvement and workforce development activity</p>

This priority supports CHSAB to meet Strategic Objectives 1,2,3,4,5 and 6

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
4. Implement the updated London Association of Directors of Adult Social Services (ADASS) Pan-London Adult Safeguarding Policies and Procedures	<p>4.1 Share the draft Pan-London Policies and Procedures with CHSAB members</p> <p>4.2 Share and promote the updated Pan-London Policies and Procedures with CHSAB members to cascade within their networks</p> <p>4.3 Review and revise local safeguarding policies, procedures, pathway and practice to align with the Pan-London Policies and Procedures</p>	<p>Ensure all CHSAB members are aware of and understand the updated Pan-London Policies and Procedures and cascade these within their networks</p> <p>Local safeguarding policies, protocols, pathways and practice reflect the updated Pan-London Policies and Procedures reflect</p>	<p>Improved outcomes for residents</p> <p>Consistent safeguarding practice across all sectors in accordance with best practice and statutory duties and responsibilities</p> <p>Strengthened multi-agency collaboration to prevent and respond to abuse, neglect and self neglect</p>

This priority supports CHSAB to meet Strategic Objectives 1,2, 3 and 4

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
5. Improve outcomes for people experiencing homelessness by preventing abuse and neglect and strengthening safeguarding responses	<p>5.1 Implement and action the recommendations made from the 'Deep Dive' analysis of safeguarding concerns for adults who live in temporary and supported accommodation in Hackney and best practice guidance</p> <p>5.2 Raise awareness of safeguarding risks for individuals who are homeless in City and Hackney through targeted communications and training for frontline staff</p>	<p>Minimise the risk of abuse and neglect for individuals experiencing homelessness.</p> <p>Improve our response to safeguarding concerns by addressing systemic barriers and gaps in safeguarding responses within temporary and supported accommodation settings by having appropriate supports and services in place; and developing our multi-agency policies, procedures, pathways and practice.</p> <p>Develop and deliver targeted training for professionals working in housing, health, social care, outreach, and voluntary sector settings to improve understanding of safeguarding risks linked to homelessness.</p>	<p>Improved outcomes for individuals experiencing homelessness.</p> <p>Increased awareness and understanding among professionals of safeguarding risks associated with individuals experiencing homelessness.</p> <p>Clear evidence that learning from the deep dive and best practice research is embedded in local policy, procedures, pathways and frontline practice.</p> <p>Improved quality and consistency of safeguarding responses to individuals experiencing homelessness, evidenced through audits.</p>

This priority supports CHSAB to meet Strategic Objectives 1,2, 3,4 and 5

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equity

Priority	Key actions	Objectives	Intended Outcomes
6. Minimise the risk of self-neglect and strengthen our multi-agency response	<p>6.1 Raise awareness of self-neglect with individuals and communities.</p> <p>6.2 Understand the effectiveness of our preventative approach and response to self-neglect through a multi-agency audit.</p> <p>6.3 Continue to offer and promote training to practitioners on recognising, assessing risk and responding to self-neglect.</p> <p>6.4 Promote the use of the CHSABs self-neglect guidance and toolkit to ensure consistency in response.</p>	<p>Minimise the risk of self-neglect.</p> <p>Ensure high-quality training is available and promoted across communities and partner agencies on preventing, recognising, assessing, and responding to self-neglect.</p> <p>Continuously improve our effective multi-agency preventative approach to self-neglect.</p> <p>Continuously improve our supports and services in place; and develop our multi-agency policies, procedures, pathways and practice when self neglect occurs.</p> <p>Ensure staff across all partner agencies understand their roles and responsibilities in responding to self-neglect, and can confidently use local policies, procedures, guidance and tools and can work effectively within our multi-agency system</p>	<p>Improved outcomes for individuals at risk of, or experiencing, self-neglect.</p> <p>Greater public and professional awareness of self-neglect and how to respond.</p> <p>Improved quality and consistency of our preventative and safeguarding responses to self-neglect, evidenced through audits.</p>

This priority supports CHSAB to meet Strategic Objectives 1,2,3,4,5 and 6

Golden Thread: Making Safeguarding Personal, Mental Capacity Act and Equality and Inclusion

Priority	Key actions	Objectives	Intended Outcomes
7. Minimise the risk of and strengthen our multi-agency response to financial abuse.	<p>7.1 Coordinate a local campaign to raise awareness of financial abuse, including fraud and emerging scams</p> <p>7.2 Understand the effectiveness of our preventative approach and response to financial abuse through a multi-agency audit</p> <p>7.3 Provide training to frontline staff on recognising financial abuse, how to prevent it and respond effectively when concern are raised</p> <p>7.4 Develop services and supports; and local multi-agency policies, procedures, pathways and practice to prevent financial abuse and respond effectively when concerns are raised</p>	<p>Minimise the risk of financial abuse.</p> <p>Continuously improve our effective multi-agency preventative approach to financial abuse.</p> <p>Continuously improve our supports and services in place; and develop our multi-agency policies, procedures, pathways and practice when financial abuse occurs.</p> <p>Ensure staff across all partner agencies understand their roles and responsibilities in responding to financial abuse, and can confidently use local policies, procedures, guidance and tools and can work effectively within our multi-agency systems.</p>	<p>Improved outcomes for adults at risk of, or experiencing, financial abuse</p> <p>Greater public and professional awareness of financial abuse and how to respond.</p> <p>Increased number of safeguarding concerns received relating to financial abuse, particularly from underreported communities.</p> <p>Improved quality and consistency of our preventative and safeguarding responses to financial abuse, evidenced through audits</p>

- **Making Safeguarding Personal** is central to adult safeguarding and means adult safeguarding should be person-led and outcome-focused, engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.





Accessibility statement

If you require this document in a different format, please email



CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

City & Hackney Safeguarding Adults Board

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Appendix 1 - Poster and timetable

The poster below has been promoted on Family Information Service social media and emailed or directly delivered to:

- The Aldgate School
- Artizan library and Middlesex Street estate office
- Barbican library
- Shoe Lane library
- Golden Lane community centre
- Smithfield Nursery
- Hatching Dragons nursery
- City Child Nursery
- Barbican Playgroup
- Newpark Childcare Centre
- Barbican Estate office

City of London Family Information Service

Children's Centre Services have now moved to Artizan Library and other venues.

For more information. Scan the QR code to access the timetable and visit:
<https://www.fis.cityoflondon.gov.uk/best-start-family-hub/start-for-life>

C&FA	Child and Family Assessment – single assessment undertaken by Children Social Care
CAF	Common Assessment Framework (part of Early Help)
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CHSCP	City and Hackney Children's Safeguarding Partnership
CIC	Child/ren in Care
CICC	Children in Care Council
CIN	Child In Need
CL	Care Leaver
CLA	Children Looked After
CPP	Child Protection Plan
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CYP	Child and/or Young Person (up to 18 th birthday)
CYPP	Children and Young People's Plan
DSL	Designated Safeguarding Lead
DV	Domestic Violence
EDT	Emergency Duty Team (out of hours duty provided by Hackney)
EET	Education, Employment and Training
EH	Early Help
FE	Further Education

HMO	House of Multiple Occupancy
ICPC	Initial Child Protection Conference
IFA	Independent Fostering Agency
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
LA Services	Local Authority Services
LAC	Looked after child / ren
LADO	Local Authority Designated Officer
LASC	London Asylum Seekers Consortium
MACP	Multi-Agency Child Protection
MARAC	Multi-Agency Risk Assessment Conference
MARF	Multi Agency Referral Form
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Education, Employment or Training
NFA	No Further Action
QSW	Qualified Social Worker
RCPC	Review Child Protection Conference
RHI	Return Home Interview
S47	Section 47 Enquiry, part of Child Protection investigation (the outcome may be that the subject is escalated to an ICPC)
SCR	Serious Case Review
SEND	Special Educational Needs and Disability
TAC	Team Around the Child meeting (Early Help measure)

TAF Team Around the Family (Early Help measure)

UASC Unaccompanied Asylum-Seeking Child (up to 18th birthday)





Foreword by the Independent Safeguarding Children Commissioner

It has been a year of significant progress and considerable challenge for the City & Hackney Safeguarding Children Partnership (CHSCP) as we have worked to safeguard and promote the welfare of all our children and their families. This Foreword provides a self-assessment and commentary on our key achievements, while also highlighting the areas where we continue to face undeniable difficulties.

In 2024/25, our partnership demonstrated a strong, collective commitment to our core mission. We have seen positive movement in several key areas. Crucially, our multi-agency safeguarding arrangements, including the governance structure and the roles of our lead and delegated safeguarding partners, continue to function effectively. The enduring commitment to independence within our arrangements has been invaluable, providing the 'grit' necessary for the robust scrutiny and constructive challenge that drives our work forward. This is an approach we have chosen to maintain, as it neither weakens nor undermines the ability of our partners to fulfil their statutory functions.

We are proud of the strong performance reflected in recent inspection outcomes. The City of London Corporation received an 'Outstanding' Ofsted rating, with inspectors highlighting the excellent services that are making a significant difference in children's lives. Similarly, Hackney's Children & Families

Service was rated 'Good,' a considerable improvement achieved despite a challenging period marked by a cyber-attack and community tensions. Both the Metropolitan Police Service and the City of London Police have also made notable improvements in their handling of child-related cases, with a renewed focus on a 'child first' approach and better investigation processes. These positive inspection results are a clear testament to our focus on maintaining and building upon the foundations of good practice.

Our commitment to learning is another area of progress. We have continued to implement our learning and improvement framework, identifying lessons from multi-agency audits and local case reviews to drive improvements in practice. We published two Local Child Safeguarding Practice Reviews (LCSPPRs) this year, for Case A and Child V, and have actively progressed the recommendations from both, as well as from the ongoing Child Q review. This appetite to learn is central to our work, ensuring that we are a reflective and continuously improving partnership. We have once again demonstrated that our partnership will respond to questions concerning the health and wellbeing of our children whenever and wherever they arise, doing so without fear or favour.

Despite these successes, we remain grounded in the reality of the significant challenges we face. The most pressing of these are financial constraints, increased demand, and the rising complexity of cases. We know from our



partners' reports that organisations are grappling with substantial budget deficits. The Metropolitan Police Service faces a \$260 million deficit, which will lead to a reduction of approximately 1,700 staff. Hackney Council needs to save \$52 million over the next three years. This environment of tightening funds and growing demand is leading to difficult decisions, restructures, and concerns about staff capacity and well-being. Overlaying these circumstances with a significant national reform agenda, whilst creating opportunities, is marked with risk as well. We cannot ignore this reality.

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The complexity of cases continues to increase. Agencies like the East London Foundation Trust (ELFT) and Homerton Healthcare NHS Foundation Trust (HFT) report a sustained rise in emotional distress, self-harm, and complex mental health issues among children and young people. Many of these cases are high-risk but fall below the threshold for statutory social care intervention, creating ethical and clinical dilemmas for our practitioners. We also face ongoing challenges with data accuracy and information-sharing agreements between agencies. These issues can hinder our ability to respond effectively and in a timely manner, an area we are committed to improving.

As we look to the future, our priorities will reflect the need to navigate these challenges. We must continue to focus on the health and stability of our safeguarding workforce, ensuring that staff and volunteers are well-supported

amidst ongoing organisational change and increased demand. We must also strengthen our approach to strategic vulnerabilities and pathways to harm, including child sexual abuse, adolescent safeguarding, and the ongoing risks associated with unregistered educational settings.

The CHSCP's commitment is to ensure that every child is seen, heard, and helped. We will proactively tackle racism through our Active Anti-Racist Charter, listen to the voices of children and families to inform our work, and maintain our unwavering focus on the lived experience of children. While the road ahead will be difficult, we are confident that by working together and staying true to our core principles, we can continue to make a real and lasting difference for the children and families in the City of London and Hackney.



Jim Gamble QPM
Independent Child Safeguarding Commissioner
The City & Hackney Safeguarding Children Partnership

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About the Annual Report



The City & Hackney Safeguarding Children Partnership annual report for 2024/25 sets out examples of the learning, challenge, impact, evidence and improvement of the statutory safeguarding arrangements in the City of London and the London Borough of Hackney. It reports on the following activity:

- The governance and accountability arrangements for the CHSCP's safeguarding arrangements alongside a summary of progress against the CHSCP's priorities and pledge.
- The context for safeguarding children in the City of London and the London Borough of Hackney, highlighting key data and the progress made by partners over the reporting period.

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The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.

- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The CHSCP's priorities going forward.
- The key messages for those involved in the safeguarding of children and young people.

In line with statutory requirements, the CHSCP annual report 2024/25 has been sent to the [Child Safeguarding Practice Review Panel](#) and the Multi-Agency Safeguarding Arrangements Unit in the Department for Education.

LEARNING

CHALLENGE

IMPACT

EVIDENCE

IMPROVEMENT



The CHSCP





Summary

The City and Hackney Safeguarding Children Partnership (CHSCP) is established in accordance with the Children Act 2004 (as amended by the Children and Social Work Act 2017) and the statutory guidance issued within Working Together to Safeguard Children 2023. The CHSCP's safeguarding arrangements define how safeguarding partners, relevant agencies and other organisations work together to coordinate their safeguarding services. These arrangements include details about how safeguarding partners identify and respond to the needs of children, commission and publish local child safeguarding practice reviews and provide for independent leadership and scrutiny. The published arrangements are available [HERE](#).

Purpose

As set out in WT23, purpose of multi-agency safeguarding arrangements is to ensure that, at a local level, organisations and agencies are clear about how they will work together to safeguard children and promote their welfare. This means:

- There is a clear, shared vision for how to improve outcomes for children locally across all levels of need and all types of harm.
- When a child is identified as suffering or likely to suffer significant harm there is a prompt, appropriate and effective response to ensure the protection and support of the child.
- Organisations and agencies are challenged appropriately, effectively holding one another to account.
- The voice of children and families combined with the knowledge of experienced practitioners and insights from data, provides a greater understanding of the areas of strength and/or improvement within arrangements and practice.
- Information is sought, analysed, shared, and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families, and to understand outcomes for different communities of children.
- Effective collection, sharing and analysis of data, enables early identification of new safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies.
- Senior leaders promote and embed a learning culture which supports local services to become more reflective and implement changes to practice.
- Senior leaders have a good knowledge and understanding about the quality of local practice and its impact on children and families.



Vision

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

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Principles

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

Seen; in the context of their lives at home, friendship circles, health, education and public spaces (both off-line and on-line).

Heard; by professionals taking time to hear what children and young people are saying - putting themselves in their shoes and thinking about what their life might truly be like.

Helped; by professionals remaining curious and by implementing timely, effective and imaginative solutions that help make children and young people safer.



Worried about a child?

You must inform the Designated Safeguarding Lead without delay

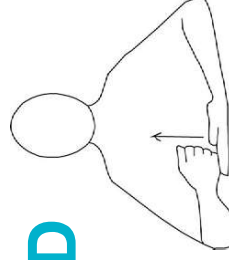
SEEN



HEARD



HELPED





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

- **Safeguarding is everyone's responsibility.** As a partnership, we will champion the most vulnerable and maintain a single child-centred culture.
- **Context is key.** Capitalising on the unique opportunities presented by a dual-borough partnership, we will have an unswerving focus on both intra-familial and extra-familial safeguarding contexts across the City of London and the London Borough of Hackney.
- **Anti-Racist practice is key.** The CHSCP's safeguarding arrangements are proactively anti-racist. Our focus in this context moves beyond the rhetoric and is evident in our leadership, our practice and in the outcomes of the children, young people, and families we engage.
- **The voice of children and young people.** We will collaborate with children and young people and use their lived experience to inform the way we work. We will regularly engage with them as part of our core business and ensure their voices help both design and improve our local multi-agency safeguarding arrangements.
- **The voice of communities.** Improving our understanding of the diverse communities across the CHSCP's footprint, we will regularly communicate with, listen to, and engage local communities in the work of the CHSCP. We will harness their experience to both inform and improve the way we safeguard and promote the welfare of children and young people.
- **Enabling high quality safeguarding practice.** We will promote awareness, improve knowledge and work in a way that is characterised by an attitude of constructive professional challenge.
- **Fostering a culture of transparency.** We will enable the CHSCP to learn from individual experience and continuously improve the quality of multi-agency practice.

The CHSCP's Active Anti-Racist Charter

As a partnership responsible for safeguarding and promoting the welfare of all children, we have zero tolerance for racism, and we are committed to playing our part in eradicating it. The CHSCP's [Active Anti-Racism Charter](#) sets out a framework to help us do just that. It describes a range of expectations for how racism can be tackled and how we can help children and their families see, hear and feel the change we seek. It also recognises the demographics of our local workforce and how for many of them, the impact of racism resonates in both their personal and professional lives. Given the range of activity that is ongoing in this space, the Charter does not replace any single-agency initiatives, rather it provides the 'umbrella architecture' against which organisations can test and create their own guidance. All agencies represented on the CHSCP have formally agreed to its contents. The Charter is referenced within our written safeguarding arrangements, and we expect all agencies to adhere to it.



Key Roles & Relationships

STATUTORY SAFEGUARDING PARTNERS

A statutory safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as the local authority, an integrated care board and the chief officer of police. 7.2 These three partners have a joint and equal duty to work together as a team (and with other organisations) to safeguard and promote the welfare of all children. Given the CHSCP covers both the City of London and the London Borough of Hackney, our local safeguarding partners comprise the following:

Hackney Council

The City of London Corporation

NHS North East London Integrated Care Board (ICB)

- The Metropolitan Police Service (MPS)
- The City of London Police

CHALLENGE

For the MPS and ICB LSPs, given their spans of control and responsibility for numerous jurisdictions, they are unable to fulfil their functions (in a local context) as defined in WT23. This sets out how LSPs should meet 'sufficiently regularly' with other LSPs, be 'jointly responsible for ensuring the proper involvement of and oversight of all relevant agencies', sign off key partnership documents, set the budget and 'act as a team, as opposed to a voice for their agency alone'. Given these circumstances, the delegation of LSP functions is required. Paragraph 57 of WT23 allows for such delegation via its definition of a Delegated Safeguarding Partner.

LEAD SAFEGUARDING PARTNERS

Lead Safeguarding Partners (LSPs) speak with authority for the safeguarding partner they represent, take decisions on behalf of their organisation or agency and commit them on policy, resourcing, and practice matters. They also hold their own organisation or agency to account on how effectively they participate and implement the local arrangements. LSPs are expected to play an active role in the CHSCP's arrangements. This is achieved via leadership within their respective agencies, 1:1s with the Independent Safeguarding Children Commissioner (ISCC) and the LSPs formally meeting as part of a 'Safeguarding Assurance Group'. Safeguarding Assurance Groups include Delegated Safeguarding Partners (see below) and are held separately in the City of London and Hackney. These arrangements help to ensure that LSPs are fulfilling their joint statutory functions. Over 2024/25, the LSPs for the CHSCP were:

- Dawn Carter McDonald, Chief Executive of Hackney Council
- Ian Thomas CBE, The Town Clerk of the City of London Corporation
- Zina Etheridge, CEO Designate of NHS NEL
- Matt Twist, Assistant Commissioner of the MPS
- Pete O'Doherty, Commissioner, City of London Police





DELEGATED SAFEGUARDING PARTNERS

Whilst remaining accountable for any actions or decisions taken on behalf of their agency, LSPs have each nominated a senior officer to deliver the CHSCP's safeguarding arrangements. Known as Delegated Safeguarding Partners (DSPs), this group meets as the CHSCP Executive. They can speak with authority, take decisions on behalf of the LSPs and hold their sectors to account. The joint functions for DSPs are set out on page 29 of WT23. For 2024/25, the statutory DSPs were:

- Judith Finlay, Executive Director of Children's and Community Services (The City of London Corporation)
- Jacqui Burke, Group Director of Children & Education (Hackney Council)
- Diane Jones, Chief Nursing Officer (NHS NEL)
- James Conway, Commander (Central East BCU, MPS)
- Umer Khan, Commander (City of London Police)

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Jason Marantz, Hackney's Director of Education and Inclusion and Mark Emmerson, the Chief Executive of the City of London Academies Trust were also standing members of the CHSCP Executive during 2024/25. This arrangement helped to ensure the engagement of education within the CHSCP's safeguarding arrangements.

PARTNERSHIP CHAIR

WT23 sets out that LSPs should appoint a DSP to be the partnership chair, with one of its core functions being to chair all meetings involving DSPs. By introducing the partnership chair, WT23 states that this 'arrangement removes any need for a local area to maintain another chair or independent chair'.

CHALLENGE

Locally, it has been agreed there are exceptional circumstances that justify divergence from WT23. Supported by advice obtained from legal counsel, the CHSCP has decided to maintain its existing system of chairing. Over 2024/25, the Independent Safeguarding Children Commissioner continued to 'facilitate and coordinate' the Executive as part of his existing duties linked to independent leadership and scrutiny. This approach neither weakens nor undermines the ability of DSPs to deliver against their defined functions as set out in WT23. Further detail on the rationale supporting this arrangement has been published on the CHSCP's website [HERE](#).



THE INDEPENDENT SAFEGUARDING CHILDREN COMMISSIONER

The CHSCP's approach to independent scrutiny is built on the fundamental premise that multiagency working neither happens by itself nor via the good will of dedicated staff. Multi-agency work needs to be harnessed and driven and must at its heart be open to independent challenge to do better. It was for these reasons that the role of the Independent Safeguarding Children Commissioner (ISCC) was created in 2019, and whilst its functions incorporate those of an independent scrutineer, they extend beyond this. During 2024/25, Jim Gamble QPM continued as the ISCC. He continued to provide independent leadership, advocacy and scrutiny and supported the CHSCP's unambiguous focus on independence, whilst helping to deliver the necessary 'grit' in our system that drives our multi-agency working. The ISCC's functions include:

- Independently advocates by, for and on behalf of our children and families.
- Provides assurance in judging the effectiveness of services to protect children.
- Provides a rigorous and transparent assessment of the sufficiency of systems and processes that enable partner agencies to fulfil their statutory duties and ensure that children are protected.
- Assists when there is disagreement between the leaders involved in multi-agency arrangements.
- Supports a culture and environment conducive to robust scrutiny and constructive challenge.
- Assesses whether the safeguarding partners are fulfilling their statutory obligations.
- Evaluates arrangements for the operation of the safeguarding partnership, including the purpose and functions of meetings, and recommend appropriate changes.
- Confirms, or not, that effective performance management, audit and quality assurance mechanisms are in place within partner organisations which will support the safeguarding partners to fulfil their statutory obligations, and which will enable the partnership to identify and measure its success and impact.
- Ensures that the safeguarding partners provide independent, robust and effective challenge to each other and to relevant agencies and other organisations.



RELEVANT AGENCIES

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

- Homerton Healthcare NHS Foundation Trust
- East London NHS Foundation Trust (ELFT)

All schools (including independent schools, academies, and free schools), colleges and other educational providers.

The Probation Service (London Division)

Children and Family Court Advisory and Support Service (CAFCASS)

- London Ambulance Service (LAS)
- London Fire Brigade (LFB)
- NHS England
- All registered charities within the geographic area of the CHSCP whose staff / volunteers work with or come into contact with children and their families.
- Hackney Council for Voluntary Services (HCVS)



SCHOOLS, COLLEGES, EDUCATIONAL AND EARLY YEARS SETTINGS

The CHSCP recognises the vital role of schools (including independent schools, academies, and free schools), colleges, educational establishments and early years settings in safeguarding and promoting the welfare of children and young people. All are designated as relevant agencies within the CHSCP's safeguarding arrangements and have a statutory duty to cooperate with safeguarding partners. Whilst work is ongoing to explore better ways to involve education within our arrangements, the following mechanisms are in place to help achieve this:

The Director of Hackney Education and Inclusion and a CEO of an Academy Trust being standing members of the CHSCP Executive

In the City of London, engagement of all schools (and the City of London Corporation's Children's Centre) is secured through its Safeguarding Education Forum.

- In Hackney, schools and Children's Centres continue to be supported via the Designated Safeguarding Leads Forum, Head Teacher briefings and the work of Hackney Education.
- For Private, Voluntary and Independent Early Years settings in both the City of London and Hackney, support and services are available through the work of the Hackney Education and respective forums in both local authority areas.
- Schools, educational establishments and early years settings are also engaged as part of the CHSCP's Learning and Improvement Framework and other activity as required. This may include representation at CHSCP Sub Groups and Thematic Groups.

EVIDENCE AND IMPROVEMENT

Further to the implementation of Working Together to Safeguard Children 2023, and the proposed changes in the Children's Wellbeing and Schools Bill, the CHSCP is seeking to change the way it engages Headteachers within its key governance forums. It was recently agreed that a headteacher representative will be sought for the CHSCP Executive group and expressions of interest have been encouraged from those wanting to join the Hackney Board. Integrating Headteachers more formally into the CHSCP's architecture reinstates a successful arrangement that was in place before 2019. We believe their reintroduction will provide the partnership with crucial expertise, advice, and constructive challenge.

Furthermore, Headteachers will serve as a vital link to the broader education system. Their direct experience of the daily realities faced by children and young people, coupled with their insight into school-based safeguarding practices, will significantly strengthen the CHSCP's strategic oversight and decision-making. This ensures the voice of education is clearly heard and fully integrated into our collective efforts to protect our children.





OTHER ORGANISATIONS

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

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DESIGNATED AND NAMED PROFESSIONALS

The Designated and Named Doctors and Nurses for Safeguarding Children take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated and named professionals are a vital source of professional expertise. They have continued to demonstrate their value by offering insight, challenge and support to partners.

THE CHSCP TEAM

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



A horizontal row of nine hand-drawn illustrations in a simple, sketchy style. From left to right: a yellow sun with rays, a blue cloud, an orange star, a purple heart, a green leaf, a pink flower, a blue dinosaur-like creature with a striped body, a purple flower with a yellow center, and a green dinosaur-like creature with orange flames coming out of its mouth.

Agencies being subject to external inspection and positively responding to any findings and recommendations for practice improvement.

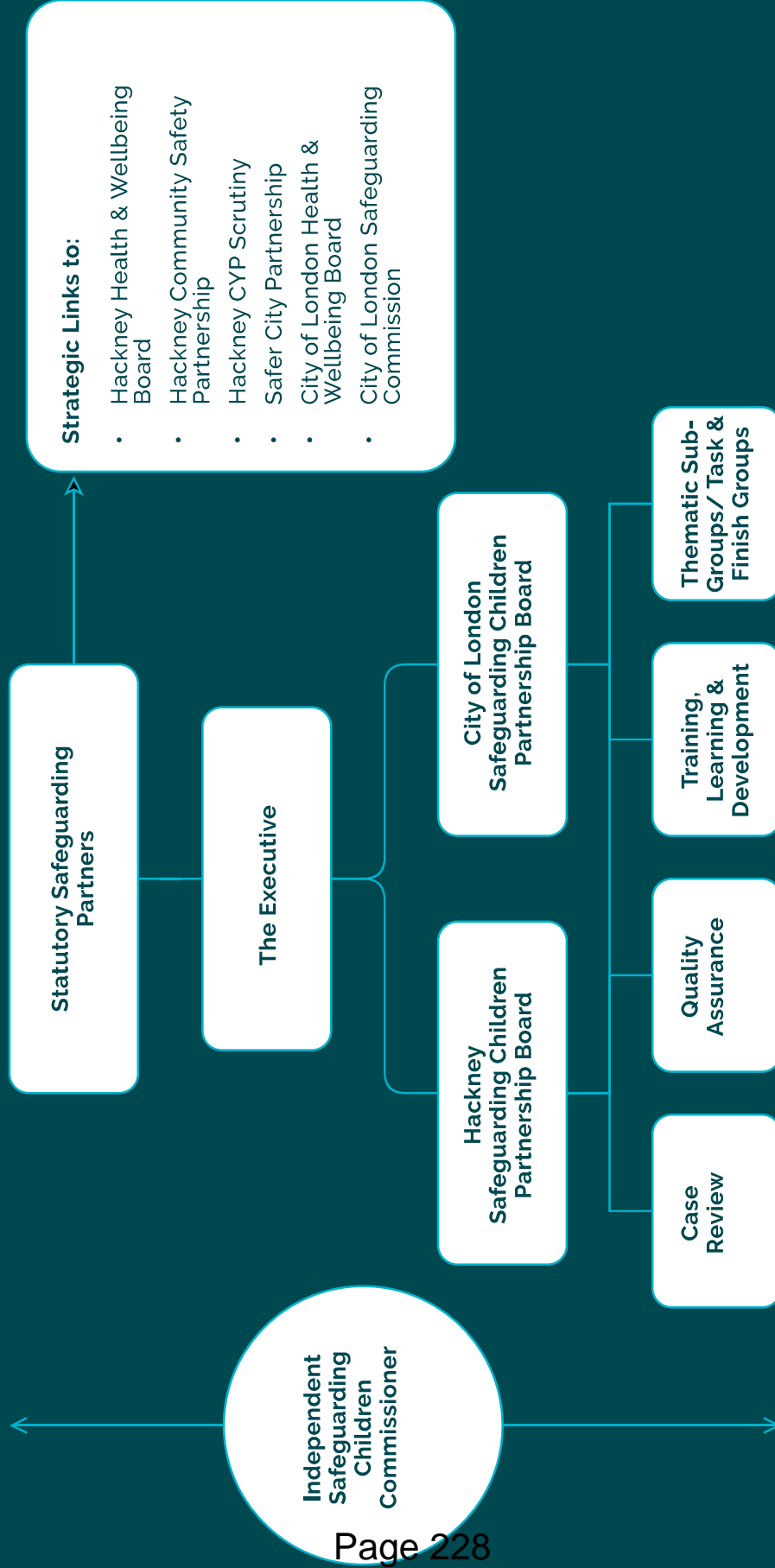
- The ISCC being fundamentally independent from local organisations and holding significant experience of operating at a senior level in the strategic coordination of multi-agency safeguarding services. •

- The ISCC holding both safeguarding partners and relevant agencies to account for their effectiveness in safeguarding children and young people. This will ensure ongoing alignment with the existing statutory arrangements for safeguarding adult boards.

- The CHSCP commissioning external scrutiny as part of its Learning and Improvement Framework to help provide independent reassurance on the quality of practice.



CHSCP Structure 2024-2025





SAFEGUARDING ASSURANCE GROUPS

LSPs in Hackney and the City of London formally meet with the ISCC and DSPs to collectively consider the sufficiency of the local safeguarding arrangements and to fulfil their defined functions as set out on [page 27 of Working Together to Safeguard Children 2023](#). LSPs are jointly responsible for ensuring the proper involvement of and oversight of all relevant agencies, and should act as a team, as opposed to a voice for their agency alone. They

- Set the strategic direction, vision, and culture of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.
- Lead their organisation's individual contribution to the shared priorities, ensuring strong governance, accountability, and reporting mechanisms to hold their delegates to account for the delivery of agency commitments.
- Review and sign off key partnership documents: published multi-agency safeguarding arrangements, including plans for independent scrutiny, shared annual budget, yearly report, and local threshold document.
- Provide shared oversight of learning from independent scrutiny, serious incidents, local child safeguarding practice reviews, and national reviews, ensuring recommendations are implemented and have a demonstrable impact on practice (as set out in the yearly report).
- Ensure multi-agency arrangements have the necessary level of business support, including intelligence and analytical functions, such as an agreed data set providing oversight and a robust understanding of practice.
- Ensure all relevant agencies, including education settings, are clear on their role and contribution to multi-agency safeguarding arrangements.
- Ensure how the experiences of children and families shape the delivery of local arrangements, in particular how those with protected characteristics engage in service design.
- LSPs will also maintain oversight of the key risks within the local safeguarding arrangements and the effectiveness of the partnership in mitigating these.





THE CHSCP EXECUTIVE

The CHSCP Executive comprises the DSPs from both the City of London and Hackney and includes representation from the education sector. It is established for the purposes of DSPs discharging their functions as set out on [page 29 of Working Together to Safeguard Children 2023](#). DSPs are sufficiently senior to be able to speak with authority, take decisions on behalf of the LSP and hold their sectors to account. The DSPs should have the authority to carry out these functions, while ultimate accountability remains with the LSP as the individual responsible for the delivery of the statutory duties of the safeguarding partners. Through the CHSCP Executive, DSPs maintain oversight of the quality and compliance of the delivery of agreed shared priorities. Processes are in place to provide assurance that multiagency practice is reviewed and operating well. Where this is not evident, DSPs should have the capacity and resource from their own agencies to engage, respond and improve operational systems and practice. The Terms of Reference for the CHSCP Executive can be read [HERE](#).

As part of its continued commitment towards transparency, the CHSCP Executive publishes summaries of its meetings. These can be found [HERE](#).

SAFEGUARDING CHILDREN PARTNERSHIP BOARDS

The Safeguarding Children Partnership Boards in Hackney and the City of London are established by safeguarding partners to drive the work of the CHSCP. They are tasked with ensuring ongoing collaboration of safeguarding partners and relevant agencies in their work to safeguard and promote the welfare of children and young people. These groups comprise representatives from safeguarding partners and several relevant agencies. They include named and designated professionals. Both are independently chaired by the ISCC and are responsible for delivering the CHSCP business plan. The Terms of Reference for both Boards can be found [HERE](#), with the core membership of each being available [HERE](#).

EVIDENCE

The Boards in the City of London and Hackney met quarterly during 2024/25. For each meeting, Board members are expected to submit partner agency updates that focus on key issues within their respective agencies alongside a specific theme identified for deeper scrutiny. Over the reporting period, these themes included a focus on how agencies were communicating and responding to the lessons identified by the CHSCP's learning and improvement framework, the support and services provided between 3pm and 7pm (where the risk of youth violence, exploitation and extra-familial harm can increase), how agencies are engaged in the Prevent agenda and a general update on progress.



EVIDENCE

The **Hackney Safeguarding Children Partnership Board** and the **City of London Safeguarding**

Children Partnership Board repeatedly discussed the impact of the new national guidance, Working Together to Safeguard Children 2023, particularly the proposal for a partnership chair. This raised concerns about decision-making authority.

The unique dual-borough partnership between Hackney and the City of London was a key consideration in these discussions. By March 2025, new arrangements were approved, and the risk of the CHSCP being uninfluential as a strategic body was lowered from red to amber.

The CHSCP's **Risk Register and Operational Risk**

Register were standing items, with some concerns focusing on data. A new risk was added for the Met Police's Connect system due to challenges with data accuracy and delays in reporting. Disagreements over the risk rating of birth data also highlighted persistent issues with data-sharing agreements between agencies.

Updates on **case reviews** were also a consistent agenda item. The boards considered Rapid Reviews and Local Child Safeguarding Practice reviews. A significant concern discussed at both boards was the potential for an Information Sharing Protocol (drafted in response to the Child Q review) to undermine the independence of learning reviews. This was resolved through engagement with the Child Safeguarding Practice Review Panel, who agreed to remove the primary issues of concern raised by the CHSCP (that sharing of interview records and other material between learning and conduct processes would be automatic). An 'advisory framework' responding to this issue was subsequently issued by the Panel and IOPC.

The funding for the **IRIS domestic violence service** was a major point of discussion. In 2024, the boards were briefed that Public Health intended to withdraw funding, as they felt it was not an appropriate use of their budget. The potential loss was seen as a significant risk. By March 2025, the risk was mitigated for the short term, as the NHS North East London ICB agreed to take on the full cost for the 2025/26 financial year while a long-term business case was being developed.

GP Patient Access System: A presentation in June 2024 highlighted the new system that gives patients online access to their medical records, including correspondence from children's social care. It was recommended that professionals are reminded of the requirement to redact sensitive data.

Continued overleaf.



EVIDENCE CONTINUED

The City of London pilot of the GCP2 toolkit for identifying neglect was discussed. The tool was found to have a small but positive impact, helping practitioners distinguish low-level neglect. The board decided to continue its use and closed the related action.

The Prevent team in the City of London gave a detailed presentation on their program in March 2025, in light of a national incident. The City board requested a piece of work, through audit or a themed approach, around the increased vulnerability of neurodivergent children to pathways of radicalisation.

The boards regularly received updates on inspection outcomes and was also updated on several new and ongoing projects. Some examples include:

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New Children's Homes: An initiative to open two new children's homes in Hackney was presented. These homes are intended to keep children with complex needs in the borough, providing a stable environment and improving care quality while also reducing costs.

School-Based Health Services: A new service was presented, designed to provide flexible, targeted healthcare for schools using a neighbourhood model and digital tools.

- **Immunisation Strategy:** A new strategy was presented to improve vaccination coverage and address inequalities. A key concern was the ad-hoc nature of government funding and the upcoming end of MMR catch-up funding.

- **Trauma-Informed Guidance:** New guidance for child victims of domestic abuse was developed and shared to promote a system-wide trauma-informed response.





Attendance

CHSCP EXECUTIVE

Organisation	Jun 24	Aug 24	Oct 24	Dec 24	Dec 24 (Hackney DSPs)	Jan 2024	Attendance
City of London Corporation	✓	✓	✓	✓	—	✓	100%
Hackney Council	✓	✓	✓	✓	✓	✓	100%
PHS NEL	✗	✓	✓	✓	✓	✗	66.6%
DPS	✗	✓	✗	✓	✗	✓	50%
COL Police	✓	✓	✗	✓	—	✓	80%

HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP BOARD

Organisation	Jun 24	Sep 24	Nov 24	Mar 25	Attendance
CAFCASS	✓	✓	✓	✓	100%
Hackney Education	✗	✓	✓	✓	75%
London Fire Brigade	✗	✓	✗	✗	25%
Hackney Children & Families Service	✓	✓	✓	✓	100%
Hackney Community & Voluntary Service	✗	✗	✗	✗	0%
Homerton Healthcare NHS Foundation Trust	✓	✓	✓	✓	100%
NHS North East London (City & Hackney)	✓	✓	✓	✓	100%
East London NHS Foundation Trust	✓	✓	✓	✓	100%
Hackney Housing Services	✓	✗	✓	✗	50%
Metropolitan Police Service	✓	✓	✓	✓	100%
Probation Service	✗	✓	✓	✗	50%
Public Health	✓	✓	✓	✓	100%



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Organisation	Jun 24	Sep 24 Ofsted	Nov 24	Mar 25	Attendance
CAFCASS	✗	—	✓	✓	<div><div></div>66.6%</div>
City of London Children's Services	✓	—	✓	✓	<div><div></div>100%</div>
East London NHS Foundation Trust	✓	—	✓	✓	<div><div></div>100%</div>
London Fire Brigade	✓	—	✗	✗	<div><div></div>33.3%</div>
Pomerton Healthcare NHS Foundation Trust	✓	—	✓	✓	<div><div></div>100%</div>
NHS NEL	✓	—	✓	✗	<div><div></div>66.6%</div>
City of London Police	✓	—	✓	✓	<div><div></div>100%</div>
Probation Service	✓	—	✓	✗	<div><div></div>66.6%</div>
Public Health	✗	—	✓	✗	<div><div></div>33.3%</div>

Financial Arrangements

IMPACT

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

Expenditure

Reviews	£32,650
Staffing and Travel	£326,282
Training, Learning & Development	£17,322
Printing, Supplies and Equipment	£4,320
Fees & Miscellaneous	£6,874
Total Expenditure	£387,448

Income

Hackney Council	£227,317
City of London Corporation (incl. CoL Police)	£29,480
Hackney Education	£24,480
East London NHS Foundation Trust	£24,480
North East London ICB	£12,000
Homerton Healthcare NHS Foundation Trust	£12,000
Metropolitan Police Service	£5,000
Probation Service (London Division)	£3,051
Use of Reserves	£31,517
Total Income	£419,325





Communication

CHSCP WEBSITE

Number of unique visitors to the site:

17,720

Increase of 1,553

Monthly average of visitors:

1,477

Visitors from the UK

11,553 (66%)

Global Visitors

6,167 (33%)

9,923 (66%)

Visitors used an *organic search* (search engine)

6,656 (37%)

Visitors used *direct search* (url bar)

1,063 (6%)

Other traffic sources

117 (1%)

Referred via *Social Media*





PAGE INTERACTION

10 most popular web pages

www.chscp.org.uk



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Key People
1,935 views



Learning & Improvement
1,851 views



Our Arrangements
1118 views



E-Learning
809 views



Allegations Against Professionals
762 Views



Early Help in Hackney
1,507 views



Homepage
7,754 Views



Child Safeguarding Practice Review – Child Q
1,290 views



Case Reviews
2,853 Views



Child Safeguarding Statements
713 Views



THE CHSCP

PROGRESS 2024/25

LEARNING & IMPROVEMENT

TRAINING & DEVELOPMENT

PRIORITIES & PLEDGE

WHAT YOU NEED TO KNOW

PRIVATE FOSTERING APP

The CHSCP continues to promote its [Private Fostering App](#). Alongside providing information about private fostering, the App includes a training module and other important advice for safeguarding professionals.



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TUSK BRIEFINGS

The CHSCP produces e-briefings called 'TUSK' briefings (Things You Should Know). These are circulated to subscribers and cascaded by safeguarding partners, relevant agencies and named organisations. The number of subscribers to the TUSK fluctuated between 1,416-1,476 subscribers during 2024-2025, with an average of 1,446 each month. This is a drop from the maximum of 1,680 subscribers noted the previous year.

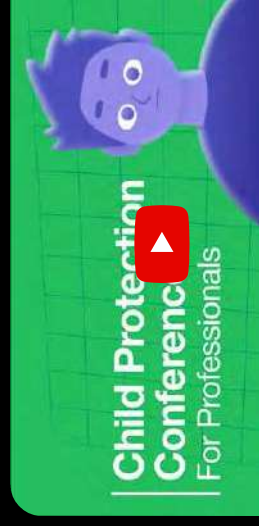
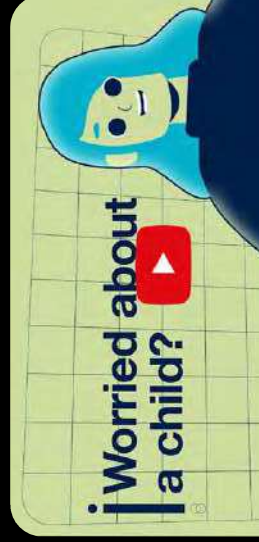
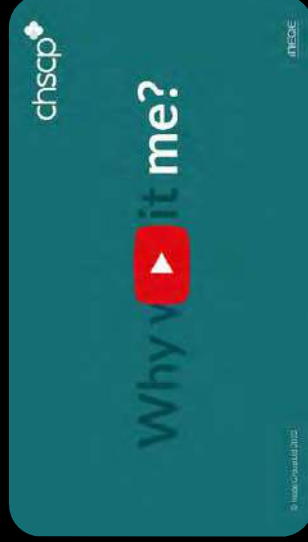
Published TUSK briefings can be found [HERE](#).

YouTube

YOUTUBE

The CHSCP has produced several video guides covering a range of safeguarding topics. These can be viewed [HERE](#).

These have attracted 9,987 views to date, an increase of 4,546 views in comparison to the previous reporting period.





Progress 2024/25



The CHSCP's Priorities

PRIORITY 1

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THE HEALTH & STABILITY OF THE SAFEGUARDING WORKFORCE

The CHSCP Executive and both Boards consistently monitors this priority through the CHSCP's risk register, where workforce health and stability remain as a standing risk. Meetings regularly address issues related to workforce stability, capacity, and well-being, particularly in the context of financial pressures and new legislation.

A key concern over 2024/25 was the significant organisational change and restructuring taking place across many organisations. For instance, throughout the reporting period, Hackney Children and Families Service (HCFS) began to implement a flatter management structure aimed at increasing the number of permanent staff and improving stability. This included a restructure of the MASH to reduce social work roles while strengthening early help positions. These financial and structural changes are a direct response to budget constraints. Additionally, the new Families First Partnership Programme, a major government reform, is seen as a potential "seismic shift" for the partnership that will require considerable focus, resources, and effort. Underpinned by changes to statutory guidance and proposals in the Children's Wellbeing and Schools Bill, these reforms—along with new duties, such as those related to children educated at home—introduce a risk of 'organisational churn' and workforce stability concerns.

Financial pressures are indeed prompting many organisations to implement significant cost-saving measures. In relation to the Families First reforms, concerns have been raised that agencies will be competing for a limited pool of qualified professionals. Meetings also highlighted the difficulty in recruiting for roles such as designated nurses for looked after children. The need for updated training and professional development remains crucial in the context of these legislative and policy changes. The new reforms will introduce "differently qualified staff," but clear guidance on their training requirements is not yet available from the Department for Education (DfE). This creates a need for cohesive, joined-up training across all agencies. Inter-agency collaboration and communication remain central to managing these workforce challenges.





PRIORITY 2

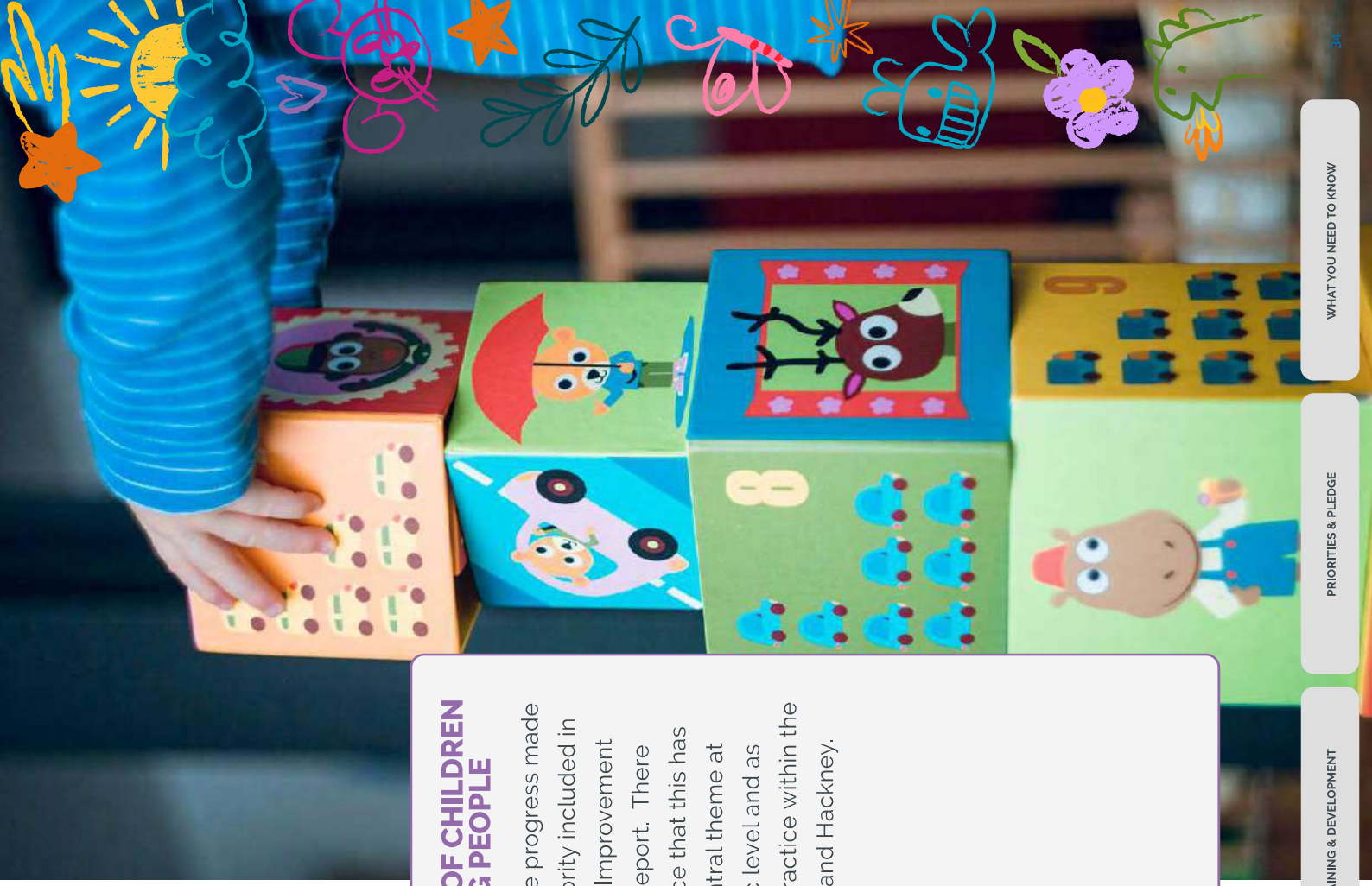
ACTIVE ANTI-RACIST PRACTICE

Partners are continuing to consider and advance their focus on anti-racist practice, with the Executive launching the CHSCP's Active Anti-Racist Charter during 2024/25. The charter is designed as an umbrella document to be used alongside existing organisational policies, guiding the partnership's efforts. The Executive Group decided that the charter's impact would be measured at Board level through partner updates in 2025/26 and via existing scrutiny processes like audits and reviews.

PRIORITY 3

THE VOICE OF CHILDREN AND YOUNG PEOPLE

Examples of the progress made against this priority included in the Learning & Improvement section of this report. There is good evidence that this has remained a central theme at both a strategic level and as part of direct practice within the City of London and Hackney.





PRIORITY 4

GETTING THE BASICS RIGHT

The CHSCP maintained its priority on keeping its local policies and guidance up to date and routinely promoting these via its TUSK briefings. Practice in many areas of safeguarding children is good as reflected in the outcomes of inspection activity.

The City of London Corporation was rated as Outstanding in its 2024 inspection. This highlighted, 'Children living or arriving in the City of London receive excellent services that are making a significant difference to their lives. Starting from the very strong service seen at the last inspection, a highly effective senior leadership team has developed services further and continued to make improvements'.

In Hackney, its Ofsted inspection undertaken in 2024 identified, 'MASH social workers recognise and understand risk to children living in homes where there is domestic abuse and conflict, substance misuse and alcohol misuse. Workers respond quickly to immediate risks. They exercise professional curiosity and consider the family's history and past incidents in context, involving the multi-agency network when required. Children and their families are quickly directed to the most suitable agency to intervene and support them'.

In January 2025, the Met Police was assessed as having made improvements and was removed from an enhanced level of monitoring by the police inspectorate. His Majesty's Inspector of Constabulary Lee Freeman said: *"I am pleased with the good progress that the Metropolitan Police Service has made so far. Whilst there is still a significant amount of work to do, I have recommended removing the service from our enhanced level of monitoring, known as Engage, and return it to routine monitoring. I am reassured by the plans that the commissioner has put in place to continue making sustainable improvements. We will continue to monitor the progress of the Metropolitan Police Service to make sure those living and working in the capital are getting the service they deserve from their force."*

In July 2025, the Police Efficiency, Effectiveness and Legitimacy assessment of the City of London Police was published by HMICFRS. This identified: *"The City of London Police is outstanding in how and when it records crime. This improvement is testament to the force's investment of time, effort and resources in crime recording. The force has also significantly improved the timeliness with which it records crime. This means investigations and support for victims begins sooner. I was pleased to find improvements in the management and scrutiny of criminal investigations. The force has invested in governance and performance processes to improve and maintain its investigative standards. This has led to continued performance improvements. Overall, we found that investigations were thorough and well supervised. Investigators look for opportunities to bring offenders to justice, even when victims are unwilling or unable to proceed."*



PRIORITY 5

THE APPETITE TO LEARN

Progress against this priority remains strong. Whether through reviews, auditing or other activity, the CHSCP's Learning & Improvement framework continues to identify lessons and drive practice improvement. Our local focus on independent leadership and scrutiny via the ISCC remains a key component in this context. During 2024/25, the Boards tested the effectiveness of how learning was being cascaded to front-line practitioners.

PRIORITY 6

MAKING THE INVISIBLE VISIBLE

During 2024/25, progress in respect of the UES agenda remained slow on a practical level. Changes are awaited from the Children's Wellbeing and Schools Bill. If passed into legislation, there is likely to be a degree of regulatory shape introduced. Whilst welcome, there remain concerns about the impact of the enhanced monitoring regime for children who are electively home educated. There are also concerns about the potential loopholes that could exist by way of UES still being able to operate broadly as they are (with reduced hours) – hence avoiding registration and regulation. In April 2025, the CHSCP's ISCC issued a public statement on this matter. This can be read [HERE](#).





City of London Safeguarding Snapshot 2024/25

The City of London, often referred to as the "Square Mile," is characterized by its small residential population and a significant working population. According to the 2021 Census, the residential population is 8,579, while the daily workforce is almost 615,000 (Office for National Statistics 2022). The residential demographic is notably young, with a large proportion of working-age residents. Only 14% of the population are aged 65 or over, and around 8% are under 18. This youthful trend is complemented by high life expectancy rates; between 2013 and 2017, life expectancy at birth was 88.8 years for males and 90.7 years for females, which is higher than the national average.

The City's demographic composition also reveals interesting patterns in family life, housing, and diversity. There are approximately 430 families with 713 children under 18, residing in 4,900 households, with an average size of 1.7 people. The area is ethnically diverse, with 42% of residents identifying as being from a Black and Global Majority background. There is a large Asian population (16.8% of the population), many of whom live on the east side of the City of London. While a place of great affluence, the Square Mile also has pockets of deprivation, with the Portsoken ward being among the top 20% most deprived areas in the country. To address housing needs, the City Corporation owns 1,923 social rented homes across 12 estates, with two located within the Square Mile and the rest spread across six London boroughs.

Within the City, there is one maintained primary school, four independent schools and several higher educational establishments. It has no maintained secondary schools. Most children attending these schools come from other boroughs and most of the local authority's secondary school age children go to school outside of the City.

Healthcare provision in the City of London is unique due to its dense workforce and small residential base. The Neaman Practice is the only NHS GP practice within the City's boundaries, primarily serving residents in the northwest. Due to proximity and accessibility, approximately 20% of residents, particularly those in the eastern wards like Portsoken, are registered with GP practices in the neighbouring borough of Tower Hamlets.





713 children under 18 (Census 2021)
8.3% of total population (Census 2021)

↑

23.2% of children in primary schools in receipt of free school meals

↑

24 cases referred / stepped down to the City's Early Help Team

↑

26 Team around the Family (TAF) meetings held

↑

6 children going missing from care during 2024/25

↑

3 children going missing from home during 2024/25

↑

709 contacts to the City Children & Families Team Hub

↓

58 Referrals

↑

16% re-referrals

38 statutory social work assessments completed by The City Children & Families Team

↑

63% of assessments completed within 45 days

↑

6 child protection investigations

↑

2 children on a Child Protection Plan as of March 2025

↔

11 Children in Need as of March 2025

↑

5 children looked after as of March 2025

↑

3 MARAC meeting cases involved children

↑

122 contacts to the LADO

↑

0 Private Fostering arrangements as of March 2025

↔



Hackney Safeguarding Snapshot 2023/24

According to the 2021 Census, Hackney's population stood at 259,200. Hackney ranked 68th for total population out of 309 local authority areas in England, which is a fall of two places in a decade. Hackney remains a relatively young borough with almost half of its population between 22-45 years old. That said, overall population sizes for under 19 and under 24 years old have declined slightly from 25.1% and 33.9% respectively since 2011.

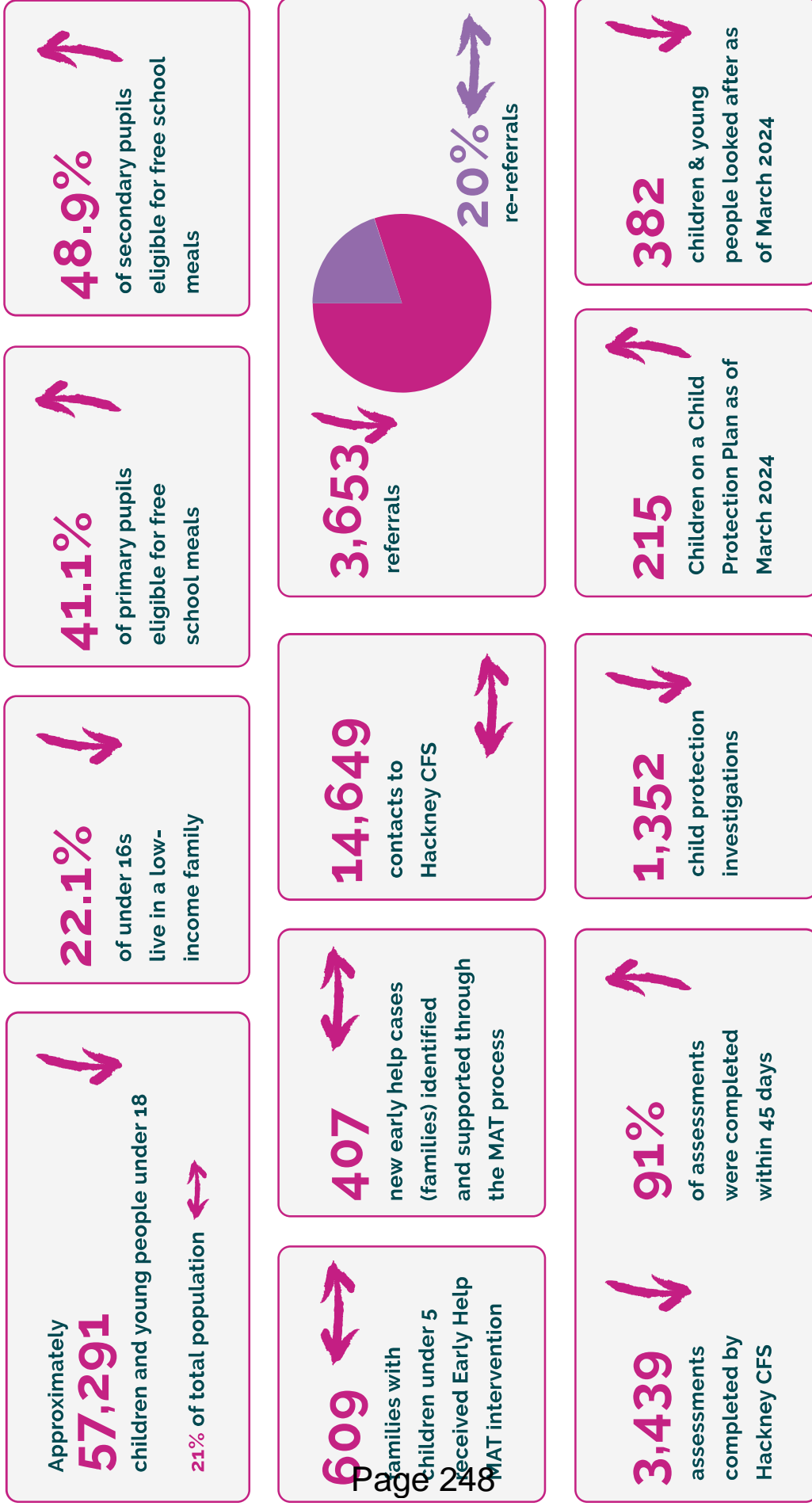
Hackney is defined as a super-diverse borough. Almost 40% of the population was born outside of the UK. There is a significant 'Other White', Black and Turkish/Kurdish communities. A large 'Cared' Jewish community is concentrated in the North East of the borough. 89 different main languages are spoken in Hackney, out of a total across England of 96 main languages. Just over a third of Hackney's residents have stated on the Census they had 'no religion'; followed by the second largest group who are Christian. Hackney has significantly more people of the Jewish and Muslim faiths than England.

Hackney continues to face significant economic and social challenges despite being a hub for creative and tech industries. It has the third highest rate of income deprivation in London. Over 1 in 100 residents were destitute in 2022, equating to almost 1,600 households. Hackney has the 7th highest number of children living in low-income families of any borough in London, with the highest concentration in the North of the borough. With regards to child poverty, this is 25% for children living in income deprived households or 43% when defined as 'children not having enough resources to meet minimum needs, including taking part in society'. This places Hackney as the third highest rate of child poverty in London. There are over 8,500 households on Hackney's housing waiting list, many of whom are living in overcrowded conditions.

Crime levels have fallen between 2019/20 and 2022/23 in Hackney with 1,913 fewer victims. Hackney has recently seen reductions in serious youth violence, gun crime, knife injuries (under 24 years), knife possession, and lethal barrelled discharges. Referrals to the Domestic Violence Intervention Service have reverted to pre-pandemic levels of around 25 referrals a week.

The education system in Hackney is characterized by a mix of primary and secondary schools. The borough has a notable number of "Outstanding" schools rated by Ofsted. In 2024, Hackney ranked 35th of all local authorities on the percentage of pupils achieving a Good Level of Development. Historic attainment gaps persist in 2023. For Key Stage 2 pupils (age 11), Hackney is ranked 6th of all local authorities nationally on the percentage of pupils achieving the expected standard in reading, writing and maths. At KS4 (end of Year 11), Hackney is in the top twenty local authorities nationally. Performance of economically disadvantaged and Special Educational Needs and Disabilities pupils are consistently strong.







296

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



463

contacts to the LADO



15

Private Fostering arrangements as of March 2024



14,290

young people accessed universal services offered through Young Hackney



1,310

young people received targeted support through Young Hackney



133

children entered care during 2023/24



334

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



243

children allocated for direct work with the Clinical Service in 2023/24





Safeguarding Partners & Relevant Agencies

During 2024/25, many agencies focused on strengthening their safeguarding frameworks and improving data management. The Met Police has addressed three causes of concern identified by HMICFRS, including improving its response to missing children and tackling victim-blaming language. They also launched a new "Child First" strategy, which aims to treat those under 18 as children first, identifying their vulnerabilities and understanding their circumstances. Similarly, the City of London Police has recruited new staff and improved processes for child sexual abuse material (CSAM) investigations. The East London Foundation Trust (ELFT) has a robust safeguarding governance framework and has improved its process for reporting referrals to Children's Social Care by mandating staff to complete an incident report form alongside any referral.

Numerous agencies have implemented new training and development initiatives. The City & Hackney Public Health Service has made children and adult level 1 safeguarding training mandatory for all staff. The National Probation Service has delivered updated training on safeguarding children and adults, as well as domestic violence, and has established stronger connections with specialist services.

Agencies are also making progress in service delivery and strategic planning. The City of London Children's Social Care and Early Help received an "Outstanding" Ofsted rating and has a stable workforce. Hackney Children and Families Service (CFS) also received a "Good" rating from its Ofsted inspection. Homerton Healthcare NHS Foundation Trust (HHFT) has developed new integrated pathways for Children's Occupational Therapy to improve patient safety and reduce risks. Additionally, Hackney CFS has opened a Care Leavers Hub and is planning to open internal Children's Homes.





Collaboration and a multi-agency approach are key themes in good practice. NHS NEL and its partners developed a **trauma-informed response** for child victims of domestic abuse, creating a guidance document with relevant resources for professionals. Agencies are also focusing on person-centred and holistic support, such as Homerton's Enhanced Health Visiting Service that is helping to identify early risk among vulnerable families.

Many agencies face **financial constraints** and workforce challenges. The Metropolitan Police Service has a £260 million budget deficit, which will lead to a reduction of approximately 1,700 staff, with the majority being officers. Hackney Council faces a financial challenge, needing to save £52 million over the next three years. Homerton Healthcare NHS Foundation Trust and other provider organisations face financial pressures to meet saving targets and are challenged by the ongoing recruitment difficulties for specialist children's roles.

There is also a growing concern about the **rising complexity of cases** and the gap between concerns and statutory thresholds. ELFT reports a sustained rise in emotional distress and self-harm among children and young people. The City of London Corporation Education and Skills Services noted an increase in children with social, emotional, and mental health (SEMH) issues, which has impacted school attendance. CAMHS teams across ELFT and HHFT are managing more complex cases involving a mix of mental health issues, exploitation, and neglect. Practitioners frequently find that these cases, while high-risk, fall below the thresholds for social care intervention, which creates ethical and clinical dilemmas.

Other challenges include **system-wide issues and new risks**. The loss of borough-wide forums, such as the Complex Case Forum, has led to some fragmentation in multi-agency working, with practitioners relying more on individual relationships to escalate concerns. The City of London Corporation Education and Skills Services highlighted challenges with adultification bias and digital safeguarding, noting that the evolution of digital platforms outstrips current frameworks. The National Probation Service and Hackney CFS also face staffing shortages and high turnover, which puts pressure on capacity and caseloads.





THE CITY OF LONDON CORPORATION - CHILDREN'S SOCIAL CARE AND EARLY HELP

EVIDENCE AND IMPACT

The Children's workforce has remained stable except for natural transitions and breaks such as maternity leave. Recruitment took place in 2024/25 to ensure that a permanent team is now in place. The workforce has now all completed the Achieving Best Evidence and Breakaway training; they have also accessed a range of training specifically around domestic abuse through the Court Trailblazers programme. All workers are supported to access Systemic Training and where required the Practice Educator training programmes. There is a comprehensive training programme in place as well as a well stocked resource library of research and direct work tools to support excellent practice which has positive outcomes for children. This was acknowledged in the 'Outstanding' Ofsted Inspection finding received during 2024/25.

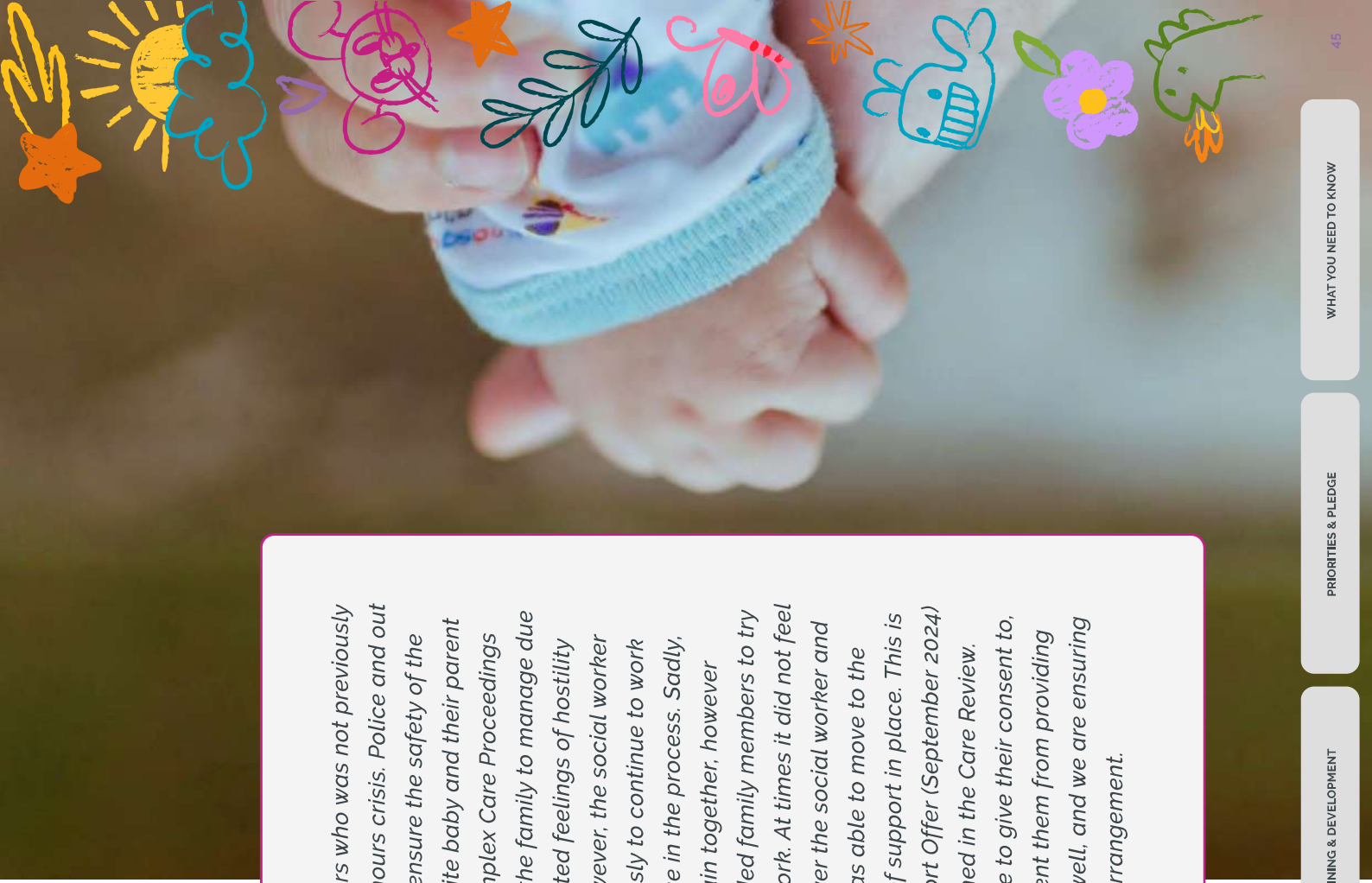
Whilst numbers across the service have stayed relatively stable in relation to number of contacts, Early Help, Child Protection, there has been a reduction of the number of children remaining in care, although an increase in the numbers coming into care across the year. As most children in care in the City are unaccompanied asylum seekers, they arrive are accommodated and then placed on the National Transfer Scheme (NTS). The NTS has been working particularly quickly this year meaning some young people have been moving within 2-3 weeks of arriving. Which is positive for them as they are then able to settle in the Local Authority in which they will remain.

Child in Need numbers have decreased across the year this is in no small part due to the strong Early Help offer which provides a range of support at the earliest opportunity and prevents children and families requiring higher level support, which is positive. Thus, the number of children supported at home with their families overall remained consistent.

A well-developed Care Leaver Offer was launched which is accessible online and in a range of languages ([Care Leaver Offer - City of London Family Information Service](#)). Regularly monthly online drop-in sessions are offered to support care leavers to understand their rights and entitlements. Care leavers represent our largest cohort of young people accessing the service, with housing, immigration status, and employment being their top priorities.

We have continued to conduct an independent Annual Feedback Survey with broadly positive feedback received across all service areas. 83% of care leavers felt that their social worker was easy to contact and communicate with and 78% felt that the received the right amount of support. The Early Help received a 100% satisfaction rate. Children in Care and Child Protection numbers were very small with more variation in their views and experiences in terms of satisfaction; however the small cohort makes it difficult to draw definitive conclusions. We completed a 'You Said, We Did' response document to the feedback received and ensured that the feedback informed service development plans.





EVIDENCE AND LEARNING

We have consistently undertaken quality assurance practice reviews during the year, totalling thirty-nine reviews, to monitor the quality of practice and the impact on children and family's day to day experiences. None have been found to be 'Inadequate', 5 (13%) were graded as 'Requires Improvement', 19 (38%) were 'Good' and 19 (49%) were 'Outstanding'. Demonstrating that overall, the service provided is strong, where we have recommendations for improvement these are tracked on a monthly basis until we have implemented these and the impact then measured in future quality assurance activity.

IMPACT

CASE STUDY 1: We had a baby under 1 years who was not previously known to City service present in an out of hours crisis. Police and out of hours services took immediate steps to ensure the safety of the baby, services then worked quickly to reunite baby and their parent in a safe assessment centre. Long and complex Care Proceedings were initiated, which were a challenge for the family to manage due to their diagnosed additional needs and created feelings of hostility towards the social worker and service. However, the social worker and service worked persistently and tirelessly to continue to work with the family and support them to engage in the process. Sadly, the parent and baby were not able to remain together, however extensive work was done to explore extended family members to try and keep the baby within their family network. At times it did not feel like this would necessarily be viable however the social worker and service preserved and recently the baby was able to move to the care of a family member, with a package of support in place. This is the first use of our refreshed Kinship Support Offer (September 2024) which is in line with the best practice outlined in the Care Review. This is a plan that the parent has been able to give their consent to, recognising some of the issues which prevent them from providing sole care for her child. So far this is going well, and we are ensuring support is in place to try and sustain this arrangement.



IMPACT

CASE STUDY 2: An 8-year-old boy was referred to Early Help by a community outreach worker. The child had a disability from birth, but the family were not access disability benefits, and he was struggling in school. The family lacked confidence in navigating education or health systems due to language and cultural barriers. Once Early Help were involved they were able to support a referral to an Educational Psychologist for a comprehensive needs assessment, liaised with a specialist teacher to advise the school on appropriate adjustments, provided support for the family to apply for disability benefits, and an EHCP application was submitted to secure appropriate provision and prepare for secondary transition. The child now receives tuition and tailored classroom support, his family has increased financial stability and understanding of their child's condition, and he is more confident in learning and uses his aids consistently to support this.

CHALLENGES

We have continued to focus on workforce stability and wellbeing, and whilst this has been good, we recognise the toll safeguarding work takes on individuals and teams. We have developed a Wellbeing Support Guide for People's Services which outlines a wide range of ways in which staff can promote their emotional and physical wellbeing.

This year we have started to define our Families in the City programme which will implement the National Social Care Review. Proposals were drafted and accepted by Senior Leaders which will lead to the creation of a Programme Board, under which three workstreams will work to deliver the changes needed. This will be established in 2025-26 and replace the current Senior Leader working group and include multi-agency partners. Whilst City already run a generic social work service there will need to be changes made and this may impact current roles and configurations which could lead to workers leaving or being dissatisfied with the new expectations.

Despite potential change we need to continue to deliver services to a high standard, which improves the daily experience and longer-term outcomes of our children, young people, and families, with minimal disruption. Therefore, communication with children, families, workers, and partners will be key to maintain consistency and limited confusion. The Quality Assurance service will also need to adapt as required to modified systems and ensure the framework meets the need of a newly modelled, multi-agency service. Workforce development will also need to be reviewed to ensure it is able to meet any gaps identified within the Families in the City programme in a timely manner.



THE CITY OF LONDON CORPORATION - EDUCATION AND EARLY YEARS

EVIDENCE AND IMPACT

Over the past academic year, City of London schools have embraced the Working Together to Improve School Attendance statutory guidance, updating policies and adopting a whole-school approach to promoting good attendance. In line with this, the City Code of Conduct was revised and, while no penalty notices were issued, eight 'Notice to Improve' letters were sent to parents. The Code will be reviewed annually, with minor updates planned to improve clarity and referral processes.

The School Attendance Support Team has maintained strong engagement with all schools, conducting regular visits and hosting two successful School Attendance network meetings. These meetings, including input from DfE Advisor Victoria Franklin, highlighted the shared responsibility for attendance and the vital role of Attendance Officers. The DfE has assessed the City of London's arrangements as 'Green'. A termly newsletter will now keep schools informed of updates, training, and local data.

Using data from the school tracker, which currently monitors City-resident children across 68 schools in 20 local authorities, the team has identified and contacted out-of-borough schools with persistently absent pupils. Schools have been reminded that the team is available to support families in overcoming attendance barriers. To ensure a clear picture of where City children are educated, the school tracker has been updated to include those in alternative provision and with SEND, helping to anticipate needs and guide support.

The restructured Attendance Improvement Group—formerly the Vulnerable Children group—meets termly and includes representatives from education, social care, and the Virtual School. It ensures early identification of concerns and coordinated support for re-engagement with education. Recognising that poor attendance can impact a child's potential and safety, termly Education Safeguarding Forums have provided a platform for schools, the local authority, and CHSCP to share best practices. External services such as Prevent and the City & Hackney Substance Use Service have also contributed. The School Attendance Support Team continues to offer timely signposting and referrals to relevant agencies. For example, following the Inclusive Charter conference, a referral was made to Fight for Peace—a programme using boxing to re-engage a school refuser with SEND. Finally, the newly established Network Attendance Meeting brings together DSLs and attendance leads to share strategies, raise concerns, and collaborate on improving attendance outcomes.





IMPACT

CASE STUDY 1: A Year 8 pupil with a diagnosis of Autism Spectrum Condition (ASC) came to the attention of the City of London SEND Team due to escalating behavioural concerns in school. Although the pupil had a confirmed diagnosis of ASC, their needs were not being adequately supported, and they were at risk of permanent exclusion. This risk materialised in January 2025, just before the finalisation of their Education, Health and Care (EHC) Plan.

The SEND Team worked closely with Early Help Support Services to ensure both the pupil's social and special educational needs were identified and addressed. Interim tuition through an alternative provision provided some initial stability while a longer-term solution was sought. Through persistent advocacy and collaboration with a neighbouring borough, a place was secured at an Autism Resource Provision (ARP) within a mainstream secondary school.

A robust transition plan was co-produced by SEND, Early Help, the family, and professionals from both the alternative provision and the ARP. This ensured a phased and well-supported entry into the new setting. Since joining the ARP, the pupil has shown marked improvement in emotional regulation and engagement with learning. While some behaviours linked to anxiety and ASC continue to present, the school is well-equipped and skilled in supporting these needs. The family now has a secure and coordinated network of professionals around them, able to adapt provision as needed to give the pupil every best chance of success. The pupil's progress is being closely monitored to ensure their needs are met holistically. This case highlights the importance of early support following diagnosis, cross-agency collaboration, and the value of specialist provision in enabling pupils with complex needs to re-engage with education and thrive.

IMPACT

CASE STUDY 2: With reference to one of the City of London schools, concerns were raised by the school of a year 10 pupil arriving persistently late frequently, arriving after registration closure.

The Education Welfare Manager supported a meeting with parent and the pupil to understand the root cause of poor routine and disengagement with learning. An Early Help referral was made by the Education Welfare Manager, with the consent of parent. Close parental engagement work was carried out from a Family Practitioner to support the relationship between the young person and their parent. The school noticed an improvement in punctuality and learning engagement and continues to be supportive through praise and regular check-ins with parent and pupil.





EVIDENCE AND IMPACT

SEND - SEND is always a priority and the Service, along with the area partnership is committed to ensuring that *The City of London is a place where children and young people feel safe, have good mental health and wellbeing, fulfil their potential and are ready for adulthood whilst growing up with a sense of belonging.* We remain committed to high aspirations for all our children and young people, ensuring they receive an education tailored to their individual needs, along with the appropriate support to help them reach their full potential.

In line with national trends, we have continued to experience a rise in the number of Education, Health and Care (EHC) Plans over the past year, leading to increased demands on the SEND team. The SEND Team has increased capacity through an additional EHC Caseworker to support this increased demand. The City of London has also agreed a contract with the Hackney Educational Psychology Service to offer a bespoke package of support for City children and young people with SEND. There has been an increase in need in children coming through in the early years, and an increase in social, emotional and mental health issues in children coming through in KS3. Where there has been an increase in social, emotional and mental health needs, this has impacted on school attendance and one permanent exclusion. The SEND team has worked closely with the Education Welfare Manager and Children's Social Care and Early Help Service to regularly monitor and support these young people.

The City of London actively participates in every annual review to maintain oversight of any emerging developments and to ensure families are signposted to relevant services or referred as needed. Several children and young people with EHC Plans are also supported by children's social care and early help services, prompting close collaboration between the SEND team and social workers to ensure a coordinated and integrated approach. The SEND team also attends meetings arranged by the Children's Social Care and Early Help Service such as CIN meetings and TAF meetings to ensure a coordinated approach to meeting these children's needs.





EVIDENCE AND IMPACT

Early Years - The Early Years Advisor undertakes yearly Leadership and Management audits in the Autumn Term. These include key questions on safeguarding and ensure early years settings continue to be compliant with regulations. The Early Years Foundation Stage (EYFS) framework, which outlines safeguarding requirements for children under five, has had some clarifications. Changes include amendments to staff-to-child ratios, clearer guidance on paediatric first aid training and the importance of ensuring adequate supervision, especially when children are eating. Effective from September 2025, the Department for Education (DfE) is implementing significant reforms to the EYFS safeguarding requirements to ensure that early years providers maintain high standards of safety and care for children. These reforms are based on extensive consultations and feedback from stakeholders in the early years sector. The Early Years Team continues to work closely with the Early Help Team, particularly when children with additional needs are concerned as well as on the development of the Start for Life and Family Hub. All City Early Years settings remain Good or Outstanding with Ofsted.

EVIDENCE AND IMPACT

Adult Education and Skills - The adult skills service reviews termly all learners' continued understanding of Safeguarding. Important emphasis is placed on safeguarding themselves and others. 'Good Safeguarding' practice is fully incorporated in the subject course curriculum – it therefore becomes an integral part of teaching and learning. Learners are given an induction on the importance and value of understanding 'good Safeguarding'. All course tutors receive level 2 certificated training in understanding Safeguarding. The Service employs 3 Safeguarding Leads – they also receive certificated training. All learners are regularly/ termly asked about their understanding of Safeguarding. Their responses are recorded, analysed and an action plan is put in place to support any areas for further development. Learners are advised how to report breaches in Safeguarding practices – they are advised on the role of the Safeguarding Leads, and how to report issues and concerns. Monthly meetings are held with the DCCS Safeguarding Lead/ Adviser. Focus on Apprentices.



THE CITY OF LONDON POLICE

EVIDENCE

There have been several *Operation Makesafe* deployments across the City of London designed to test the response of hotels to possible child sexual exploitation and educate them as how to best respond to protect children and young people. The CoLP Public Protection Unit have benefited by the recruitment of an experienced Child Protection Detective Inspector and have created a further Detective Sergeants post to assist with partnership working and coordinating safeguarding across the force. The Public Protection Unit has reviewed and improved the processes around Child Sexual Abuse Material (CSAM) Investigations ensuring compliance with national best practice and welfare support for investigating officers.

EVIDENCE

A recruitment process was held for a new Detective Inspector in the Public Protection Unit. This was extremely competitive, and a new appointment was successful. The post-holder brings a wealth of experience with him as he was previously a DI in a child abuse team. The force is subject to a HMICFRS inspection and as part of this, a review of the PPU was conducted including Child Abuse Investigation and the management of Registered Sex Offenders. Once the feedback is received the CHSCP will be updated in respect relevant findings.





IMPACT

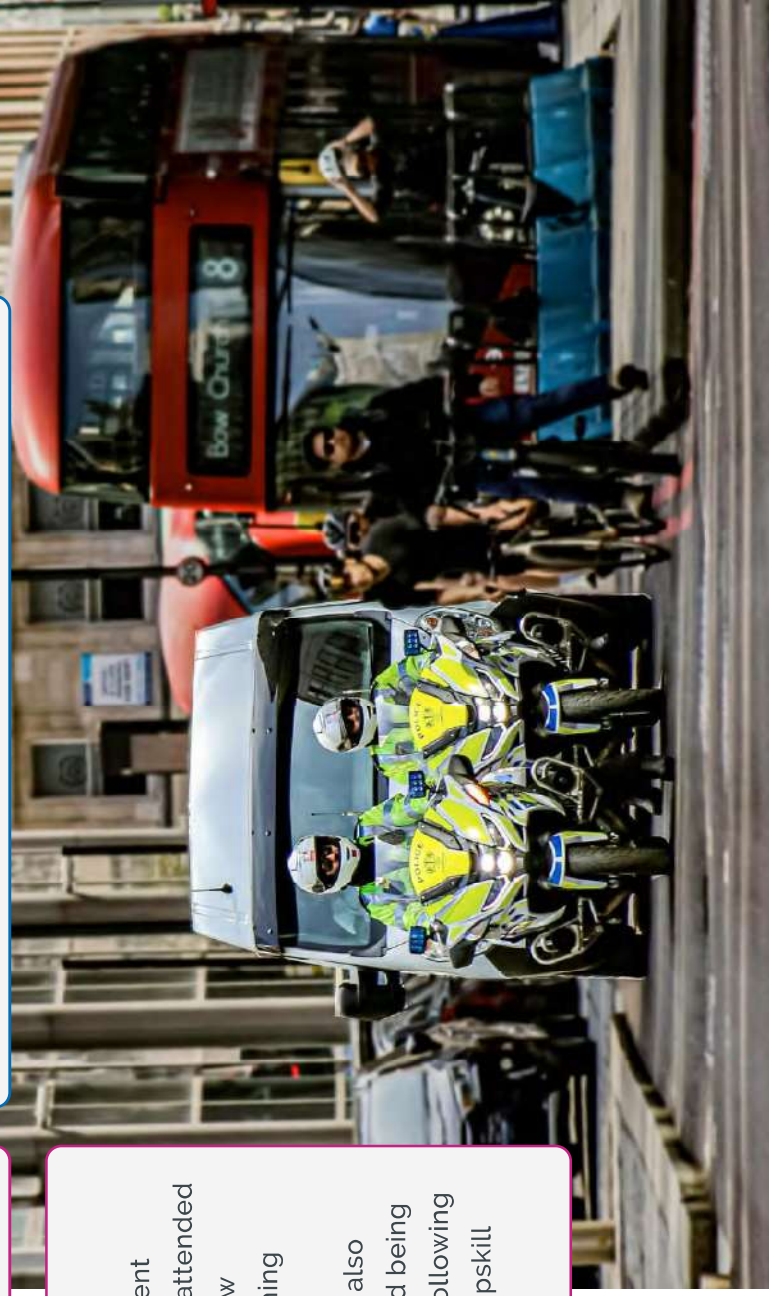
CASE STUDY 1: PPU have an ongoing case where a young female travelled into the City with a friend and was able to get served alcohol in a licensed premises. She became intoxicated, separated from her friend and was then befriended by a male who subsequently seriously sexually assaulted her. She had no memory of the assault. Detailed forensic work has identified the offender, and he has subsequently been charged. Alongside this, colleagues in licencing are now seeking to prosecute the licenced premise that served the victim alcohol.

IMPACT

Further engagement work was completed by CoLP during the recent County Lines Intensification Week (CLIW) which included Officers attended high-end retailers within the Square Mile to raise awareness of how children exposed to CSE may be bought gifts as part of the grooming process into County Lines. This was also well received and further education was requested. During CLIW, six hotels in the City were also tested. Only one hotel passed by appropriately dealing with a child being checked in with an adult that appeared to be unknown to them. Following this, education pieces will be rolled out to hotel management to upskill staff to spot signs and disrupt where possible.

LEARNING

The CoLP have requested that the Vulnerability Knowledge and Practice Programme (VKPP) come and perform an inspection of how the force deals with vulnerability in children and young people. The VKPP is part of the College of Policing which sets out best practice nationally. The review was not requested as the result of any incident or organisational failure but rather as an opportunity to obtain feedback and seek to improve.





HACKNEY COUNCIL - CHILDREN & FAMILIES SERVICES

EVIDENCE

The most recent inspection of children's services in Hackney was published in August 2024. This graded the overall effectiveness of the Local Authority as Good. The report can be read [HERE](#).

Inspectors said: "Support for vulnerable children and their families has greatly improved since the last inspection of children's services in 2019. These improvements have been made despite a particularly challenging period for the council. A criminal cyber-attack in 2020 had a huge impact on the council's ability to manage its services. The lingering post-pandemic legacy of COVID-19 disproportionately affected the borough's higher numbers of Black and global majority residents and staff. Community tensions, at international and national levels and closer to home with the unjust treatment of Child Q, as identified by the local safeguarding practice review and the Independent Office for Police Conduct, amplified a distrust of professionals for many in the community. Professional and political leaders have responded successfully to these challenges, prioritising children's needs, increasing engagement with all Hackney communities, including the large Charedi community, strengthening strategic partnerships and significantly improving children's services. Inspectors saw the authority's aspirations and found effective work across most of its service areas. However, there is still more to do to strengthen the consistency of support to care leavers and to secure good-quality and stable accommodation for them at the time they need it." **Ofsted 2024**

Inspection of Hackney local authority children's services

Inspection dates: 1 July 2024 to 12 July 2024
Lead Inspector: Margaret Burke, His Majesty's Inspector

Judgement	Grade
The impact of leavers on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of leavers	Good
Overall effectiveness	Good

Support for vulnerable children and their families has greatly improved since the last inspection of children's services in 2019. These improvements have been made despite a particularly challenging period for the council. A criminal cyber-attack in 2020 had a huge impact on the council's ability to manage its services. The lingering post-pandemic legacy of COVID-19 disproportionately affected the borough's higher numbers of Black and global majority residents and staff. Community tensions, at international and national levels and closer to home with the unjust treatment of Child Q as identified by the local safeguarding practice review and the Independent Office for Police Conduct, amplified a distrust of professionals for many in the community.

Professional and political leaders have responded successfully to these challenges, prioritising children's needs, increasing engagement with all Hackney communities, including the large Charedi community, strengthening strategic partnerships and significantly improving children's services. Inspectors saw the authority's aspirations and found effective work across most of its service areas. However, there is still more to do to strengthen the consistency of support to care leavers and to secure good-quality and stable accommodation for them at the time they need it."



EVIDENCE AND IMPACT

The restructure of the management levels within Children's Social Care concluded in January 2025. The restructure has simplified the service structure, providing clearer management structure and lines of accountability. The new structure includes a move away from the unit model towards a traditional social work team model, with Consultant Social Workers and Practice Development Managers have been replaced by Team Managers and Practice Leads. Separate to the management review - the Multi Agency Safeguarding Hub (MASH) completed a staffing review in the spring of 2025. The MASH has aligned its management structure with the wider CFS, incorporated EDT line management to the structure, and ensured permanency for the MASH Early Help Hub.

Our in-house Clinical Service is undergoing a restructure. The clinical restructure has meant we are no longer delivering clinical interventions that would elsewhere be the responsibility of CAMHS. There is also a Business Support Review which was launched in July 2025, which is looking at the structure of our business support functions. Furthermore, the Young Hackney service has undergone a restructure. The Young Hackney restructure has refocused the age profile of those supported by the service towards adolescents aged 10 – 19 and developed a locality model on a smaller defined geography, including 4 area teams. Further organisational change is likely to occur in areas such as the Family Support Service as the Directorate responds to the Social Care Reforms.

EVIDENCE

Plans are underway to open internal Children's Homes, to promote Children in Care living within our borough. Feedback from the pre-planning application has been received, and planning applications are set to be submitted. A new Commissioning Officer has started as Project Manager adding additional capacity and expertise to drive the programme forward. Work to recruit young people to co-produce the final design and finish of the buildings, as well as procure the expert service partner to run the homes and support commissioners to monitor the quality of the homes when they are set up, is underway.

LEARNING

Learning Conversations: *Between February and April 2025*, a total of 15 learning conversations were carried out on children's files. These conversations focused on Parental Mental Health. 53% of cases were rated as being good, 40%, were found to require improvement, and 1.7% judged to be inadequate. Good practice included inclusion and promotion of children's voices in their plans, good plan progression, good multi agency support for children, good management oversight for children supported by legal proceedings, Looked After Child and Child Protection plans, and good curiosity around children's identity needs.



LEARNING AND IMPACT

Practice Observation Week. In June 2025, Hackney CFS launched a Practice Observation Week, where leaders including Team Managers, Service Managers, Heads of Service, the Director and Group Director completed observations of direct practice. The purpose of this was to provide feedback to practitioners on their practice and to enable managers to experience the quality of practice across our services to children and their families. Highlights included:

One observer felt that the social worker 'clearly demonstrated an effective use of communication with the child. He was curious about what they had said and their experience, including of having multiple social workers come into their life. He was able to take time to explore what they thought about the situation and what might make things better for their family'.

One observer commented on swift MASH procedures, 'the decision making is very effective and timely - following the conclusion of the telephone call - [the social worker] is recording and processing the information without delay - and a MASH manager is subsequently making the decision to progress the contact for assessment. The whole process is concluded within 45 minutes of the call coming through'.

Observing a Young Carers Group, the observer commented that 'the voices of all young people are being heard within session, the communication helps to facilitate learning. The views and suggestions are taken on board. The young people expressed how much they enjoyed being part of this group and the positive experiences that they have had at the Young Carers'.

One family shared that the social worker 'genuinely listens which is helpful, they haven't always felt listened to by social workers but do with [the social worker]', and another stating the social worker has 'consistently been efficient, communicative, and very easy to work with. Her dedication and professionalism have been evident throughout, and we are genuinely grateful for her continued support over the years.'



IMPACT

A parent or carer working with the Family Support Service shared: *"I really want to say a huge thank you for all the support and guidance you've given me. Your help has made such a difference in getting [Child] back on track and I feel so much more confident as a parent because of you".*

A parent or carer working with Young Hackney shared: *"Thank you so much for your work with [Child], it has made a huge difference and you have helped them through a very difficult time and they have come out confident and happy on the other side".*

A parent or carer working with the Multi-Agency Safeguarding Hub shared: *"Your kindness, expertise and sensitivity...made a huge difference to my wellbeing".*

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CHALLENGES

Financial Pressures: In Hackney, we are facing ongoing pressures of service demand and tightening of funding. This is due to increasing costs, growing demand and a lack of clarity about long-term funding arrangements. As a council, we have to save £52m over the next 3 years. Therefore, there will be an action plan to reduce expenditure within each Directorate. Due to this, the provisions currently on offer will be under review, and future provisions may change.

As the cost-of-living crisis continues, Hackney families continue to face poverty, homelessness and hunger. Thus, supporting families with the cost of living at the earliest stage possible is of key importance. Hackney Council are undertaking a range of activity in response to this crisis, including the adoption of the Poverty Reduction Strategy 2022-2026.

Workforce: Nationally there continues to be high staff turnover, and challenges in recruiting and retaining social workers, resulting in high caseloads. Where we have recruited staff, they may be less experienced and require increased support from managers to ensure high-quality practice. We have implemented several incentives to recruit and retain staff.

Care Leaver Accommodation: During our 2024 inspection, the key message once again from our young people, echoed by inspectors, was that for care leavers, access to safe, affordable, sustainable housing is their number one priority. We have established a sub-group of the Corporate Parenting

Board, Chaired by the Group Director for Climate, Homes and Economy, to track the progress and monitor outcomes of this work over the next year. The most significant development has been the decision - endorsed by Cabinet - that the Housing Register would be amended from April 2024 to enable care leavers to join in a priority band from 18. Work is underway to support all care leavers who wish to do so to join the register. Housing colleagues have backdated all existing application start dates for care leavers to their 18th birthdays. We hope in time that this will mean fewer care leavers experience a 'cliff edge' in their housing options at 21 and more are able to secure social housing tenancies - should they wish to do so - in a timely way.

We were delighted to secure Department for Levelling Up, Housing and Communities' funding early this year for a Housing First project, through which 10 care leavers with the most complex needs will be offered a tenancy alongside intensive, wrap-around support from Centre Point. Through this joint Children's Social Care and Housing project, we hope to learn more about how best to offer post tenancy support to our care leavers. This learning will inform an update of our Joint Protocol, which will include a new focus on post tenancy support, including repairs and maintenance.



HACKNEY EDUCATION

EVIDENCE

Hackney Education's mission is to improve the life chances of every child in Hackney by creating a safe, inclusive, and exciting educational environment. The organisation is aligned with Hackney Council's corporate values, these are: child and learner focused, ambitious, proactive, inclusive, pioneering, open, and proud. These values guide the organisation's approach to its objectives. A significant focus of Hackney Education's Improvement plan is safeguarding children and addressing systemic racism. Priority (A) is dedicated to ensuring that all schools are, and feel, completely safe and free from racism, building on the report into the experience of "Child Q". Key initiatives include:

- Introducing a "Hackney safe and inclusive schools charter".
- Taking rapid action on the presence of police in schools..
- Sustaining action on anti-racism and providing professional development for staff to be anti-racist.
- Ensuring the voices of children, parents, and staff are heard.

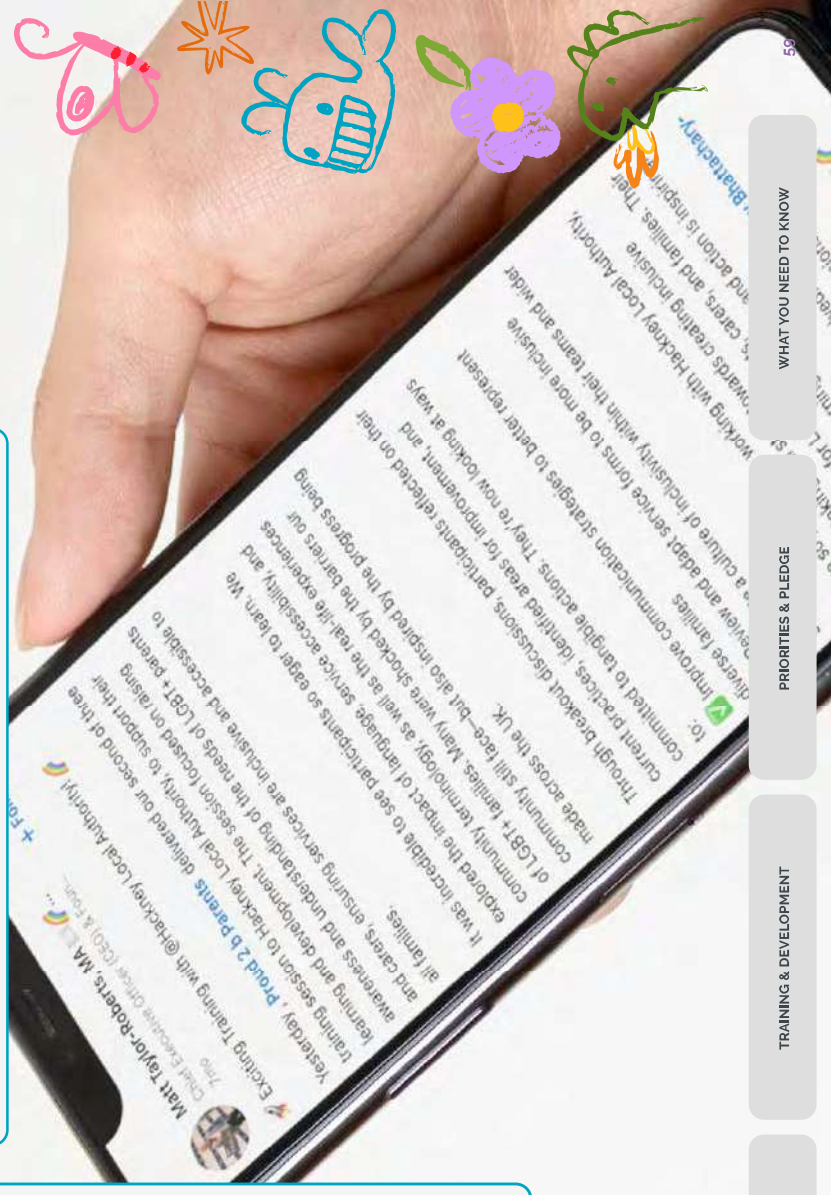
EVIDENCE AND IMPROVEMENT

During this reporting period, Hackney Education had five main priorities:

- **Priority 1:** Achievement: Working with schools and settings to enable the best possible achievement for every child, with a focus on closing achievement gaps for pupils receiving pupil premium, Turkish Kurdish Cypriot pupils, Caribbean pupils (boys), and Orthodox Jewish pupils.
 - **Priority 2:** Wellbeing and Inclusion: Promoting safeguarding, wellbeing, and inclusion, including provision for children with Special Educational Needs and Disabilities (SEND), reducing exclusions, anti-racism, and post-COVID recovery.
- Page 267**
- **Priority 3:** Quality Places: Providing quality educational places for every child from age 0 to 19, including implementing a school place strategy and transforming children's centres.
 - **Priority 4:** Strong and Sustainable System: Ensuring the Hackney education system remains strong, sustainable, local, and responsive to enable high performance in all schools and settings.
 - **Priority 5:** Supporting Parents: Supporting and engaging parents and carers by ensuring their voices are heard and providing support routes for those experiencing difficulties.

Page 267

Children and Family Hubs have moved to a neighbourhood model, based on eight primary care neighbourhoods aligned with Children's Centres. SEND Hubs, Super Youth Hubs, Child in Need teams and Family Support teams will also be aligned according to this neighbourhood model. After the final Children and Family Hub was launched at Woodberry Down on 27 February 2025, new programmes have been commissioned, including the WellComm Tool, Proud to B Parents Training, and an Outreach Strategy with HCVS.





EVIDENCE AND IMPROVEMENT

Improving school attendance is a priority nationally in education, and Hackney has developed a School Attendance Support Team to respond to the barriers to education that schools and families are experiencing.

As part of this work, we have extended our offer beyond maintained and academised schools, to include the Charedi independent schools operating in Hackney. These schools serve children who identify as Charedi in Hackney, which is a rapidly growing percentage of our overall school-aged population. The work has focused on developing a culturally informed programme of support, and forming positive relationships through which we can jointly leverage change and positive impact for the children we serve. Hackney Education has one attendance officer dedicated to supporting just our Charedi schools and around attendance barriers, the consistency of which has really helped to strengthen the relationship and quality of the work undertaken.

We have provided ongoing training to education professionals in the Charedi community that is accessible and culturally informed (for instance, we run face to face sessions as well as online sessions, and

attendees can choose between sessions run by either a male colleague or a female one). In order to demonstrate our commitment to understanding and serving our Charedi independent schools, we have broadened our attendance training offer to include all Charedi independent schools in the UK. We have welcomed Charedi education colleagues from Manchester, Salford and Gateshead into our Hackney-based training sessions. One session which we ran online was attended by 86 rabbis. We continue to offer guidance and oversight around attendance policies and approaches and are working with around 70% of our Charedi independent schools, and we look forward to developing this work further and with more settings in the new academic year.





EVIDENCE AND IMPACT

- To help children and families cope with the cost-of-living crisis, the following support is available.
- Free school meals: All children starting school in the reception class, Year 1, or Year 2 will get a free meal at school regardless of income.
- Children and families 0-19: Children receiving free school meals or those identified by local providers in the statutory, voluntary and community sector or Children's Centres (including the Orthodox Jewish community) and in local colleges have been provided with food vouchers. School uniform grants are also available from Hackney Education for families who are struggling to afford this.
- Hackney provides funded 2 year nursery places, now open to families with no recourse to public funds.
- Early Help hub and Multi-Agency Safeguarding hub: Families contacting the Early Help hub or professionals making contact on the MASH consultation line on behalf of families in crisis may be referred to community support, including children's centres, youth hubs or community partners, and families may be provided with food vouchers in an emergency.
- Children and families hubs: Families receiving targeted support via the Multi-agency teams (MAT) receive food vouchers, and all other families who are eligible can access Healthy Start vouchers and Alexander Rose vouchers, redeemable for fruit and veg from Hackney markets.
- Youth hubs and adventure playgrounds/ holiday activities: Free after school and holiday activities are provided to families via youth hubs and adventure playgrounds.
- Voluntary and community sector support for under 5's: Voluntary and community groups who support families in need across the borough have been provided with funds to purchase food vouchers to distribute, and a number of these are accepting referrals from other VCS groups.
- Emergency funds remaining for children in need: emergency funding for food vouchers has been identified to support care leavers, families supported by Child in Need, Child Protection and Family Support plans, and in-house foster carers.
- Section 17 Finance Guidance for CFS Staff: A guidance document produced to assist practitioners in the work they do with and for families when children's identified needs require the provision of financial assistance.





IMPACT

This year also saw 100% of our schools and children's centres receive good or better Ofsted judgements in all of the graded areas of inspection.



Page 270 CHALLENGES

It has been a challenging year for many of our communities facing the pressure of their schools due to declining pupil numbers. Particularly, it has been painful to see the closure of four wonderful schools who have provided the best possible education for their families: We thank and recognise the staff leaving the following schools which are closing at the end of the academic year 2025.

- Oldhill Community School (whose pupil body is merging with Harrington Hill School)
- St Dominic's RC Primary School
- St Mary's C of E School
- Sir Thomas Abney Primary School (whose pupil body is merging with Holmleigh School and will be located on the Sir Thomas Abney site)

CHALLENGES

A consultation on the Strategic Plan for 25-28 began in the Autumn of 2024. In order to tackle some of these challenges, several key priorities were identified. These were:

Special Educational Needs and Disabilities (SEND) and

inclusion: Ensuring efficient and sustainable SEND provision, early identification of needs, and timely support.

Additional and Alternative Learning Provision: Developing a three-tiered support model to promote inclusion, reduce exclusions, and ensure appropriate interventions.

Strength and sustainability: Ensuring schools, children's centers, and settings are strong, sustainable, and financially viable, with a focus on recruitment and retention of staff.

Sustainable school improvement: Delivering a successful, affordable, and sustainable local education system by promoting collaboration, sharing best practices, and supporting innovation.

Equity for children and families: Working to achieve the best outcomes for all children, particularly focusing on ensuring equitable opportunities and targeted support for those who need it most to thrive.

Outreach and engagement activities will continue into the 25/26 period.

YOUNG HACKNEY

EVIDENCE

Young Hackney successfully re-structured in 2024 in response to local savings targets. The new iteration of the service went live in April 2025. The integrated model and approach to service delivery largely remains the same and there have been no changes to play, young carers, health and wellbeing and substance misuse services. However, the service is now operating with a more streamlined and targeted capacity and is focusing the Young Hackney offer at adolescents more specifically. Key changes include; a revised aged criteria for universal youth services and targeted early help of 10-19 (25 with SEND), the introduction of a medium/high early help need threshold for individual targeted early help, earlier and longer opening hours for teenagers at our youth hubs and the establishment of a dedicated Young Hackney Detached Outreach Team.

Since the re-structure Young Hackney has started to receive fewer 'Requests for Help'; this is consistent with expectations as the service manages demand under new arrangements, however patterns regarding type of need, referral source and interventions offered remain consistent.

Health Spot City and Hackney at Forest Road Youth Hub- the young people's health initiative led by the CAMHS Alliance and Young Hackney that brings a broad range of health services to young people and supports access with youth workers continues to grow and develop.

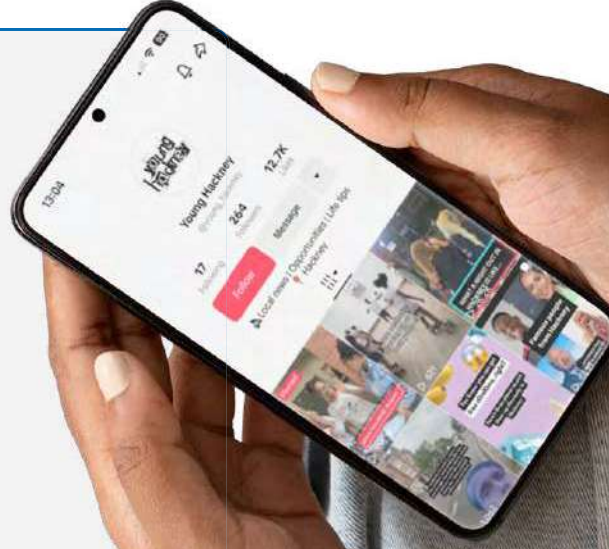


LEARNING

Young Hackney is refreshing some foundational training for its staff and beginning to expand this offer to commissioned VCS youth providers with a first cohort of practitioners recently completing 'An Introduction to Systemic Practice' and Trauma Informed Care training with the Tavistock and Portman NHS and second cohort pending.

EVIDENCE AND IMPROVEMENT

Young Hackney is now on TikTok: @young_hackney. Early indications suggest the social media platform will offer a significantly broader digital communication reach for the service to young people.



IMPACT

Referred by school to Young Hackney's Young Carers Service in December 2024, Mum has Type 1 Diabetes and her health had deteriorated in recent years resulting in a period of hospitalisation. IS-L was providing practical, personal and emotional care for mum. School were concerned about the impact IS-L's caring responsibilities were having on his emotional wellbeing and difficulties in school. The family were isolated, both mum and IS-L had little support beyond each other. The YH Young Carers Team quickly engaged the family, forming strong relationships with both IS-L and his mum. IS-L was offered six individual support sessions and access to a range of activities for young carers. Mum was anxious about IS-L leaving the home and engaging in extracurricular activities but was reassured with support to allow IS-L to start attending young carers swimming lessons which eventually lead to mum attending her own fitness classes on the same site. Soon the family were taking part in a range of leisure and fitness activities independently and together helping to address their isolation and mum's health needs.

During the course of the intervention IS-L disclosed experiences of racism in school by a teacher. The Young Carers Team addressed this with school who responded appropriately. IS-L and Mum reported a significant change in IS-L's experience in school thereafter. Mum is better managing her health needs now, her independence and confidence is returning and IS-L's caring responsibilities have become more manageable. Mum said 'The service has helped us in many ways. I feel like it's an extended family that I can rely on. With so much support it's brought balance and security... After the 1:1 sessions IS-L comes back feeling 'full', it's like a reset for him'...It's provided hope of getting back to normal'



IMPACT

A young person was referred to Young Hackney for Targeted Early Help by the police via the MASH in February 2025 following a missing episode after getting in trouble at school. At the point of referral parents also shared concerns that they had found a knife under the young person's pillow, and that the young person was worried that peers had threatened to attack them in their home. Whilst doing academically well, the young person experienced bullying and had no friends.

The allocated Young Hackney worker formed a trusted relationship with both the young person and family and quickly hypothesised that they may have an undiagnosed/ unmet learning need that was affecting social skills, interactions and experiences. This was a very sensitive matter for the young person and family who were reluctant to engage in this discussion. The Young Hackney worker tactfully addressed the matter enabling the family to eventually disclose that the young person has a lifelong neurological condition that would explain their difficulties. Due to mistrust, the family had never wanted to share this diagnosis with school or other professionals, had been managing this on their own for most of their child's life and they thought that because they were doing well academically, their condition was not the cause of her current difficulties. The Young Hackney worker helped the family to understand the impact of the condition on social skills and relationships and with reassurance they consented to this information being shared with a trusted adult in school so that the appropriate support could be put in place. The school was supportive and despite there still being some difficulties the family have reported significant improvements in circumstances.

CHALLENGES

Young Hackney has been through considerable change this year, there may be challenges as these changes continue to take effect and we begin to see possible consequences- managing demand for individual targeted early help or school-based interventions for example. It will be important that we continue to work closely with partners- particularly school and health and the MASH to collaboratively meet early help need.

HACKNEY YOUTH JUSTICE SERVICE

EVIDENCE

The new [2025-2028 Youth Justice Service Strategic Partnership Plan](#) was approved by Full Council in July 2025, as required as a condition of our YJB grant. To develop the Youth Justice plan 2025-28 the Safer Young Hackney Board came together in a facilitated workshop to consider our local performance data, the outcomes we achieve for children, the challenges we are now facing, feedback from children and families and the progress made. Collectively the Board agreed our shared practice principles and approaches and the shared key objectives for the next three years.

The plan outlines Hackney's partnership vision for children who are engaged with, or at risk of entering the Youth Justice System. It emphasises safeguarding, prevention, early intervention, and responding to local needs. It highlights the partnership's shared commitment to a "child first" and strength-based approach which is aligned with our Hackney STAR-R model (Systemic, Trauma Informed, Anti Racist and Restorative). The document includes the partnership's anti-racism position statement, acknowledging systemic racism and committing to practice which is anti-racist and actively champions social justice.

EVIDENCE AND IMPROVEMENT

Safer Young Hackney Board continues to be well attended and effective.

The Youth Justice Integrated Health Team (Health Huddle) continues to be embedded as part of the Hackney Youth Justice Service. This health team includes the Youth Justice Service Lead Nurse, Speech and Language Therapy Service, Clinical Team, Specialist CAMHS, Substance Misuse Service, and Sexual Health Nursing Service.

Our SALT team have been commended for their work in court with positive feedback from magistrates, defence solicitors and parents.

ETE - Recruitment for an additional Virtual School member to support children on both Out of Court Disposals and Bail Support is now complete - This was required as an outcome of inspection.

P&D/ MPS Stop & Search information initiative (QR code) with a video developed by young people which brought the information to life.





IMPACT

Parent: *Felt fully involved in her child's YJS work noting her child was "challenged" by his YJS practitioner in a way that prompted her to reassess her parenting and professional interactions. The parent noted that the YJS involvement was the most positive event for her child and their family.*

Child: *Practitioner, "if it wasn't for you I would not have gone back to school, I mean that. You have helped me more than I even thought you would, when nobody was listening and even my own family didn't believe what I was saying, you believed me. I'm in a different place now and I'm moving on with my life."*
(Prevention & Diversion Team Feedback).

Victim: *"You're the first person to reach out to me since the incident happened 4 years ago, and I truly appreciate you checking in and updating me on the progress of the court case. You took the time to listen to me, which really meant a lot, and you made sure I knew what support was available. Without your contact I would have missed the chance to have my voice heard in Court and the opportunity to attend. Thank you for making sure I didn't go through this alone."*

Child: *"Victim awareness sessions went very well, she (RJ Worker) was easy to speak to and I was able to see myself like I have never done before, to be more open minded and reflective. I was able to put myself in the shoes of the victim, realise the impact of doing so and what could have gone wrong or even worse if the scenario was different."*

CHALLENGES

Challenge regarding the quality of the secure estate - An urgent notification was issued for Oak Hill on 31 July 2025, following a failed inspection. Oak Hill management and staff are currently developing an action plan to address the issues. Options for relocating children from Oak Hill are severely limited. Hackney's YJS has therefore increased contact with Hackney children who are either current or recent residents of Oak Hill. Of note, whilst Oak Hill has its issues, the "lived experience" of children there is generally not as poor as that of children in Feltham Young Offender Institution (YOI), where feedback on safety and staff access is universally negative, despite Feltham not being subject to an urgent notification.

Discussions are underway with ELFT about how to better engage CAMHS practitioners in Hackney's Prevent/Channel processes. Furthermore, there remains a degree of uncertainty regarding the MPS reorganisation and the implications this will have on Youth Justice police officers & MASH.





HACKNEY HOUSING

EVIDENCE

In 2024-25, Hackney's housing strategy focused on creating genuinely affordable homes and improving housing services, though affordability remained a major challenge, with a housing strategy position statement approved in December 2024 and a new 5-year plan expected in late 2025. Key initiatives included building 1,000 new council homes and implementing schemes like Hackney Living Rent to offer homes below market rates. The borough also saw rising private rents and a growing housing register, with ongoing efforts to improve standards in the private rental sector and enhance safety compliance in council housing.

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EVIDENCE

The Housing service continues to operate in a challenging borough context. As of June 2024, the average house price in Hackney was £590,000, which is 18.5 times the average household income of £31,580. Private rents increased to an average of £2,361 per month in July 2024. There are 8,500 households on the Council's housing register and 3,400 homeless households are in temporary accommodation. Approximately 4,000 children were living in temporary accommodation. The Council has a significant challenge with the supply of social housing, with only 570 lets available between April 2022 and March 2023. Hackney is experiencing a significant increase in homelessness, with an 8% increase in temporary accommodation required year on year.

IMPROVEMENT

The Council has implemented a housing improvement plan to address issues around mould and dampness. The plan focuses on four key themes: response to regulation, workforce development, resident focus, and systems and data. A full stock condition survey is underway to identify issues and this information will be used to create an updated asset management strategy.

CHALLENGES

While Hackney has made notable progress in its 2024-25 housing strategy, significant challenges persist, particularly concerning affordability and supply. The Council's proactive measures, such as the commitment to deliver 1,000 new social rent homes and the implementation of a Housing Improvement Plan, demonstrate a clear focus on enhancing both the quantity and quality of housing. Moving forward, the forthcoming 5-year housing strategy in 2025 will be critical in consolidating these efforts and building upon the foundation laid by the 2024-25 position statement to create a more equitable and sustainable housing future for all Hackney residents.





THE METROPOLITAN POLICE SERVICE

EVIDENCE AND LEARNING

The MPS is no longer in ENGAGE phase as specific causes of concerns have been addressed. This is positive. In June 2023, the Mayor's Office for Policing and Crime in London commissioned HMICFRS to inspect how well the Metropolitan Police Service handled the sexual and criminal exploitation of children. HMICFRS carried out the inspection in September 2023 and issued three causes of concern and made 11 recommendations.

The causes of concern were as follows:

- **The force needs to improve how it identifies and assesses risks, and how it responds, when children are reported missing.**
- **The force should improve its investigations when children are at risk of, or harmed by, criminal or sexual exploitation.**

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The force needs to make sure its officers and staff, at all ranks and grades, understand what victim blaming is and how it affects the service they provide.

HMICFRS revisited the force between 30 September and 18 October 2024 to review its progress and found:

- **Senior leadership response to above issues had been positive and the cause for concerns were closed.**
- **The MPS children's strategy sets out the commissioner's ambition to adopt a child first approach.**
- **Through renewed focus on child exploitation, its links to missing children and the language officers and staff use has made positive progress.**
- **The changes (policy/guidance, training, uplift in officers) introduced by the MPS are also providing better outcomes for children in London.**





EVIDENCE

The Central East BCU received an uplift in officers during the reporting period to support Public Protection investigations. The officers arrived on BCU came with diverse range of policing experiences and added value. Our teams continue to provide business as usual in the areas of child safeguarding. Going forward the MPS like many partner organisations will face financial challenges and will need to make tough choices. Tough choices work is underway across the organisation.

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IMPROVEMENT

More children reported missing:

MPS has improved its policy and guidance and provided additional training including best way to improve its practice when children are reported missing.

- Saw an improvement in MPS's response when children are reported missing.
- MPS is better at planning for when children at risk of exploitation are reported missing and will strive to get better.
- MPS uses innovative methods to help find children.
- MPS has better oversight when children are reported missing.
- The MPS has improved how it shares information with its partners.

IMPROVEMENT

Child Exploitation:

- MPS is focusing more on safeguarding children.
- Tackling exploitation of children is a higher priority.
- More investigators have been trained in child exploitation.
- Number of officers working in exploitation teams has increased.
- More frontline officers and staff have been trained in child exploitation.
- Fewer delays in starting investigations.

IMPROVEMENT

Victim Blaming Language

- MPS has carried out substantial work to try and stop victim blaming language
- MPS encourages its officers and staff to challenge victim blaming language
- Most officers and staff recognise victim blaming language and understand its negative effect





EVIDENCE, LEARNING, IMPROVEMENT

On 26 September 2024, the MPS launched its new Children's Strategy to keep children in London safe, build their trust and bring to justice those who abuse and exploit children. This is a 5 year strategy. Around 2 million children live in London and the policing challenges they present are wide ranging from exploitation, to growing up among domestic abuse, to child abuse to a child carrying a knife. In 2023, there were approximately 61,000 child victims of crime and 51,000 children who were suspected of committing a crime.

Child first is an approach that has been developed using evidence of what works to reduce children engaging in criminal behaviour, achieving positive outcomes and create safer communities. Child first recognises that children are different to adults, they have different needs and vulnerabilities. Child first seeks to treat children as individuals and for professionals to understand the wider context of their lives. Child first ensures that work with children acknowledges their status as a child rather than treating them as adults.

What Child First Means for policing

- Those below 18 should be treated as children first.
- The vulnerability of children should be identified and responded to effectively in order to protect them from harm.
- Full understanding of children's circumstances should be sought.
- Every interaction is both an intervention and an opportunity. This is an opportunity to enhance relationships.
- The voice of children must be heard and their opinions respected.





EVIDENCE

While not formally evaluated, collaboration between Safer Neighbourhood Teams and schools has established 'safer corridors' and adjusted school detention times to protect children from becoming victims of crime on their way home.

IMPACT

CASE STUDY 1: Six children obtained ABH level injuries whilst in a nursery and an employee was witnessed to have assaulted babies on two occasions. These concerns were shared with police via NHS colleagues post attendance at hospital. An urgent referral resulted in joint working with LADO, OFSTED as well as statutory partners to plan investigation. This resulted in OFSTED suspending the licence to provide nursery provision. Communication took place with parents which resulted in multiple parents coming forward with concerns. Joint working and cooperation with parents and a child centred investigation resulted in the obtaining of witness testimonies. Post evidence being secured, police focused on enforcement, resulting in the arrest and interview of two persons who have now been charged with multiple offences (cruelty and neglect). A trial date is set for 2027.

CHALLENGES

The MPS faces a £260 million budget deficit. This is a significant challenge for our organisation. To reduce the funding gap, work has been completed to make savings. Despite this the MPS needs to make 'tough choices'. This in essence means that our workforce size will shrink to match our budget. In total, the size of our workforce will be reducing by c1700 and majority of this will be officer numbers. Finer detail is being worked on and we will know the detail and impact in due course.



NHS NORTH EAST LONDON INTEGRATED CARE BOARD

EVIDENCE, LEARNING AND IMPACT

Hackney Trauma Informed Multi-Agency Practice: Responding to Child Victims of Domestic Abuse: A Partnership Steering Group was established to review and identify good practice already happening within services across the partnership, and to develop a whole-system trauma informed response across universal and targeted services to child victims of domestic abuse. A Guidance Doc for Trauma Informed Support for Children and Young People was developed which provides organisations and professionals with approaches and resources relevant to their agencies to advise and support child victims of domestic abuse.

Sudden Unexpected Death in Infancy (SUDI): Work has continued following the SUDI Conference in March 2024 utilising a NEL wide approach to review and focus on SUDI reduction. This work is ongoing and involves a number of key partners and CDOP colleagues to engage in quality improvement work with identification of key data interrogation.

The Tree of Life: For the past three years, the Tree of Life in Schools Programme in City and Hackney has been providing African, Caribbean, and mixed heritage young people with a unique form of culturally attuned mental health support in collaborative partnership between local schools, NHS Mental Health Support Teams, and voluntary sector organisations. Partners included Child and Adolescent Mental Health Services (CAMHS) East London NHS Foundation Trust, Hackney CVS, NHS North East London ICB, Wellbeing and Mental Health in Schools Service (WAMHS), Hackney Council and the City of London Corporation.

City and Hackney Childhood Adversity, Trauma and Resilience Programme (ChATR): ACEs and Trauma-informed Practice Training is now available on the City and Hackney Children Safeguarding Partnership (CHSCP) Training Platform. In collaboration with the Trauma Services Lead at Tavistock & Portman FT, a Train the Trainer model for training of facilitators was developed to deliver the ChATR ACEs & TIP Training. The [ChATR Online Resource Portal](#) has been relaunched to align it with the ACEs and TIP Training. The ChATR portal includes a range of practice tools, academic research and video resources.

The Named GP in City and Hackney: Has effectively supported and represented GPs at partnership and strategic events. This has included GP participation in multi-agency audits, rapid reviews, safeguarding partnership meetings and the Child Death Overview Process (CDOP). This allows a GP voice to scrutinise local child deaths and identify system gaps for improvement in general practice. Over 150 GPs, practice nurses, and physician assistants have received level 3 safeguarding training, with over 80% of attendees rating the content as very useful and relevant. Participants praised the engaging presentations, with real-life scenarios and Mentimeter interactivity. Additionally, reflective safeguarding sessions have been well attended by GP safeguarding leads, providing opportunities increased training and opening channels for feedback directly into the partnership from GP's.



CHALLENGES

The **national reconfiguration** of ICBs will mean challenge in meeting the required 50% reduction in operating costs. Whilst the statutory requirements for safeguarding will need to be met it is currently unclear what this will look like locally.

Identification and Referral to Improve Safety (IRIS)

- Public health have withdrawn 50k of funding as part of cost saving and the service cannot continue on a reduced financial envelope. NHS NEL ICB have provided extra financial funding to continue the service for another year. Alternative funding / options being explored. IRIS has been running in C&H since 2007.

HOMERTON HEALTHCARE NHS FOUNDATION TRUST

EVIDENCE

Overall, there has been no reduction in the growth of the contemporary safeguarding children's agenda which the Homerton has had to respond to. Nevertheless, staff have access to expert safeguarding advice, support, training, and supervision. The Homerton SCT and related staff have continued to contribute to the development and ongoing scrutiny of the multiagency safeguarding arrangements primarily through the work of the CHSCP. Homerton ED continues to see growth in the cohort of vulnerable children with disabilities and additional needs who present in mental health and behavior crisis some require in patient care. This reinforces the need for a paediatric Learning Disability Nurse who can support this vulnerable group of children as well to enable staff to work effectively with these children and their families. There have been ongoing discussions with the commissioners regarding this issue. Recruiting to specialist children posts such as health visiting, paediatric nursing is a challenge locally and nationally.

Overall, whilst innovation and good practice is ongoing, the workforce challenges in specialist children roles persist, there are internal pressures to meet saving targets, continued increases in the safeguarding agenda at a national level (which include the implementation of the Families First Partnership Programme), the unknown must do's from the Children's Wellbeing and Schools Bill, coupled with the changes in NHSE which will impact on the statutory safeguarding responsibilities of ICBs. This means that there are challenging times ahead for provider healthcare organisations.



EVIDENCE AND IMPACT

Enhanced Health Visiting Service (EHVS) is key in the early identification of safeguarding risk and need, particularly among families who may not otherwise be visible to services. As a non-stigmatising, universal service, health visitors uniquely engage with all families with children under five, regardless of explicit health needs. This universal access enables early intervention and the provision of targeted, intensive support to vulnerable families.

EVIDENCE AND IMPACT

WAMHS - An Executive group for WAMHS has been created with the Head of Community CAMHS and Specialist CAMHS, Directors of Education and SEND. To link across Hackney school at strategic joint pathways, role of CAMHS in to safeguard children from increased exclusion and to scrutinise practice and learnings from exclusions to change practice. Recent changes to autism and co-occurring ADHD for new referrals using the hub and spoke model, meaning access to diagnosis whilst in treatment, cutting out secondary long wait hopefully eliminating further referrals and distress. This has come about following a QI and pilot project collecting feedback for parent and CYP on the effects of the new model. All resoundingly positive benefits for clinicians too, in terms of ethical practice.

EVIDENCE AND IMPACT

Children Therapy Services - As one of the outcomes from Child V child safeguarding practice review therapists and the Named Professionals are developing resources to identify neglect and the evidence base for non-engagement with health appointments in non-verbal CYP with profound physical disability. Children's OT have made considerable progress in developing and embedding integrated pathways that enhance patient safety and reduce risks for vulnerable children. These have focused on four key areas:

- **Fire Safety Risk Assessment:** A holistic approach has been implemented to balance fire safety legislation with a child's abilities and the risk of absconding, creating safer environments compared to other boroughs that rely heavily on 1:1 care packages through co-production of an updated fire safety risk assessment.
- **Safer Spaces Pathway:** Designed for children with self-harming or challenging behaviours, this pathway ensures MDT collaboration and considers developmental needs, deprivation of liberty, and psychological factors.
- **Reducing Delays in Assessments:** New systems were established to track, assess, and expedite high-risk cases, ensuring timely interventions. A 'fast-track' pathway was co-developed with the LBH Adaptations Team to address urgent cases efficiently.
- **Integrated Problem-Solving:** Monthly risk management meetings have been introduced to ensure collaborative decision-making across health, social care, and housing teams, providing coordinated solutions for complex cases.

These integrated pathways have significantly improved patient safety, with key outcomes such as reduced waiting times for assessments—decreasing from an average of 5.5 weeks to 3 weeks despite an increase in referrals. Additionally, formal complaints have been eliminated in the current period, compared to three in the previous year, further demonstrating the effectiveness of the service.



EVIDENCE

Midwifery – Maternity safeguarding is launching the HOPE Box project. In summer 2025. This work brings together midwifery, social care, health visiting and charity organisations including Birth Companions for an MDT approach in supporting women and families at risk of separation from their babies.

Impact

School Based Health Service – The SBHS continues to offer assessments to all children entering child protection plans, with over 90% of CYP seen. The service has updated the contract variation to clarify responsibilities for children in local authority settings and City and Hackney residents.

EVIDENCE AND IMPACT

Talking Therapies – City and Hackney Talking Therapies is a primary care mental health service delivering short term, mostly Cognitive Behavioural Therapy oriented therapy, to adults with common mental health problems. The service has worked closely relationship with City and Hackney community CAMHS to provide a small bespoke treatment pathway for over 16-year-old patients who CAMHS determine to be suitable for therapeutic interventions. Within the last year an additional treatment pathway that prioritises the assessment and treatment of parents who have a child who is being seen within a CAMHS service. Although cases are small in number, this pathway supports the family unit receiving mental health intervention as they manage their challenging circumstances.

In addition, an internal child safeguarding support role was created which offers specific support to all our clinicians regarding the development of greater confidence in assessing and managing child safeguarding concerns. Such concerns may arise in any communication with a patient, and this role seeks to support staff in sensitively having such conversations with patients and holding more accurate knowledge around the role and function of child social care services. Additionally, from time to time our clinicians are requested to attend various child protection meetings and having this extra specialist support will also advise on the expectations and engagement in such. This role has not been created to replace the function of the SCT who continue to advise our staff on child safeguarding concerns and recommended actions. This new role is primarily intended to provide our staff with skills and knowledge to feel more confident in child safeguarding assessment, and in having accurate child social care information to support such patient conversations.



EVIDENCE AND LEARNING

City & Hackney CAMHS Alliance & Partners Learning Disabilities/Neurodevelopmental Conditions Working Group. Homerton has been part this multi-agency group which is looking at developing joint working approaches to meet the needs of neurodiverse children.

CHALLENGES

CAMHS - Huge financial pressure on the workforce e.g. lack of drawdown of SEND funding from 2024 meaning good staff who were training have left. Pressures from ICB for integration for neuro disability and significant increase in neurodisability and complexity coming into CAMHS.

Closure of Children Social Care CAMHS provision affecting CAMHS case work, meaning changes picked up in Specialist CAMHS and consequently Tier2/getting help increasing complexity and length of time needed for cases to remain open (closure of Quick Steps Autism due to no funding).





EAST LONDON NHS FOUNDATION TRUST

EVIDENCE

ELFT maintains a robust safeguarding governance framework, ensuring effective leadership, accountability, and multi-agency collaboration across all services and boroughs. Safeguarding is a core responsibility embedded at all organisational levels, reflecting the Trust's values. The Trust contributes strategically and operationally through participation in various safeguarding partnership boards, subgroups, and local assurance meetings. This includes engagement in local audits, multi-agency training, and strategic reviews such as Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Domestic Abuse Related Death Reviews (DARDR), Channel Panels, and PREVENT/CONTEST Boards. The Trust Safeguarding Committee meets quarterly to provide challenge and assurance regarding safeguarding arrangements and monitors compliance. Quarterly reports are submitted, providing assurance against responsibilities outlined in CQC Regulation 13, Contractual Safeguarding requirements, the Children Act 1989/2004), and the Care Act 2014.

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EVIDENCE AND IMPROVEMENT

The Trust has implemented an improved reporting process for CSC referrals. From 1 April 2025, all staff are mandated to complete an InPhase incident report form concurrently with any child protection referral to CSC. This measure will enable timely and accurate data capture, effective oversight by the safeguarding team and prompt, effective intervention.

EVIDENCE AND LEARNING

The Trust has demonstrated strong improvement in safeguarding training compliance across both children and adult safeguarding in 2024/25. Level 3 Safeguarding Children training compliance rose to 89%, up from 83% in 2023/24 – a 6.7% increase year-on-year.





EVIDENCE AND IMPACT

Mental Health Support Team and Wellbeing and Mental Health

in Schools: The launch of the Low-Level Concerns guidance was supported through two CAMHS in Schools Forums, where staff explored its application and received input from safeguarding leads across the partnership. We collaborated with Educational Psychology, Public Health, and Hackney Education on responses to school-based trauma, such as sudden deaths and community incidents. We also continue to support suicide prevention through staff training and policy development in schools.

Child A was referred to social care after risk of grooming and county lines emerged. The clinician supported the parent, ensured police involvement, and maintained confidentiality safeguards at school. The child is no longer considered at risk.

Child B came from a previously unknown family of five. The clinician identified safeguarding concerns, made trauma-informed referrals to Early Help and the Children's Centre, enabling broader family support.

Child C, showing extreme aggression, was supported through coordinated agency input (including YOT and social care). A full risk and mental health formulation was documented, supporting a timely response.

Emotional & Behavioural Team (E&B): The E&B team maintains regular safeguarding supervision and utilises MASH and trust safeguarding consultations to inform safe and timely care planning. Weekly MDTs support risk-based decision-making, and a new consultation pilot is helping clarify CAMHS involvement while families await assessment. The team works closely with schools and Local Authority services, referring complex joint CAMHS/CSC cases to the Complex Case Forum and ensuring smooth service transitions.

Case 1: A family with domestic abuse, parental mental health issues, and neurodiverse needs was supported collaboratively by CAMHS and Family Support, with effective TAC coordination leading to improved engagement.

Case 2: After Early Help initially closed a case, a joint MASH referral by CAMHS and school led to reallocation to a senior Early Help social worker. A robust package of support was arranged, and the father expressed gratitude for the collaborative care.

Continued overleaf.



EVIDENCE AND IMPACT CONTINUED

Behaviour Support and Outreach (BS&O): **BS&O's proactive, no-waitlist** model enables swift risk response and family stabilisation. Strong links with MACE, EFRP, MASH, and local authority partners support contextual safeguarding work.

A referral for ADHD assessment led to a broader safeguarding concern being uncovered. MDT discussion led to MASH referral due to serious neglect and physical harm between siblings. All three children were placed on Child Protection Plans. Despite parental criticism over the non-diagnosis of ADHD, the case exemplified strong safeguarding vigilance and thorough clinical assessment

Adolescent Mental Health Team (AMHT): AMHT engages in early consultation with MASH and works jointly with social care, Early Help, education, and other agencies. Clinicians attend multi-agency meetings and reflect on complex cases in MDTs. Joint visits and care planning are common, with attention paid to addressing environmental factors affecting young people's mental health.

Neurodevelopmental Team (NDT): NDT contributes to multi-agency risk and planning forums such as the Dynamic Support Register (DSR) and LDA subgroup, focusing on young people with Learning Disabilities and Autism. Safeguarding consultations are regularly sought, and all cases with risk of admission are reviewed via LAEP meetings to prevent unnecessary inpatient stays. The team also contributes to service improvement work around Fetal Alcohol Spectrum Disorder (FASD), and has responded to a recent Serious Incident with enhanced risk recording and TAC documentation processes.

CHALLENGES

This year, our safeguarding work has reflected a deep commitment to integrated, trauma-informed, and child-centred care, despite the mounting pressures across health, education, and social care. We have responded to complex and evolving risks, strengthened frontline practice, and maintained a focus on vulnerable groups, including those affected by contextual harm, neurodevelopmental needs, and digital exploitation.

Looking ahead, our priorities will include improving the quality and consistency of multi-agency collaboration, especially in the absence of some previously established forums; enhancing digital safeguarding approaches in response to emerging online risks; and supporting workforce capacity in light of system-wide financial pressures. In alignment with City & Hackney's wider priorities, particularly around early intervention, equity of access, and coordinated care, we will continue to drive safe, responsive, and relational safeguarding practice across CAMHS.



CITY & HACKNEY PUBLIC HEALTH

EVIDENCE AND IMPACT

Commissioning - Safeguarding is a standing item on quarterly commissioning focused PHSMT meetings. As part of our contract monitoring responsibilities, risk assessment and safeguarding is an agenda item. Commissioned service providers are required to discuss safeguarding concerns that occurred at each quarter and keep updated records of risk registers.

LEARNING

Training - Children and adult level 1 safeguarding training is now mandatory for all public health staff

EVIDENCE

DAIS - An evaluation of the DAIS service has been completed to inform the recommissioning of this service, and a request for continued funding from April 2027.

IRIS - Although public health withdrew funding for IRIS, we have continued to support this service by carrying out a service review as part of the DAIS evaluation mentioned above and supporting a business case for continued funding for IRIS from the ICB (outcome TBC).



EVIDENCE AND IMPACT

System leadership - Public health led the completion of a review of the health and social needs, and inequalities, faced by Families in Temporary Accommodation. This review includes an overview of the evidence base, local insights and local support / provision and will inform system work to support the needs of this vulnerable cohort.

EVIDENCE, IMPACT AND LEARNING

Identified from service that Public Health commissions:

Health Visitors supporting caseloads of the most vulnerable families receive additional supervision from a Parent-Infant Psychotherapist and an Integrative Child Psychotherapist monthly in the form of reflective practice, to ensure that they receive the appropriate support required to safely and effectively manage complex cases.

The **Schools Based Health Service** conducted an audit of safeguarding assessments, ensuring adherence to quality and compliance standards. The audit revealed a high level of compliance with child-centred practices; however, it also identified areas for improvement, such as inconsistent documentation following handovers and variability in the care packages provided. The audit served as an opportunity to address these gaps promptly, leading to the implementation of digital monitoring for safeguarding sessions and regular reviews of documentation during both school nursing team meetings and supervision sessions.

CHALLENGES

Meeting the needs of socially vulnerable pregnant women and new mothers is a key priority. We are focused on strengthening our services to ensure they receive the support they need. The Community Peer Mentoring Service, which began in November 2022, has not fully delivered on its intended outcomes and so the service will come to an end earlier than planned, in December 2025. We are also working with the Enhanced Health Visiting Service, commissioned in September 2023 to evaluate the impact of this service on this vulnerable cohort and are actively collaborating with the provider to improve the performance of these services.



CAFCASS

EVIDENCE

Between April 2024 and March 2025

Cafcass received a total of 16,195 children's public law cases.

Between April 2024 and March 2025

Cafcass received a total of 11,430 care applications. This figure is 0.4% lower than the previous financial year.

The average for 2024-25 was 41 calendar weeks, which is 3 weeks lower than the previous year.

Between April 2024 and March 2025

Cafcass received a total of 39,182 children's private law cases. This figure is 0.7% lower than the previous financial year.

PROBATION

EVIDENCE, IMPACT AND LEARNING

Over the past year, we have placed significant emphasis on learning and development, with updated training courses delivered on safeguarding children and adults, as well as domestic violence. These efforts have strengthened staff awareness and confidence in managing complex safeguarding concerns.

In addition, we have established stronger connections with specialist services within the borough, helping to clarify the support available and enhance our child-centred approach to risk management. This collaborative work ensures that interventions are informed, responsive, and aligned with best practice. We have also driven forward improvements in the quality of assessments. This has been achieved through case dip-sampling, which ensures safeguarding concerns are being addressed in line with our statutory duties.

A continued focus has been placed on the accurate recording of safeguarding checks and responses across the PDU. This enables us to evidence the work being undertaken, particularly in relation to child safeguarding, and supports a culture of accountability and continuous improvement.





IMPACT

CASE STUDY 1: The removal of a Registered Sexual Offender (RSO) from a residence where unsupervised contact with children was taking place led to a disclosure of offending behaviour. This decisive action eliminated the immediate risk posed to children and ensured the RSO was relocated to suitable accommodation, aligned with safeguarding protocols. This case exemplifies the importance of proactive risk management, multi-agency collaboration, and the effective use of assessment tools in protecting vulnerable individuals and upholding public safety.

IMPACT

CASE STUDY 2: During a routine home visit, professionals observed damage to the door of the property, which prompted further professional curiosity. This observation was escalated to the allocated social worker, enabling additional assessments to be carried out. As a result, risk mitigation strategies were implemented to ensure the overall safety and wellbeing of the child. This case highlights the importance of frontline staff remaining vigilant and responsive to environmental cues, and how such actions can lead to timely safeguarding interventions.

CHALLENGES

Staffing and Capacity: Recruitment remains a key focus, with a plan in place and ongoing efforts to increase staffing levels. While numbers are improving, we are not yet at full complement and continue to experience capacity pressures, which are being monitored and actively managed.

New entrants require comprehensive training and time to build experience, particularly given the complexity of cases across the caseload. Senior Probation Officers (SPOs) are allocating cases based on skills and experience, while also providing mentoring from experienced staff, themed case discussions and workshops and enhanced oversight for complex cases.



Safer Workforce

Despite all efforts to recruit safely there will be occasions when allegations are made against staff or volunteers working with children. Organisations should have clear procedures in place that explain what should happen when such allegations are raised. These should include the requirement to appoint a Designated Safeguarding Lead (DSL) to whom these allegations are reported. It is ordinarily the responsibility of the DSL to report allegations to, and otherwise liaise with, the Designated Officer in the local authority (referred to as the LADO). The LADO has the responsibility to manage and have oversight of allegations against people who work with children. In line with paragraph 2.1 of the London Safeguarding Children Procedures, the LADO should always be contacted when there is an allegation that any person who works with children has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.
- Behaved in a manner that discriminates against a child on the basis of one or more of their protected characteristics as defined by the Equalities Act 2010.

Further criteria (paragraph 2.2.) relates to allegations that can be made in relation to physical chastisement and restraint but can also relate to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see s16-19 Sexual Offences Act 2003).
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003).
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text/e-mail messages or images, gifts, socialising etc.
- Possession of indecent photographs/pseudo-photographs of children.





Paragraph 2.3 of the procedures define where these should be applied when there is an allegation that any person who works with children:

- Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon.
- As a parent or carer, has become subject to child protection procedures.
- Is closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the member of staff is responsible in their employment/volunteering.

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

The contact/referral is managed by a LADO in another local authority.

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



The City of London

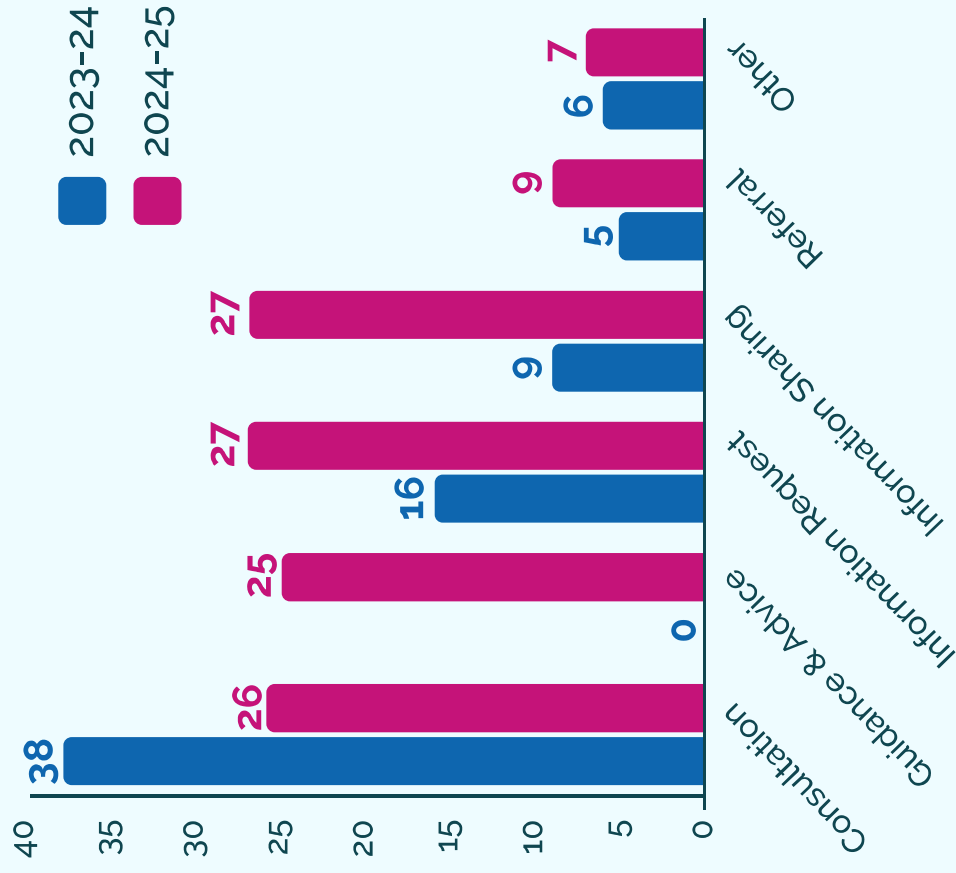
EVIDENCE

'There are effective arrangements in place to oversee and manage allegations against professionals. Work is completed in a timely way. The local authority designated officer (LADO) provides effective guidance, support and training to external agencies.' **City of London Ofsted, 2024**

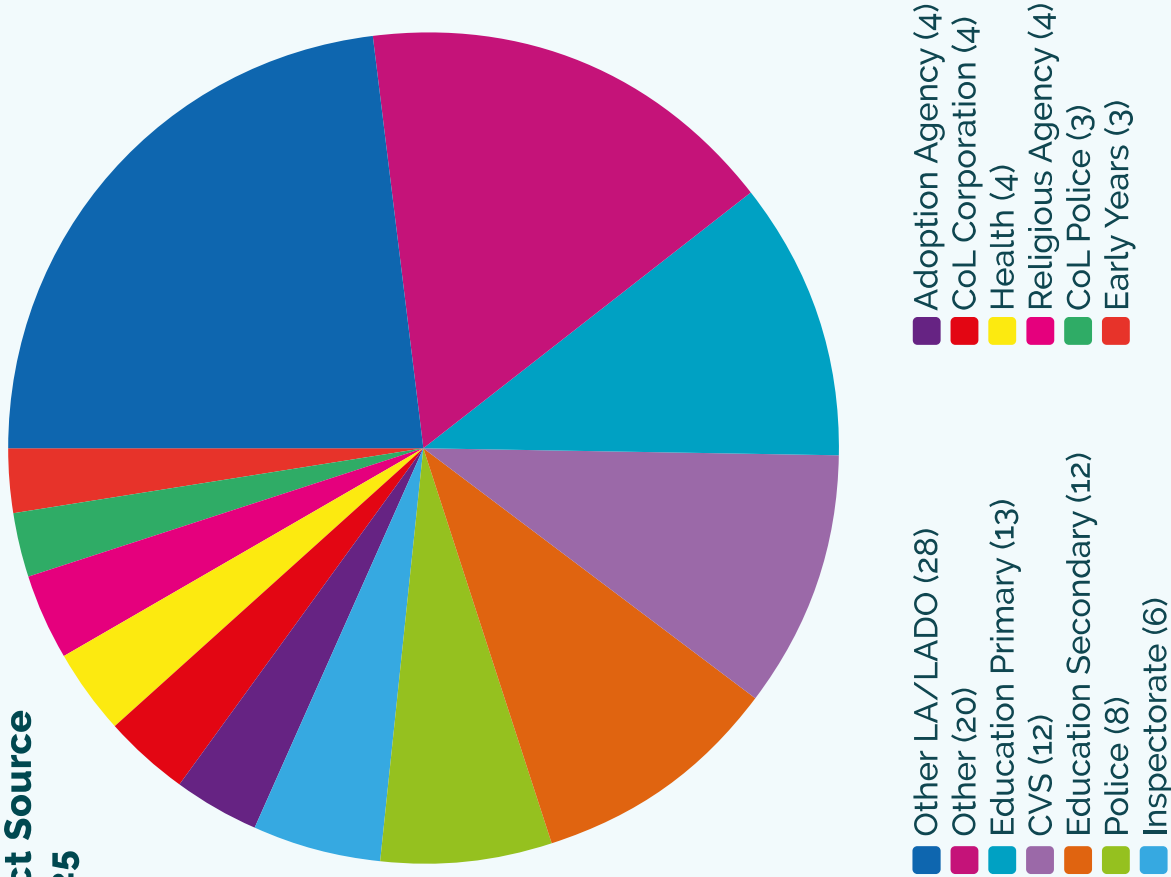
EVIDENCE

This year there have been 122 contacts to the LADO Service, this is an increase of 48 from the previous reporting year, which is a 65% increase of contacts to the service. The increase in contacts is in line with London and National trends as is the fact that the vast majority of these, do not meet the LADO threshold. The increase in numbers is also attributable to improved recording methods. There has also been a change to the categories of contacts recorded to include guidance and advice. Contacts recorded as consultations generally require a one-off conversation to ensure that all aspects of the situation have been considered, and that appropriate action is taken to reduce any risk and improve conduct. Those instances where guidance and advice is provided often results in further action by the employer, such as an internal investigation with oversight from the LADO, rather than requiring an Allegation against Staff and Volunteers Meeting which would be recorded as a referral.

Contact Comparison 2024-25 to 2023-24



Contact Source 2024-25

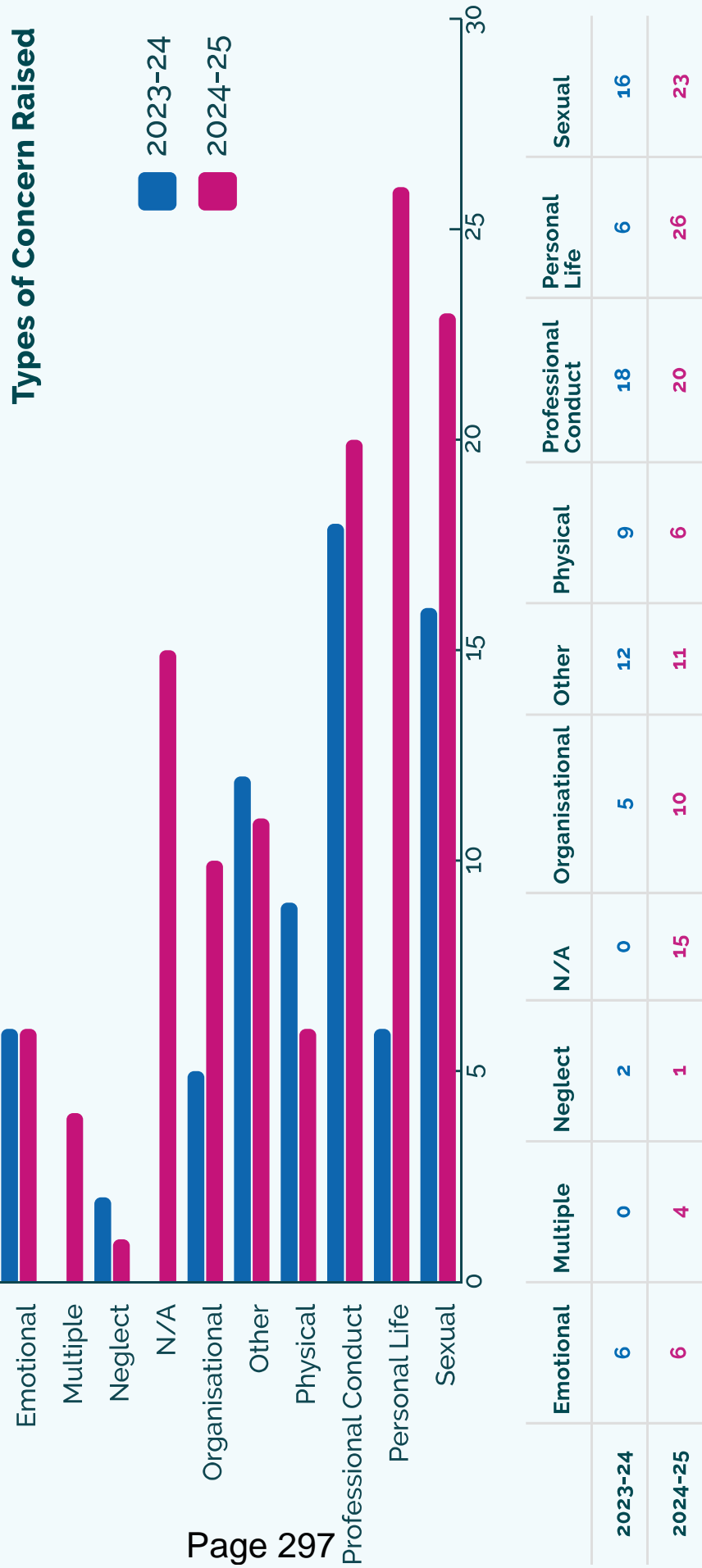


EVIDENCE

There continues to be a wide range of agencies contacting the LADO, which demonstrates that the process is known and understood across a broad range of partners. The sectors with the highest level of contacts are 'Other LA/LADO' (23%) which is likely to relate to and the cross over with multiple Local Authorities in terms of where jurisdiction and responsibility may fall. The Head Offices of several agencies are also located in the City, so whilst professionals may not physically work in the City, their agency 'employer' is based here. Such cases are responded to in a timely and effective manner by the LADO, to ensure risk is managed by the appropriate area. The ongoing good level of contact between the City of London Police and LADO (as well as other area Police forces) remains positive.

EVIDENCE

In relation to the types of concerns being reported to the LADO Service, the four categories of harm (as per child protection procedures) are used alongside types of concerns relating to an individual's personal life that could present transferable risk factors to their employment or work with children. The categories are recorded in line with the presenting issue identified during the initial contact with the LADO.





EVIDENCE

There continues to be a high level of reporting in relation to concerns of a sexual nature. This is positive and continues to demonstrate the impact of several high-profile sexual abuse prosecutions and 'Me Too' movement. This is a mix on non-recent and recent incidences and online offences.

EVIDENCE AND IMPACT

Of the 10 contacts that met LADO threshold and were classified as referrals, two remained open at the end of the reporting year as further information was being sought from Police and the employer. Three were transferred to other Local Authorities as this is where the employer was based. Three referrals triggered investigations against Staff and Volunteers (ASV) Meetings. Two of these resulted in a substantiated outcome and one in an unsubstantiated outcome.

A substantiated outcome means *"there is sufficient evidence to prove the allegation that a child has been harmed or there is a risk of harm"* whilst unsubstantiated means *"there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence"*. Two involved sexual concerns whilst the third was physical. Where there was a substantiated outcome actions were made to refer to DBS, which is a legal duty for employers. In one case the statutory body was notified and there were ongoing internal HR processes initiated. In all cases individuals have been removed from their work with children in a timely way.



LEARNING

LADO training continues to be provided through the CHSCP facilitated jointly by the Hackney LADO and the City LADO. It also continues to be well attended with positive feedback. Bespoke training requests for specific settings or teams can be provided as needed. The LADO also attends and contributes to the Safeguarding in Education Forum on a quarterly basis. The overview of the LADO continues to be part of bi-annual People's Directorate Inductions which last took place on 15/11/2024. A LADO podcast has also been recorded for Early Years workers who often struggle to attend day time training sessions, this can be found on the Family Information Service website: [Training, forums and continued professional development - City of London Family Information Service](#).

EVIDENCE

This year there has been continued focus on developing support tools to aid consistency and clarity in relation to LADO and employment processes. A LADO Referral Form has been developed and now sits on the CHSCP website as well as a guide for parents/carers who are considering engaging a private tutor or similar. An overview LADO leaflet has been updated and distributed. Also in train is the development of some guidance for employers around making referrals to the DBS, this is being produced in conjunction with the DBS Regional Outreach Advisor for London.

IMPROVEMENT

Priorities for the next 12 months include continuing to refine and develop the LADO training offer, to update website information and to refine recording systems to ensure that data and performance can be easily analysed and extrapolated. Significantly, concerted efforts to be made to reach out to religious institutions in the City to raise awareness of the LADO arrangements and offer of training.





Hackney

EVIDENCE AND IMPACT

An effective local authority designated officer (LADO) service operates with clear systems in place to ensure timely responses to allegations against professionals. Partnership working is strong, and managers are ably assisted by the LADO to carry out their responsibilities. Training is relevant and routinely provided to partners to increase surety of their safeguarding practice' Hackney Ofsted, 2024

EVIDENCE, IMPACT AND LEARNING

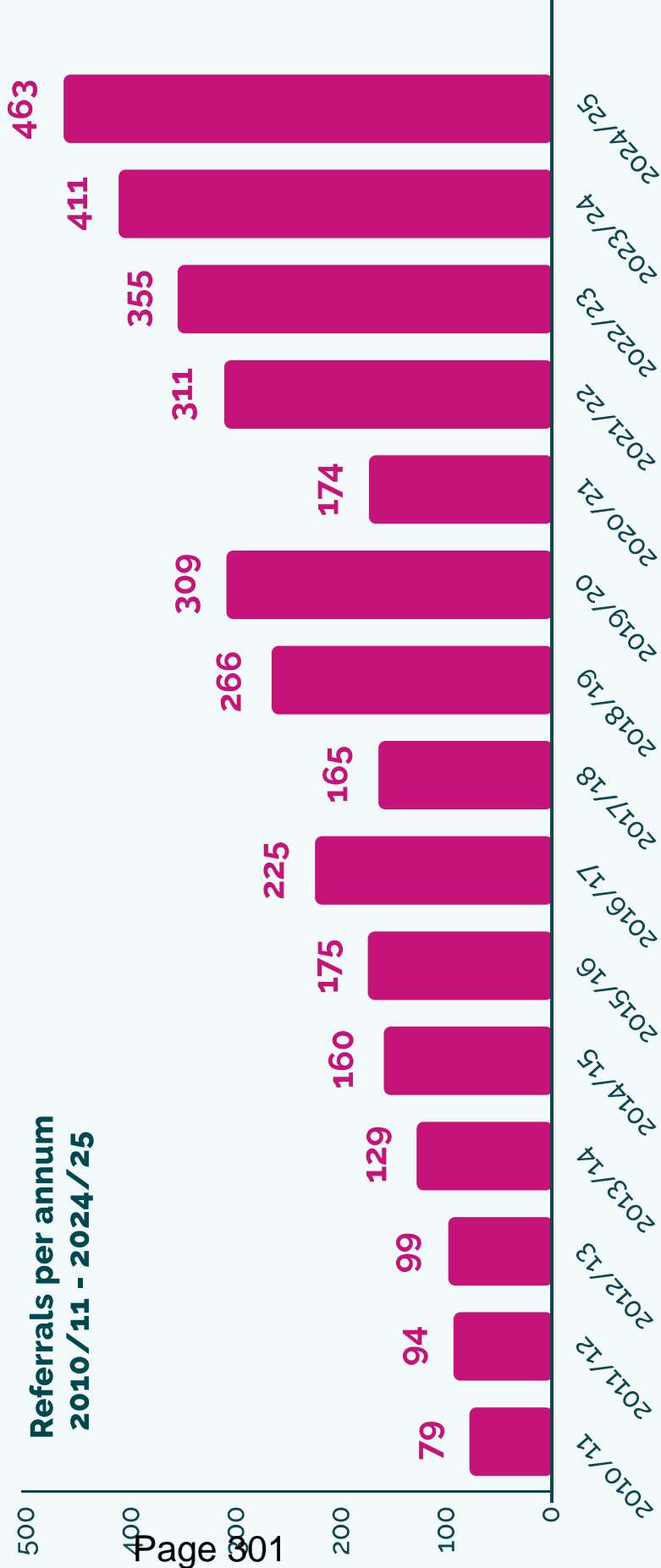
A Peer Review was completed 31 May 2024 by the Islington LADO Service. It covered a strategic overview, operational functions, data collection and case file standards. As part of this process, a self-audit was also undertaken. Findings included: The Hackney LADO service provides an efficient service in delivering management oversight of allegations against staff and volunteers who work with children. Thresholds are applied fairly and proportionally with clear management rationale. The range of referral sources suggests that the training delivered across the partnership has been successful in embedding the LADO role and ensuring employers understand their statutory duty in this area of work. The partnership has provided overwhelmingly positive feedback in this peer review in terms of scrutiny, decision making and containing the anxiety this area of work can raise. The safety of the workforce and the children they serve is clearly at the core of the service. Recording of contacts to LADO and the outcomes are clear. Further discussion around recording on Mosaic will be important to ensure potential patterns of behaviour of staff are picked up. Succession planning and management oversight will be important to ensure this high-quality service continues in the LADOs' absence. The Hackney LADO is seen as an exponent of good practice across the London LADO network and a supportive member of the team.





EVIDENCE

The LADO service received 463 contacts during the period of 1st April 2024 to 31st March 2025 which is an increase of 52 (12%) on the previous year (411 contacts). Other than during the COVID-19 pandemic, the trajectory of year-on-year increases in LADO contacts continues.





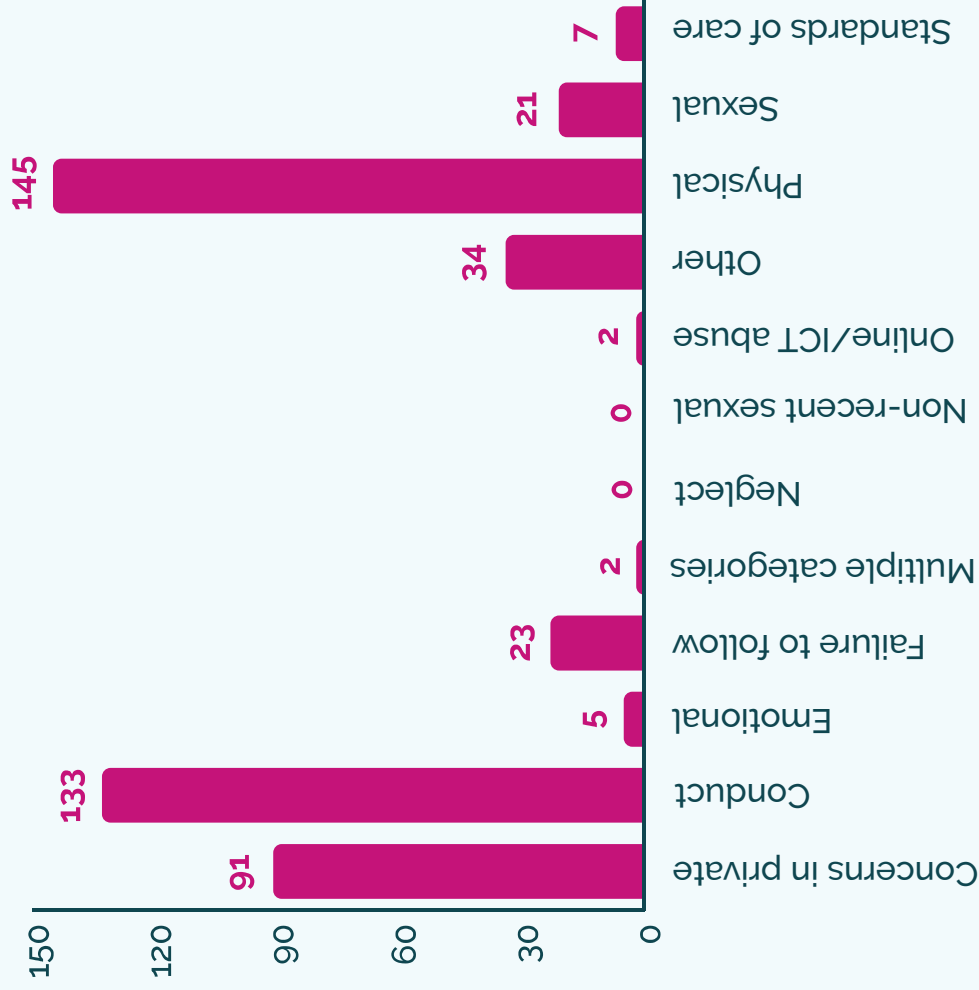
EVIDENCE

The occupations with the highest number of contacts were school support staff (23.6%), teachers (22.4%) and nursery workers (14.4%) which remains consistent with 2022/23 figures of 26.5%, 25.6% and 11.8% respectively. This is likely attributable to the higher ratio of children to staff given schools and day care provisions have higher numbers of children accessing services compared with health or leisure facilities for example.

EVIDENCE

2024/25 the category with the highest number of contacts related to physical harm (31.3%) with conduct (28.7%) being the second highest. Concerns in private life had the third highest number of contacts (19.6%). These categories mirror those of previous years. 'Other' types of concerns set out in the table below are for those matters that do not fall under the defined categories of harm. It includes, for example, notification of unregistered educational settings, seeking advice regarding the behaviour of students, information requests for references, Ofsted contact seeking information prior to inspections.

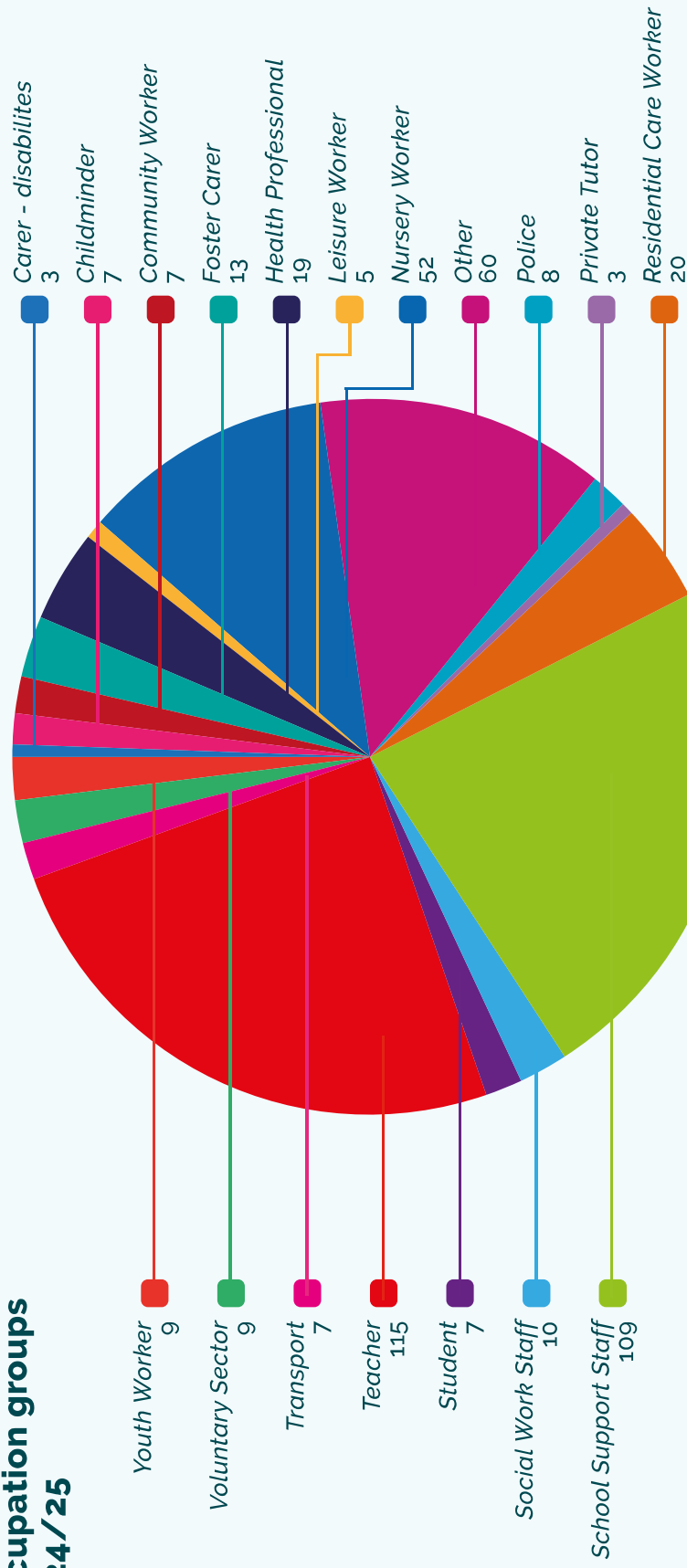
**Types of concern/category of harm -
April 2024 to March 2025**



EVIDENCE

The occupations with the highest number of contacts related to teachers (24.8%), school support staff (23.5%), and nursery workers (11.2%) which remains consistent with 2023/24 figures. This consistency is likely attributable to the higher ratio of children to staff within the education sector.

Occupation groups 2024/25

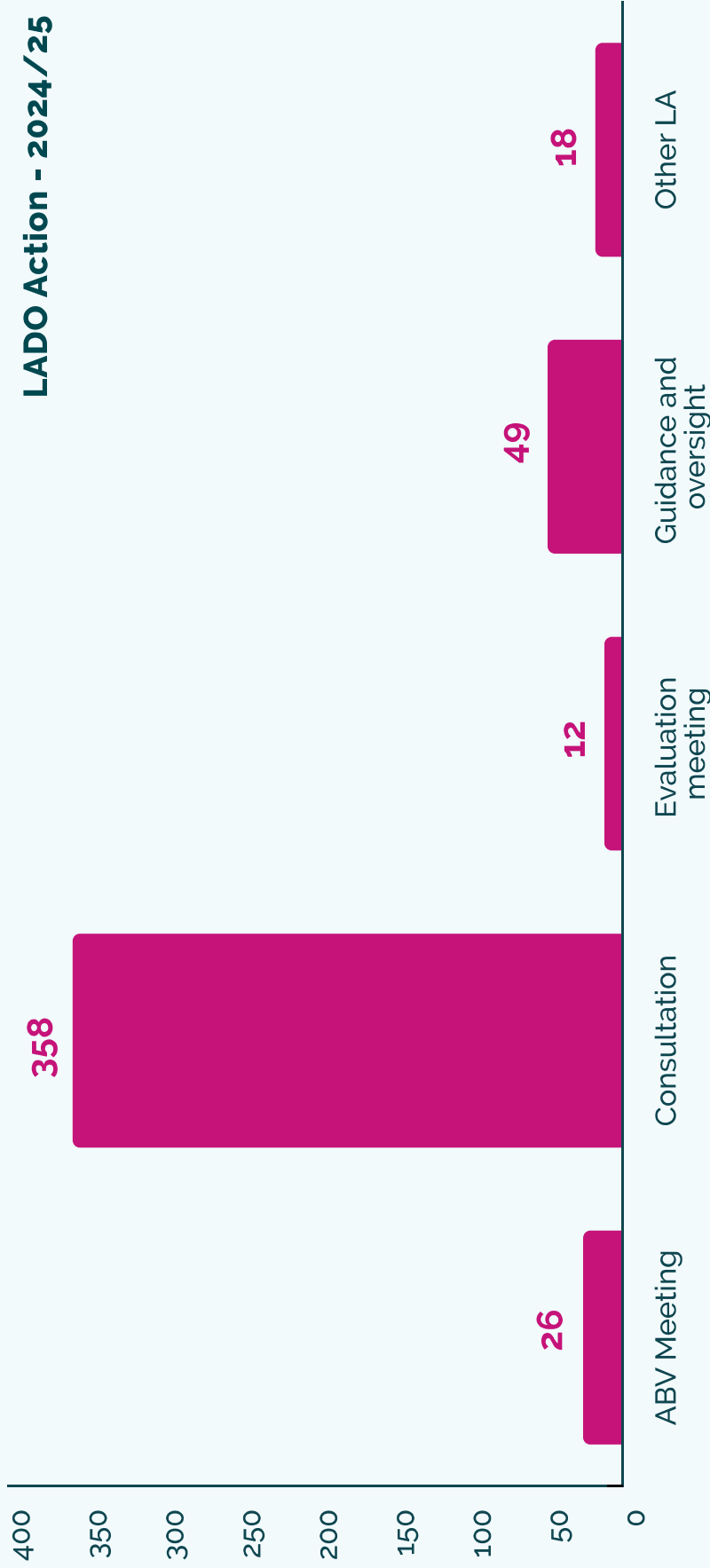




EVIDENCE

Consultations remained the highest demand for the LADO service in 2024/25 accounting for 81%, which is an increase of 23% compared with 2023/24. This could in part be attributable to the overall increase in contacts, but also to DSLs and Headteachers becoming more familiar with the LADO process - requiring less guidance when notifying of a concern or allegation. There has been a slight increase in Evaluation meetings being held (7) and the increase in 'Guidance and Oversight' and 'Other Local Authority' could all be attributed to the overall increase in contacts.

LADO Action - 2024/25

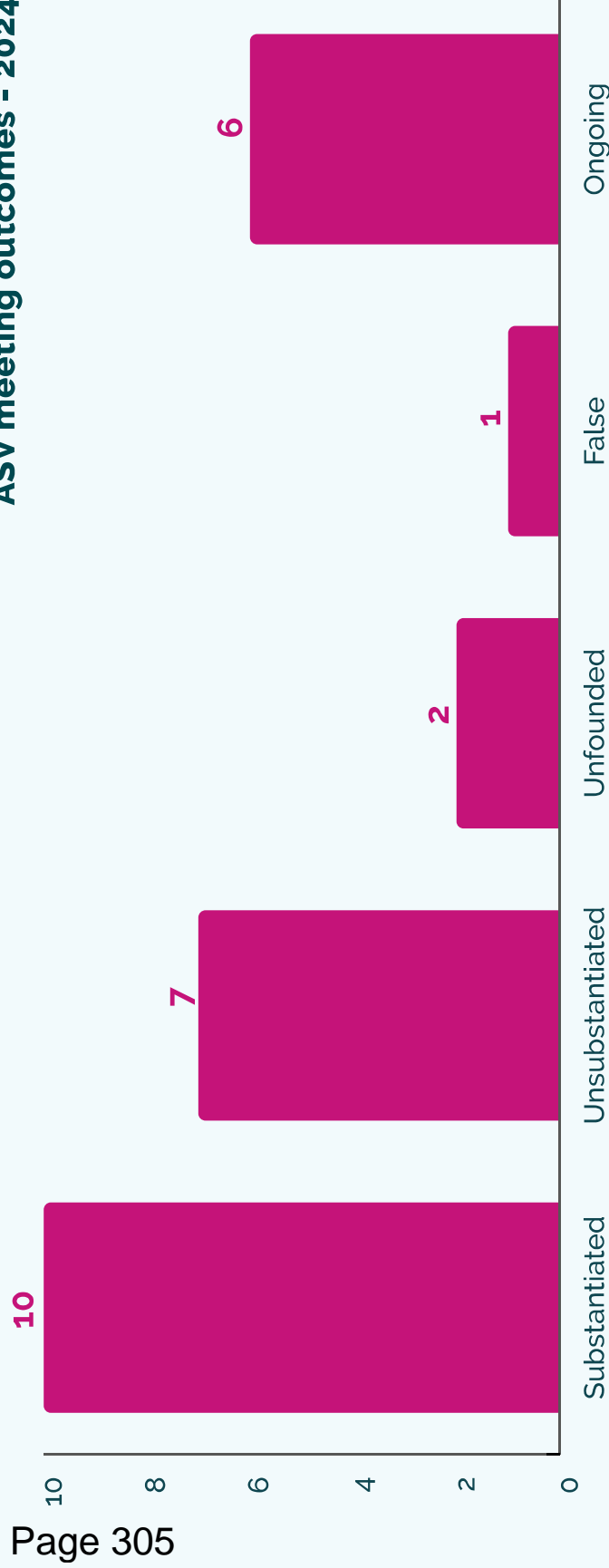




IMPACT

Most cases considered at ASV meetings during 2024/2025 resulted in a 'substantiated' outcome. Seven out of the 20 concluded cases resulted in an 'unsubstantiated' outcome. The fact that the concern/allegation was not substantiated does not suggest that these matters did not need consideration under the LADO procedures. It only indicated that evidence was lacking to support the allegation/concern or could not disprove it. Only one case resulted in a 'false' outcome. The cases that are 'ongoing' refers to awaited outcomes of Police investigations, some of which relate to suspicion of possession/distribution of indecent images of children which involves long waiting times due to the forensic analysis of electronic devices required and delays owing to the volume of such cases.

ASV meeting outcomes - 2024/25





EVIDENCE

In terms of LADO outcomes, internal investigations completed by settings/employers made up 44.27% (42.09% for 2023/24) of the total outcomes with the second highest being information sharing at 16.41% (15.57% for 2023/24). Similar to 2023/24, for the period of 2024/25 'advice only' was the third highest outcome at 9.93% (12.16% for 2023/24). Again, a strong statistical consistency exists year on year with the outcome of LADO contacts remaining unchanged.

Page 306 LEARNING

The Hackney Education (HE) Safeguarding in Education team runs an extensive training programme throughout the year including Safeguarding and Child Protection training for HE staff, Designated Safeguarding Leads for schools, colleges and early years, school and college staff, governors, early years and childminders. Their training covers safe practice and the procedures for dealing with allegations against adults who work with children and young people. They continue to run specific training dealing with managing allegations for managers in the early years and school sector, once every academic year for schools and twice for early years managers.

LEARNING

The Hackney LADO actively participates in peer discussions with colleagues to share knowledge, trends, and best practices to promote continued learning and development of the service in line with peers. The LADO is also a regular attendee at the London LADO Network to keep abreast of themes and practice dilemmas, to contribute to policy and guidance development, and to be part of the collective voice when challenges are needed to partner agencies.

IMPROVEMENT

Every year, the Local Authority Designated Officer (LADO) will attend the Headteachers' Termly Briefing to share key statistics and insights from this report. The aim is to keep school leaders informed and up to date on safeguarding and the LADO process. A clear need for better understanding of the LADO's role and procedures has been identified among Children's Services staff. To address this, the LADO will provide training sessions for these teams and will also continue to offer tailored training to individual settings as needed. The LADO's internal recording strategy is currently under review, with the goal of finalising a policy that ensures all records are kept accurately and efficiently. Finally, the LADO will continue to work in partnership with the London LADO Network, helping to develop Professional Standards and finalise drafted procedures that are awaiting approval.



Learning & Improvement

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THE CHSCP

PROGRESS 2024/25

LEARNING & IMPROVEMENT

TRAINING & DEVELOPMENT

PRIORITIES & PLEDGE

WHAT YOU NEED TO KNOW

Key Messages for Practice

Over the past few years, the CHSCP has undertaken a substantial range of activity seeking to identify lessons for practice improvement. Through its learning and improvement framework, many have been captured. That said, from all this work, we have seen a range of common themes that should remain as priorities for our front-line practitioners.

SAFEGUARDING FIRST

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

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

Children have said they need...

Vigilance

to have adults notice when things are troubling them

Understanding and Action

to understand what is happening; to be heard and understood; and to have that understanding acted upon

Stability

to be able to develop an ongoing stable relationship of trust with those helping them

Respect

to be treated with the expectation that they are competent rather than not

Information and Engagement

to be informed about and involved in procedures, decisions, concerns and plans

Explanation

to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

Support

to be provided with support in their own right as well as a member of their family

Advocacy

to be provided with advocacy to assist them in putting forward their views

Protection

to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee



CONTEXT

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





CURIOSITY

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

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

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

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

SAFER - The Golden Rules of Safeguarding

We expect all safeguarding practitioners to be confident and competent in their ability to identify, assess, analyse and manage risk confidently. We want them to have an unswerving focus on the basics. We must get this right - every time. As a minimum, this means all safeguarding practitioners operating to the CHSCP's Golden Rules of Safeguarding



Sharing Information

Good information sharing is vital when professionals are worried about people and want to help them. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Learning from Serious Case Reviews reinforces the fact that both children and adults can suffer significant harm or death when professionals fail to share information or fail to share it in a timely way. Good communication and appropriate information sharing between professionals is therefore a critical element of effective safeguarding practice.



Assessing (& Managing) Risk

When safeguarding children, practitioners working in the City of London and Hackney need to know what to look for and what to do if they think they've seen it. This means practitioners having a good understanding of the signs and symptoms of abuse and neglect and a working knowledge of the local threshold tool. It also means practitioners knowing where to seek help (for example, from their DSL) and how to report any concerns. Importantly, practitioners from both children and adult services need to engage in our multi-agency arrangements, and when needed, contribute to any multi-agency meetings or processes tasked with helping and protecting children.



Focus on the Child

Maintaining a focus on the child and hearing their voices is paramount to our local arrangements. In all our work, we need to listen and think carefully about what children are saying and what meaning this has for them. We need to try and understand their lived experience and what life is like through their eyes.



Escalation

Differences of opinion, concerns and issues can arise for practitioners at work, and it is important they are resolved as effectively and swiftly as possible. Having different professional perspectives within safeguarding practice is a sign of a healthy and well-functioning partnership. Don't be afraid to voice them. These differences of opinion are usually resolved by discussion and negotiation between the practitioners concerned. It is essential that where differences of opinion arise, they do not adversely affect the outcomes for children, young people or adults and are resolved in a constructive and timely manner.



Recording

We should all recognise the importance of good recording. The ability to maintain records that are focused, accurate and evidence professional judgement is a key skill we expect all practitioners to have. Good recording can help spot themes, patterns and trends in a child's care (such as neglect). They are a record for the child and an audit trail of your practice.

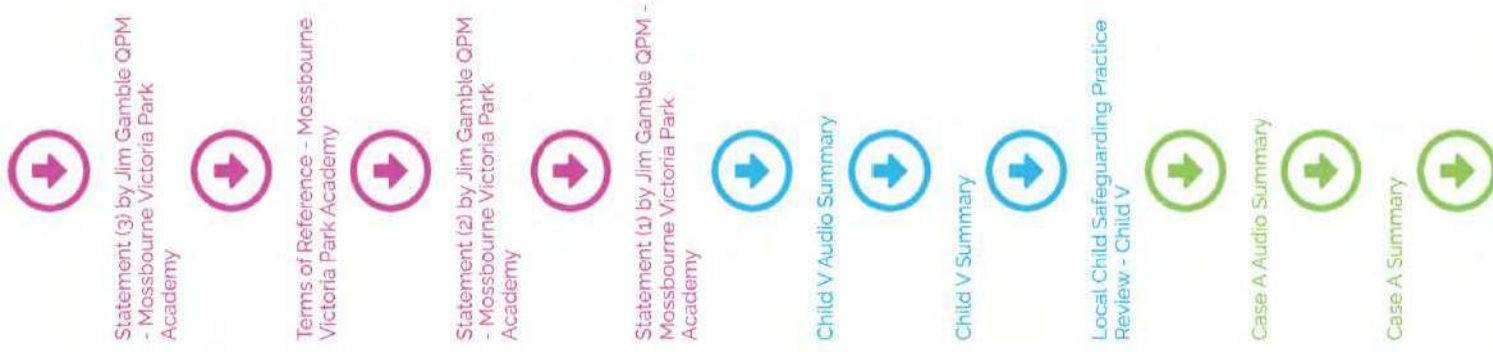


Reviews of Practice

Local Child Safeguarding Practice Reviews are undertaken on 'serious child safeguarding cases' to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. These reviews were previously known as Serious Case Reviews (SCRs) and were transitioned to this alternative model in July 2019. As set out in statutory guidance: *'Reviews should seek to prevent or reduce the risk of recurrence of similar incidents. They are not conducted to hold individuals, organisations or agencies to account, as there are other processes for that purpose, including through employment law and disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings.'*

EVIDENCE

- During 2024/25, two Serious Incident Notifications were made to the Child Safeguarding Practice Review Panel, both of which were subject to a Rapid Review by the CHSCP. From the notified cases, no Local Child Safeguarding Practice Reviews (LCSPRs) were commissioned.
- No Serious Incident Notifications were made relating to cases in the City of London.
- Three other Hackney cases (not meeting the criteria for notification) were also considered by the Case Review Sub-Group.
 - Two of these cases resulted in a Rapid Review and one LCSPR was instigated.
 - In line with revisions made to Working Together to Safeguard Children 2023, one notification was made following the death of a Care Leaver. Whilst a Rapid Review was held this did not result in a LCSPR.
 - Two LCSPRs (Case A and Child V) were published during the reporting period.
 - Full details of all the reviews published by the CHSCP are available [HERE](#).





IMPACT

Following the second Rapid Review, to enhance practitioner awareness, the CHSCP developed a [Partnership Briefing on child protection enquiries](#), detailing what they involve and differentiating between single and joint agency investigations under section 47 Children Act 1989. Additionally, CHSCP material on strategy discussions has been relaunched to clarify their purpose, attendees, and information sharing standards.

A key focus has been integrating anti-racism into practice, with the strategy discussion template having been reviewed and amended to strengthen its section on anti-racist practice and considerations. To improve understanding of neurodiversity and its impact on children and parents, the CHSCP has explored options for including relevant training courses within its program.

The CHSCP has also committed to identifying and supporting young carers and [promoting awareness of Young Carers](#) and relevant policies, procedures, and guidance via its website and TUSK briefings (newsletter). Finally, to ensure practitioners operate within their legal authority, available guidance issued under Working Together to Safeguard Children 2023, the London procedures, and local guidance has been reviewed to confirm sufficient description of respective duties and powers.

Alongside these multi-agency recommendations, individual agencies have also progressed a range of learning. For example, Homerton Healthcare NHS Foundation Trust has focused on enhancing awareness and teaching on caring for neurodiverse clients by sharing further learning and resources. They also aim to embed a trauma-informed approach in service delivery, which involves working with staff to provide trauma-informed care, considering specialist teaching sessions, and holding webinars on Trauma-Informed Care (TIC).

Furthermore, the Trust is improving awareness of police escalation pathways. This has involved establishing regular meetings with the police, developing tips for health and police staff on information sharing in safeguarding cases, and holding a learning event in September 2024. They have also been working to improve understanding of the purpose of Strategy Meetings and the roles and responsibilities of multidisciplinary teams (MDTs), including the impact of information sharing and language used by different agencies, through developing scenarios for simulation exercises.

IMPACT

For the third Rapid Review, a short briefing note about the change in policy and process for reporting care leaver deaths was produced and sent as a letter from the ISCC to partner agencies. An action covering how care leaver information can be integrated into the CPLS system is being pursued.

EVIDENCE

The fourth Rapid Review process involved the concerns raised about Mossbourne Victoria Park Academy. The LCSPR into this case remains ongoing at the time of writing. The review's terms of reference and statements issued by the ISCC can be found [HERE](#).



Local Child Safeguarding Practice Reviews

One Local Child Safeguarding Practice Review was triggered in 2024/25 involving Mossbourne Victoria Park Academy. Two LCSRPs were published (Child A and Child V). Two others were ongoing (Child F and Child W). Published reviews are available on the CHSCP website [HERE](#).

With regards to the Child W review, a final report has been completed by the independent author, and this has been shared with the Child Safeguarding Practice Review Panel. The CHSCP has determined this report shouldn't be published and discussions continue with the Panel on this issue. Our intention remains to release a summary of this case. A final draft of the Child F has also been completed by the independent author, and this will be published shortly. Whilst Case A was referenced in the 2023/24 report, it is included again in this year's report.

CASE A

In 2023, Mr A pleaded guilty to over 30 sexual offences involving both children and adults. He was given a custodial sentence, made subject to notification requirements and issued with a court-imposed Sexual Harm Prevention Order. His crimes included sexual assault, engaging in sexual activity in the presence of a child, making indecent photographs of a child, voyeurism, exposure and up-skirting. Without question, the nature and scale of Mr A's offences are both shocking and deeply disturbing. However, they weren't his first. In 2014, Mr A was found guilty of possessing indecent images of children and given a suspended sentence. At the time, notification requirements were put into place alongside a five-year Sexual Offences Prevention Order. Mr A participated in an internet sex offender programme, unpaid work and was monitored by a local Jigsaw team from the Metropolitan Police Service. Whilst subject to this supervision, Mr A became the father of two children. However, there was no record of him telling the police or the Probation service about their births. Furthermore, despite ongoing monitoring and there being intelligence that Mr A had a child, it was not until late 2018 that a referral was made to children's social care. By this time, the eldest child was two and a half years old, and the youngest, five months. A statutory social work assessment was subsequently triggered by children's social care, although this resulted in no further action and the case was closed. Supervision of Mr A remained with the police until the ending of his notification requirements in 2021.

The LCSRP into this case was commissioned to examine how local agencies managed and mitigated the risks posed by Mr A to his children, other family members and the wider public. It was undertaken by the CHSCP's ISCC (Jim Gamble QPM) and its Senior Professional Advisor (Rory McCallum). It makes five findings and five recommendations for improving practice.

The full report can be read [HERE](#).

A Short Audio Briefing is available [HERE](#).





LEARNING

Finding 1: The management of Mr A via the Level 1 MAPPA

arrangements was insufficiently robust in terms of professional curiosity, rigour and authority. Ineffective investigation resulted in missed opportunities to identify risk and intervention lacked any clear focus on the paramountcy of the child.

Finding 2: Practitioners in children's social care were too

optimistic when engaging the family. There was little evidence of thoroughness, reflection or an understanding about the risks posed by child sex offenders, and too much emphasis was placed on the police assessment of risk. Opportunities were missed to bring the partnership together to develop clear safety planning and to ensure that everyone was sighted on this family's circumstances.

Finding 3: There was evidence of good practice by the health visitor and nursery manager. Both showed initiative through the health visitor working directly with Ms R on strategies for safety and the nursery manager seeking out further information.

Finding 4: Practitioners responsible for Level 1 MAPPA cases are potential single points of failure. The absence of the need for formal multi-agency meetings, the reliance on professional judgement and the operational pressures on both the police and probation, means it is sensible to consider widening the cohort of practitioners who are automatically alerted to RSOs (i.e. beyond those agencies with access to ViSOR). Whilst not advocating for unfettered information sharing, engaging key partners could help with monitoring and the identification of risk.

Finding 5: Practitioners need to be mindful of the range of research findings about viewers of indecent images of children. Overreliance on messages about low recidivism rates or offending trajectory can lead to superficial conclusions, risk being misinterpreted and false reassurance. In all circumstances, individualised assessments are required that engage those with sufficient expertise in this field of work.



IMPROVEMENT

Recommendation 1: In all cases where known child sex offenders are having contact with children, the MPS (specifically MASH police officers (or equivalent)) should ensure that referrals are always made to children's social care.

Recommendation 2: Both the MPS and the London Safeguarding Children Partnership should review their guidance on the risk management of known offenders and as required, strengthen the clarity on triggering a Section 47 enquiry when known child sex offenders are believed to be in contact with children.

Recommendation 3: The MPS should consider the sufficiency of its arrangements covering the disclosure of an offender's details to third parties. Where necessary, guidance should be updated to specify who is responsible for making third-party disclosures and who is expected to attend relevant multi-agency meetings where disclosures might need to be considered (such as strategy discussions). The MPS should seek reassurance that its processes neither delay nor inhibit its duty to protect children from potential harm.

Recommendation 4: As part of its national review into Child Sexual Abuse in the family, the Child Safeguarding Practice Review should form a view on the potential for the secure and routine information sharing of Level 1 MAPPA Offenders with other key agencies, particularly General Practitioners.

Recommendation 5: The CHSCP should commission context specific training on child sex offenders and include this as part of its annual programme open to all practitioners within the City and Hackney.



IMPACT

The CHSCP Multi-Agency Action Plan for LCSPP Case A has made progress across several recommendations, which are rated using a RAG (Red, Amber, Green) system. Learning on this case has been disseminated via the CHSCP's TUSK briefing.

With regards to Recommendation 1, which requires the MPS to ensure that referrals are always made to children's social care in cases where known child sex offenders have contact with children, the status is "GREEN - Complete". Reassurance has been sought from the CE BCU in this respect and followed up through communication from the ISCC.

Regarding Recommendations 2 and 3, which involve the MPS and the London Safeguarding Children Partnership (SCP) reviewing their guidance on the risk management of known offenders and the arrangements for disclosure, both are marked "AMBER - In progress". Letters were sent to both organisations by the ISCC. The London SCP has acknowledged the proposals and is considering them through its editorial board.

With regard to Recommendation 4, which asks the Child Safeguarding Practice Review Panel to consider the potential for routine information sharing of Level 1 MAPPA Offenders with other agencies, this is rated as

"GREEN - Complete". At a meeting between the ISCC, the SPA, the Chair of the national Child Safeguarding Practice Review Panel and a Panel member, a briefing was given on a national review being published, with reassurance provided that the focus on information sharing and the functions of MAPPA would be considered within this piece of work.

For Recommendation 5, which tasked the CHSCP with commissioning context-specific training on child sex offenders, the status is "GREEN - Complete & Ongoing". The CHSCP commissioned a specialist provider to deliver bespoke training to social workers and police officers, alongside a more general course. More training is being commissioned in 2025/26.

Finally, regarding the dissemination of learning, the CHSCP has completed several actions, including publishing the LCSPP report on its website, highlighting the learning in a "Things You Should Know" briefing, disseminating learning to the CHSCP Training, Learning and Development Sub-Group, and adding the report to the NSPCC repository. These actions were all listed as "Complete" as of July 2024.



CHILD V

Child V, a White female child, died in January 2023 at the age of seven. She had a range of complex health needs and multiple diagnoses. In the years preceding Child V's death, there had been significant contact with practitioners from health and children's social care due long-standing concerns about neglect and Child V's health and wellbeing. The review was authored by Sophie Humphreys OBE. It made five findings and four recommendations for improving practice.

The full report can be read [HERE](#).

A short Audio Briefing is available [HERE](#).

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LEARNING

Finding 1: An insufficient focus on the cumulative harm that Child V was being exposed to meant that risk was never fully understood or agreed across the multi-agency network. This resulted in practice lacking both the authority and timeliness to ensure that Child V was effectively helped and protected.

Finding 2: Insufficient management grip, knowledge deficits and the significant number of services involved with Child V meant there was an ambiguity about risk, case ownership, roles, responsibilities and communication. The multi-agency processes in place to help practitioners coordinate intervention were largely ineffective in this complex case.

Finding 3: The main inhibitor to effective engagement in this case was Child V's father. Despite substantial efforts by the many practitioners involved, his entrenched views on the treatment and care for Child V meant that cooperation and change was unlikely. Given the implications for Child V, this should have prompted a more robust response to ensure Child V's needs were met and risk mitigated.

Finding 4: Notwithstanding the significant efforts of many practitioners, the priority afforded to Child V's needs was diluted by repeated attempts to influence a change in parental behaviours. This approach continued even when the evidence showed this was unlikely to be successful. Whilst safeguarding practice should always be characterised by empathy and a sensitivity, the safety and welfare of children must always be the primary drivers of decision making and action.

Finding 5: Notwithstanding the complexity of this case, care proceedings were neither timely nor effective in bringing about a material change for Child V.





IMPROVEMENT

Recommendation 1: Safeguarding partners should seek to strengthen their arrangements for how neglect is understood, identified, assessed and planned for across the partnership. Alongside ensuring that practitioners are alert to the cumulative impact and wide-ranging sources of neglect, there should be a specific focus on children with disabilities and complex health needs as part of this work.

Recommendation 2: The Local Authority and NEL NHS ICB should review the effectiveness of its arrangements governing multi-agency practice with children with disabilities and complex health needs. Reassurance should be sought that these arrangements are explicit about roles and responsibilities as they relate to the assessment, planning and review of risk. The frequency and focus of multi-agency meetings that bring the network together should be sufficiently robust to ensure drift and delay in casework is avoided.

Recommendation 3: The CHSCP should issue practice guidance and review its offer on delivering local multi-agency training aimed at working with parents / carers where their engagement is reluctant or sporadic.

Recommendation 4: The Local Authority should review the existing arrangements for how independent expert reports are commissioned. Whether commissioned as part of ongoing proceedings or in other circumstances, the Local Authority should seek reassurance that these arrangements are sufficiently robust to ensure these reports are properly scrutinised and challenged.



IMPACT

The CHSCP Multi-Agency Action Plan for LCSRP Child V has made progress across several recommendations, which are rated using a RAG (Red, Amber, Green) system. Learning on this case has been disseminated via the CHSCP's TUSK briefing and included in a podcast from RISE.

With regards to Recommendation 1, the status is "GREEN - COMPLETE". The CHSCP already has guidance in place, a range of tools available for practitioners and a rolling training program on neglect continues. The team plans to engage with the London Safeguarding Children Partnership's neglect workstream (this is a London priority for 25/26) to see if any further learning or initiatives can be accrued.

Regarding Recommendation 2, this action is rated as "GREEN - action closed". Significantly, clarity around the roles and responsibilities of practitioners helping and supporting families will be addressed as part of the wider reforms being implemented through the Families First Partnership Programme.

In terms of Recommendation 3, concerning the development of practice guidance and training for working with families where engagement is reluctant or sporadic, this is also "GREEN - COMPLETE". A specific Partnership Briefing has been developed and communicated, and the TLD Sub-Group is actively planning to reintroduce training on "Difficult conversations".

With regard to Recommendation 4, the Local Authority has clear arrangements in place for commissioning independent expert reports. Furthermore, the learning from this review has been cascaded, with a focus on ensuring ongoing professional curiosity and challenge takes place where such reports do not align with the plans of the LA. Whilst 'expert' reports are often requested by the LA itself or instructed (at Court), they should never be judged as 'superior' to the expertise held internally or accepted automatically where there are differences of opinion.



CHILD Q

The CHSCP's multi-agency action plan in response to the Local Child Safeguarding Practice Review and the Update Report for Child Q was last updated in August 2025. As with other action plans, this is being overseen by the CHSCP's Case review Sub Group. By way of summary, several key recommendations remain in progress / awaiting updates.

PACE Code Revisions: Several recommendations depend on the outcome of a statutory consultation on revisions to the Police and Criminal Evidence Act 1984 (PACE) Code of Practice. These include updating police guidance on the engagement of appropriate adults and defining the safeguarding needs of children during strip searches. The consultation response to the Home Office was drafted in June 2024, but the actions remain in progress pending the outcome of this consultation.

CHSCP Surveys and Engagement: The CHSCP was tasked with launching borough-wide, age-appropriate surveys to gather children's views on safeguarding, with a focus on themes from the Child Q review, such as feeling safe in school. Whilst some of this activity is being reflected in the LCSPPR involving Mossbourne Victoria Park Academy, work will be taken forward in 2025/26. Progress has been hampered by capacity limitations within the CHSCP team.

DfE Guidance on Strip Searching: The Department for Education (DfE) previously confirmed with the CHSCP it was reviewing its guidance on strip searching in schools following a request by the CHSCP that it better emphasises the "very exceptional circumstances" in which such an action would be appropriate. This work was reported as being considered alongside the Home Office and is still in progress.

BCU Commander Recruitment: This recommendation was for the MPS to develop mechanisms for local representatives to be included in the recruitment processes for BCU Commanders across London. This recommendation is aimed at strengthening accountability and improving community relationships. As of August 2025, there has been no further update on this action.





Auditing

CHILD SAFEGUARDING STATEMENTS

Developed from a model in operation in Ireland, Child Safeguarding Statements are intended to enhance an organisation's ability to identify potential risks, develop policies and procedures and review whether adequate precautions have been taken to eliminate or reduce these risks. They require sign off from Chief Executives / the most senior person within an organisation. This reinforces the need for these key roles to be directly engaged in and sighted on their organisation's strengths and weaknesses. Following a successful pilot and reflecting on feedback from participating agencies, a wider programme engaging all Relevant Agencies and Named Organisations in City and Hackney was agreed and in progress across 2024/25. Capacity issues in the CHSCP team have meant this initiative has been temporarily paused.

Full details of the Child Safeguarding Statement programme can be found within the [Learning and Improvement](#) section of the CHSCP website. This webpage contains a live index of organisations and their completed Child Safeguarding Statements. Whilst not an official accreditation, this will provide a public directory of agencies that have cooperated with the CHSCP's written safeguarding arrangements.

MULTI-AGENCY CASE AUDITS

The Multi-Agency Case Auditing programme has been developed to focus on specific areas of the safeguarding system. This has allowed multi-agency partners to adapt rapidly to local or national intelligence. This auditing methodology has received excellent feedback from partners and lessons identified have led to tangible improvements. All audits result in an outcome-focussed action plan that the CHSCP uses to track and evidence improvements in front-line practice. Learning is also disseminated to front line staff via the Things You Should Know (TUSK) monthly briefings.

In 2024, the CHSCP undertook a multi-agency case audit of cases involving 'Tier 3.5' cases of children with mental health needs. The cohort included children with ASD. The following provides a summary of the audit's findings. By way of context, the audits identified known demand pressures and the impact on aspects such as timeliness and waiting lists. These pressures fully recognised by our local system, with children's mental health remaining on the CHSCP's risk register. That said, a good range of mitigations are in place and there is ongoing focus, effort and innovation across the partnership.



EVIDENCE

Practitioners are generally alive to issues of risk and need and use internal pathways to escalate and report concerns. There is a focus on identifying and addressing the lack of appropriate educational provision for vulnerable children. Efforts continue to be made to understand the challenges of exclusions and the work of the REU. The audit also highlighted thoughtful approaches by practitioners in capturing the voice of children and young people and integrating it into plans. There is a focus on engaging the wider family and family network in planning. Good practice was seen in giving children and young people the space to be seen by themselves and picking up on nonverbal signs of communication. Schools continue to provide substantial in-and-out-of-school support for children. Agencies are actively trying to make a difference and support children.

EVIDENCE

Mental health issues in children can often be misunderstood or minimised, leading to delayed identification and intervention. There can also be the added complexity involving stigma – that can discourage some families from seeking help or acknowledging their child's needs. Early signs of mental health issues may also be misinterpreted as behavioural issues or dismissed as developmental phases – and responded to as such. This results in need being unmet, ineffective support and ultimately, poorer outcomes for children.

Positively, in the context of the cases audited by the CHSCP, there was good evidence that staff were alive to the issues and risk and need which present for children requiring mental health support. There was also evidence of internal and external pathways being used effectively by staff to report concerns and access support for children and families. Notwithstanding ongoing challenges, local support via the CAMHS Alliance and initiatives such as the Wellbeing and Mental Health Service in Schools initiative are making a difference.

The CAMHS Alliance facilitates better partnership working between different organisations and services, and ensures we deliver integrated pathways that can effectively reach more children, young people, families, schools and the wider community. The Alliance is formed by different services and partners that work across City & Hackney and deal with a range of issues, of levels of need and with specific groups of population. [In this directory](#) you can find a description of each of the services that are part of the Alliance, what they do and who is eligible to access them, as well as how to refer a young person who might need their services.



EVIDENCE

The audits showed good practice with two 'pilot' schools engaging multi-disciplinary teams (MDTs). These schools are identifying challenges for children early, putting in school interventions, with the pathways to the MDTs resulting in wrap around provision for children and families. Screening at the front-door of children's services is also focusing on mental health needs in the context of early help.

The Hackney Child Wellbeing Framework and the City of London Threshold of Needs tool continue to help guide practitioners on the most appropriate response for presenting levels of need. Needs relating to the emotional health, wellbeing and behaviour of children are explicitly articulated.

EVIDENCE

The audits evidenced that practitioners from key agencies, including schools, were attending regular multi-agency meetings for these children. More broadly, there is evidence of ongoing scrutiny on issues relating to attendance that continue to help shape policy and support for children. That said, there is a need to better understand the challenges that children face in this context and the sufficiency and efficacy of interventions.

EVIDENCE

The audits demonstrated a thoughtful approach to gathering the voice of children and young people and ensuring these were being integrated into any plans. Older young people had been given the space to be seen by themselves or with a parent / carer if they were particularly anxious. There was also evidence that the wider family network was engaged during the planning process. A training package is being developed by Homerton Healthcare to support professionals in documenting the voice of the child and really understanding what this means and looks like. The training is intended to be open access and could be further developed with a multi-agency focus in future.



EVIDENCE

Effective support requires collaboration among multiple agencies and stakeholders, including parents, teachers, healthcare providers, and children's social care. Poor communication and fragmented systems make coordination challenging. Children in foster care or those experiencing family instability face unique difficulties due to frequent transitions between caregivers and providers. Whilst noting the ongoing challenges around waiting lists, provision and demand, the audits demonstrated that good support is being made available, including that within schools. There was good evidence of the commitment of agencies trying to make a difference and support individual children with mental health needs.

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Hackney's Re-Engagement Unit (the REU) is a service that supports families and schools if a child is finding engaging in school difficult. The aim of the service is to enable all children to be happy and to achieve. The REU is made up of workers from many different professional backgrounds: teachers; learning mentors; family support workers amongst others. The REU is also supported by a clinician from the Child and Adolescent Mental Health Service (CAMHS). Find out more information [here](#).

EVIDENCE

The audits identified recent changes in the template for strategy discussions are helping ensure anti-racist practice is better considered as part of this process.

EVIDENCE

Transition periods are known for being a risky period with escalating issues. The audits highlighted the importance of persistent practitioners who keep a focus on the child and can professionally challenge colleagues and the system to advocate for the needs of the child. From a health perspective - as the holders of central health records, GPs were noted as being very important in the transition process. Of note, one of the audits reviewed demonstrated excellent practice in expediting a child's assessment for ADHD during a period of transition.



LEARNING AND IMPROVEMENT

Information sharing was identified as an issue in several areas, with concerns about timeliness, clarity of consent, and lack of follow-up. There can be confusion or anxiety among frontline professionals about expectations around information sharing. Issues were also raised about timeliness and waiting lists for access to services, particularly for appropriate residential and educational provision. There is a need for better joint working and a more integrated approach, especially for children who do not neatly fall into CP, LAC, or CIN categories. The audit highlighted a lack of clarity around the remit and responsibilities of each agency, particularly concerning exclusion processes and pathways.

LEARNING AND IMPROVEMENT

Practice issues were identified about the regularity of reviews and meetings, and agencies being kept in the loop. The audit identified a gap in the system for children with complex needs and families who struggle, with a lack of structure for routine and regular multi-agency working. There is a need for greater consideration of child and family identity, including ethnicity, sexuality, and gender. While some agencies have grasped this well, others have not, highlighting a need for greater awareness and training. Transitions, such as moving from primary to secondary school or changes in social workers, were identified as risky times with potential for escalating problems. The audit highlighted a need for greater attention to transitions and ensuring continuity of support during these times.

LEARNING AND IMPROVEMENT

Ongoing challenges with language barriers and accessing interpreters with the right dialect were identified. This can impact the timeliness of meetings and the ability to engage parents effectively. Overall, there is a need for greater understanding and awareness of the health architecture and system among partners. The audit highlighted a need for a more robust and comfortable system for professionals working with children and families. There is a lack of awareness on what is happening in the space of attendance issues and their link to other risks.





LEARNING AND IMPROVEMENT

Identification and Assessment or Risk and Need: The audits evidenced increased confidence is needed at an individual and agency level around the sharing of information. They noted improvements can be made where agencies are being asked for information by statutory agencies – such as children's social care. On occasions, agencies are not being advised of the outcome of a referral, and this is not being followed up by them. Previous audit rounds have also noted that agencies had sometimes not been provided the context of concerns when being asked to share information. This meant they were unable to make a rational judgement on exactly what information should be shared.

The Department for Education has released updated guidance which is much sharper at emphasising the lawful basis for sharing information when there are safeguarding concerns.

The audits practitioners need for practitioners to remain alert to the different agencies involved with a child / family and who else might need to be engaged in the assessment of need and planning for support.

The audits also found that there can be variability in practice as it relates to the identification of lead professionals and how activity is coordinated for children within this cohort – particularly where support is not part of any statutory intervention. In these circumstances (i.e. early help), cases can become more reliant on individual capacity and judgment as opposed to systems and processes. There can also be a lack of understanding and assumptions made about which agency is 'leading' and has 'responsibility' for a case. The issues relating to lead professionals have featured in previous reviews undertaken by the CHSCP and are subject to ongoing consideration both locally and nationally.

The audits evidenced a need to further consider exclusions in the context of children who might not be able to access services rapidly and who go on to exhibit challenging behaviours in school. Due to the nexus of exclusion with missing children and the escalation of risk, this is an aspect that requires ongoing scrutiny via the CHSCP's arrangements.

The importance of using interpreters was recognised in the audits, although it was noted that a lack of translators who both have the right dialect and also understand mental health, vulnerability and additional needs, could inhibit the ability to practice as well or as timely as needed.

SINGLE AGENCY AUDITING

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

EVIDENCE AND LEARNING

In April, the **City of London Corporation's** Quality Assurance template, process and review quality was scrutinised by the East London Peer Audit Group. The group review the most recent round of 14 reviews completed within the Practice Assurance Review and commented on the strengths and areas for development in relation to the tools used and process. This was a helpful exercise which has led to an updating of the practice review template and questions, informing a more consistent and robust moderation process, and supported the updating of the QA framework. The monthly Quality Assurance Recommendation Tracking and Impact meetings continue to ensure that the learning loop is complete, and we can be assured that recommendations have been completed and measure the impact of these on improving outcomes for children and families.

EVIDENCE, LEARNING AND IMPROVEMENT

Across **Hackney Children and Families Service**, an impressive 85% of learning conversations on special educational needs and disabilities (SEND) were rated as either Good or Outstanding. This positive trend was also evident in a follow-up review by Practice Development Managers, where 58% of files had improved to a Good rating, and two cases specifically moved from Requires Improvement to Good, demonstrating that audit actions are effectively driving change for children.

Positive practice was seen in several other areas as well. The Multi-Agency Safeguarding Hub (MASH) received strong ratings for its feedback to referrers, with 39% of dip samples rated Outstanding and 43% rated as Good. Practice with Children in Need was rated 88% Good or Outstanding, while practice for Looked After children was rated 100% Good. Furthermore, audits of DAIS (Domestic Abuse Intervention Service) practice were 100% Good, highlighting that client history and vulnerabilities were consistently being considered.

A collaborative audit with the Children and Families Division also yielded positive results. The audit of Child and Adolescent Mental Health Services (CAMHS) found that 93% of assessments **clearly identified and captured children's needs**. Similarly, audits of Young Hackney highlighted the **clarity of pathways** and **access to services** as a particular strength. However, within Youth Justice audits, while **family engagement, the child's voice, and identity** were identified as strengths, there is a clear need for improvement in the areas of planning and reviewing.





EVIDENCE, LEARNING AND IMPROVEMENT

During the 2024–25 period, the safeguarding team at the East London NHS Foundation Trust (ELFT) carried out a series of multi-agency and Trust-wide audits. These audits were prompted by key learnings from both local and national case reviews. The findings, insights, and recommendations were shared with individual staff, managers, and the Trust Safeguarding Committee. The primary goal was to provide assurance and ensure that valuable lessons were disseminated throughout all directorates to improve practice. The audits focused on several key areas, including a “Think Family” approach, the “Voice of the Child” in adult services, domestic abuse practice and reporting, and child neglect. Across all these audits, several key themes emerged. There was a strong emphasis on **training and supervision** to improve safeguarding skills and compliance throughout the Trust. To enhance the accuracy and clarity of data, new reporting and audit tools were introduced, focusing on **data quality**. A significant finding was the need for a renewed focus on **child-centred practice**, specifically ensuring that the voice and lived experiences of children are captured effectively. Furthermore, the Trust’s safeguarding policies were updated to better align with the “Think Family” and domestic abuse guidance. Finally, the use of repeat audits, supervision, and newsletters was identified as a continuous learning strategy to drive ongoing quality improvement.

EVIDENCE, LEARNING AND IMPROVEMENT

The **Metropolitan Police** conducted an audit of ten cases focusing on children who were witnesses to or involved in domestic abuse (DA) offences. The audit identified key lessons and has led to several changes aimed at improving practice.

One major finding was the **delay in actioning tasks** from Multi-Agency Risk Assessment Conferences (MARAC) when children were involved. To address this, any actions set at MARAC will now be sent via email not only to the Officer in Charge (OIC) and their supervisor but also to the Children’s Advice and Information Team (CAIT) referral mailbox. The Connect system will also be updated. This new process aims to prevent delays caused by staff absence or leave. A second issue identified was that Connect triage cards were not consistently being completed with full information, which hindered Children’s Social Care (CSC) from taking appropriate action. In response, all frontline officers will now receive **training on how to complete these cards** correctly and on the importance of professional curiosity in their work. Additionally, training on how to refer cases to MARAC has been provided to all frontline officers, with presentation slides being circulated to ensure the information is widely accessible.



EVIDENCE, LEARNING AND IMPROVEMENT

An audit was conducted by **Homerton Healthcare NHS Foundation Trust** on initial health assessments (IHA) in City and Hackney, reviewing five reports from the City and ten from Hackney. The audit's recommendations focus on improving the IHA process, from referrals and documentation to the assessments themselves. To ensure ongoing quality, the audit recommends a re-audit in 18 months and the continuation of the current caseload approach. Several recommendations address the referral and administrative processes, including the **ongoing use of existing escalation processes** for delayed IHA referrals from the Local Authority (LA). It is also advised that the consent process is clarified with the LA to ensure consistency and that **documentation of key dates** for IHA bookings is made more consistent by liaising with Looked After Children (LAC) administrative staff. The recommendations also focus on improving the quality of the assessments. It is a priority to hold **face-to-face health assessments** and to liaise with the LA to ensure relevant background information is shared before appointments. The audit also stressed the importance of having the **named social worker**, or a colleague, present at all IHAs. Finally, it was recommended that the named General Practitioner (GP) prioritises the sharing of GP and immunisation records, and that **part C of the assessment form be adapted** to reflect whether children and young people (CYP) and their carers were offered the opportunity to be seen alone and whether consent was taken for those over 16 years of age during the appointment.

EVIDENCE, LEARNING AND IMPROVEMENT

Probation continues to prioritise safeguarding through ongoing review and monitoring of safeguarding training across the region, case dip-sampling to ensure concerns are identified and addressed in line with statutory duties and a continued focus on accurate recording of safeguarding checks and responses across the PDU. These measures are essential to ensure we can evidence the safeguarding work being undertaken, maintain compliance, and uphold the safety of children and vulnerable adults.

The Voice of the Child, Family & Community

Throughout the year, agencies have demonstrated their ongoing commitment to capturing the voices of children, families, and the community as part of casework and wider engagement activity. Listening and responding to the diverse voices of the community helps to create a more supportive and responsive environment for children and families. Whilst impossible to set out all this activity within the CHSCP's annual report, this aspect was scrutinised by the Quality Assurance Sub Group early in the year. Some examples of activity are set out below:

EVIDENCE AND IMPACT

A key initiative was the establishment of the City of London Children and Families Team's Children in Care Council supper club, which began at the beginning of the year. Born from feedback about isolation among care leavers, these monthly gatherings provide a relaxed, informal setting for young people to connect, build friendships, and support one another. The positive impact is already evident, with a consistent core group of 8-10 attendees who are developing strong peer networks. This sense of community has boosted their confidence, encouraging new members to join subsequent events and reducing anxiety by sharing experiences and hearing consistent messages from professionals.

The supper clubs also revealed a need for more specific support, leading to the creation of monthly online information sessions. These sessions, facilitated by a participation worker and attended by senior staff and subject matter experts, address topics like bus passes and housing processes. This direct access to personalised information has been well received, giving young people a reliable space to get answers to their questions and feel more informed about their entitlements. In addition, we facilitated a theatre trip for our young people to see *"For Black Boys Who Have Considered Suicide When The Hue Gets Too Heavy,"* which sparked important conversations about mental health and well-being, allowing them to share coping strategies with each other.

EVIDENCE AND IMPACT

The WAMHS conference provided a platform for educators and mental health workers to hear from young people directly, with a standout performance from Haggerston School drama students and a poignant speech from a young person on the autism spectrum. This highlighted the importance of compassion-focused approaches in schooling.

EVIDENCE AND IMPACT

Hackney Education actively consulted with fathers and male carers to inform the development of Children and Family Hubs.



EVIDENCE AND IMPACT

In March 2025, the City of London Corporation completed its 10th independent Annual Survey. This involves individually contacting all children, parents and carers, children in care, and care leavers, who have received services from Children's Social Care and Early Help. A tailored survey of questions is asked to each person, dependant on the type of service they have accessed. The exercise ensures that an impartial view of service user experience is collated and demonstrates to children, parents and carers, children in care, and care leavers that their experiences matter, and services can and will adapt in response to their feedback.

This year there was a 51.2% completion rate. There remained consistently positive feedback about the work of Early Help and Children's Social Care services within the survey. Although it was noted by a small number of families that they would welcome more support around housing and managing /supporting additional needs of their children. 100% of children in care responded to the survey. All are happy with where they are living and gave positive feedback about support and accessibility of social workers. All children felt that they had safe people in their lives to speak to.

Themes of loss and isolation continue, not surprisingly, to prevail within the care leaver cohort, given the majority are former unaccompanied asylum-seeking children. However, this year callers had been provided with a range of support services to signpost young people too. Where young people described unhappiness with their home, this was in main due to wanting a permanent tenancy. There were strong positive feelings towards social work support seen.



EVIDENCE AND IMPACT

This case study explores the engagement strategies adopted by the City of London Corporation's Education Welfare Manager, in supporting a secondary school student with significant health challenges. The student has been experiencing recurrent health issues, leading to chronic fatigue and significant absences from school. The Education Welfare Manager conducted a home visit to understand the young person's health challenges and gather detailed information from his family. A follow-up letter was sent to parent outlining what was discussed during the home visit and noted actions agreed during the visit. Consent forms were also agreed for the education welfare manager to make contact with health professionals to ensure transparent sharing of information and implementation of prompt and appropriate support. Regular communication was then maintained with the family. This included offering tuition during the summer holidays and exploring flexible schooling arrangements to accommodate the young person's health needs. To ensure the effective implementation of support, the education welfare

manager worked closely with the young person's school, to ensure they were aware of his health challenges and could provide appropriate support, including the creation of an Individual Education Plan (IEP). Community resources were explored to ensure comprehensive support for the young person. The education welfare manager actively collaborated with health professionals to ensure a comprehensive understanding of the young person's medical condition and to coordinate support. Regular communication took place with the Head of Year and Safeguarding Lead on several occasions and has extended to the broader community, including liaising with external tutoring providers to arrange educational support for the young person. The education welfare manager has also explored support options from community organisations, such as Young Carers, to provide additional resources for the young person and his family. There is now a more comprehensive plan in place to support this young person as we move into the new academic year.



EVIDENCE AND IMPACT

Clinical Service 2024 Focus Groups: In 2024, the Hackney CFS Clinical Service engaged with children and families who had previously received support from the Surge team. The Surge team has since discontinued but previously offered support for young people presenting in mental health crises and those at risk of Tier 4 (specialised day and inpatient units) admission. Focus groups and telephone discussions were held to understand their experiences of seeking support for their child's mental health and what improvements could be made. The feedback has contributed to the ongoing informing and improving children and families services.

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EVIDENCE AND IMPACT

Children's Rights Service SHOUT survey: In November 2024, Hackney CFS asked children and young people who are currently looked after or are care experienced, to tell us about their recent experience of receiving support from their Children's Rights Officers (CROs). An online, child-focused survey was used and 16 responses were received. The responses highlighted positive experiences with Children's Rights Officers (CROs), who are seen as supportive, accessible, and effective in helping young people understand their rights and have their voices heard. Responders appreciated the CRO's ability to listen, provide guidance, and ensure they felt supported during important processes. There were suggestions for improvement, such as quicker responses and better communication. The feedback emphasised the importance of CRO's building trusting relationships, creating a safe environment, and avoiding judgment.

EVIDENCE AND IMPACT

Special Guardian Support Group Questionnaire: Between January 2025 and February 2025 a questionnaire was sent to Hackney's Special Guardians mailing list to understand the challenges Special Guardian's face in their roles, areas of advice and support they may most benefit from and the structure and content of the regular Special Guardian Support Groups. 31 responses to the questionnaire were received, which is 23% of the total mailing list. Those who responded identified some of the main challenges they currently face include dealing with educational challenges for their child, finances, supporting the emotional wellbeing and mental health of their child and managing their child's behaviour. Responders also suggested improvements to the support, information and guidance they are offered. The survey results will be used to inform the support provided for special guardians going forward.



EVIDENCE AND IMPACT

Compliment about Hackney CFS from a parent or carer: *"I wanted to express how deeply appreciative I am of [Social Worker]'s support. [Social Worker]'s ability to understand and motivate [child] has made a lasting difference in their life"*

Compliment about Hackney CFS from a parent / carer: *"Thank you so much for your work with [Child], it has made a huge difference, and you have helped them through a very difficult time and they have come out confident and happy the other side"*

EVIDENCE AND IMPACT

The WAMHS conference provided a platform for educators and mental health workers to hear from young people directly, with a standout performance from Haggerston School drama students and a poignant speech from a young person on the autism spectrum. This highlighted the importance of compassion-focused approaches in schooling.

EVIDENCE AND IMPACT

Hackney Education actively consulted with fathers and male carers to inform the development of Children and Family Hubs.

EVIDENCE AND IMPACT

Working with local schools and their communities, the Met Police further developed the concept of Safer Corridors. This involved the Safer Neighbourhood Teams and schools working together to prevent children becoming victims of crime on their way home from school. The overall aim has been to provide 'safe routes' using crime data and feedback from children around where they feel less safe. Patrols are on foot and on pedal bikes whilst engaging with schoolchildren. Collaboration with one secondary school (Haggerston) resulted in a change in how detentions were issued (from after school to lunch time) to make it less likely children would become victims of crime on their way home.

EVIDENCE AND IMPACT

In 2024, Hackney Council and City and Hackney Safeguarding Children Partnership held a series of meetings with AFRUCA Safeguarding Children to discuss the over-representation of African and Caribbean families in the child protection system as a result of physical chastisement. The local authority was aware that parenting of children in most of these families is good and the incidents of physical chastisement relate more to parenting understanding of what is acceptable or not in terms of chastisement, as opposed to there being any underlying abusive intent. Hackney and AFRUCA agreed to collaborate to deliver a series of three safeguarding training events for faith leaders and workers in Black faith organisations so they could better understand the law and expectations surrounding physical chastisement and how to talk to parents about keeping their children safe. 65 participants from 30 churches attended three events facilitated by AFRUCA. The participants contained a mix of Pastors and leaders in the church. These were the right people who could go back and make a difference to safeguarding decisions in their organisations.



Performance Data

Whilst the CHSCP maintained two area-based datasets which captured a range of safeguarding metrics across the local partnership, with the loss of personnel, the increased use of AI and a focus on avoiding duplication, new arrangements are being introduced to collate and interpret multi-agency safeguarding data for 2025/26. These new arrangements will enhance the focus on any key data shifts, and importantly, what the data might be telling us about performance and the quality of practice.

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Front-Line Intelligence

The CHSCP did not issue a staff survey in 2024/25 as planned, primarily because of capacity issues within the CHSCP team. The ongoing focus on the CHSCP's priority on the Health and Wellbeing of the workforce facilitated ongoing insight into the views of front-line practitioners, as did the engagement of some within the CHSCP's reviewing and auditing processes.



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Focus on CSA and CSE

In March 2025, the Home Secretary wrote to Local Authority Chief Executives, outlining the Government's commitment to doing all it can to tackle the horrific crimes of child sexual abuse (CSA) and child sexual exploitation (CSE). As part of this letter, the Home Secretary expressed an interest in receiving an update on how local areas were prioritising their response to child sexual abuse and exploitation, and the specific actions being taken to tackle this issue. The following sets out the basis of this response from the CHSCP Executive covering both the City of London and Hackney:

EVIDENCE AND IMPACT

The CHSCP has undertaken a wide range of actions and activities in both Hackney and the City of London to combat Child Sexual Abuse (CSA) and Child Sexual Exploitation (CSE). Our efforts are consistently guided by our "Safeguarding First" approach and our commitment to ensuring children are seen, heard, and helped. Our approach has been multifaceted, encompassing prevention, early intervention, disruption of offending, and victim support, as detailed in our annual reports for 2020/21, 2021/22, 2022/23, and 2023/24.



EVIDENCE AND IMPACT

Learning from Reviews: The CHSCP appropriately conducts Local Child Safeguarding Practice Reviews (LCSPRs) to learn lessons from serious child safeguarding cases and improve multi-agency working. In terms of CSA, the recent CSRP on Case A examined how local agencies managed and mitigated risks posed by a known child sex offender, identifying a lack of robust professional curiosity and insufficient focus on the child's paramountcy. Recommendations from this review aim to improve referrals to children's social care, strengthen guidance on risk management of offenders, and enhance information sharing with key agencies. One recommendation arising from this review links to Multi-Agency Public Protection Arrangements (MAPPA) and we have been engaged with the Child Safeguarding Practice Review Panel on how best to progress improvements at a national level. Another relevant LCSPR (Child W) has recently been finalised. A defined CSA task group has been set up to collate and drive the recommendations arising from this review, Case A, and the national panel's review on CSA.

EVIDENCE AND IMPACT

Auditing and Quality Assurance: The CHSCP implements multi-agency case auditing programmes focusing on specific areas such as intra-familial CSA. These audits lead to outcome-focused action plans and inform briefings for frontline professionals.

EVIDENCE AND IMPACT

Staff Training and Development: The CHSCP provides a comprehensive training programme covering various safeguarding topics, including child sexual abuse, exploitation, and online safety. Training content incorporates learning from local and national case reviews. For instance, specialist training has been commissioned to increase understanding of child sex offenders, all City social workers are now ABE trained and there is ongoing focus on broadening the cohort of trained social workers in Hackney. The CHSCP routinely seeks assurance and evidence from healthcare providers and other agencies that CSE/CSA is included in mandatory training.



EVIDENCE, IMPROVEMENT AND IMPACT

The City of London - Identification and Response:

The City of London experiences a low number of cases, with most contacts related to non-residents. Relevant crimes recorded by City Police included rape, sexual activity, and possession of indecent images, as well as grooming via the internet/social media. The City Multi-Agency Sexual Exploitation (MASE) panel was changed to the Multi-Agency Child Exploitation (MACE) panel to encompass all forms of child exploitation and abuse that adolescents are at increased risk of.

The City of London's location as a major transport hub is significant for intelligence sharing among partner agencies. The City maintains an "it could happen here" stance despite relatively lower risks compared to neighbouring Local Authorities.

The City Police lead on all children missing from home or care, with a coordinated response involving the City Children and Families team. Numbers of missing children in the City of London are very low. Coram Voice conducts independent return home interviews within 72 hours, with therapeutic support offered based on outcomes to address risk-taking behaviour. These interviews are reviewed by the partnership to inform strategy and service delivery. Workers use a range of tools, which they regularly update when children's circumstances change, including risk of exploitation and going missing.

The City of London's MACE panel uses quarterly data and intelligence to understand and identify risk indicators related to all forms of child exploitation. The City of London Police has restructured its public protection department to have specialist officers available out of office hours and seven days a week.

"Operation Makesafe" is ongoing and involves plainclothes police officers attempting to book hotel rooms with a child not related to them, providing feedback and advice to hotels on identifying and disrupting CSAE.

"Operation Reframe" targets the night-time economy to create safer environments for vulnerable people, including test purchases at licensed premises to identify and address alcohol sales to children.





EVIDENCE, IMPROVEMENT AND IMPACT

Hackney – Identification and Response:

In Hackney, children at high risk of extra-familial harm benefit from effective interventions. Professionals work across service areas and through multi-agency panels to robustly explore risks and vulnerabilities for children. Actions are identified to help reduce risk, harm and offending, and to increase children's safety. Children are seen within the context of their own needs as well as within their family, community, and peers. Progress is evident for some children; risks have reduced through successful interventions and the trusting relationships built with key practitioners. If risks increase, children's cases are appropriately escalated through child protection processes to coordinate the multi-agency response.

Analytical research has highlighted three broad CSE profiles: peer-on-peer abuse (sexual offences/exploitation in a group setting), adult perpetrator exploitation (young person believing they are in a relationship with an adult through vulnerable friends or online contact), and exploitation via social media (inciting explicit image sharing).

In Hackney, contacts identifying Child Sexual Exploitation as a potential concern were received for 37 children during 2023/24. There were 1,301 missing episodes reported over the same time period, involving 265 children. The most prominent reason for children going missing was "difficulties at home or school," with overcrowding also noted. Mental health, emotional wellbeing, and learning needs were also precipitating factors. Contacts for 167 children identified Criminal Exploitation (CE) as a potential concern, and 145 children had statutory social work assessments where CE was a factor.

Most CE referrals related to male children from Black and Global Majority backgrounds. Contacts for 185 children identified Serious Youth Violence and Weapons as a potential concern.

The Youth Justice Service reported a 19% decrease in first-time entrants to the youth justice system in 2022/23, with 91% of triaged young people successfully diverted. An Extra-Familial Risk Panel continues to oversee and plan for cases where young people are at risk of harmful behaviours outside the home, with strong multi-agency attendance from Police, Education, Health, Youth Offending Team, Young Hackney, and the Community Gangs Team.

The Metropolitan Police Service's handling of sexual and criminal exploitation of children has improved. The force's children's strategy now sets out the commissioner's ambition to adopt a 'child first' approach. This aims to make sure officers and staff recognise that children are different from adults and should be treated differently because they have different needs and vulnerabilities.

Continued overleaf



EVIDENCE, IMPROVEMENT AND IMPACT continued

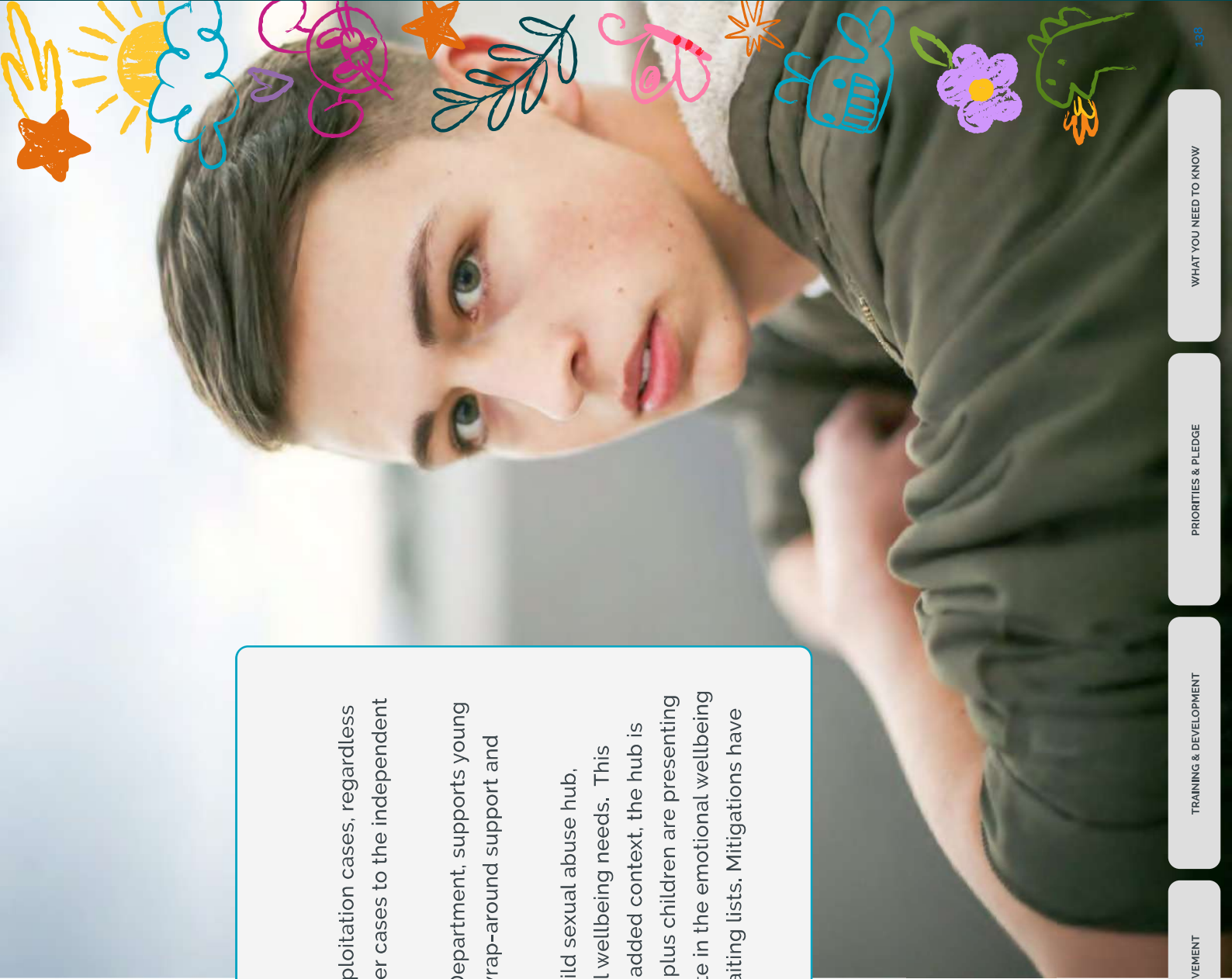
Through a renewed focus on child exploitation, its links to missing children and the language the force's officers and staff use, the force has made positive progress. The changes the force has implemented are also now providing better outcomes for children in London.

The Metropolitan Police Service's Safer Schools and Youth Engagement Teams regularly deliver presentations on various safeguarding issues, including youth-produced sexual imagery (YPSI), exploitation, and gangs.

In terms of managing offenders, Probation and Jigsaw staff in Hackney are co-located which has been reported to assist in better collaboration locally. There is now greater emphasis on joint working, home visits, risk assessment, and information sharing.

Children's social care in Hackney has taken significant steps to strengthen its practice in response to child sexual abuse. Alongside identifying dedicated practice leads to develop expertise and be available for consultation, practitioners have access to much clearer guidance and there are defined processes in place such as the following:

- To ensure leadership focus, service managers are informed about any disclosures of child sexual abuse.
- Multi-agency strategy meetings under Section 47 of the Children Act 1989 are convened to discuss risk, develop safety plans, and determine the approach to investigation. There is an expectation that a safety plan is coproduced with the protective care giver, recorded on the case management system, and shared with the family and professionals.
- Importantly, there is defined guidance covering how to issue instructions for specialist risk assessments. This includes the following narrative about how Jigsaw risk assessments should be considered: 'Risk judgement offered by the Jigsaw team engaged with convicted sexual offenders - This judgement of risk is given based on a number of factors present or absent at a specific point in time. This risk judgement should always be reviewed in light of changing context (e.g., living circumstances for the alleged perpetrator), which could cause the assessed risk level to either increase or decrease. We should not base our decisions about child safety on this risk judgement alone.'
- Revised guidance is also much more explicit about the need for direct work with children and how to engage them and protective carers. Within this guidance, there are clear examples about the practical work that can be undertaken.
- Defined pathways are in place at Homerton Hospital covering the management of suspected CSA. Routine awareness raising continues and best practice is promoted via the Centre of Expertise on CSA.



EVIDENCE AND IMPACT

Support for Victims and Vulnerable Children:

The expansion of the right to review for all child sexual abuse and exploitation cases, regardless of when they took place, is being promoted to ensure victims can refer cases to the independent Child Sexual Abuse Review Panel.

Redthread, a charity embedded in Homerton Hospital's Emergency Department, supports young people affected by or at risk of violence and exploitation, providing wrap-around support and diverting them from offending.

The Sunrise (previously NEL CSA Hub) at Royal London provides a child sexual abuse hub, collaborating with Barnardo's to address both medical and emotional wellbeing needs. This setting was visited by the Children's Commissioner in April 2025. For added context, the hub is facing increasing demands as the number of referrals are increasing plus children are presenting with increasing complexity and vulnerability. The impact is most acute in the emotional wellbeing and support service with pressures arising in terms of volume and waiting lists. Mitigations have been implemented, but the waiting list is now 12 months.

Redthread.





Training & Development

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Summary

The training opportunities offered by the CHSCP are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people, or adult family members. Sessions range from those that raise awareness about safeguarding and child protection to specialist topics aimed at more experienced staff. The training programme focuses on areas of practice prioritised by the CHSCP, with learning from local and national case reviews integrated into the training material.

EVIDENCE

77 training sessions were held in 2024/25
(An increase from 60 in 2023/24, 56 in 2022/23 and 47 in 2021/22).

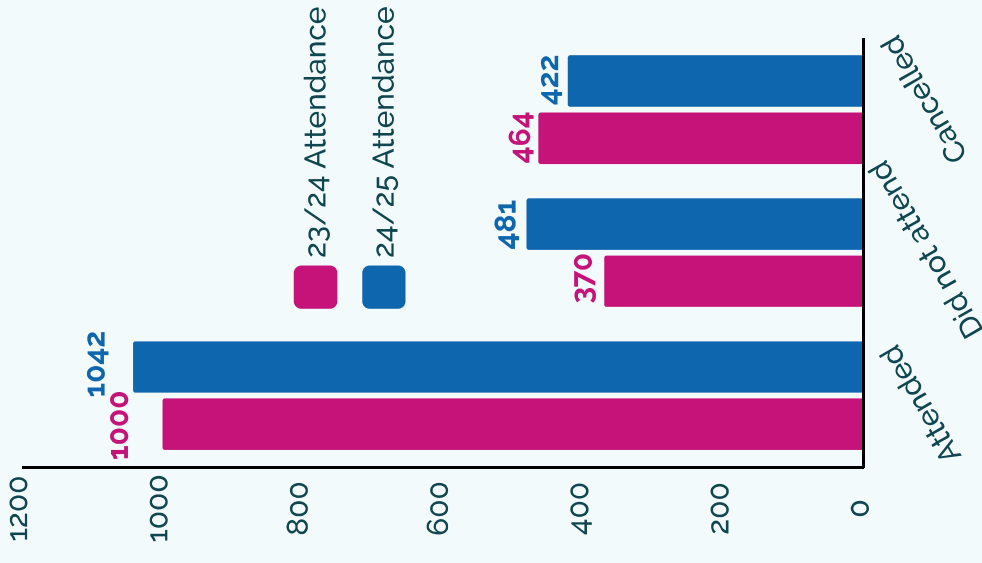
43 safeguarding topics were covered.

- 17 new courses were introduced to the programme
- Most courses continued to be delivered virtually, with two face-to-face sessions held.

EVIDENCE

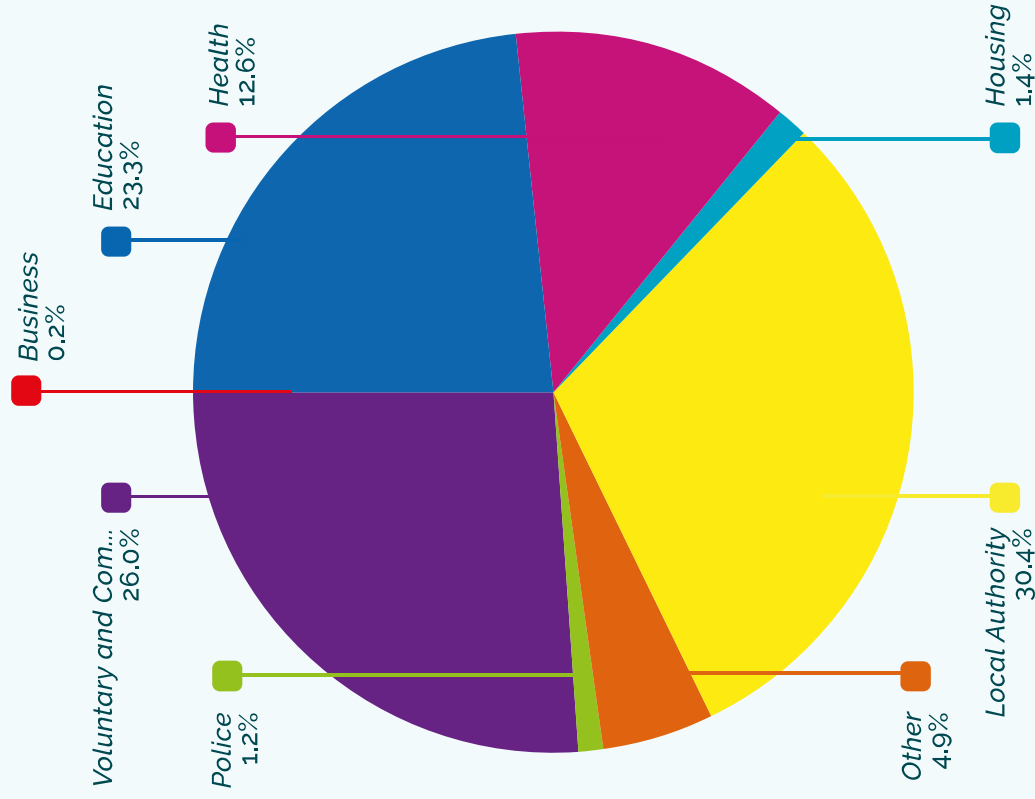
- Of the 1945 booked places (1834 in 2023/24), 1042 practitioners attended (and increase of 4% from 2023/24). 422 cancelled their training booking (a decrease of 9.1% from 2023/24). 481 did not attend the course (an increase of 30% from 2023/24).
- 67% of attended bookings were by practitioners working in Hackney, 16% in the City of London, and 17% by those working across both areas.

Attendance Status 2023/24 vs 2024/25

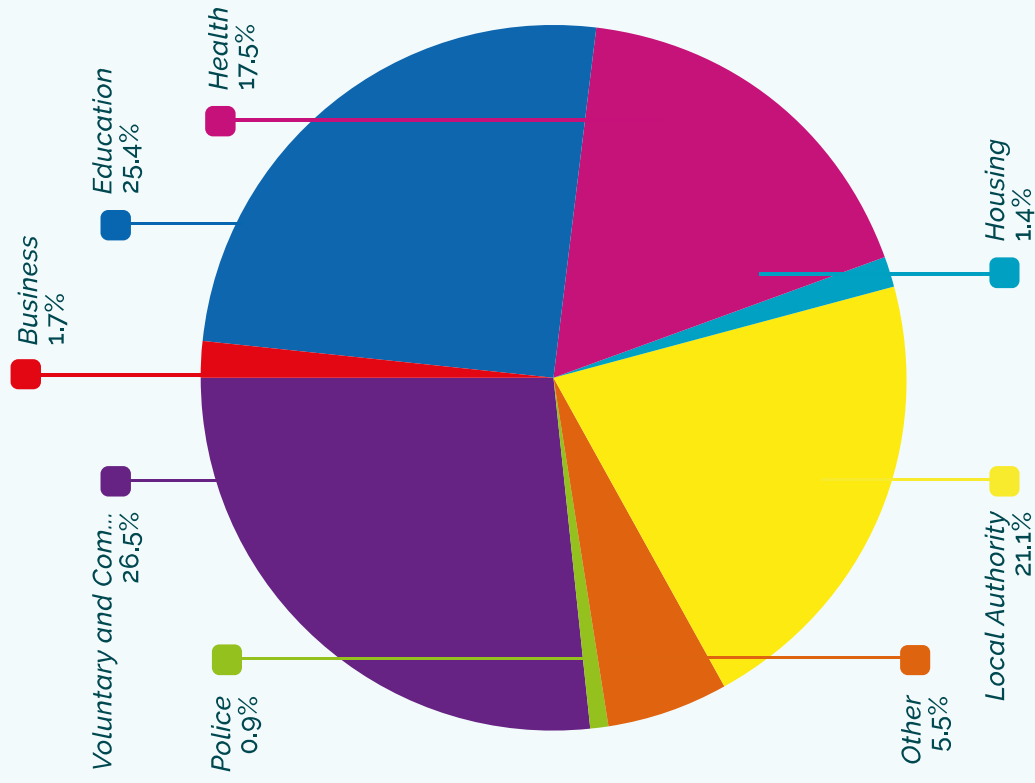




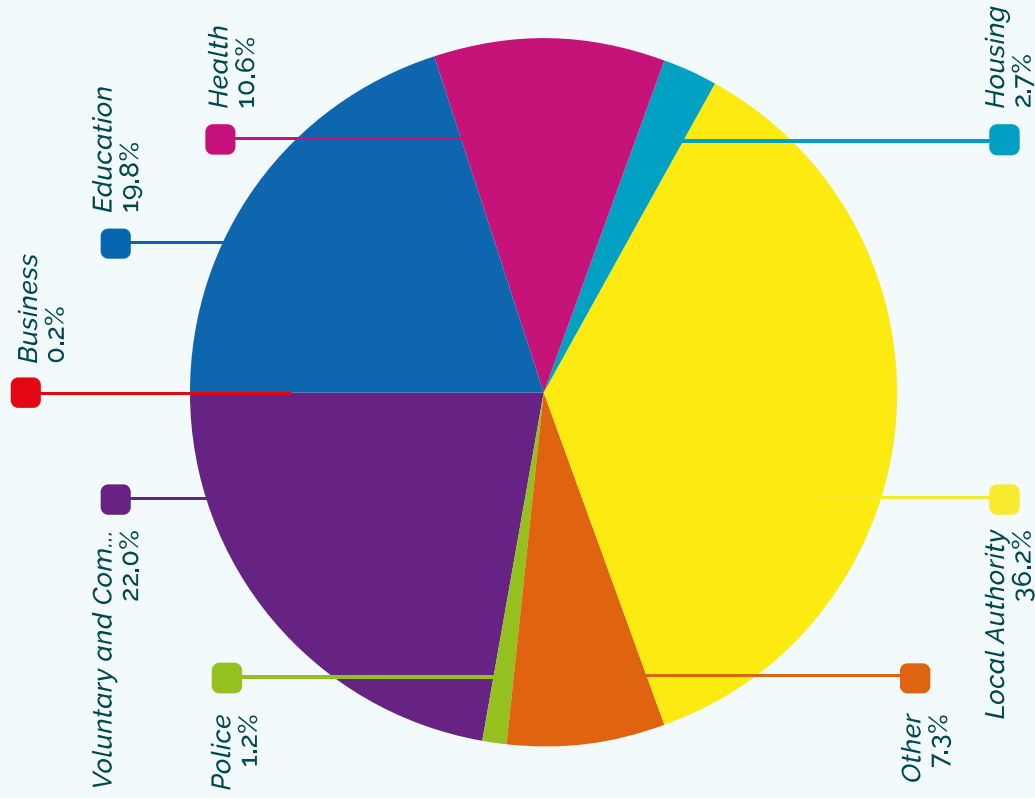
Attendance by Sector



Cancellations by Sector



Non-Attendance by Sector



EVIDENCE

In August 2025, the ISCC wrote to all partner agencies about the increase 'non-attendance' numbers.

In the current financial climate, we are all facing significant budgetary pressures. The costs associated with these no-shows are no longer sustainable. We rely on the goodwill of our knowledgeable colleagues to lead these sessions, and our budget, which supplements external training, is being wasted. Ultimately, this trend negatively impacts our ability to offer places to delegates on waiting lists, directly hindering our collective mission to provide high-quality training and support across the partnership.

We ask for your support in reinforcing the importance of this issue with your staff. Please remind them of their responsibility to prioritise and attend all pre-booked training. If a delegate cannot attend, they must follow the established cancellation process to free up the place for someone else.

If this trend of non-attendance continues, we will have no choice but to implement financial penalties to offset the wasted resources. We value your partnership and your commitment to ensuring our staff have the skills and knowledge they need to succeed. Your cooperation in addressing this matter is greatly appreciated.

EVIDENCE

Course Title

Delegates Trained 24-25

An Introduction to Child Sexual Abuse (CSA) in the Context of Exploitation	8	▲
An Introduction to Female Genital Mutilation (FGM)	2	▲
An Introduction to Intra-Familial Child Sexual Abuse	6	▲
Child Criminal Exploitation and County Lines	34	▲
Child Protection and Safeguarding Training for Faith Leaders	65	▲
Child Sexual Abuse Education	11	▲
Children's Wellbeing & Mental Health	28	▲
Cultural Awareness - Gypsy Roma Traveller Cultural Competency Training	21	▲
Cultural Awareness - Working with the Orthodox Jewish Community	49	▲
Designated Safeguarding Lead' courses (Level 3)	180	▲
Early Help Pathway, Request for Support Form and Assessment	12	▲
Hear my Voice: Obtaining the Views and Opinions of Children with Communication Difficulties	33	▲
How to Engage and Work with Fathers and other Male Caregivers	17	▲
iCAN Dads: Working with Primary Male Caregivers	1	▲
Identifying and Exploring Child & Adolescent to Parent Violence & Abuse	18	▲
Impact of Neglect and Emotional Abuse on the Development of Children and Young People	30	▲
Improving Professional Participation in Child Protection Conferences	11	▲
LADO: Allegations Against Staff and Volunteers	7	▲
LADO: Allegations against Staff and Volunteers Training for Faith Group Leaders	1	▲
LADO: Completing Employment-Based Risk Assessments	10	▲
LADO: Completing Internal Employment Based Investigations	14	▲
Making Sense of Autism	26	▲
Modern Day Slavery/Trafficking	7	▲

Continued overleaf.



EVIDENCE CONTINUED

Course Title	Delegates Trained 24-25
Non-Recent Child Sexual Abuse	14 ▼
Oral Health Care	5 ▼
Parental Mental Illness: Impact on Parents, Parenting Capacity and Children's Development	22 ▲
Parenting Together: Improving the Relationship and Communication of Co-Parents	6 ▲
Prevent Duty Awareness	53 ▼
Private Fostering Workshop	4 ▬
Protecting Children and Vulnerable Adults from Abuse Linked to Faith or Belief	8 ▼
Recognising the Difference between Domestic Abuse and Parental Conflict	13 ▼
Relationship Solutions - The Relationship Toolkit for Working with Parental Conflict	15 ▼
Safe Space: Structuring and Conducting Sessions with Families to Create Positive Interactions whilst Tackling CAPVA	7 ▲
Safeguarding Children Basic Awareness courses (Level 1)	113 ▼
Safeguarding Children with Disabilities	10 ▼
Safeguarding in a Digital World	28 ▼
Safer Recruitment	9 ▼
Safer Sleep	24 ▼
The Child Death Overview Process	
Understanding Adultification Bias	47 ▲
Understanding Adults Who Sexually Abuse Children (Foundation Level)	7 ▲
Understanding Adults Who Sexually Abuse Children (Intermediate Level)	25 ▲
Understanding Adverse Childhood Experiences (ACEs), Trauma, and Trauma Informed Practice	37 ▲
Working with Cultural & Economic Diversity	4 ▼
TOTAL	1042 ▲



EVIDENCE

To curb inconsistencies between courses, particularly relating to the admittance of, and recognition of attendance status for late attendees, the CHSCP Training, Learning, and Development Subgroup approved two versions of Course Attendance Standards for Delegates covering virtual and face-to-face training. The standards provide a comprehensive list of instructions covering before, during, and after the course. The content covers pre-evaluation completion, when and how delegates will receive joining instructions, how to cancel course registration, downloading course materials, the strict registration cut-off point, expectations related to visual and audio use during the course, and the evaluation schedule post course.

EVIDENCE

The PHEW learning management system continues to be a great addition to the training element of the CHSCP. It has helped to reduce admin time in terms of not having to download registration data and evaluation data from multiple sources and the training coordinator not having to produce individual certificates for delegates. In addition, the system sends calendar invites for each course, booking confirmations and reminder emails to delegates. Delegates are now able to download pre-course materials up to one week prior to their training session, and post course materials following their attendance being recorded online. Delegates are also able to print their own certificates after completion of the evaluation form for the relevant course. During 2024/25, the CHSCP's Training Coordinator utilised the information on PHEW to create 41 separate evaluation reports.





Evaluation

Supported by its Training Evaluation and Analysis Framework, the CHSCP continues to monitor and evaluate the effectiveness of its core training programme. The evaluation schedule involves post-course feedback and follow-up engagement with delegates and their line managers, seeking evidence of how training has influenced practice. This has enabled the CHSCP to gain important insight into the difference its training programme is making towards improving outcomes for children and young people.

Evidence

93% of delegates stated that the trainers' facilitation skills, teaching style and knowledge were GOOD (10.2%) VERY GOOD (37.5%) or EXCELLENT (49.9%). This feedback is a testament to the skill and expertise of our internal & commissioned trainers.

Impact

97.7% stated what they had learned would help them safeguard children & young people more effectively.
95.6% said the course met their expectations.

Impact

It's a lot to pack into one day and is full on and exhausting. It's quite hard to take in all the data. However, there was no part of the day I found not useful.
An Introduction to Intra-Familial Child Sexual Abuse - Post Course Evaluation.

Being able to discuss the case study with other people and hearing others' ideas really helped me to consider things that I may not have thought about before.

LADO: Completing Internal Employment-Based Investigations, Post Course Evaluation.

It was quite rushed at the end when arguably covering the most important part.

Cultural Awareness: Working with the Orthodox Jewish Community - Post Course Evaluation.

Continued overleaf



IMPACT Continued

Training was hugely informative. There was plenty of time for discussion with others, enabling a multidisciplinary approach to analysing this bias.

Marcia was very open to questions and perspectives being shared which fostered a positive environment to learn in.

Understanding Adultification Bias, Post Course Evaluation.

It was most useful learning about real life situations including reviews and what can be learnt from them to improve the chance of a better outcome.

Safeguarding Children: Basic Awareness - Post Course Evaluation.

I have used some of the communication skills discussed in the training which has allowed me to capture the voice of non-verbal young children more effectively.

Designated Safeguarding Leads, Level 2 Evaluation.

I have explained to colleagues in a clinical supervision situation that what they were describing when discussing a family situation was not domestic abuse, but a conflict situation that they could help the parents to resolve.

Recognising the Difference between Domestic Abuse and Parental Conflict, Level 2 Evaluation.

The knowledge I received during the training has enabled me to become culturally sensitive and this has had a positive impact on my health assessment of children and young people.

Gypsy Roma Traveller Cultural Competency Training - Basic Awareness, Level 2 Evaluation.

[The employeee] has not been directly involved in safeguarding issues and has not come across a situation where she has had to raise a safeguard in the last 6 months. However, we have discussed the training in supervision and the big takeaway from the training was that supporting the individual's communication needs is not classified as 'leading questions'.

Hear my Voice: Obtaining the Views and Opinions of Children with Communication Difficulties, Level 2 Evaluation.

[The staff member is] more confident to deal with issues as they arise and able and willing to engage in discussions at a management level.
Designated Safeguarding Leads, Line Manager Feedback.

[The member of staff now] understands drug related issues that affect young people.

Child Criminal Exploitation and County Lines, Line Manager Feedback.

No differences noted in practice. Staff members noted that they did not think the content of the training was useful and that the delivery was a little disorganised.
Working with Economic and Cultural Diversity to Safeguard Children, Line Manager Feedback.



Priorities & Pledge



CHSCP Priorities 2024/25

PRIORITY →

The Health & Stability of the Safeguarding Workforce

Outcome

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

PRIORITY ↗

Active Anti-Racist Practice

Outcome

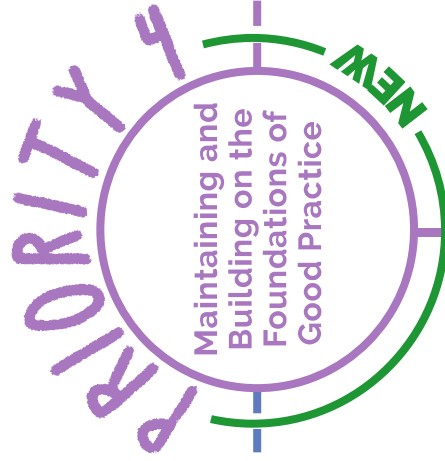
The partnership's approach to safeguarding children is characterised by active anti-racism and aligns with the CHSCP's Anti-Racist Charter. Practice that disproportionately and negatively impacts on Black and Global Majority children (and their outcomes) is identified and reduced. Children and their families are confident in challenging their experiences of racism, have mechanisms in place to escalate their concerns and tell us that they can see change. Practitioners are confident in challenging racism, and this happens.

PRIORITY ↘

The Voice of Children

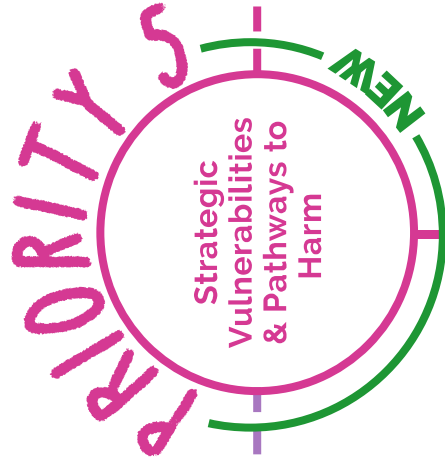
Outcome

Multi-agency safeguarding practice reflects the lived experience of children. The voices of children are central to all aspects of the child's journey and are used to influence service design, develop practice and improve outcomes.



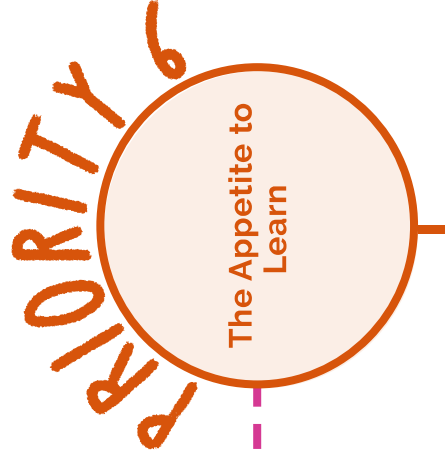
Outcome

Multi-agency safeguarding practice demonstrates a strong foundation, continuous improvement and alignment with the national standards for child protection. Children and families are effectively supported by early, robust, timely and coordinated multi-agency help and protection.



Outcome

The CHSCP identifies and develops action in response to identified strategic vulnerabilities and the pathways to harm facing children. For 2025/26, local priorities centre on Child Sexual Abuse, Safeguarding Adolescents, Neglect and Unregistered Educational Settings.



Outcome

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



Our Pledge



THE HEALTH & STABILITY OF THE SAFEGUARDING WORKFORCE

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

ACTIVE ANTI-RACIST PRACTICE

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



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THE VOICE OF CHILDREN

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





MAINTAINING AND BUILDING ON THE FOUNDATIONS OF GOOD PRACTICE

NEW

The CHSCP recognises that good practice is built upon solid foundations, and we are committed to maintaining and continuously building upon these. We will maintain focus on ensuring these fundamental aspects are embedded in our work, covering the journey of the child through the safeguarding system. This includes our approaches to family help, child protection, looked after children, and care leavers.

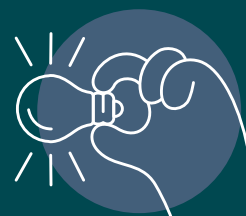


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STRATEGIC VULNERABILITIES & PATHWAYS TO HARM

NEW

We will proactively respond to local strategic vulnerabilities and identified pathways to harm through robust and focused multi-agency arrangements. We will commit to developing our understanding of these issues and work together to implement solutions that directly support practice, improve outcomes and help tackle the root causes of harm to children.



THE APPETITE TO LEARN

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



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 you to help us find the best way to do this.
- **If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to Childline on 0800 1111.**

childline

ONLINE, ON THE PHONE, ANYTIME
childline.org.uk | 0800 1111





Parents and Carers

- Public agencies are there to support you and prevent any problems you are having from getting worse. Don't be afraid to ask for help.
- It's important to tell us what works for you and what doesn't so that professionals can help you in the best way possible.
- 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.

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The Community

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. If you see something, say something.
- If you live in Hackney, call the **Multi-Agency Safeguarding Hub (MASH) on 0208 356 5500.**
- If you live in the City, call the **Children & Families Team on 0207332 3621.**
- You can also call the **NSPCC Child Protection helpline on 0800 800 5000.**





Practitioners

- Make sure children and young people are seen, heard and helped. **SAFEGUARDING FIRST, CONTEXT, CURIOSITY & CHALLENGE**
- Your **professional judgement** is what ultimately makes a difference, and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role.
- Be familiar with, and use, when necessary, the **Hackney Child Wellbeing Framework and/or The City of London Thresholds of Need tool** to ensure an appropriate response to safeguarding children and young people.
- Understand the importance of **talking with colleagues and don't be afraid to share information**. If in doubt, speak to your manager.
- **Escalate your concerns** if you do not believe a child or young person is being safeguarded. This is non-negotiable.
- Use your representative on the CHSCP to make sure that your voice and that of the children and young people you work with are heard.
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents.





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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.
- Deputy Mayor Anntoinette Bramble (Hackney) and Ruby Sayed (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.

Leaders

- You set the tone for the culture of your organisation. When you talk, people listen. Talk about children and young people. Talk about **SAFEGUARDING FIRST**.
- Your leadership is vital if children and young people are to be safeguarded.
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust.
- Ensure your workforce attend relevant CHSCP training courses and learning events.
- Ensure your agency contributes to the work of CHSCP and give this the highest priority. Be compliant with minimum standards for safeguarding.
- Advise the CHSCP of any organisational restructures and how these might affect your capacity to safeguard children and young people.



The Police

- Robustly pursue offenders and disrupt their attempts to abuse children.
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies.
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse.
- Ensure a strong focus on MAPPA and MARAC arrangements.

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Head Teachers and Governors of Schools

- Ensure that your school / academy / educational establishment is compliant with statutory guidance KCSIE.
- You see children more than any other profession and develop some of the most meaningful relationships with them.
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection.
- Make sure your DSLs and Deputy DSLs have access to good quality supervision, support and training.





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Integrated Commissioning Boards

- The ICB has a key role in scrutinising the governance and planning across a range of health organisations.
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

The Local Media

- Safeguarding children and young people is a tough job.
- Communicating the message that safeguarding is everyone's responsibility is crucial - you can help do this positively.
- **Hundreds of children and young people are effectively safeguarded every year across the City and Hackney.**
- **This is news.**





SEEN | HEARD | HELPED

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