

2014/15



# Islington Safeguarding Children Board Annual Report 2014/15

Alan Caton, Independent Chair

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## Section II: Chair's introduction

I am pleased to present the Islington Safeguarding Children Board (ISCB) Annual Report covering the period April 2014 to March 2015.

This has been a challenging year for partners who are working in a context of shrinking budgets and resources, however this report provides evidence of the commitment and determination among agencies and professionals to keep children and young people safe across Islington.

This report highlights the performance and effectiveness of agencies to safeguard and promote the welfare of children and young people. It also outlines the difference we have made as a Board and the impact that those differences have had on children, young people and their families in Islington.

The challenge in last year's annual report for statutory assessments to be completed in a more timely manner has improved this year. As a result of that challenge the Board can evidence how it has influenced and shaped service delivery through effective multi-agency case audit and a robust quality assurance process.

As an example the Board provided a challenge to the Local Authority surrounding the timescales taken to undertake single assessments. As a result of that challenge an audit of cases was undertaken. The audit established that there was sound decision making in each case and that even in cases where timescales were exceeded, children were not being put at risk. The Board continues to monitor this activity and timeliness has improved.

Independent assessment of Early Help shows that Islington services are reaching families with multiple problems and are effective in solving those problems. Early help services are positively impacting on statutory services by reducing demand.

The Islington Safeguarding Children Board has appointed two new Lay Members who will be influential in making links between the ISCB and community groups, in addition they will enable public engagement in local child safety issues and an improved public understanding of the Board's child protection work.

The work of the Board has become mature in recent years and has taken the steps of formulating objectives which challenge partners to focus on the advanced work that is required by professionals to help children undo the harms caused by abuse, neglect and parental mental ill health.

The Board has made inroads to identify children at risk of CSE but is now pushing partner agencies to identify and prosecute those offenders who exploit and abuse.

As a Board we continue to face a number of challenges as we strive to constantly develop front-line practice with a view to improving outcomes for all children and young people.

These challenges are highlighted in this report and include;

Ensuring that the voice of children is heard and that their views are taken into account in all aspects of safeguarding.

Ensuring that lessons learned from local and national case reviews and audits are embedded in local practice and improve the quality of the provision of services to children and young people.

Ensuring the effectiveness of safeguarding support for children living with the consequences of domestic abuse, parental mental ill health and parental substance misuse.

To continue to monitor and evaluate the impact of early help.

Ensuring the Islington response to child sexual exploitation is identifying those children at risk of CSE at the earliest opportunity and evaluating the multi-agency response to keep children safe.

May I also take this opportunity to thank on behalf of the ISCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across the borough to improve the safety and quality of life of our children, young people and families.

I commend this report to you and invite you to feedback your thoughts on how we can continue to develop and improve in order to keep all of Islington's children safe.

Alan C Caton, OBE

**ISCB Independent Chair**



## Section III: Purpose of this report

### 1. Statutory duty

Legislation<sup>1</sup> compels Local Safeguarding Children Boards (LSCB / Board) to ensure that local children are safe and agencies work together to promote children's welfare. The board has a statutory duty<sup>2</sup> to annually prepare a report on its findings:

*"The chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board"*

### 2. Remit of the report

This report follows the *LSCB Annual Report 2013-2014*, published in autumn 2014 and covers the financial year from April 2014 – March 2015.

Section 5 provides an outline of the board's main objectives, how well it has achieved those objectives, and what difference they have made. In doing so, the report reflects on successes but also identifies gaps in services. Occasionally, the report makes recommendations for partners to consider, and respond to (an action plan accompanies this report).

This report-outline continues the methodology from the previous year, based on the statutory duties of the board as they are found in the *Local Safeguarding Board Regulations 2006* (Government, 2006).

### 3. Audience

This report will be presented to all board partners and:

- The Chief Executive of Islington Borough Council, Lesley Seary;
- The Leader of Islington Borough Council, Cllr Richard Watts,
- London Police and Crime Commissioner, Mayor's Office for Policing and Crime (MOPAC)

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<sup>1</sup> Children Act 2004

<sup>2</sup> Apprenticeships, Skill, Children and Learning Act 2009

- Chair of Islington Health and Wellbeing Board
- The Borough Commander of Islington Metropolitan Police
- Schools forum (executive report).
- Youth Justice Management Board
- Adult safeguarding Board

**Action : ISCB to present the Annual Report all strategic partnership boards and for partners to indicate what actions they intend to take in relation to the report's findings.**

#### **4. Methodology**

In writing this report, contributions were sought directly from board members, chairs of sub-groups and other relevant partnerships. It drew heavily on the numerous monitoring reports presented to the board and subgroups during the year e.g. LADO report, private fostering report and corporate parenting report.

LSCB members were asked to give a summary of key achievements and challenges in 2014/15.

#### **5. Approval process**

The chair presented this report, in draft, to the ISCB on 14 July 2014 for oversight and commentary. Once the report has been finalised an executive summary will be prepared.

#### **6. Publication of this report**

The final version of this report, as well as the executive summary, will be prepared as a PDF and placed on the ISCB website.

## Section IV: London Borough of Islington, background and context

### 1. Demographics

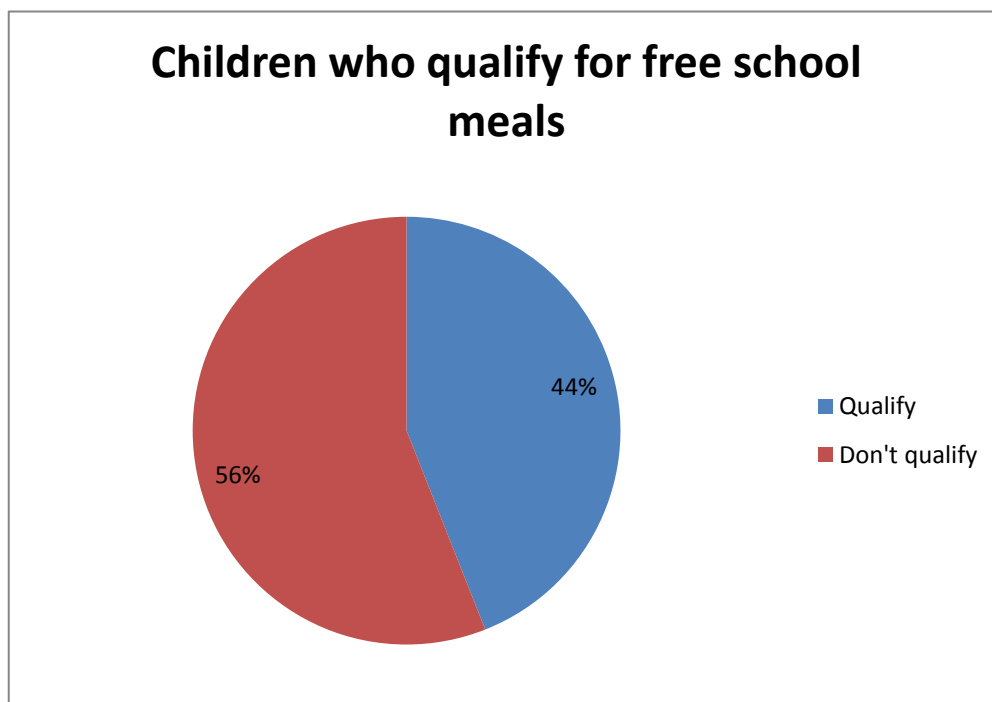
Islington has a population of 220 100. It is a small, densely populated inner-London borough with about 43,500 children (0-19), living in 21,000 households.

There is sharp contrast between wealth and poverty. The *Index of Multiple Deprivation* (2010) listed Islington as the 14th most deprived local authority in the country, whereas the *Income Deprivation Affecting Children Index* ranks it as the second most deprived area in the country.

Approximately 44% of children in Islington qualify for free school meals and 6 out of 10 families with dependent children live in social housing, compared to 2/10 nationally. 11% of households live in overcrowded conditions.

The child in need census (2013/14) showed that Islington had the 8<sup>th</sup> highest rate of children in need in the country. Islington had a higher proportion of CIN case open for less than three months than its statistical neighbours, as well as higher rates for cases open longer than three months. On average, the proportion of child in need cases that remains open for longer than 2 years are higher than comparable statistical neighbours.

A relatively high proportion of children in need also have special educational needs.



## Section V: Governance of ISCB

### 1. Independent chairing and leadership

The ISCB continues to be independently chaired by Alan Caton. Quarterly safeguarding accountability meetings take place between the Chief Executive Officer of LB of Islington, the Lead Member of the Council, the Lead Member for Children, DCS and the Director for Targeted and Specialist Children.

### 2. Structure

In May 2014, the ISCB had a planning day to consider how it is organised. Partners completed an online survey which showed that the e-safety sub-group had fulfilled its work plan. Also, it was thought that chairing arrangements fell disproportionately on the local authority. The board agreed that short term task-and finish group should be used where possible, e.g. e-safety.

To meet the requirements of *Working Together 2013*, the SCR (Case Review) sub-group's constitution was revised to become a full-time sub-group that will in future oversee the implementation action-plans emanating from reviews (previously held in the QA sub-group).

### 3. Sub-groups of the ISCB

Senior managers in the Local Authority previously chaired all subgroups. The Board wanted to see other agencies assume more responsibility for supporting the board and made the following recommendation in the 2013/14 annual report:

“Action 2: The ISCB would like to see that partners, especially s11 partners, take a greater lead in chairing and governance of the safeguarding board sub-groups. The board should continue to review its structure and governance”.

Islington Borough Police, Islington CCG and Whittington Health have all assumed more responsibility with the Head of Safeguarding (Whittington Health) now chairing the Training sub-group, the Designated Nurse for Islington CCG chairing the Policy and Procedure sub-group and a Detective Superintendent from Islington Borough Police chairing the Missing and CSE sub-group.

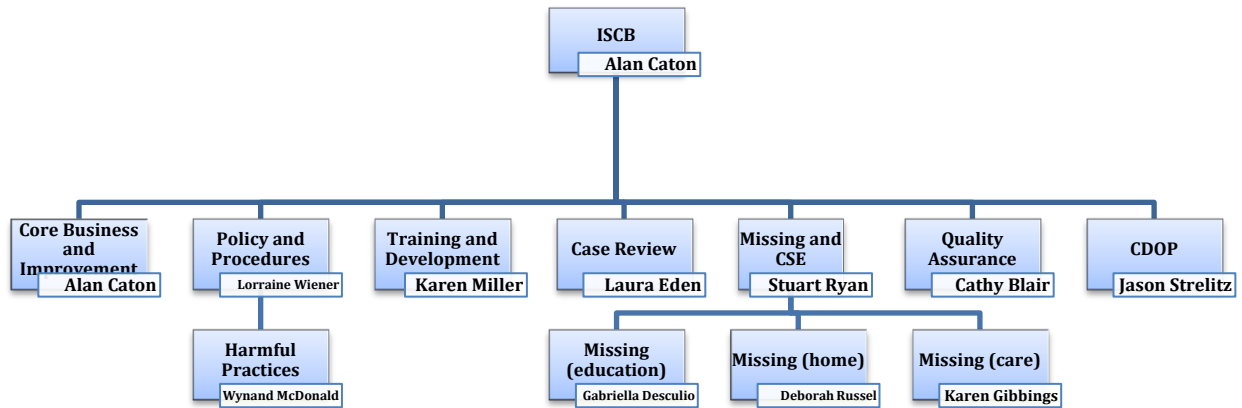


Figure 2 - Structure of the ISCB

### 3.1 Training and professional development subgroup

Key responsibilities of the subgroup are to:

- Identify the inter-agency training and development needs of staff and volunteers
- Develop and plan an annual training and development plan
- Monitor and evaluate the quality of single and multi-agency training
- Ensure lessons from Serious Case Reviews (SCRs) are disseminated
- Measure the impact of multi-agency training.

### 3.2 Quality assurance subgroup

Key responsibilities of the subgroup are to:

- Develop agreed standards for inter-agency safeguarding work
- Establish and maintain appropriate mechanisms and processes for measuring the quality of inter-agency safeguarding work
- Contribute to the development of strategies to address any shortfalls in effectiveness
- Monitor and evaluate the quality of safeguarding work within individual Board partner agencies
- Contribute to the development of strategies for single agencies to address any shortfalls in effectiveness

### 3.3 *Policy and procedure subgroup*

Key responsibilities of the subgroup are to:

- Continually review and monitor ISCB's policies, practices and procedures
- Plan the piloting of and / or introduce new working practices
- Maintain an up-to-date knowledge of relevant research findings
- Develop / evaluate thresholds and procedures for work with families
- Assume editorial control over the LSCB website and Newsletter

### 3.4 *E-safety task and finish group (when required)*

Key responsibilities of the subgroup are to:

- Be a central point of contact for guidance, advice and networking
- Set out the roles and responsibilities of the E-Safety Safeguarding Lead Officers (ESLOs)
- Raise the awareness of e-safety within the borough
- Hold agencies to account, through the incorporation of the e-safety Strategy into their existing safeguarding policies
- Ensure that agencies have robust procedures in place in relation to recognition, identification, reporting and appropriate response to e-safety issues

### 3.5 *Missing and CSE sub-group*

Key responsibilities of the subgroup are to:

- Agree and monitor the implementation of a CSE strategy and action plan to minimise harm to children and young people
- Raise awareness of sexual exploitation within agencies and communities
- Encourage the reporting of concerns about sexual exploitation
- Monitor, review and co-ordinate provision and practice

### 3.6 *Child Death Overview Panel*

Key responsibilities of the subgroup are to:

- Collect and analyse information about each death with a view to identifying any case giving rise to the need for an SCR
- Review and respond to any matters of concern affecting the safety and welfare of children
- Review and respond to any wider public health or safety concerns arising from a particular death, or from a pattern of deaths

- Put in place procedures for ensuring that there is a co-ordinated response by the authority and its Board partners and other relevant persons to an 'unexpected child death
- Alert the Board about professional practice concerns that may require a review

### 3.7 *Case Review Subgroup*

Key responsibilities of the subgroup are to:

- Plan and undertake reviews of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected
- Identify lessons from the reviews for inter-agency working and the work of individual agencies.
- Produce and monitor action plans arising from SCRs and evaluate the effectiveness of their implementation.
- Audit and review the progress of the implementation of recommendations of Serious Case Reviews conducted by ISCB

### 3.8 *Core Business and Improvement Group*

- Develop, implement and monitor the Islington LSCB Annual Report and Business Plan.
- Oversee the functions of Islington LSCB Sub Groups,
- Oversee the Learning and Improvement Framework
- Agree priority actions against core business.
- Develop the forward plan and set the agenda for Islington LSCB meetings.
- Receive and agree policies and procedures received from subgroups.
- Review relevant national policy developments and initiatives and prepare briefing papers on relevance to the Islington LSCB and recommended actions.
- Monitor attendance and agency representation at the Islington LSCB and its Sub Groups and make recommendations as appropriate.
- Provide in-depth scrutiny around the board priorities, including s11 duties.

## 4. Engagement and participation

### 4.1 *Frontline staff*

The ISCB would like to hear the views from frontline practitioners working in the core agencies (e.g. social care, health, education and the police) about safeguarding in their agencies. Last year's report had the following action:

“Action 3: The board would like to receive an annual report, representing the views of front line practitioners about the robustness of safeguarding practices within their agencies from the Named Nurse(s) for Safeguarding, Designated GP, Designated Doctor, Designated Nurse, and Safeguarding Lead for Education and the Principal Social Worker”

In response to this recommendation reports from the Principal Social Worker, have been added to the forward plan of the ISCB. The Principal Social Worker presented her report to the ISCB already but it will only be reported in the next year's annual report.

**Action: The ISCB welcomed the report from the Principal Social Worker, and requested similar reports in relation to key staff, eg. Police, health visitors, schools nurse etc.**

## 5. Progress against strategic priorities in the 2013/15 business plan

A full copy of the *ISCB Business Plan 2013/15* can be found in the Appendix. This plan covers several years, which means that some priorities have already been addressed in previous Annual Reports. The key messages are:

### 5.1 *Priority 1: Develop early intervention and review its effectiveness (overarching priority)*

What we wanted to do:

#### 5.1.1 Further embedding and increase in number of Early Help Assessments (CAFs).

Considerable work has been undertaken in previous years. Recently, CAF has been developed to be used as both an Early Help Assessment and a request for service. Progress has been made in that it is now possible to distinguish between requests for service and early help assessments. Last year there were 1789 Early Help Assessments undertaken.

In Moorfields NHS trust, staff were trained using the Neglect Toolkit and the importance of Early Intervention, including the role and purpose of Early Help Assessments.

#### 5.1.2 Launch of eCAF as CSC Referral tool

This work has been done, although the majority of service requests are still completed on paper. 286 eCAFs were used as a request for service.

#### 5.1.3 Implementation of Children's Services Contact Team incorporating the Multi Agency Safeguarding Hub (MASH)



The LA Children's Services has established a single point of contact for all requests of service (both targeted and specialist). The Multi-agency safeguarding hub is situated within the Children's Services Contact Team and it is working well. Although Social Services received more contacts than last year, early help services appear to have a positive impact on statutory services by reducing demand and ensuring that those with complex needs are identified.

#### 5.1.4 Increase number of parents helped into work through Parental Employment Partnership (PEP)

The independent evaluation of Families First has shown positive impact in 7/10 in a range of areas, including employment, but also parenting, reduced offending, reduced aggression and improved education.

#### 5.1.5 Diversion of CSC contacts to Early help services

This year saw an 11% rise in referrals to Children's Service Contact Team but 13% fewer referrals to Children's Social Care, which indicates a significant diversion of appropriate cases to early help services. Furthermore, there has been a 2% reduction in re-referrals to Children's Social Care. The Quality Assurance subgroup audited repeat referrals in 2013/14 and found that 50% of repeat referrals were unavoidable.

#### 5.1.6 Continued use of 3 Families First (FF) early intervention teams to identify and support families

Early help services appear to be reaching families with multiple problems and to be effective in resolving problems which reduce risk in poor outcomes. An independent evaluation of Early Help Services showed that Children's Centres, Families First and Islington Families Intensive Team (IFIT) reached 12% of the local population. It confirmed that the tiered model of service delivery was successful.

### 5.2 *Priority 2: Evaluate the effectiveness of training (overarching priority)*

What we set out to do

#### 5.2.1 Training and Professional Development Sub-group audits and evaluates delivery and effectiveness of single and multi-agency training

The training sub-group has identified that multi-agency safeguarding training is not consistently delivered in all settings. Although agencies provide staff with safeguarding training, at different levels, the content of training is not always consistent with the Board's minimum requirements.

The sub-group has revised the training strategy (Competence Still Matters) that clearly sets out the expectations of training for staff in different roles. As a result of this work, the training to schools is reviewed so that they also receive multi-agency training.

The core safeguarding training has also been redesigned to be more skills-based and now focusses on the roles and responsibilities of professionals who are involved in the child protection process.

### 5.2.2 Implementation of the London safeguarding children board Training Impact Analysis process.

The LA's Work-force Development team has set up an evaluation of training process for specific courses, *Conducting sec 47 enquiries* and *Neglect*. This includes auditing cases of social workers who have attended training 3 /6 months post course to assess how/if learning has been put into practice.

Health provider services ensure that staffs are regularly trained in safeguarding policies and procedures. Moorfields NHS trust has begun an audit process to ensure the effectiveness of learning.

This year the Board has begun to pilot a model following-up training by telephone to ascertain what difference the training attendance has made on practice. Initial results are encouraging: many agencies have identified direct changes in practices as a result of ISCB training, including: redesigning record keeping systems, beginning to do chronologies where there are concerns about a child and changing the content of own-agency training. This work will be developed in future.

## 5.3 Priority 3: Parents with learning difficulties (joint work with adults)

What we set out to do

### 5.3.1 Regular communication between Children and Families Board, Adult Safeguarding Board and ISCB

The ISCB chair / business manager now attends the Children and Families Board as well as the adult safeguarding board.

### 5.3.2 Parents with LD accessing parenting programme – Mellow Bumps and Mellow Babies.

This has been reported on in the previous year.

### 5.3.3 Parents with LD accessing advocacy and parenting support.

Moorfields NHS Trust has placed a *Safeguarding, Learning Disability & Dementia* briefing leaflet on the trust's intranet for all staff and the Paediatric Patient Information Group has agreed admission information leaflets for parents and carers. It has also reviewed *the Patient Passport* to recognise children whose parents have a learning disability.

The Local Authority has commissioned an external service to assess parents with LD and also trained family Support workers in delivering intervention for parents with LD using the Premises Assurance Model (PAM).

Moorfield NHS trust has commissioned online learning disability assessment training for all staff.

#### 5.4 *Priority 4: Transition to adulthood (joint work with adults)*

What we set out to do

##### 5.4.1 Monitor management of transitions

The board has previously reported on this area. In addition, Moorfields NHS trust has developed a paediatrics transitions protocol. All patients that transfer to adults services are monitored by the Paediatric Matron using an agreed report pro-forma. The arrangements for preparation for transitions have also been strengthened.

##### 5.4.2 C&IFT early intervention team undertakes transitional work with CAMHS

##### 5.4.3 Strengthened TYS-YOS operational links with Integrated Offender Management arrangements

##### 5.4.4 Regular communication between Children and Families Board, Adult Safeguarding Board and ISCB

The ISCB, Children and Families Trust and Adult Safeguarding Boards have updated the protocol between them to ensure that regular communication takes place. Either the LSCB chair / business manager represent the voice of the ISCB on all these meetings. The ISCB annual report is received at the Adult Safeguarding Board and vice versa.

##### 5.4.5 Development of a protocol between CLA, IF and Adults in relation to YP at risk of abuse within the family

A protocol has been established between Children's Social Care, CAMHS and Adult Mental Health Services to ensure that professionals are clear about their responsibilities and the pathway to ensuring that young people with mental health needs make the transition to the appropriate adult mental health service. Young people's needs for an adult mental health service will be clearly identified in a timely manner by CAMHS services and referred to the appropriate adult service in line with the Care Act. The protocol will also ensure that services are reviewed between DCT and adult services.

## 5.5 *Priority 5: Domestic violence (core business)*

What we set out to do:

### 5.5.1 DV identified in CAF

The ISCB Examined process and procedure for DV between peers, which led to new procedures and training implemented leading to a rise in those considered at MARAC

### 5.5.2 Continue work on Deep dive Audit Action Plan

The action plan has been implemented. The learning from the Domestic Violence Deep Dive has gone on to inform the strategic planning of the Children and Families Trust.

### 5.5.3 Review use of DV risk assessment tools

Moorfields NHS Trust has introduced the SPECCS assessment tool in the adult accident and emergency department.

### 5.5.4 Develop guidance to assess impact of ethnicity, culture, religion on DV

### 5.5.5 Monitor implementation of local VAWG strategy

The VAWG strategy has been overseen by the Safer Islington Partnership. In May the ISCB decided to improve the governance arrangements between the Harmful Practices Steering Group and the Safeguarding Board. The current VAWG strategy has come to an end and has been implemented. The Harmful Practices sub-group has commissioned a task and finish group to ascertain the views of victims of violence, including those who are children. This will inform the VAWG strategy that is currently being developed.

### 5.5.6 Early intervention through use of CAF and LP

Moorfields NHS Trust has undertaken an audit of all their referrals in relations to domestic abuse, which lead to training improvements within the trust.

### 5.5.7 MARAC attendance expanded to include Early Years, Families First and TYSS

347 high risk cases (involving 430 children) were referred to the Islington MARAC which represent a 41% increase compared to last year. This is clear evidence that MARAC is embed and protecting more children and families from domestic violence.

### 5.5.8 Increase identification of cases and actions to reduce risk and Development of referral pathways for young victims referred to MARAC

In Moorfields NHS Trust a Domestic Abuse and Violence policy was developed and as part of CQUIN training was put in place to assist with the identification and management of domestic violence. Awareness raising posters were also circulated in the trust. Domestic abuse training is now included in all Level 2 safeguarding training in the Trust.

## 5.6 *Priority 6: Neglect (core business)*

What we set out to do

### 5.6.1 Promote the use of CAF to identify neglect

The board has reported on this before. Promoting the use of early Help Assessments to identify neglected children is now part of business as usual. Moorfields NHS trust has continued work on implement the neglect toolkit this year.

### 5.6.2 Implementation of the neglect toolkit

This board has reported on this previously, after the toolkit was launched. Moorfields NHS trust has continued work on implementing the neglect toolkit this year and work has been undertaken with staff who attended multi-agency meetings to promote multi-agency working and information-sharing.

### 5.6.3 Training provided on use of toolkit across children's partnership.

This work has been reported on in previous years, work around the Neglect Toolkit is maintained in the board's day-to-day training and awareness raising.

### 5.6.4 Awareness raising campaign about neglect to Islington professionals, production of information sheet/leaflet

This work has been reported on in last year's annual report. Several leaflets have been produced and are being distributed through the policy and practice sub-group.

### 5.6.5 Multi-agency audit of CP plan neglect cases

A multi-agency audit of the neglect action plan has been completed which evidenced the use of the Neglect Toolkit, good information sharing by agencies, launch of escalation procedure and confirmation to chair about use of early help assessments.

#### 5.6.6 Agencies produce Neglect and CAF implementation plans which includes identifying how staff awareness will be raised

This work was reported on in previous annual reports. Work around Early Help Assessments is ongoing through the multi-agency strategic CAF work-group lead by the Local Authority. As a result of learning from a multi-agency management review, the chair has written to all board partners seeking an assurance about the use of CAF. It is clear that more work needs to be done by partners to ensure that they use Early Help Assessments in the universal services.

### 5.7 *Priority 7: Child protection*

What we set out to do

#### 5.7.1 Monitor and evaluate implementation of SCR action plans

These areas are covered in the main report (sections 9 and 10)

#### 5.7.2 Monitor and evaluate implementation of action plans resulting from audits/inspections/ reviews

The ISCB Quality Assurance and assurance sub-group has done a considerable amount of work in this respect, reported in section 9.

#### 5.7.3 Review progress in improving engagement of fathers

Engaging fathers remains a priority but progress is slow. The reach of parenting programmes during the last year has increased and more fathers (11%) have been engaged than before (7%).

#### 5.7.4 Monitor impact of implementation of MASH

Both the Children Services Contact Team and the MASH are now embedded and functioning well, this is increasing the number of children who receive help in a timely way and simplifying the referral route.

More generally, Moorfields NHS Trust has employed a fulltime designated nurse in November 2014 to strengthen and raise the profile of children's safeguarding in the trust. The terms of reference of the safeguarding committee in Moorfields NHS has been reviewed and a safeguarding children' risk register has been developed.

## 6. ISCB Priorities: 2015 - onwards

Previously, the board set itself the task to effectively identify children who were abused and neglected. Next, the board agreed in January, to set priorities that will ensure we are more effective in

intervening to reverse the harm that children and young people have suffered as a result of abuse / neglect and, where that is not possible, to help them become more resilient.

The following objectives were agreed:

In future, we want to improve the collective effectiveness of agencies in:

- 1.) Addressing the impact of neglect on children, including by helping them to become more resilient.
- 2.) Addressing the consequences / harm suffered as a result of domestic violence, parental mental health and substance abuse.
- 3.) Identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.

**Action: Other strategic partnerships, including the Youth Justice Management Board, Islington Children's partnership Board and Health and Wellbeing Board, Adult Safeguarding Board to consider the ISCB priorities and indicate what strategic steps they intend to take to ensure that services are planned and commissioned accordingly.**

**Action: ISCB to receive the agreed joint Islington CCG and Islington Council Child Health Strategy and contribute to the accompanying action plan.**

## 7. Objectives and functions of the LSCB

Legislation<sup>3</sup> describes the objective of the LSCB as co-ordinating what is done by each person or body represented on the board for the purpose of promoting the welfare of children in the area and to ensure the effectiveness of what is done by each such person. Regulations<sup>4</sup> set out the statutory functions to reach those objectives.

Previously, national guidance<sup>5</sup> comprehensively described the duties of safeguarding board but when *Working Together* (2013) came in to force on 15<sup>th</sup> of April 2013, prescriptive guidance was much reduced, allowing boards to take a more 'local' approach to achieving its statutory objectives.

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<sup>3</sup> The Children Act 2004, section 14(1)

<sup>4</sup> Local Safeguarding Children Boards Regulations( 2006)

<sup>5</sup> Working Together to Safeguard Children (2010)

## 8. Policy and procedure to promote welfare and safeguard children

Working Together (2013) was in effect for most of the reporting year, but a more recent edition: Working Together (2015) was published in the final month of this report. The board's Policy and Procedure sub-group is undertaking a GAP analysis and overseeing an action plan to ensure that all agencies are compliant with the new statutory procedure.

This has included:

- Regular update of the policy implementation check list, including the changes from the 5th edition of the London Child Protection procedures
- Threshold document, including updates to encompass CSE and radicalisation
- Assessment document
- Elective Home Education Policy
- Whittington Health FGM Policy
- Guidance for the transfer of records in children's centres, schools and colleges
- Guidance for organisations on DBS checks
- Young People and Domestic Violence procedure
- Strengthening Families Child protection Conferencing Procedure
- Care Leavers and Safeguarding into adulthood guidance
- Private Fostering leaflets
- Reviewing and advising on a substantial number of agencies' safeguarding policies
- Surveys of staff awareness of policies

The Policy & Practice Subgroup has evaluated the Strengthening Families child protection conference model. The evaluation was overwhelmingly positive both from families and professional's perspectives, therefore the sub-group recommended to the ISCB that the model be used continuously, and this was endorsed by the ISCB in November 2014.

**Action: the Board would like to see that all agencies use the board-approved case conference report format and provide reports in line with the Pan-London safeguarding procedures.**

### 8.1 *Threshold for intervention and Early Help*

The ISCB has developed and published an agreed multi-agency threshold document that sets out service delivery across the continuum between universal and specialist services. It has been updated this year to include criteria around child sexual exploitation and radicalisation.

### 8.2 *Training of the children's work force*

#### 8.2.1 Attendance and impact of LSCB training



The ISCB has offered 1087 places last year. The charts below set out the attendance of ISCB courses

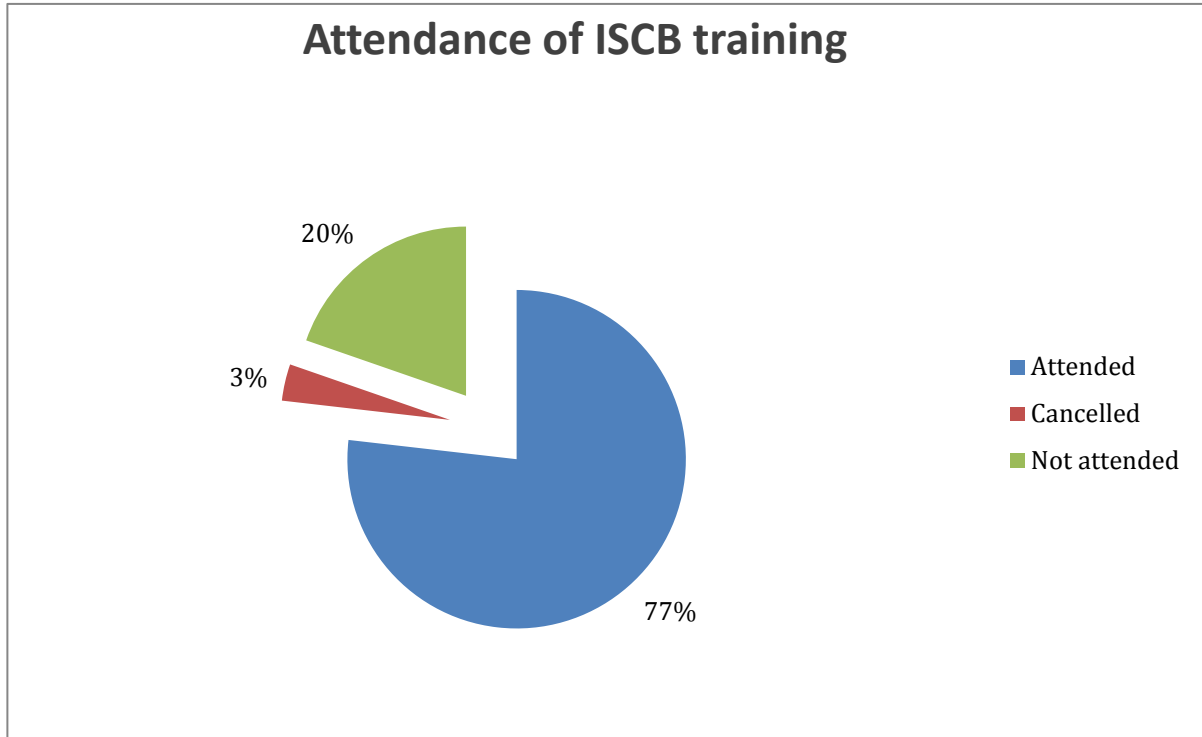


Figure 3 -Attendance of ISCB courses

Sector	Bookings made	Attended	Not-attended	Cancelled
Not stated	123 11.32%	94 11.26%	21 9.81%	8 21.05%
Statutory	567 52.16%	420 50.30%	137 64.02%	10 26.32%
Private and voluntary	397 36.52%	321 38.44%	56 26.17%	20 52.63%
Total	1087	835	214	38

Figure 4 - Attendance / non-attendance of ISCB courses

In the previous year's annual report the ISCB has included the following action for agencies:

Action 4: Board members to assure the ISCB that they have sufficient management mechanisms in place to ensure that staff members are identified and booked on relevant safeguarding training and that staff attend training that they have booked.

It is still the case that too many attendees do not arrive for training or arrive too late to be admitted. Many still do not cancel their bookings in sufficient time to allow the board to offer the place to someone else.

Courses are very popular, and are booked months in advance. It is a pity that some courses were then not fully filled to capacity, even when courses are technically overbooked to allow for those who do not attend.

In the previous year's report the boards asked that:

Action 5: Training and development sub-group to develop innovative ways to measure and understand the impact of training.

The board has begun a pilot to follow-up courses by telephone using standard questions to determine what actions course goers have taken as a result of attending safeguarding training. Initial results were encouraging in that 100% of responders have indicated that training had an impact on the way they approached safeguarding. More than 80% improved their safeguarding systems e.g. record-keeping, maintaining chronologies, improving supervision arrangements. The majority of those called, shared what they have learned either formally (trained staff) or informally at team meetings etc. Early indications are that staff were not consistently followed up by managers after they had attended training and it was not reflected on in supervision – fewer than 20% of managers enquired about training after attendance.

Although very time-consuming, the training sub-group was encouraged by the results and will continue to develop this process. During next year, the board may implement different training software that will provide new opportunities for post-course follow-up.

### 8.2.2 Child Sexual Exploitation training

ISCB has run several CSE training events for all agencies in terms of raising awareness following on from this it facilitated the running of training session days. This identified more direct work is required which is being put in place at the moment. All police officers have now been CSE awareness trained.

In February 2015 a CSE awareness day was held with partners and the community to identify delivery options across the area. Feedback was positive of the event.

All secondary schools in Islington have received the Chelsea's choice play to begin discussions and awareness of CSE.

Training and awareness has been provided as part of Operation Makesafe which launched in April 2015. To raise awareness within the hospitality, transport and licensed premises trades around the possible warning signs to look out for when coming into contact with young people they believe may be at risk of sexual exploitation. Taxi drivers, hoteliers and those working in licensed premises and GP surgeries, were provided with bespoke CSE-awareness training by specially trained officers, allowing them not only to recognise those scenarios which should raise concerns; but also what action should be taken if they suspect a child is at risk.

Individuals were encouraged to report any concerns to a dedicated hotline. (Missing / CSE Subgroup 2015)

The results of operation Makesafe will be reported in next year's annual report.

### *8.3 Recruitment and supervision of the children's work force*

The Policy and practice sub-group has agreed a sample, safer recruitment policy setting out good practice standards for employment. The Whittington Health trust was robustly challenged by the ISCB when it altered its DBS checking policy. As a result, health staff who work with vulnerable children in multi-agency settings will continue to be checked as required by the ISCB.

In a challenge from last year's annual report, named and designated staff (including the principal social worker) were asked to provide a report reflecting the views of the children's work force. CSCT teams took part in a very comprehensive staff survey that reflected high levels of satisfaction in both the quality and quantity of social worker's supervision. That Board has requested similar reports from other key-staff, and it is on the work plan outside the scope of this annual report.

### *8.4 Allegations against persons who work with children*

Safeguarding children by protecting them from contact with unsuitable professionals remains robust. There has been an increase in the number of referrals regarding education staff and a decrease in the number of referrals regarding Targeted and Specialist Children and Families Services (TSCFS) staff. Referrals from Whittington health remain low and there has been none from primary care services, CCG or Camden and Islington Mental Health Trust. It is clear more awareness raising needs to take place within health as a whole. There are no referrals about housing and tenancy management staff or from these areas. There are low numbers of referrals from and about voluntary sector staff.

There are 74 supplementary schools in Islington, and only one referral in relation to this area and there is a need to explore this further, some are commissioned others are not. There are also low numbers of referrals from the sports sector and this is an area which also needs further work.

Individual cases have led to wider learning and have enhanced and improved the LADO process both in terms of safeguarding children and the rights of the employee.

#### 8.4.1 LADO Steering group

There has been a continuation of the termly multi-agency Steering Group meeting, chaired by the LADO. Agencies who attend are: Fostering, Education, Early Years, Health, Housing, Faith Sector, Voluntary Sector, Police, Children's Services Human Resources as well as the Child Protection Co-ordinators who Chair the Strategy Meetings. This year saw the addition of an Islington's Community Learning representative to specifically address gaps within the practice of Supplementary Schools and an Area Play Officer, to ensure that groups who run extra activities are compliant with the legislation and practicing appropriately and, more recently, a representative from the Sports Sector.

Membership of the meeting is kept under review so that it reflects and encourages improved practice and compliance with procedures. The meetings are well attended. Requirements around the reporting of allegations have been tightened up within *Working Together 2013*, with all partner agencies now required to report all allegations to the LADO within 1 working day.

The LADO has undertaken a substantial amount of raising awareness with all agencies; maintaining the year-on year referral increase that started in 2012/13. As with last year, there were a variety of referrals from different agencies about different professionals and this is likely to be as a direct result of the awareness raising that took place in the 2 years previous.

The production of posters about the LADO continue to be distributed in council buildings, community centres, housing offices, youth centres, early years settings, custody suites, prisons, GPs, dentists, opticians and pharmacists.

#### 8.4.2 What we achieved in 2014/5

##### 8.4.2.1 Raising awareness

Raised awareness with Whittington Health, CCG, primary care services, Camden and Islington mental health trust, Voluntary sector, supplementary schools and the Sports sector.

##### 8.4.2.2 LADO procedure

Amended procedures to include what employer records need to cover, especially where an allegation does not meet LADO criteria.

##### 8.4.2.3 Referral form

A LADO referral form was considered by the LADO Steering Group and one has been designed and was due to be piloted from January 2015 to March 2015. However Social Care database managers

advised that the database can now hold information on LADO cases (from referrals right through to Strategy meetings) and their outcomes. For that reason, the referral form was no longer required. Unfortunately there has been some delay in the database being ready from February 2015 to July 2015.

#### 8.4.2.4 Risk Assessment Template for employers.

A template risk assessment was designed and implemented. It guides employers on what areas to cover when considering if an offence (or the way in which the employee has behaved in their private lives) brings into question their suitability to continue to work with children.

#### 8.4.2.5 Training

ISCB has run 2 training sessions attended by a number of different agencies. The training was very well received and a number of organisations changed their policies and procedures as a result.

#### 8.4.2.6 LADO audit of unsubstantiated cases.

The LADO steering group decided that due to capacity this audit would not be undertaken this year.

#### 8.4.2.7 Advice and consultation

Provision of advice and consultation to named staff has continued this year. The LADO and the delegated Child Protection Co-ordinators have provided, in the main, named staff with advice and consultation about matters which didn't reach the LADO threshold. This continues to check thresholds and keep an overview on issues within organisations or sectors

#### 8.4.2.8 Other activities

- LADO steering group has strengthened links with groups that run extra activities for children that are not within schools.
- Undertook a self-assessment against the Department of Education Self-Assessment Tool for Allegations.
- Ensure that commissioning arrangements include allegations management within their contracts e.g. Community Centres.

### 8.4.3 LADO Referrals

The majority (69%) of referrals were allegations against staff in their professional capacities, which is in absolute numbers, is a slight reduction from the previous year (73%); whereas allegations against professionals in their private lives has increased slightly from 27% to 31%. The changes are not statistically significant.

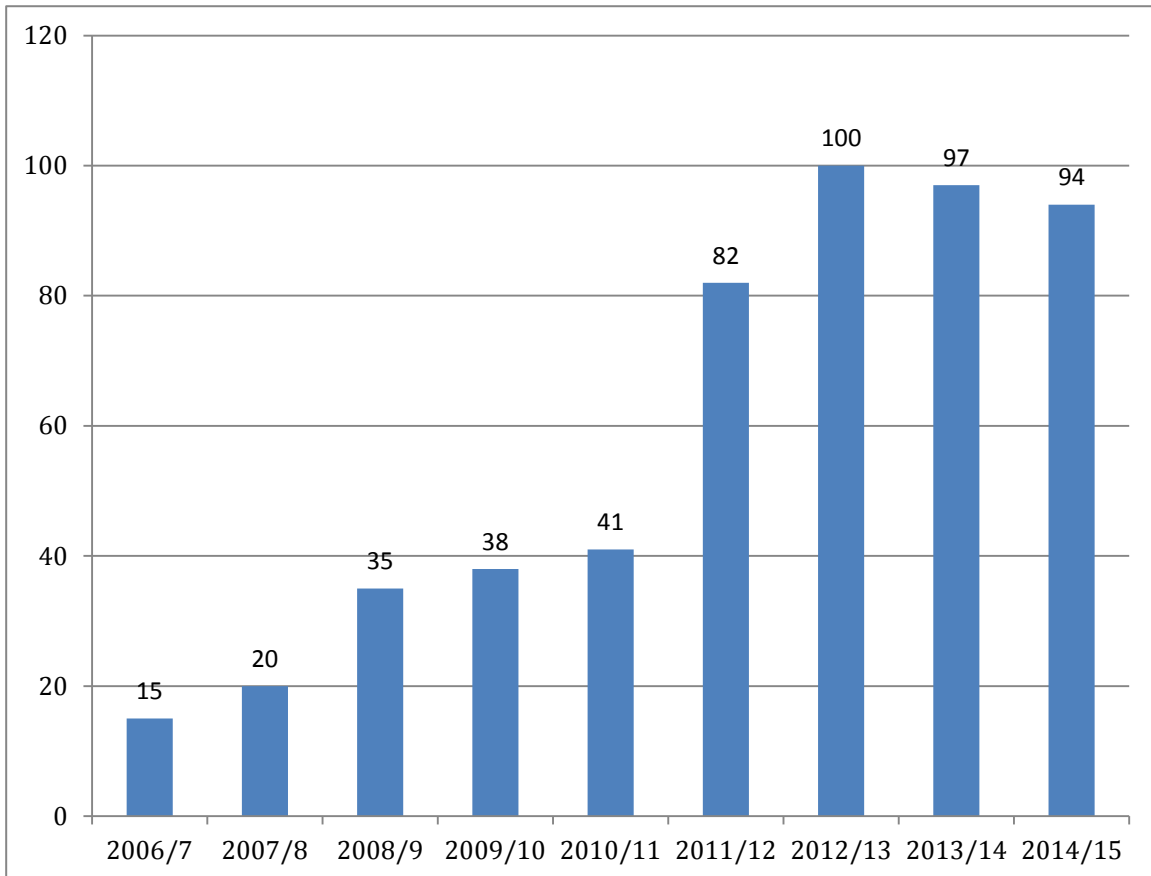


Figure 6 -Number of referrals to LADO

Figure 5 -Outcomes of LADO referrals (this year, outer circle. Last year, inner circle)

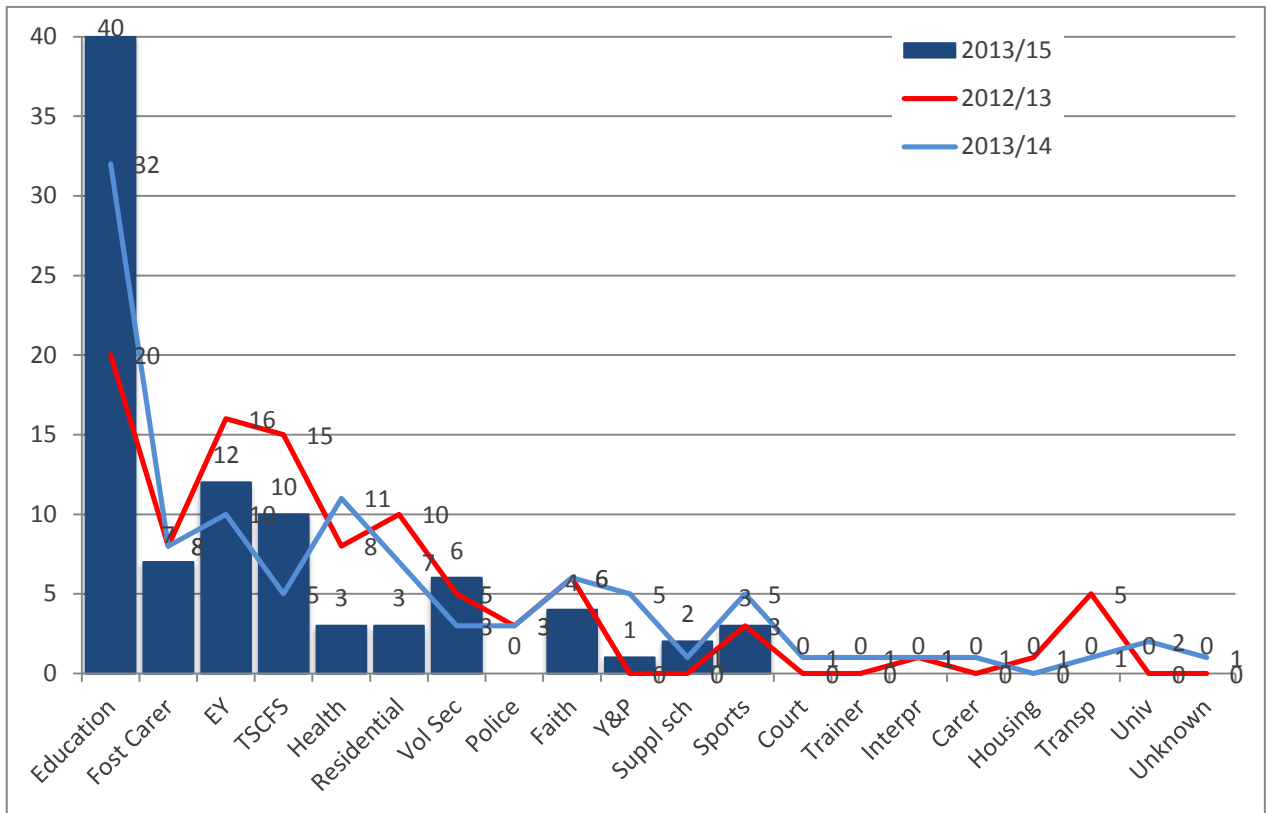


Figure 7 - LADO referrals from agencies

Last year, the board recommended the following action:

Action 6: Board Members to assure the Chair that they have suitable mechanisms in place through the Senior Named Officer structure to identify matters that need to be referred to the LADO.

Several agencies have responded to say they have the required mechanisms in place to report staffing concerns

### 8.5 Safety of privately fostered children

Minimum Standards<sup>6</sup> require that:

<sup>6</sup> Standard 7, National Minimum Standards for Private Fostering 2005

“The local authority reports annually to the Chair of the Area Child Protection Committee (or its successor body, the Local Safeguarding Children Board) on how it satisfies itself that the welfare of privately fostered children in its area is satisfactorily safeguarded and promoted, including how it co-operates with other agencies in this connection.”

The Private Fostering annual report to the ISCB is a statutory requirement<sup>7</sup> and should evaluate the local authority’s practise against the Private Fostering Regulations. The report also incorporates LBI’s response to the OFSTED publication in January 2014 ‘private fostering; better information, better understanding.

Through data analysis the quality assurance sub-group were concerned about the low number of arrangements identified, even though a full awareness raising programme was in place as well as a multi-agency action plan, it did not seem to be identifying new cases. As a result CSC, Early Help and Youth Offending services were asked to screen every open case to ensure that no arrangements were slipping through the net. A screening tool was developed and used and 4 new cases were identified.

In total, the LA received 11 new notifications this year, an increase of 2 over the last year.

#### 8.5.1 Standard 1 – Statement on Private Fostering

Islington Children’s Services Statement of Purpose on Private Fostering has been updated and is due to be published and made available on both the council and ICSB websites; it will be reviewed and revised on an annual basis. The LA has also reviewed and updated their local Private Fostering policy.

#### 8.5.2 Standard 2 – Notification

The Specialist Social Worker for Private Fostering (SSWPF) has worked to raise awareness and promote the issue of private fostering both within internal and external services. She has undertaken training via workshops to GP’s, Whittington health, Holloway prison, schools, children’s centres , housing and Services across TSCFS. The Head of Service for SQA has raised awareness of private fostering at both HMP Holloway and HMP Pentonville. Arsenal Football Club have also been approached in relation to awareness raising and possible private fostering cases; it was ascertained that their Host Family Programme did not include any private fostering cases.

There is now routine screening for private fostering cases taking place on the schools admissions board; with screening questions being added to all in-form admissions papers. A screening tool has been developed to ensure that Private Fostering cases are being recognised and it has been made available to all agencies on the ISCB website.

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<sup>7</sup> The Children (Private Arrangements for Fostering) Regulations 2005



8.5.3 Standard 3 – Safeguarding and promoting welfare

The SSWPF provides guidance to Social Workers so that they are able to undertake the required private fostering assessments and checks with the carer. All Private Fostering assessments are signed off at a managerial level. The private fostering panel has been re-configured and now forms part of the ACRP

8.5.4 Standard 4-6 – Advice and support

Private Foster carers, parents of privately fostered children and the children themselves are provided with written guidance and advice that has been developed specifically for them. This includes information on what Private Fostering is, why and how the Local Authority is involved and the support that is available to them through the Local Authority. They are also provided with contact number and details of social workers.

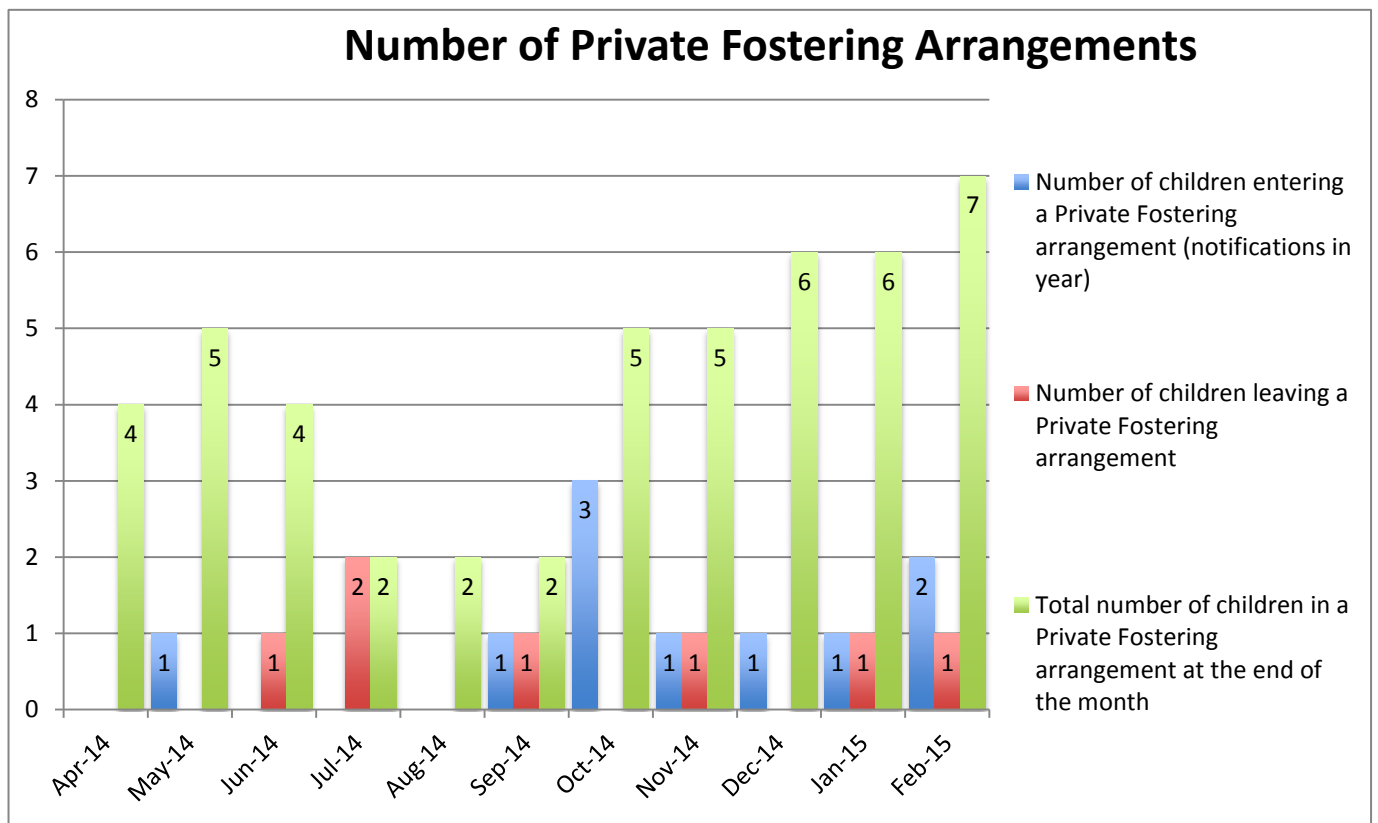


Figure 8 -Number of private fostering arrangements

#### 8.5.5 Standard 7 – Monitoring and compliance with duties and functions in relation to Private Fostering.

The council maintains confidential records of all Privately Fostered children, their carers and their parents on the ICS data system. Any visits, actions, decisions and information regarding the child, carers and parents are input onto the ICS system by the relevant involved professional. The SSWPF reviews and monitors that visits are being undertaken in line with regulations.

#### 8.6 *Co-operation with neighbouring children’s services authorities*

The independent chair is an active participant in the National LSCB Chair group as well as the Pan-London Chair’s Group. The Board Manager and the Workforce Development Manager attend the Pan-London Board Manager’s network and the Training and Development Sub-group to ensure that the board is an influential partner in deciding issues that concern cross-border working, policy and procedure.

### 9. Communicating and raising awareness

A key Board duty is to communicate the need to safeguard and promote the welfare of children in Islington, and to make agencies aware of how this can be achieved.

The P&P subgroup is chiefly concerned with the ISCB communications strategy and awareness raising. In the last year there has been a focus on increasing the use of the ISCB website through promoting its purpose with partner agencies and raising awareness of policies and procedure in this manner. Continued advice and direction throughout the year has been given to professionals, including in all training, about utilising the website for information as well as documents such as the threshold or assessment document, escalation policy, the neglect tool kit etc rather than people being just sent the documents.

This year, the sub group has been able to establish that the number of hits is about 4000 hits / quarter. It is clear, that a main driver for visiting the website is multi-agency training, but the website is increasingly being used as a one-stop shop to access information about safeguarding

Last year saw the most leaflets being ordered since it has been established. Although the policy sub-group still distribute leaflets, increasingly agencies are requesting leaflets to replenish their supplies. There are now leaflet racks in all the main council offices holding all ISCB leaflets

The leaflets for professionals, parents and children on child sexual exploitation were distributed at the ISCB/ Children’s Conference. Also every child in schools which hosted *Chelsea’s Choice* was given a leaflet.

All licensing applicants receive a poster and a flowchart about what to do if they have concerns about a child. This includes a poster and a letter specifically to highlight the prevention of and protection from child sexual exploitation.

## 10. Monitoring the effectiveness of what is done by the authority and the board partners

### 10.1 Quality Assurance

#### 10.1.1 Quality Assurance subgroup Annual Report 2014/15

The objective of the Quality Assurance subgroup is to ensure the effectiveness of what is done by each partner agency for the purposes of safeguarding and promoting the welfare of children

The report highlighted notable improvement during the preceding year, but also identified a few areas for improvements.

### 10.2 Core data about the child protection system

#### 10.2.1 Early Help Assessments

The use of the Common Assessment Framework (CAF) has been developed so that it can be used as a request for a service, or an Early Help Assessment (EHA). Previously, it was not possible to distinguish from data between requests and assessments, which lead to the board recommending that:

“Action 8: Whilst it is positive that Early Help Assessments are being used, it is important that we can identify, where e-CAF is being used, how many are early help assessments and how many are requests for service. The board would like to see that universal services increasingly take on the duties of lead professional when required to do so.”

The ISCB is pleased to report that it is now possible to distinguish between EHAs and requests for service. During last year there were 1789 Early Help assessments undertaken for children over 5 years. There were 286 eCAFs used as a request for service. Most requests for service are still paper-based and not included in these numbers.

547 new CAFs have opened during the year, a 12% increase on last year. The number of Early Help Assessments done by agencies other than the Local Authority remains low by comparison (85)

10.2.2 Early help services

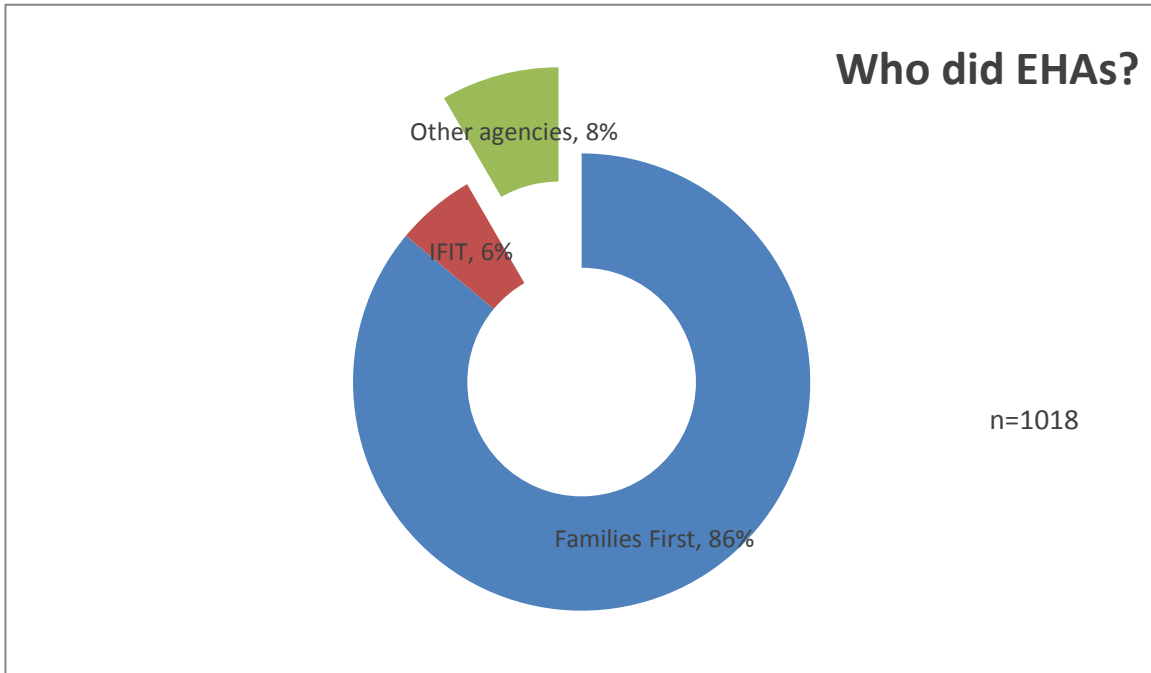


Figure 9 - Early Help Assessments

The work of *Families First* was first reported in 2012/13 and year on year it has increased its reach, now working with double the number of families since its inception.

	2012/13	% increase from prev. year	2013/14	% increase from previous year	2014/15	% increase from prev. year
Number of families worked with	833	-	1158	39.01 %	1788	54.4%

A recent independent evaluation of early help services showed a wide reach (12% of the population) and that services are effectively stepped up and down, which means the right families receive the

right service. Generally, families benefit from an effective single front door (Children's Services Contact Team) and do not have to wait long for a service.

Early Help services show promising results with families who have multiple needs. The reach of the service is very positive and they are working with the target group of families with good evidence of impact. Recommendations for improvement include increasing access to services for younger adolescents and those aged 3-5 years

Improvement is needed in assessment and recording in Children's Centres and in eCAF which can only be resolved through the provision of new IT system, due to be implemented during 2015-6

Parenting Programmes are evidence based, have good reach but there is more to do in ensuring that completion reaches national averages of 72%

The partnership needs to give further consideration to the role and expectation of universal services e.g. schools, and health services in the provision of early help

### 10.2.3 Referral to children's social care

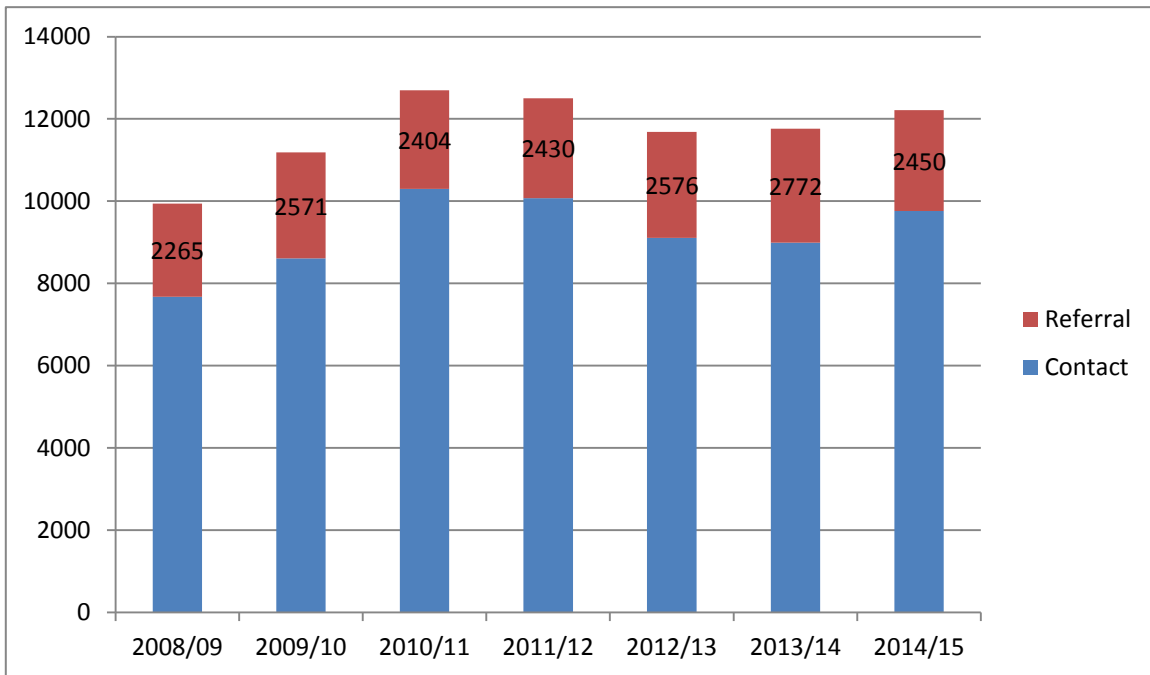
Children's Services have established a single point of contact, Children's Services Contact Team (CSCT), for all requests for service at Targeted and Specialist levels. The Multi Agency Safeguarding Hub (MASH) is located in the same team. CSCT received 13 240 contacts during the year, which is nearly 11% more than the previous year.

One in five contacts lead to a statutory referral, which is a 13% decrease from the previous year. Like the year before, the majority, 27%, of contacts came from the police which promoted the board to include the following action:

Action 9: Data shows that a substantial number of police referrals to CSCT do not lead to action by Targeted or Specialist services, MPS should review whether the BRAG rating is being correctly applied

The Police and CST have reviewed the BRAG system which may in part explain the 2% reduction in referral from the Metropolitan Police.

After the police, schools were the most likely referrer increasing from 16% to 21%.



20% of all contacts were referred to social care, 26% to Targeted services (of which 18% were referred to Children’s Centres, 18% to Targeted Youth Support , 58% to Families First) 19% of contacts were provided with Information and Advice and 34% received no further action compared to 50% in the previous year.

10.2.4 Child Protection meetings and multi-agency working

84% (previously, 84.5%) of all Strategy Discussions led to S47 enquires, of these 31% (previously 40.7%) led to an Initial Child Protection Conference which is lower than the England (46%) and London (45%) averages. The numbers of strategy discussions and child protection investigations (Section 47 enquiries) have increased by 150; Islington has a higher rate of Section 47 enquiries than their statistical neighbours as well as a higher conversion rate to initial child protection case conferences

Since 01 Apr 2014, an overall 48% (previously 57.6%) of all Initial Child Protection Conferences were held within 15 working days, this is a reduction on the previous year of 16%. In the previous report there was an action:

“Action 11: Initial Case Conferences should take place no later than 15 working days after the initial strategy discussion. CSC and the CAIT should assure the Board that SW managers and CAIT officers are exercising appropriate discretion in extending child protection enquiries beyond this timescale.”

Action 11, lead to an audit which shows that 78% of section 47 enquiries are completed within 15 days and the delay is between ending the enquiry and achieving the conference. 100% of review conferences were held within the statutory timescale.

At 31 March 2014 47/10,000 (previously 36/10,000) children were subject to protection plans compared to 31.9/10 000 at 31 March 2013 which is now on par with statistical neighbours (47 / 10 000).

Children under 1 year old continue to be proportionally over-represented in child protection numbers. Children do not remain on child protection plans for long, and this year children subject to plan for 2 years or more decreased from 5.7% to 4.0%

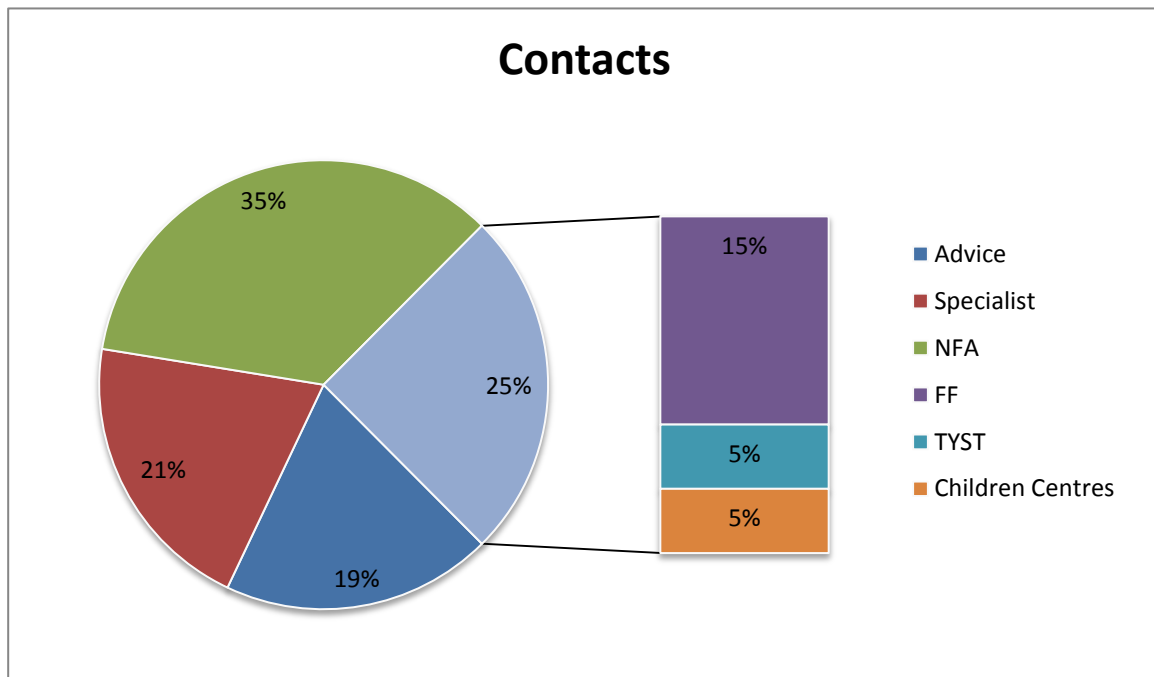


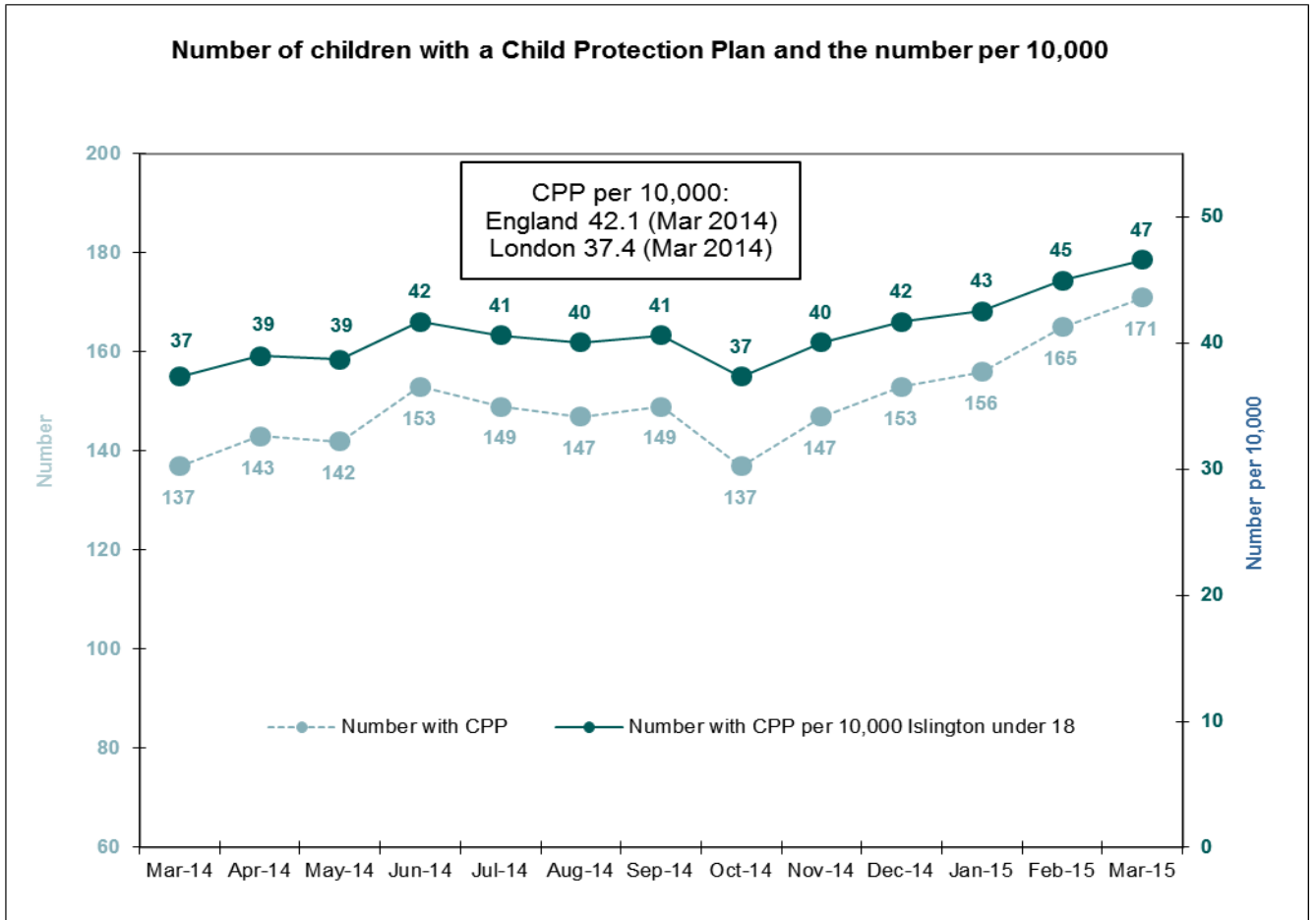
Figure 11 How contacts were distributed across services

### 10.2.5 Working with families

Mothers attended 79% (2014: 72%, 2013: 82%) and fathers 65% (2014: 68%, 2013: 54%) of Child Protection Conferences they were invited to. Feedback from parents indicates positive views about the child protection process and parents have stated that they felt included and heard.

This evidences that our work to engage fathers has been successful and that we do well to engage our parents in general

#### 10.2.5.1 Number of child protection plans during 2014/2015



10.2.5.2 Categories of risk in child protection plans

Category	Mar-14	Feb-15	Mar-15
Emotional	62	73	75
Neglect	64	76	79
Physical	10	14	13
Sexual	0	2	2
Multiple Categories	1	0	2
Total	137	165	171



### 10.3 Charge rates and prosecutions

Both the Quality Assurance sub-group and the board have scrutinised data that suggest the charge rate and number of prosecutions in Islington are low. Police data is collected across London and there are no specific statistical neighbours to compare with, which complicates analysis. Islington appears to do less well compared to its immediate neighbours.

The board heard that one factor is the shortage of staff in the CPS, sometimes leaving children for more than a year before they know if a perpetrator will be prosecuted or not. This delay is unacceptable, and more so for children.

**Action: The Police, CPS and Youth Justice Management Board should consider how this matter can be addressed and report finding to the LSCB**

### 10.4 Islington's looked After Children.

In 2014/15 The CLA population has increased from 307 to 354 children. Islington have 96/10,000 (2014: 84/10 000) CLA compared to 76/10,000 for SN. Data shows that increases are due to Unaccompanied Asylum Seeking Children (UASC), homeless 16+ and those remanded to custody. Audits have concluded that the threshold for becoming looked after is sound. The increase in the numbers of CLA is mainly as a result of issues beyond the control of the LA, new legislation, and London wide agreements about the care of UASC

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Islington	308	318	323	329	310	306	354
Stat Neighbour	467	486	469	456	448	470	not available
England	60,901	64,453	65,499	67,075	68,108	68,060	not available

### 10.5 Audits and evaluations

#### 10.5.1 Section 11 audit

The Section 11 safeguarding audit (self assessment against standards in Section 11 of the Children Act 2004 – duty to safeguard and promote the welfare of children), has been repeated this year.

The LSCB has agreed a new method for challenging these assessments which are now presented by the relevant agency to the Core Business and Improvement Sub Group.

#### 10.5.2 Multi-agency audit: unborn children subject to CP plans

This multi-agency audit has been carried but reporting falls outside the scope of the annual report.

#### 10.5.3 Inspection of Lough Road Children's Home

Lough Road had their Ofsted annual unannounced inspection in January 2015. Inspectors rated the services as Good for 'overall effectiveness', 'outcomes', 'management and leadership' and 'safe-guarding' and 'quality of care'

#### 10.5.4 Involvement of parents and carers

The social care complaints manager had conducted a survey of parents whose children had been subject of a child protection enquiry, which had not ended in a child protection conference, as this could suggest unnecessary intrusiveness into family life. 50 families were invited to express their views and 6 responded. All were interviewed and 2 completed a questionnaire. All 6 families reported a positive experience and most welcomed the intervention. Given the limited number of respondents it is difficult to draw firm conclusions. One recommendation was that families should be given an alternative contact for use when their social worker is not in the office.

#### 10.5.5 Looked After Children Placed at a Distance (Children's Social Care)

The subgroup examined the effectiveness of work with looked after children given the concerns about placing children at a distance from the borough. It is widely acknowledged that children placed at a distance are more vulnerable than those who are placed closer to home. There was good understanding expressed about the reasons that children were placed at a distance and decision making was at a senior level for these placements, children's plans are independently reviewed and visits are in excess of the statutory minimum.

#### 10.5.6 Schools safeguarding report

The subgroup scrutinised the arrangements to ensure safeguarding in schools. The LA Schools and Statutory Action Team continue to provide a statutory function in supporting and challenging schools, which includes providing advice and challenge in the field of allegations against staff, child protection referrals to the front door, appropriate staff conduct and boundaries, risk assessments for sexually harmful behaviour and recruiting safely assessments as part of the disciplinary process including the new requirement on Declarations regarding Risk by Association.

The team provide centralised or bespoke training and development for designated safeguarding leads (DSL), governing bodies (including safeguarding governors to oversee policy and practice) and Safeguarding Audits. Safer recruitment training is delivered in conjunction with Schools HR.

More than 70 designated staff received level 4 safeguarding training in the core module or as a refresher. To supplement this, free safeguarding briefings are run on a termly basis to keep senior staff up to date with changes in national guidance. In total over 1000 education staff have received safeguarding training during the last academic year to date including governors during out of hours sessions. The team undertook 6 safeguarding audits in schools.

The Annual Safeguarding Report to Governors was analysed and the findings reported to the QA subgroup in June 14. All schools except 10 returned their reports and these schools were challenged by the Chair of the ISCB. The annual report takes the place of a self-assessment under Section 11 Children Act 1989. Findings were made about training requirements, and the recording of practice was raised in relation to management reviews. The conclusion of the report was that the majority of the schools are meeting statutory and best practice recommendations for safeguarding.

The sub group requested a similar report for Early Years settings

The Annual Safeguarding Report to Governors is kept up to date with topical issues and is developed year on year. This year we have raised awareness and requested information relating to issues from serious case reviews, record keeping, the escalation policy, neglect (and use of the neglect toolkit) and specific issues taken from the Daniel Pelka recommendations. Annual Reports are collated and scrutinised. Following scrutiny of the reports where schools are identified as having gaps or weaknesses, a safeguarding audit is offered to support the school in addressing the issues and raising standards. If safeguarding is assessed as a concern by Ofsted either through an inspection or a complaint, immediate support is offered to the school through offering an audit, consultation and/or training.

#### 10.5.7 Audit of CP medicals Whittington Health

Electronic records (RIO) of all Islington children who attended Child Protection Medicals were included in the audit. All patients referred with acute injuries were seen on the day or within 24 hours. Consent for the medical assessment was not always recorded in the typed report. Only 1 patient had documented presence of a chaperone during the clinical examination, all children had documented opportunity to speak with the doctor alone. 100% of medicals evidenced holistic assessment. Only 21% of typed reports were sent out within 10 working days. Although a verbal report was given followed by written preliminary findings. In 100% of cases there was evidence of asking questions about alcohol/drug abuse, intellectual disability, and mental health problems in

carers. Recommendations made by the Paediatric team following the medical assessment were almost always followed. The audit demonstrated some positive findings and will be repeated.

The subgroup identified that whilst health are consistently involved when there needs to be child protection medical examination in the course of a section 47 enquiry, there is still insufficient involvement during a strategy discussion, this issue was identified for further work.

#### 10.5.8 Prevention Programmes for Schools in anti-bullying and DV

Islington schools fund a dedicated service to support the prevention of Domestic Abuse and bullying. The post holder works in all schools and colleges and her work includes raising awareness of harmful traditional practices including FGM. Most schools have been receptive of the training offer and have integrated lesson plans provided by the Healthy Schools team that support teachers in raising awareness of these issues within PHSE.

Targeted to support has been provided to schools whose catchment is known to be a 'hot spot'. The post holder provides whole school training for staff and parents and pupils.

It was identified that there needs to be a more integrated approach between the support offered to schools through the ISCB and CSC resources. Schools that were not accepting the offer of training would be identified and support provided.

As a result of multi-agency consideration of these issues changes have now been made to the interface between the Safer Islington Partnership and the ISCB, and the safeguarding roles in education and social care to support a more integrated approach to these issues within universal settings.

#### 10.5.9 Audit of FGM

Two audits have been reported to the sub group by Whittington health during the year. The first audit which took place in April 2014 identified significant weaknesses in the acute trusts response to information sharing about FGM in pregnant women. As a result of this audit, a number of cases were reviewed to ensure that the multi-agency response was appropriate and where necessary remedial actions were put in place. The repeat audit in March 2015 evidenced considerable improvement against the 9 standards evaluated.

Whilst improvements have been made it is acknowledged that there are further actions needed in supporting health staff to discuss FGM with extended family members and the work that universal settings need to do following referral where no risk to the child is identified.

#### 10.5.10 ISCB Dataset.

During the year the sub group reviewed the safeguarding data available to the partnership from health, education, social care and police.

It was agreed that nationally reportable health data concerning A+E attendances, infant mortality and admission to hospital for self-harm would be analysed on an annual basis.

It was agreed that the London Board data for police performance would be used, despite concerns by local CAIT that this is inaccurate. Considerable work was undertaken by the local CAIT in demonstrating their performance to the board and evidencing that their sanction detection rates were at prescribed Met targets. The sub group decided that the police need to decide Met wide about the most appropriate data set, and then to ensure its accuracy.

Multi agency data is collected by CSC e.g. in respect to attendance at child protection conference, referrals to CSC etc.

It was recognised that data shows a limited picture about the quality of services and that we should not be placing increased expectations on agencies for more reports unless this would improve outcomes for children.

CSC were challenged to provide a broader data set, to include private fostering, children placed in LBI by other boroughs and CSE and missing data

The chair of the ISCB, the Police and the DCS have been asked to discuss the Police data set at the London Board

#### 10.5.11 Repeat CP plans

Evaluation of the cases that had repeat plans showed that most were related to neglect. Of the 35 children who had repeat plans, 8 were pre-birth, 3 were shortly after birth. No themes could be identified and there was not a view that plans had ended prematurely in any of the cases. However, discussion around rule of optimism and the knowledge that many cases were being de planned after three months suggested that there is a need to ensure robust decision making at the first review conference.

This evaluation was shared with staff and a clear focus put on evidence at the first review conference to avoid colluding with disguised compliance

#### 10.5.12 Young Carers

Focus on young carers enabled the sub group to understand the services available and the work in raising awareness of young carers in universal settings. The KidsTime programme for children whose parents have mental health problems has been positively evaluated

#### 10.5.13 Child Sexual Exploitation

#### 10.5.13.1 CSE Audit

CSC presented an audit of case where CSE had been an issue, the audit showed that the referrals regarding concern about CSE had been spread across all agencies, and that multi agency working had been sound in sharing information, identifying those at risk and ensuring protective actions had been taken.

#### 10.5.13.2 CSE London Challenge

The purpose of the London challenge was to enable each borough to scrutinise the depth, quality and range of their work to prevent, disrupt and protect children from sexual exploitation. Using sector led improvement each borough was challenged by the London Safeguarding Board to examine the quality of their own work and to report to the London Board so that a London wide perspective could be obtained. During this work the Ofsted Thematic Inspection was published and Islington were able to use the findings to inform their scrutiny.

Islington prepared a self-assessment against the London Safeguarding Board Key Lines of Enquiry (KLOE) and the recommendations from the Ofsted thematic inspection; 'It Couldn't Happen Here Could it?'. A multi-agency challenge session was hosted by London Borough of Brent and key Islington partners were challenged by Brent to evidence the KLOE used by Ofsted when inspecting Brent. In attendance at the challenge session were the Assistant Director, Head of Safeguarding and Operational Manager in Brent. For Islington the Assistant Director, Head of Safeguarding; Head of YOS; Head of CLA; Head of CIN; Detective Superintendent; Named Nurse; Education Lead; and Community Safety lead attended.

The findings from this peer review included:

- Overall multi agency work in Islington has been shown to be well developed; there is strong strategic leadership from the Local Authority and the LSCB.
- Partnerships are strong and have delivered demonstrable improvements in the identification of children at risk and the disruption of perpetrators.
- All agencies have senior representative who lead on CSE and Police have a very strong leadership role in the MASE and Missing Children.
- Action plan for CSE in place since 2010 and being updated presently
- CSE core strategy for ISCB for 2015.
- Active Missing / CSE group with representatives from police, council, health, education, other statutory and 3rd sector partners
- Strong multi-agency links and belief strong foundations have been set
- Clear safeguarding in place and more pro-active interventions targeted through MASE, Bronze, IOM, DV MARAC, 18-24 group.

- Missing from Education identified all persistent absentees over the age of 10 and have provided this information to the police and CSC to cross check
- Children at risk of CSE and gang affiliation have access to a Young women's Advocate this is for low level risks as well as high level cases through NiA and Safer London foundation.
- The CLA nurse has been trained in CSE identification and in undertaking direct work on the issues during health assessments- this is done routinely with adolescents.
- Targeted PHSE sessions are run by the CLA health team and Brook, they are offered to CLA in years 6, 8 and 10. A separate session is run for UASC.
- Professionals who care for and work with children that could be or are at risk of CSE have had training to be able to prevent, identify, respond and protect appropriately.
- Each secondary school has a safer schools profile which considers CSE, offending and gang involvement as part of this. Schools are informed by their safer schools police officer of children at risk of CSE/ being exploited.
- There is an education rep on the MASE who feeds in and out information relating to children.
- Young people on AP know where to go if they have concerns as there is a designated CP staff member in each placement. They can also discuss it during tutorials.
- Personal and Social Development sessions cover the subject and at the Boxing Academy, other professionals come in to talk to them.

#### 10.5.14 MARAC

Concern was expressed by the Safer Islington Partnership about low levels of referral to MARAC by education and health, the sub group evaluated the situation and found that due to child protection procedures it would be expected that where the adult is a parent the referral should be made by CSC and not the universal agency. Children's services staff were also of the opinion that MARAC was not using time effectively. Discussions between the Police, and SIP resulted in changes to the MARAC process.

#### 10.5.15 Section 47 Audit

Data analysis indicated concern about the number of section 47 enquiries reaching initial conference within 15 days of the first strategy discussion. CSC audited 48 cases and undertook more detailed data analysis to try and understand and improve the situation.

It was evidenced that 80% of section 47 enquiries concluded within 15 days, and in many cases conferences were not arranged until the 15 day point, leading to an apparent delay in meeting the

target timescale. Managers had not always appreciated the need to complete the enquiries more urgently to enable the timescale to be met. Audit indicated that managers had not consistently recorded the reason for the delay and in some cases administrative errors in recording had been found. In one case there was concern about the impact of delay to the child.

### 10.6 *Child Sexual Exploitation*

Missing and CSE sub group has been amalgamated since December 2014 with the purpose of:

- Identify to the Islington Safeguarding Children's Board (ISCB) the gaps in multiagency practice in terms of Missing and CSE provision.
- Identify options to improve delivery.
- Identify trends to target multi-agency intervention around Missing and CSE subjects.

Group aims are:

- To reduce the risk of children going missing or being sexually exploited.
- To identify perpetrators who aid in children going missing or for CSE.
- To build a problem profile of Missing / CSE in Islington.
- To plan disruption activity for the frequent Missing children or those of increased risk of CSE.

The main challenges for CSE in Islington going forward which the sub group are prioritising are:

- Better diversion with perpetrators - is Abduction notices enough?
- Better intelligence to assist prevention
- Cross London information sharing and cross boundary work needs embedding
- Dedicated CPS lead for consistency

In terms of impact of the Multi-Agency Sexual Exploitation meetings (MASE) and existing CSE targeting: 25 MASE subjects, 11 Abduction notices served, 2 convictions for rape, 1 suspect charged with CSE, 56 cases identified by police of which 49 are non crime, 9 frequent CSE subjects being targeted.

Targeted Youth Support (TYS) took over from Barnardos in December 2014 in completing return home interviews. So far (May 2015) referrals have been received for 86 young people who have been reported missing and returned home or to care. 72 Return Home Interviews have been completed. 40 young people are currently open to Islington CSC teams. 7 young people were known to Islington YOS, 16 Young people were known to YYS. The youngest referral was aged 10 (1), the oldest 17 (16).

#### 10.6.1.1 *MisUnderstood*

The MisUnderstood report was published with the following recommendations which the Missing / CSE sub group are assessing and actioning:



1. Develop, and pilot, a cluster-wide strategy for responding to young people who are identified as, or suspected of, having abused their peers and partners.
2. Build, and monitor, a process through which the six MASE meetings within the cluster focus on thematic issues of concern and share relevant information across boundaries to build a cluster-wide problem profile of CSE (and within this peer-on-peer abuse and exploitation).
3. Capture evidence of the approaches currently taken to neighbourhood-based harm across the cluster and use it to produce a framework for delivering public space interventions when responding to peer-on-peer abuse.
4. Work with a network of PRU and alternative education heads and safeguarding leads to pilot whole-school approaches to tackling violence and abuse.
5. Create a structure through which LSCBs within the cluster can have an oversight of the numbers of vulnerable adolescents within their local area, and the geographical and institutional localities most strongly associated with this cohort of young people.

### 10.7 Youth Violence

Increased youth violence within the borough, led to the QA sub group enquiring into the services in place to identify and divert young people and hence protect them from harm. The group heard from the Targeted Youth Support team and noted that 85% of young people who received their service following an offence did not further offend.

### 10.8 Missing from Care, Home and School

In 2014 the Government released Statutory Guidance about children who run away or go missing from home or care. This has informed the guidance on *Children Missing from Care, Home and school* in the *Pan London Child Protection Procedures 2014*.

This year, the board has moved the Missing Steering Group under the governance of the CSE sub-group and re-configured the steering groups around three distinct areas: missing from home, care and education. The TOR of the CSE sub-group has been extended to include missing and is now known as the Missing and CSE subgroup. It is hoped that the intelligence about children going missing will be better used to inform practices for children who have been sexually exploited.

All children who go missing will be interviewed upon return to establish the circumstances around why they go missing to prevent them from going missing but also to ensure that safeguarding procedures are followed for children who were abused and who may be at risk of abuse.

### 10.8.1 Return home interviews:

Since December 2014 TYS have received referrals for 86 young people involved in 101 episodes of going missing from home or care. 72 Return Home Interviews (71%) were conducted, which means that return to home interviews could not be carried out for 29 cases.

The chart bellows show the nature of concerns identified through return to home interviews.

Concern	Number of young people
CSE concern	18
Gangs	7
Safety concerns	8
Engagement in criminal activity	2
Violent / controlling interpersonal behaviour	2

Analysis showed that the number of return to home interviews were much high than anticipated after they were brought back in-house to TYSt. Many young people were already known to services (70%) and that many go missing as a result of interpersonal stressors or unhappiness at home or in care.

A risk assessment is completed where there are risks that a child or young person may go missing. Missing from Care (MFC) meetings take place within a maximum of 48 hours of a child or young person going missing. The board is assured that there is robust senior management oversight and the Director of Children's Services inform elected members of any child who have been missing for 5 days or more. Safety plans for children are reviewed on a regular basis.

## 11. Participating in the planning of services

### 11.1 Working with other boards

The LSCB Chair continues to attend and update the Children and Families Partnership Board on LSCB activity.

The Board has considered and commented on the JSNA to ensure that the needs of children are considered, it would, however, like to see that all partners and the strategic board formally consider and respond to the ISCB' priorities.

The previous annual report asked that:

Action 13: Safer Islington Partnership and Islington Safeguarding Children Board to refresh the protocol and procedures between them to ensure that children' welfare is the primary consideration in their work plans.

This action has led to a reconfiguration of the Harmful Traditional Practice Board to report directly to the Policy and Practice sub-group. Further work will be done in this sub-group around the VAWG strategy as well as radicalisation.

### *11.2 Membership, attendance and participation*

The LSCB has a membership pack available for all new board / sub-group members which is reviewed as part of the annual reporting/business planning cycle and further documents will be made available as required. The ISCB manager meets with all new board / sub-group members for an induction.

#### *11.2.1 LSCB attendance of agencies / represented sectors.*

Key to the effectiveness of the LSCB is regular attendance by members (see appendix)

All required agencies attend the board regularly and have formed as strong partnership to carry out board business. In future the board will want to be more strategic in its approach and deepen its scrutiny function.

#### *11.2.2 Participation in the work of the board*

The active participation by the LSCB's members in the agenda and activity of the Board could be said to demonstrate effectiveness of the strategic leadership of the safeguarding system in terms of understanding their part in the safeguarding system. One way to gauge this is through the involvement in the LSCB agenda by members.

### *11.3 Challenge and response to challenge*

The LSCB independent chair, Alan Caton meets regularly with Eleanor Schooling (DCS), Cathy Blair, the Director of TSCFS, and Lesley Seary, Chief Executive. Alan Caton also attends the Children and Families Partnership Board to update them on the work of the LSCB.

## 12. Serious Case Reviews

During this year, the board has commissioned two serious case reviews and contributed to a serious case review of another LSCB.

### 12.1 *Serious Case Review – Child E*

The ISCB have previously undertaken a multi-agency management review on Child E who died after she fell from the balcony of her home. She had a diagnosis of autistic spectrum disorder. A housing policy was created in light of the findings and an extensive action plan was overseen by the Quality Assurance subgroup. Child E's mother asked the board to conduct a serious case review, and even though the criteria were not met the Board agreed to carry out an SCR. It will soon be ready for publication.

### 12.2 *Serious Case Review – Child F*

Towards the end of 2014, a newly born child sustained a serious, life-threatening injury. It is not possible to say when and in whose care the child sustained the injury but she was at the time of discovering the injury a looked after child. The serious case review report is in the final stages of completion before it will be published. Agencies have already begun implementation of their action plans which will continue to be overseen by the Case Review sub-group.

### 12.3 *Serious Case Review – Child J (Lambeth)*

Lambeth Safeguarding Board is carrying out a serious case review on an adolescent who committed suicide. The young person was raised in Islington and lived here for the early part of the terms of reference of the review. Several agencies including health, housing and children's social care contributed background reports / independent management reviews to the report. The SCR case review has not yet been finalised.

### 12.4 *Other cases considered*

The Case Review sub-group considered three further cases this year, including two adolescent boys who were referred via CDOP arrangements and who were victims of knife-crime. The third young person was considered because of his involvement in one of these incidents. The criteria for serious case reviews were not met, but the sub-group has commissioned a task and finish group develop and action plan.

## 13. Child Death Overview

In its 7th year of working, Child Death Overview Panel continues to be well attended by a core group of professionals from health, social care and the police. Additional members from other services (e.g. Education, Housing, Community Children's Nursing Team and the Life Force Team) are invited to attend depending on the cases being discussed.

In 2014/15 there were 18 deaths of Islington residents under the age of 18 years; the average for the previous 6 years being 14 deaths per year, with a range of 9 to 19 deaths.

The Panel discussed 15 deaths in 2014/5, of which 3 were identified as having modifiable factors. The issues that were identified as contributing to these deaths and the actions that were undertaken were:

- An SI completed and further training of staff initiated and completed according to an action plan
- Smoking during pregnancy – panel reviewed the points in which smoking cessation is offered – at booking with midwife, during pregnancy at midwifery classes, post-natal in the hospital and at home by the Health visitor
- Insufficiency in tertiary neonatal intensive care provision – Panel hoped that the review of neonatal deaths will highlight the lack of neonatal cots.

During the course of the year two young people were victims of knife crime, which CDOP brought to the attention of the ISCB chair. The ISCB and partners are working on an action to plan to raise awareness about knife and weapon crime in school.

## Section VI: Resources and Capacity

## 1. Budget

	12/13	13/14	14/15
<b>INCOME</b>			
<b>Agreed contributions</b>			
London Borough of Islington	118 754.00	118 754.00	118 754.00
Islington PCT	33 456.00	-	-
Islington CCG	-	6 500.00	6 500.00
NHS England (London)	-	6 500.00	6 500.00
Camden and Islington NHS Trust	-	5 500.00	5 500.00
Whittington NHS Trust	-	10 000.00	10 000.00
Moorfields NHS		5 000.00	5 000.00
Probation	2 000.00	2 000.00	2 000.00
Metropolitan Police (MOPAC)	5 000.00	5 000.00	5 000.00
CAFCASS	1 100.00	550.00	550.00
<b>Sub-total</b>	<b>160 310.00</b>	<b>159 804.00</b>	<b>159 804.00</b>
<b>Other income</b>			
Other grants, reimb & contributions	31 882.00	28,271.72	-
Carry over from previous year	5 453.00	38 370.00	28 221.15
<b>Sub-total</b>	<b>37 335.00</b>	<b>66 641.72</b>	<b>28 221.15</b>
<b>TOTAL INCOME</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>EXPENDITURE</b>			
<b>Staff:</b>			
Salaries, 2.5 staff, Chair	122 148.00	147 546.42	148 984.94
Training / conferences	575.00	8.33	
Travel	290.00	172.10	220.00
Agency		6 241.25	4 045.05
<b>Sub-total</b>	<b>123 013.00</b>	<b>153 968.10</b>	<b>153 249.99</b>
<b>Board courses:</b>			
Hire facilities	2 187.00	1319.75	3 807.10
External trainers / e-learning	900.00	853.00	1 818.00
Refreshments	2 806.00	262.50	-
Printing (leaflets, newsletter)	4 012.00	5 032.00	955.00
<b>Sub-total</b>	<b>9 905.00</b>	<b>7 467.25</b>	<b>6580.10</b>
<b>Board Expenses:</b>			
SCRs	-	-	13 351.40
Legal costs	-	-	19,327.99
Annual conference	-	-	-
Board development	-	-	1 231.75
<b>Sub-total</b>	<b>24 599</b>	<b>8 469.77</b>	<b>33 911.14</b>
<b>Office expenses:</b>			

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Stationary	1 758.00	768.45	2412.00
<b>Sub-total</b>	<b>1 758.00</b>	<b>768.45</b>	<b>2412.00</b>
<b>TOTAL EXPENDITURE</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Total income</b>	<b>197 645.00</b>	<b>198 895.72</b>	<b>188 025.15</b>
<b>Total expenditure</b>	<b>159 275.00</b>	<b>170 673.57</b>	<b>196 153.23</b>
<b>Surplus / shortfall</b>	<b>38 370.00</b>	<b>28 222.15</b>	<b>(8128.08)</b>

In the previous annual report, the board asked:

Action 14: The board should review the financial contributions of members so that they do not disproportionately fall on a small number of agencies.

The board received a response from the Local authority and heard that partners in the health economy are reviewing the Board's request. Funding of the board will remain on the board's work plan.

## Section VII: Conclusions

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of Islington's children. It has evidenced that safeguarding activity is progressing well locally and that the Islington Safeguarding Children Board has a clear consensus on the strategic priorities for the coming year as articulated in the ISCB Business Plan 2015 - 2018

The ISCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2015). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies

In conclusion as a Board we would like to see partners in universal agencies improve their engagement with the Early Help Assessment (formally referred to as CAF) which would enable partner agencies to take greater ownership of, and be proactive in, providing services to help children at the earliest opportunity and that they are not just completed and seen as a request for service.

Universal services can still do more to assist the good work that the local authority is doing to identify children and young people who are in private fostering arrangements.

As a Board we need to better understand the increase in serious youth violence and gang associations in Islington, to enable professionals to tackle this problem head on and thereby reduce the harm that such activity causes.

As a Board we want to see individual agencies, especially, health, education and police undertake and improve their single agency internal audits so that they can be scrutinised through the quality assurance framework and provide evidence of improved service provision to children and young people

We would also want to see an increased overview of how the views of children are sought within agencies and how their voice is used to shape and influence service delivery.

In relation to child sexual exploitation, there is a well established partnership approach to this issue in Islington. However the Board would like see greater analysis of this issue and a greater use of intelligence so that agencies can deploy their resources effectively to prevent CSE and target offenders.

The Board needs to build better partnerships with the CPS to better understand the issues surrounding the small number of offenders who are prosecuted in cases of child abuse and neglect.

Our aim year on year is to make sure that children in Islington are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant



harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

**Section VIII: Summary of actions**

Action : ISCB to present the annual report to all strategic partnership boards and for partners to indicate what actions they intend to take in relation to the report's findings.

Action: The ISCB welcomed the report from the Principal Social Worker, and requested similar re-ports in relation to key staff, eg. Police, health visitors, schools nurse etc

Action: Other strategic partnerships, including the Youth Justice Board, Islington Children and Families Partnership Board, Health and Wellbeing Board and Adult Safeguarding Board to consider the ISCB priorities and indicate what strategic steps they intend to take to ensure that services are planned and commissioned accordingly.

Action: The Board would like to see that all agencies use the board-approved case conference report format and provide reports in line with the Pan-London safeguarding procedures

Action: In relation to increases in serious youth violence and the apparent lack of prosecutions the Police, CPS and Youth Justice Management Board should consider how these matters can be addressed and report findings to the LSCB

Action: Initial Case Conferences should take place no later than 15 working days after the initial strategy discussion. CSC and the CAIT should assure the Board that SW managers and CAIT officers are meeting these timescales in all but exceptional circumstances.

## Section IX: Glossery of terms

ABE	Achieving Best Evidence
AMASS	Adolescent Multi-Agency Specialist Service
BME	Black and Minority Ethnic
C&IFT	Camden & Islington Foundation Trust
CAF	Common Assessment Framework
CAIC	Child Abuse Investigation Command
CAIT	Child Abuse Investigation Team
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CFAB	Children and Families across Borders
CiN	Children in Need
CLA	Children Looked After
CMHT	Community Mental Health Team
CP	Child Protection
CPP	Child Protection Plan
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CSC	Children's Social Care
CSCT	Children's Services Contact Team
CSE	Child Sexual Exploitation
CSU	Community Safety Unit
CSV	Community Service Volunteers
DBS	Disclosure and Barring Service
DV	Domestic Violence
ECPB	Executive Corporate Parenting Board
EET	Education, Employment and Training
EIP	Early Intervention and Prevention
ESLOs	E-Safety Safeguarding Lead Officers
FGM	Female Genital Mutilation
FIP	Family Intervention Project
FISS	Family Intervention Specialist Service
FNP	Family Nurse Partnership
FOSS	Family Outreach Support Service
GP	General Practitioner
HASS	Housing and Adult Social Services
ICDOP	Islington Child Death Overview Panel
ICS	Integrated Children's System
IRO	Independent Reviewing Officer
ISCB	Islington Safeguarding Children Board
IYSS	Integrated Youth Support Services
LADO	Local Authority Designated Officer

LAS	London Ambulance Service
LBI	London Borough of Islington
LGID	Local Government Improvement and Development
LP	Lead professional
LSCB	Local Safeguarding Children Board
MAP	Muti-Agency Plan
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MI	Motivational Interviewing
MPS	Metropolitan Police Service
NEET	Not in Education, Employment and Training
NFA	No Further Action
Ofsted	Office for Standards in Education, Children’s Services and Skills
PCP	Person Centred Planning
PCT	Primary Care Trust
PEP	Parental Employment Partnership
PEPs	Personal Education Plans
PPD	Public Protection Desk
PRU	Pupil Referral Unit
QA	Quality Assurance
R&A	Referral and Advice
SCR	Serious Case Review
SEN	Special Educational Needs
SIP	Safer Islington Partnership
SMART	Specific, Measurable, Achievable; Realistic, Timely
SN	Statistical Neighbour
SPOC	Single Point of Contact
TAF	Team around the Family
TYS	Targeted Youth Services
UKBA	UK Border Agency
VAI	Voluntary Action Islington
YJS	Youth Justice System
YOS	Youth Offending Service
YPDAS	Young People’s Drug and Alcohol Service

**Section X: Bibliography**