



ISCB Annual Report

March 2017 – April 2018

Independent Chair
Alan Caton OBE



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LETTER FROM THE CHAIR

I am pleased to present the Islington Safeguarding Children Board (ISCB) Annual Report covering the period April 2017 to March 2018.

This report sets out the work of the Board and its understanding of the effectiveness of safeguarding arrangements across Islington. The report also aims to give those people who live and work in Islington a greater understanding of the way agencies worked together and individually to keep children safe from harm and abuse.

The year covered in this report was again challenging for all of the partner agencies who continue to work in an environment characterised by fewer resources and increased demand. However, whilst this has been the case for several years now, this report provides evidence of the commitment and determination amongst agencies and professionals to keep all of Islington's children and young people safe.

It was during this reporting period that the ISCB was subjected to external scrutiny by Ofsted. Ofsted judged the ISCB to be 'Good' stating that the;

'LSCB is ambitious. It has a clear sense of vision and purpose and is well led, well managed and well run. Partnerships, particularly with health, are well developed and effective. Governance arrangements are robust. The board makes a significant contribution to the development of services at both a strategic and an operational level'.

Within the Ofsted inspection report and this annual report, you will see evidence of the ongoing challenge and scrutiny of practice and the positive impact of partnership working across Islington.

One of the roles of the Board is to influence and shape service delivery. It does this through effective multi-agency case audit and by challenge and scrutiny of existing practice. This report outlines the multi-agency quality assurance work that took place during the year to improve safeguarding practice.

This next year will see the introduction of the Children and Social Work Act 2017 which will bring significant changes to the UK safeguarding system. As we move towards a new safeguarding structure we must ensure that we create a system that champions the interest and rights of children and young people and builds upon the good work of the effective partnership of the ISCB.

Included at the rear of this report there are a number of key messages for all partner agencies and strategic partners. These messages are to ensure that safeguarding and protecting children in Islington remains a priority for all.

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

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



Independent Chair

Islington Safeguarding Children Board



INTRODUCTION

PURPOSE OF THIS REPORT

Legislation¹ requires Local Safeguarding Children Boards (LSCBs / “The Board”) to ensure that local children are safe, and that agencies work together to promote children’s welfare. The Board has a statutory duty² to prepare an annual report on its findings of safeguarding arrangements in its area:

“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.”

AUDIENCE OF THIS REPORT

The report should be submitted to the Chief Executive Officer of the Local Authority, the Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board (H&WBB) to:

- note its findings and,
- inform the Independent Chair of actions they intend to take in relation to those findings.

REMIT OF THIS REPORT

This report follows the *ISCB Annual Report 2017/18*³ and covers the financial year from April 2017 to March 2018.

METHODOLOGY

In writing this report, contributions were sought directly from board members, chairs of sub-groups and other relevant partnerships.

The report drew heavily on numerous monitoring reports presented to The Board and its sub-groups during the year, such as Local Authority Designated Officer (LADO) Report, Private Fostering Report and Corporate Parenting Board report.

PUBLICATION

The report will be published as an [electronic document on The Board’s website](#)

¹ Children Act 2004

² Apprenticeships, Skill, Children and Learning Act 2009

³ <http://www.islingtonscb.org.uk/Pages/default.aspx>



ABOUT ISLINGTON AND THE BOARD

DEMOGRAPHICS

London Borough of Islington has a population of about 220 100. Islington is a relatively small authority, but has the highest population density in the country.

The authority is one of stark contrasts, with high levels of deprivation and areas of significant wealth. The Index of Multiple Deprivation (2010) listed Islington as the 14th most deprived local authority in the country.

Islington has one of the highest rates of population turnover ⁴ in London. Population churn⁵ in Islington is low compared to other areas in London⁶.

Children living in Islington

- Approximately 40,500 children and young people under the age of 18 live in Islington. This is 17.4% of the total population in the area.
- Nearly 35.3% of the local authority's children are living in poverty.
- More than a quarter (28%) of Islington primary school pupils (resident in the borough) are eligible for free school meals, which is higher than London (16%) and England (14%).
- It is estimated that Islington has a higher proportion of children aged 5 to 16 years who have a mental health condition (14%) compared to the national estimate of 10%; given the higher levels of social housing and deprivation in the borough.
- Overall 35% of Islington children aged under 16 live in income deprived families, which

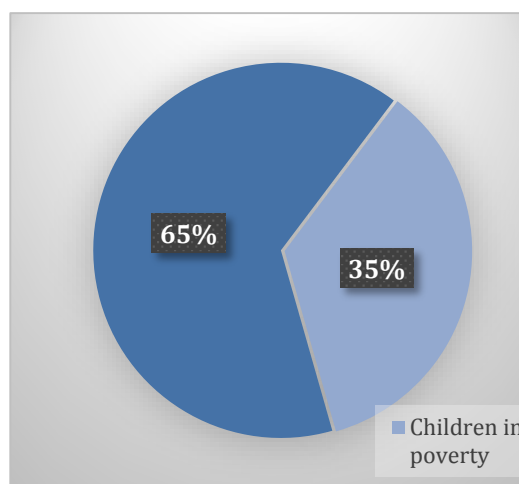


Figure 1 - Islington Children in Poverty

was the 3rd highest in England and 2nd highest in London. 49 Lower Super Output Areas (LSOAs) in the borough fell within the 10% most deprived nationally in terms of income deprivation affecting children. 45% of children aged under 16 in Islington were living in these LSOAs.

- Children and young people from minority ethnic groups account for 67% of all children living in the area, compared with 26% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are young people of *mixed ethnicity* and from the *white-other* ethnic group.
- The proportion of children and young people who speak English as an additional language: in primary schools is 43.7% (the national average is 20.1%); in secondary schools is 45.9% (the national average is 15.7%).
- 6 out of 10 families with dependent children live in social housing (compared to 2 out of 10 nationally). 11% of households live in overcrowded conditions
- Islington has the 2nd highest proportion of

⁴ New people moving to the area and old residents leaving

⁵ Residents moving house within the borough

⁶ [Islington Evidence Hub](#)

children living in income-deprived families (35%) in London.⁷

Islington's population-profile in terms of *relationship status* is considerably different from other London boroughs and England, with 60% of residents recorded as *single* compared to 44% in London and 35% in England. The percentage of people recorded as *single* in Islington has increased from 54% in 2001. The equivalent figure was 41% in London and 30% in England in 2001.⁸

CHAIRING AND LEADERSHIP

The ISCB is independently chaired by Alan Caton OBE, and he's been the independent chair since September 2013.

Accountability

There are robust accountability mechanisms between The Board and chief officers in the authority with quarterly *Safeguarding Accountability Meetings* taking place between the Chief Executive of the LB of Islington, the Lead Member Of-ficer of the Council, the Lead Member for Children's Services⁹, Director for Children Services and the Director for Targeted and Specialist Children Services.

AGENCY REPRESENTATION AND ATTENDANCE OF THE BOARD

Islington agencies are well represented with a range of suitably senior officers attending the ISCB on a regular basis (Appendix 1 – ISCB).

Where necessary, representatives send delegates if they are unable to attend.

The Chair has been concerned that NHS (London) England is a statutory board partner but they have not yet been able to attend because of pressures to attend from multiple LSCBs Pan-London. The ISCB Chair has raised this with the NHS England representative. NHS England does attend the non-statutory Pan-London Safeguarding Children Board.

BOARD STRUCTURE

The structure chart (Figure 1) on page 12 shows how the functions of the LSCB are organised. Most of the Board's functions are discharged through one of the boards six sub-groups that report to the ISCB chair at the *executive meeting* whereas strategic oversight sits with the main board who is accountable for the Board's statutory functions.

Sub-groups continue to be chaired by a range of senior multi-agency partners.

The ISCB business unit supports the Independent Chair, Board and sub-groups.

ISCB Executive Meeting, Chair: Alan Caton, Independent Chair of ISCB

Key responsibilities of the sub-group are to

- Develop, implement and monitor the Islington Business Plan.

⁷ [https://evidencehub.islington.gov.uk/Public-Records/Public-health/Quality-and-performance/Profiles/2018-2019/\(2018-06-20\)-Bright-Start-Profile-2018.pdf](https://evidencehub.islington.gov.uk/Public-Records/Public-health/Quality-and-performance/Profiles/2018-2019/(2018-06-20)-Bright-Start-Profile-2018.pdf)

⁸ Census 2011

⁹ Section 19 of the Children Act 2004 requires every top tier local authority to designate one of its members as Lead Member for Children's Services. The LMCS will be a local Councillor with delegated responsibility from the Council, through the Leader or Mayor, for children's services

- Oversee the functions of Islington LSCB's sub-groups.
- Oversee the Learning and Improvement Framework.
- Agree priority actions against the Board's core business.
- Develop the Board's forward plan and set the agenda for board meetings.
- Receive and agree policies and procedures received from sub-groups.
- Review relevant national policy developments and initiatives, prepare briefing papers to The Board, and recommended actions that may be required.
- 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

Training and Professional Development sub-group, Chair: Stella Balsamo, Named Nurse, Whittington Health

Key responsibilities of the sub-group are to:

- Identify the inter-agency training and development needs of staff and volunteers.
- Develop and implement an annual training and development prospectus.
- 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.

Quality Assurance sub-group, Chair, Laura Eden, Head of safeguarding & Quality Assurance.

Key responsibilities of the sub-group 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.
- Policy and procedure sub-group (ad-hoc)
- This sub-group ceased mid-way through the year. Key responsibilities of the sub-group are to:
 - Continually review and monitor ISCB's policies, practices and procedures.
 - Plan the piloting of and / or introduce new multi-agency 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 ISCB website and Newsletter.
 - Going forward into the new financial year, this will sub-group will function as a task-and finish group.

Missing, Child / Adolescent Exploitation sub-group, Chair: Detective Superintendent Treena Fleming, MPS, North Central BCU

Key responsibilities of the sub-group are to:

- Agree and monitor the implementation of a child exploitation strategy and action plan to

minimise harm to children and young people.

- Raise awareness of all forms of exploitation within agencies and communities.
- Encourage the reporting of concerns about exploitation.
- Monitor, review and co-ordinate provision of missing and child exploitation practice.

Case Review sub-group, Chair: Laura Eden, Head of safeguarding & Quality Assurance.

Key responsibilities of the sub-group are to:

- Consider all cases that may potentially meet the criteria for a serious case review.
- Appoint a suitable panel to carry out a serious case review.
- Commission a suitable independent reviewer to carry out a serious case review.
- To evaluate and monitor implementation of agencies case review action plans.

Education Sub-group, Chair: Nicola Percy, Head of New North Academy

- To provide opportunities for the ISCB to hear and learn from Education providers in order to strengthen multi-agency working.
- To draw on the experiences of a core group of professionals engaged in the safeguarding and promotion of well-being of children and families to inform policies, procedures

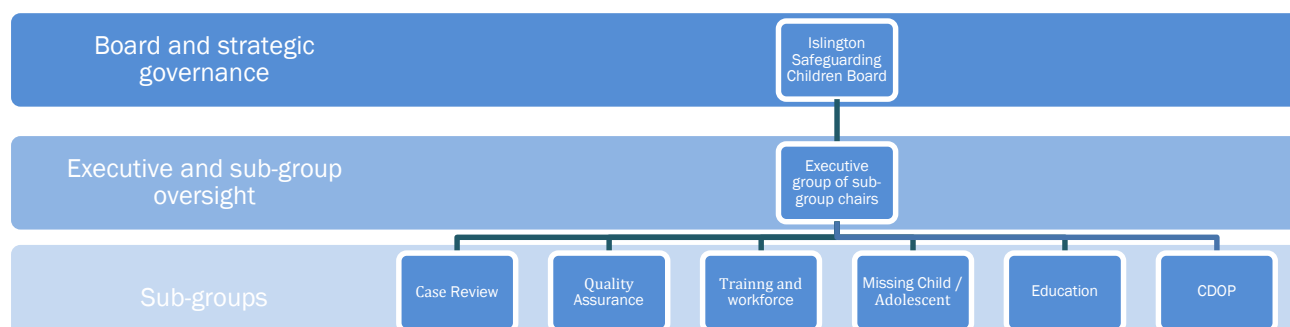
and practices of the ISCB.

- To support the dissemination of recommended best safeguarding practice in education across Islington schools and settings.
- To collaborate with the ISCB to further strengthen agencies collective efforts to safeguard children.

Child Death Overview Panel, Chair: Jason Strelitz, Assistant Director, Public Health

Key responsibilities of the sub-group are to:

- Collect and analyse information about each unexpected death with a view to identifying any learning.
- Notify the ISCB of cases that may need to have a Serious Case Review (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





KEY ACTIVITIES OF THE ISCB

In previous reports The Board set out the rationale for choosing our current priorities, and this is the third update on our three-year work plan. This is therefore an interim report on the progress we have made against our agreed objectives. The Board and sub-groups' key-activities are captured in an accompanying business plan.

BOARD PRIORITIES

These priorities reflect our desire to improve the collective effectiveness of agencies in three key areas:

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

KEY ACTIVITIES OF THE MAIN BOARD

The Board scrutinised work in the following areas (in chronological order):

Private Fostering arrangements

The annual report to the Islington Safeguarding Children Board (ISCB) is a requirement under *The Children (Private Fostering Arrangements for Fostering) Regulations 2005*

Current Private Fostering Situation

There were nine notifications in the year 2017-2018. This is slightly lower than the previous year where twelve notifications were received.

A Specialist Social Worker for Private Fostering (SSWPF) was in post until June 2017. Due to this change in staffing there has been less capacity to

provide specific training and awareness briefings, however, Private Fostering is considered in all safeguarding training provided by the ISCB and single agency training (a recommendation for the previous year).

The LA has now designated a senior social worker to act as a lead on Private Fostering.

Compliance with Private Fostering Standards

The Regulation (as before) requires the Local Authority to comply with the following Standards.

Standard 1 – Statement on Private Fostering

Islington Children's Services Statement of Purpose on Private Fostering was updated and meets the statutory requirements

Standard 2 – Notification

The specialist social worker completed a significant amount of awareness raising within the partnership between 2015-2017, which included linking with the education admissions services, every Children's Centre in Islington, Families First and youth groups throughout Islington.

The SSWPF has also tried to build links within the Health Authority to raise awareness of private fostering and to encourage health professionals to ask the questions necessary to establish if a child is in a private fostering arrangement. She made contact with every GP practice in Islington, meeting with Safeguarding leads and providing awareness leaflets and posters for patients. The SSWPF linked with the Whittington hospital and health visiting teams.

Links were made with community, voluntary and faith organisations and Islington's Faith Forum.

The Private Fostering pathway tool was also reviewed.

Standard 3 – Safeguarding and Promoting Welfare

The SSWPF undertakes DBS checks on all private foster carers and anyone else over 16 years old living in the household where the child lives. All private fostering arrangements are signed off by a senior manager at the Access to Care and Resources Panel.

Standards 4-6 – Advice and Support

The Local Authority provides advice and support to private foster carers and prospective foster carers. Children who are privately fostered are able to access information and support when required so that their welfare is safeguarded and promoted.

Privately fostered children are enabled to participate in decisions about their lives. The local authority also provides advice and support to the parents of children who are privately fostered with in their area.

Standard 7 – Monitoring and Compliance with Duties and Functions in relation to Private Fostering

As part of Islington's quality assurance, Private Fostering cases, assessments and visits are closely monitored. All Private Fostering cases are approved at a senior management level to ensure that these vulnerable children are given additional scrutiny, that children and young people are safeguarded and that parents and carers receive adequate support.

In the year ending 31st March 2018 there were 4

children whose initial visits were delayed. Given the low numbers of only 50% of privately fostered children and young people had a visit undertaken in the initial seven working days after notification.

Recommendations from 2016/17

Recommendation: The training sub group to ensure that all ISCB training and single agency training includes private fostering.

This has been completed. All ISCB training and single agency training include private fostering to ensure that professionals across all agencies receive private fostering training.

Recommendation: Further awareness raising within health service and police to ensure that they are aware of their duties to notify of an arrangement and what constitutes a Private Fostering arrangement.

In 2018 all police officers on the borough of Camden and Islington were provided with bespoke safeguarding training by social care managers. This training included Private Fostering.

Recommendation: Ongoing quality assurance of these children so that there continues to be regular visiting to these children and thorough assessments to ensure they are safeguarded.

The designated lead for Private Fostering continues to provide quality assurance of private fostering assessments and social work visits to privately fostered children. In collaboration with the data and performance team, the designated lead communicates with the allocated SW and Team Manager to ensure that children are seen regularly, are safeguarded and their wellbeing monitored. The designated lead for Private Fostering also signposts social work teams to the workflow,

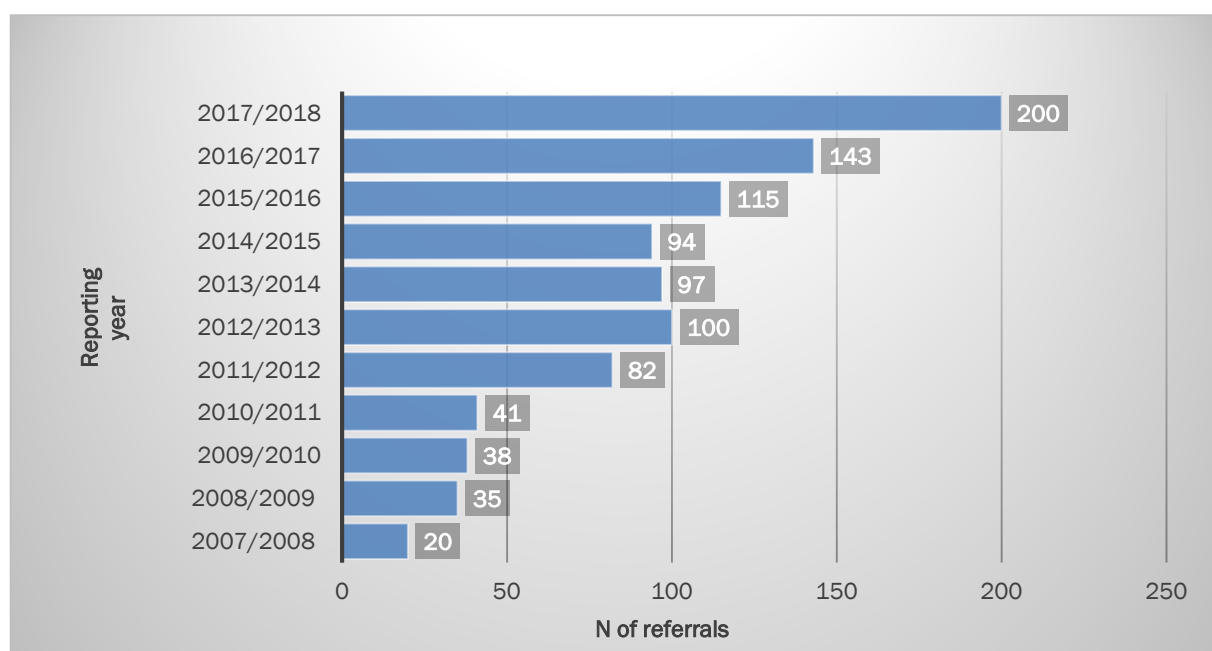


Figure 2 LADO referral 2007 - 2018

tools and resources within the shared folder. Private Fostering Arrangements are approved at Access to Care Resource Panel only.

Safer Workforce

Children and young people are occasionally harmed by professional who are responsible to promote their welfare and safeguard them. This is never acceptable and The Board wants to be sure that those who work with children are carefully selected and that concerns or allegations are thoroughly investigated by the LADO, in accordance with The Board' procedures¹⁰.

LADO report

The ISCB received the 2017/18 LADO Annual Report for scrutiny.

Sources and nature of referrals

As in previous years a variety of agencies made 200 referrals between them, which is 57 more than the last year. This increase continues an almost unbroken trend in increased referrals year-on-year as can be seen in Figure 2.

The vast majority of allegations relate to teachers or support staff in schools. The Principal Officer Safeguarding in Education therefore has been crucial in managing allegations by providing advice and support to head teachers and designated safeguarding leads.

More work may be required to encourage schools to consult the principal officer in education prior to contacting the LADO in cases that clearly do not meet the threshold for Allegations Against Staff and Volunteers (ASV) referral.

¹⁰ Section 7 of London Child Protection Procedures sets out roles and responsibilities in managing allegations against staff or volunteers who work with children. These procedures are applied when there is an allegation or concern that any person who works with children has: 1.) Behaved in a way that

has harmed a child, or may have harmed a child; 2. Possibly committed a criminal offence against or related to a child; 3.) Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

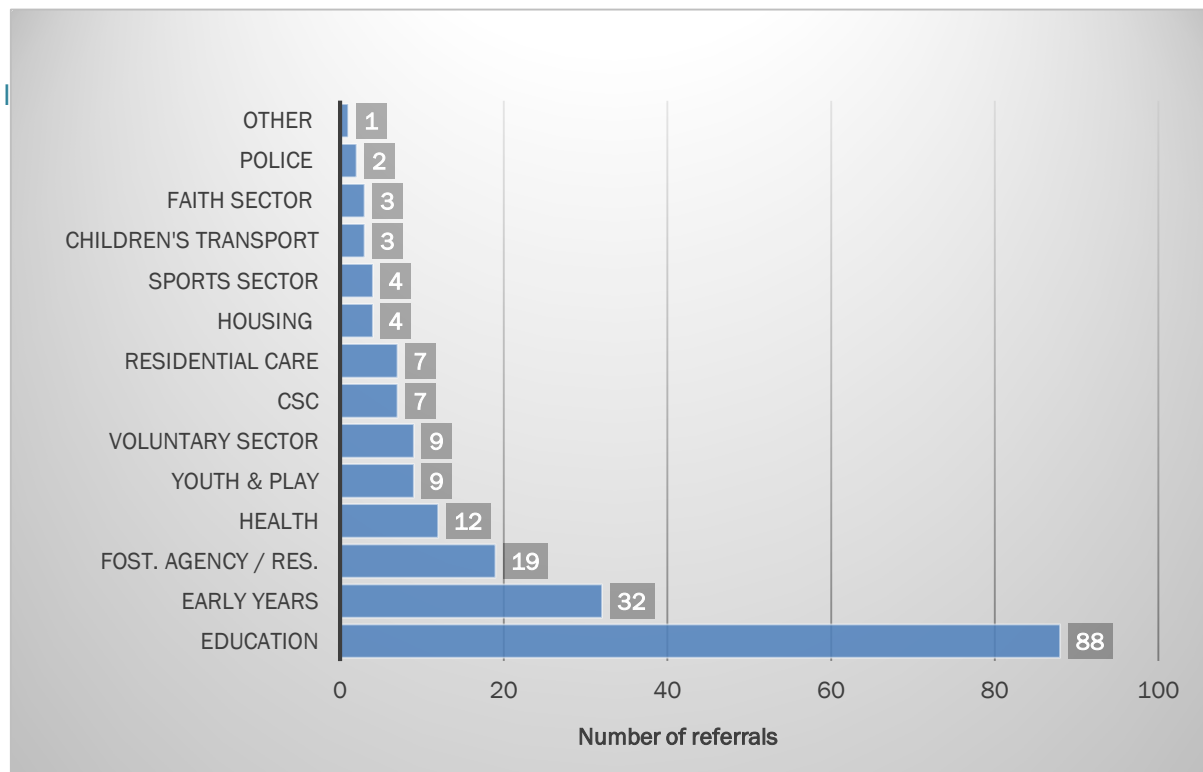


Figure 3 - Number of referrals by sector

The next most likely referral setting is Early Years and referrals were very well supported by Safeguarding Leads in Early Years.

The wide variety of referral sources suggest that managing allegations procedures are well known across the professional network.

Nature of referrals

The table in Figure 4. sets out the nature of referrals that were made to the LADO.

Referrals from families and Ofsted

The report showed, for the first time, that families are making referrals, which is an unexpected consequence of how well the LADO role is known. These referrals are often made in the form of complaints and appear to be made in tandem with using the complaints procedures and referrals to Ofsted.

These referrals often include *category 3* referrals which are not clearly safeguarding referrals but rather complaints about things such as school standards. The LADO has written to Ofsted to

challenge the appropriateness of referring *category 3* referrals to the LADO

Although slightly lower than last year, agencies have maintained compliance by ensuring that 79% of referrals are made within one working day (previously 82%), which demonstrated good knowledge by agencies about LADO procedures,

Referral reason	N	%
	Previous year in brackets	
Physical	73 (64)	36% (32%)
Private-life Matters	50 (37)	25% (26%)
Complaints / Care standards	34 (4)	17% (3%)
Sexual	24 (20)	12% (10%)
Emotional	15 (12)	7% (8%)
Neglect	4 (6)	2% (4%)

Figure 4 Reasons for LADO referral

and their responsibilities to report matter swiftly.

The vast majority, 92%, of referrals were resolved with within one month from referral. Where allegations / concerns were substantiated, it often took longer due to criminal investigations, awaiting trial and/or awaiting disciplinary investigations and hearings.

The ISCB procedures expect that:

- 80% of cases should be resolved within one month,
- 90% within 3 months

All but the most complex should be completed within 12 months. As can be seen from Figure 5. above, the LA completed 99% of cases within 3 months which is an astonishing achievement by the LADO and the professional partnership.

Ofsted inspection

Between 28 April 2017 - 25 May 2017 the local authority and the ISCB were subject to an Ofsted inspection under the *Single Inspection Framework* (SIF). Inspector found Leadership in the LA to be outstanding and they rated all other areas as GOOD.

Inspectors considered the ISCB to be ambitious with a 'clear sense of vision and purpose', well led and managed with effective partnerships. Overall, the Board 'makes a significant contribution to the development of services at both strategic and operational level. "The Board uses its influence effectively to ensure that safeguarding issues are prioritised appropriately."

Working Together 2018

The ISCB had half-day workshop in November 2018 to consider the *Draft Working Together 2018* policy and to respond to the Department of

Education Consultation process. The ISCB was concerned that the new safeguarding arrangements were not sufficiently clear and lacked detail about important areas such as governance, independence and financial support; more thought needed to be given to how schools could be involved in the safeguarding partnership arrangements.

The Board welcomed the changes to CDOPs but was concerned that the pathways and timescales of how this should be achieved were not yet available.

Considering the proposed changes to the well-established, and understood, *serious case review process*, the Board expressed doubts about the wisdom to introduce a new system of *local learning reviews* and how precisely they will fit with the newly mooted *national learning reviews*.

A new addition - *rapid reviews* - also lacked clarity and it was thought that the very short timescale in which they needed to be done could undermine its usefulness.

Changes to CDOP arrangements.

In January 2018, the Chair informed the Board about the effect of CDOP changes to our current arrangements. In future, this responsibility will sit within a partner arrangement between the Local Authority and CCG, but is likely covering a larger footprint involving several LA and CCGs. The size of the footprints will be informed by the number of unexpected deaths in certain area but it is expected that the CDOP cluster will review more than 60 unexpected deaths a year.

Child House

The Chair is involved in a North Central London project to establish a *Child House* in Islington. It

is based on a Nordic model of working with child victims of Child Sexual Abuse and Child Sexual Exploitation.

Future Safeguarding Partnership arrangements in Islington

In May 2017 the *Children and Social Work Act* received Royal Assent. The act requires the *Local Authority*, *CCG* and the *Metropolitan Police* to establish a Safeguarding Partnership and to set out the safeguarding arrangements that will replace LSCBs when they cease to exist on 29 September 2019.

Working Together 2018 when published will contain statutory guidance about future arrangements, but this guidance remained unpublished during the reporting period. (It was published in June 2018).

The Chair of the ISCB is in discussion with the three safeguarding partners about future arrangements.

Youth Crime Plan

The *Youth Crime Plan* was seen by the Board and this refreshed three-year plan will continue to build on past strengths and achievements. It will integrate services better to reduce the number of young people becoming involved in crime or being the victims of crime – ensuring that young people feel safe and are safe.

The Board remain concerned about knife crime and gang related activity and therefore welcomed and endorsed the *Youth Crime Plan*.

Children's Centre Transformation

The partnership received a comprehensive update in relation to a new model of integrated early childhood services that's been developed to replace the existing 16 children centre model.

The model's strength is that it requires extensive integrated working between partners, particularly between health visiting and early years, the two universal services working with under-fives and their families; as well as more widely across the early childhood system: schools, specialist health teams, Housing, Libraries, and Children's Social Care

Services from existing children centres will be retained and more services from local community venues and libraries will be offered as a means to reaching families that are less likely to use children centres.

The Board welcomed this partnership approach to support the very youngest children and their families.

Safer Schools

The Metropolitan Police Service presented the work they are doing with Safer Schools and the School Engagement Programme in response to several high profile knife crime attacks. There are two offers: one for primary schools and one for secondary schools. Safer Schools Police Officers facilitate sessions in schools to engage children/young people to try and affect changes around gang and knife crime cultures.

The Board was pleased that the majority of schools have taken up the offer.

Motivational Social Work

Children's Social Care managers presented the workforce development work they are involved in as part of The Innovation Project. Professionals should see the effect of this work in multi-professional meetings e.g. case conferences and it is important that partners are able to make sense of this change when they see different ways of working and engaging with families.

Motivational Social Work relies on a strong evidence-based interviewing approach using less overt risk language and more willingness to discuss matters. It involves working with parents to help them think through and focus on issues they identify themselves but also issues the social worker wants to focus on. The Board welcomed this innovative approach.

Themed presentations around the ISCB's Priorities

Sexual Exploitation

County Lines

The Board invited two young people from *St Giles Trust* to give the partnership a first-hand account of how children are abused within county lines. This contributed to work taken forward by the Missing and CSE sub-group as part of its strategic plan around vulnerable adolescents.

Parental and Child Mental Health

Several partners made presentations about work they are undertaking in relation to the ISCB's priority to enhance children's resilience and help them with mental health concerns.

Local Academy

The school employs counselling practitioners twice a week to address children's mental health. This therapeutic service allows children to speak to someone about their worries during the school day. Some of the children spoke on video about the positive impact this initiative had on their wellbeing.

Local Authority

As part of the wider *Motivational Social Work*, children social workers are taking a *Trauma In-*

formed Practice approach in their work with families. This way of working acknowledges the multiple adversities that children and families face through traumatic experiences such as domestic abuse and violence.

Chance UK

Chance UK presented three case studies to the Board to show the positive outcomes of their mentoring programme for young people who are experiencing emotional and behavioural concerns. Mentors use *solution-focused methods* to build confidence and coping strategies.

CAMHS

CAMHS provided an overview of mental health services to children in Islington. Referral rates are high (between 40-60 referrals a week) and come from a variety of partners including GPs and Schools.

Also promoted was the *Cygnets Programme* that provides parents and carers with support, information and extra strategies to respond to the needs of children who have autism.

Their project *Growing Together* is a team made up of psychologists, psychotherapists and family therapists working with families who have a child between the age of one and five and they offer a range of interventions to support parents and their children.

CAHMS have a team designated to work with Youth Offending Services and children who are looked after.

North London Perinatal NHS

This five-borough wide service works with women from conception to 1 year after birth who have the onset of mental health or have relapsed.

PICT

The *Psychologically Informed Consultation and Training* service (PICT) is part of the Camden & Islington NHS Foundation Trust's Personality Disorder Service supporting staff to work more effectively with personality disorder and other complex and challenging mental health presentations.

Domestic Abuse

Presentations were received from the following services:

- VAWG
- Children's Social Care
- Moorfields Eye Hospital
- Anti-Bullying Co-ordinator and DVA Prevention Officer for Schools.

A woman who previously lived in abusive circumstances with her children gave a very clear account of her lived experiences of working with services who are represented at the Board. Board partners have since reached out to her separately to think about ways to transform services to children and adults who are victims of domestic abuse and violence.

Co-operation with other strategic boards.

The Board continues to improve its working relationship with other strategic boards i.e. the *Health and Wellbeing Board*, *Islington Children and Families Board*, *SIP*, *Corporate Parenting Board* and *Adult Safeguarding Board*. The Chair (or ISCB representative) attends all these boards in order to facilitate co-operation. This report will also be shared with the chairs of those boards.

ISCB Risk register

The Board maintains a risk register to ensure risks are identified and plans formulated to mitigate risks.

The Board carried over several risk from the previous year:

- Children waiting more than a year to see perpetrators charged, since July 2015. (current)
- "CP-IS has gone live in the borough but Whittington Health is not yet online.", since Sept 2016. (removed November 2017)
- Concerns about young people running drugs across county lines, since Nov 2016. (Current).
- Early Years Services are going through transformation; there may be some disruption to services. Services to be maintained as best possible, since March 2017. (Removed March 2018)
- Potential Impact of changes in housing and welfare legislation, since Nov 2016. (Removed November 2017)

The following risks were added to the risk register in 2017/18:

- November 2017, shortage of School Nurses identified and their priority was around immunisations leaving less time for safeguarding, e.g. attending case conferences.
- January 2018, the prisons service identified that not all staff are adequately trained in safeguarding children (and adults).

The Board ensures that arrangements are in place to manage each risk. All risks have ownership at board level and an agency action-plan to reduce / remove the risk.

Escalation procedures

In line with *Working Together to safeguard Children* and The Board's Child Protection Procedures. There is a published protocol to resolve professional disagreements or concerns between

professionals.

In 2017/18 the procedure was used on several occasions, with an update given by the Head of safeguarding at each board meeting. Matters were most frequently escalated between the Children Social Care and the Metropolitan Police Service.

All escalated matters were satisfactorily resolved before reaching The Board for resolution.

Lay Members

The Board benefited from having two lay members that actively contributed to the work of The Board.

They have consistently challenged the work of The Board where appropriate, and continue to bringing a fresh perspective from Islington residents.

Education sub-group

At the Board's annual away-day partners agreed that it will be beneficial to set up an educational sub-group. Representatives from the education-sector have met, and drafted the Terms of Reference of the sub-group. The subgroup will focus on:

- Best practice guidance
- S11 audit analysis
- Transfer of records – GDPR/SCR
- Trauma Informed Practice
- Persistent absenteeism

Missing and CSE sub-group

The Board, through the work of its Missing and CSE sub-group, challenges all member agencies to identify, address and respond to children who were at risk of going missing or who are at risk of sexual exploitation.

Strategic Development:

In October 2017 the Missing and CSE Subgroup made the decision to change its remit and oversight to cover all areas of exploitation and missing. This decision was made in response to performance and practice data highlighting the significant overlap across CSE, Harmful Sexual Behaviour, Gangs and SYV (including County Lines) and Modern Slavery/Trafficking and the link with children that go missing. To reflect the wider scope of this the sub group, it was re-named to Missing and Child & Adolescent Exploitation Sub-Group.

In December 2017 a development workshop was held by the subgroup chair and attended by key figures across the children and adult multi-agency partnership. The purpose of the development workshop was to identify gaps and actions for the partnership which will shape the subgroup's action plan for the coming three years.

Ofsted inspection

The LA and the LSCB received an Ofsted inspection in May 2017 and the partnership was commended for the high quality work to keep children, including missing children, safe from exploitation:

"Children at risk of and subject to child sexual exploitation receive timely and appropriate action to safeguard their welfare. Social workers use the expertise of a specialist social worker and coordinator in the assessment of risks to children. Complex strategy meetings effectively coordinate multi-agency identification and planning, so that children benefit from comprehensive and high-quality support. This results in interventions being effectively coordinated to minimise any future risks.

Children receive an appropriate and swift response when they are missing from home. Coordinated activity endeavours to locate children and ascertain their safety, with effective information sharing on individual children.

Children are consistently offered a return home interview when they are found and those that engage with the process make meaningful relationships with the TYS workers who are persistent and child focused in their work to engage young people.”

Inspectors thought that a solid foundation was in place but challenged the partnership to be more focussed and to select no more than a handful of priorities. The subgroup agreed four key themes which forms the basis of the subgroup’s new action plan for 2018-2019:

- Harmful Sexual Behaviour
- Boys and Young Men
- County Lines
- Intelligence Gathering and Information Sharing

A Trauma Informed Approach

Continued analysis over the last two years consistently shows that risks to Islington’s children and young people to become vulnerable to CSE, HSB, Gangs, SYV, Modern day Slavery and trafficking, are intrinsically linked to peer groups and offending networks, such as gangs. The cohort of children and young people vulnerable to exploitation overlaps significantly with children and young people that go missing from home and care. In response to this local risk-profile, we have focused on developing a less silo-ed, and more flexible model of assessment, intervention and governance; ensuring that children and young people across the spectrum of risk receive timely and targeted interventions, and that those

children at acute risk receive a consistent safeguarding response.

Data analysis undertaken in relation to vulnerable adolescents, alongside lessons learned from serious case reviews and offending profile reviews identify common themes. The most significant of which is the impact of early childhood experiences of trauma on outcomes for children and young people as they develop.

The ISCB has agreed that *Trauma Informed Practice* should be a way of working in the partnership and is therefore a key-strand to be developed in future. The LA is already rolling out *Trauma Informed Practice* to social workers and some schools are also taking part in a TIPPs project.

In response to the increased understanding of the impact of domestic violence on early childhood development and the subsequent life-trajectory of young people, S&FS are developing an innovative, coordinated and multi-disciplinary response to families experiencing domestic violence and abuse. What accompanies this is the development of skills, confidence and capacity in the partnership workforces to PREVENT, PROTECT and REPAIR the historical harm to Islington's children and young people. Islington successfully bid for Earned Autonomy money from Government to support this; the team will be in place by mid-2018.

CSE Training and Awareness

Approximately 2,000 professionals from a range of services have received training on Exploitation and Missing risk areas over the past year. Audiences include whole-school staff groups, all Central North Police Officers and training for Special Guardians.

In the last year, we have been able to see the impact of our training and awareness raising on the response to safeguarding children and young people; an example of visible impact is evident in the training delivered to the British Transport Police, after which a practice pathway was set up and a number of children missing and at risk of exploitation have been identified by them at an earlier stage. This is now being used London-wide.

We have also seen a positive impact on the quality of referrals that are received by CSCT and a continued increase over the last year in referrals for CSE.

School-based Preventative Education

Children and young people also receive targeted

group work and awareness raising sessions across the Exploitation and Missing focus areas. Over the last year, 319 children have attended targeted awareness sessions at their schools, and 520 year-9 children have received multiple sessions on consent and healthy relationships delivered by Specialist Social Workers in the Exploitation and Missing Team.

Children <i>Missing from Care, Missing from Home and Away from Placement without Authorisation</i> (APWA)				
Month	N	Total	Epi-sodes	Total
April 2017	46	102	69	229
May 2017	45		85	
June 2017	51		75	
July 2017	56	106	94	223
Aug. 2017	38		51	
Sept. 2017	48		78	
Oct. 2017	47	106	69	198
Nov. 2017	49		73	
Dec. 2017	41		56	
Jan. 2018	38	78	67	206
Feb. 2018	32		65	
March 2018	35		74	

Figure 5 Children who went missing

Missing Children

During the last year, the total number of children missing from home and from care is Figure 6. (this includes away from placement without authorisation).

Out of the total of 272 children that went missing this year:

Children Missing from Care - Length of Missing Episode

In total 58% of the missing episodes involved young people going missing for less than 24 hours, 7% of episodes, involved young people going missing for more than one week, including 8 episodes where young people went missing for more than a month. Of these 8 episodes, four were in relation to young people who were wanted by the police for breaches of Court Orders or for offending and so were believed to be trying to avoid arrest.

All of these young people have been offered a range of interventions.

Additional Vulnerabilities of Missing Children

APWA

42 children were APWA a total of 74 times

The top 10 children most frequently APWA accounted for 46 of the total APWA episodes

42 children reported Away from Placement without Authorisation (APWA)

Missing from Home (MFH)

181 children went MFH a total of 321 times

When cross-matched with the risk hazards marker system for CSE, Gangs and Radicalisation we are able to see how many children that go missing from home and care are assessed as being at additional risk.

- **17** children who went missing this year are assessed as a category 1, 2 or 3 risk of CSE (category 3 being the highest level of risk and category 1 being the lowest level of risk)
- **16** children who went missing this year are identified to be either a gang nominal or considered to be at risk of gangs/serious youth violence.
- **0** children who went missing this year were assessed as at risk of radicalisation and referred to Prevent.

Missing procedures are thoroughly embedded in CSC and all children benefit from having strategy discussion. Senior managers are immediately notified when a child goes missing. The Director of Children's Services and the Lead Member for Children receive regular updates on children who

Missing from Care (MFC)

91 children went MFC a total of 461 times

The top 10 children most frequently MFC accounted for 235 of the total MFC episode

Missing from Care (MFC)

58% of children MFC returned within 24 hours.

3% of children MFC returned between 1-2 weeks

2% of children MFC went missing for over 1 month

are missing.

Missing from Education

Children fall out of the education system for a variety of reasons which include:

- Failing to start appropriate provision and hence never entering the system at all;
- Ceasing to attend, due to exclusion (e.g. illegal unofficial exclusions) or withdrawal;
- Failing to complete a transition between providers (e.g. being unable to find a suitable school place after moving to a new local authority).

A range of robust procedures are in place for preventing pupils from going missing from education at these key transition points. A protocol is in place and working successfully to exhaust all avenues for finding children that are missing from education.

In this financial year 2017/18, there were:

- **61** Missing Pupil Alerts received by Pupil Services
- Of these, **44** children (72%) were found and returned to school while
- **17** (28%) were not found – (**14** [23%] – due to an unconfirmed school destination abroad and **3**[5%] – with an unknown location)

For the **17** cases of missing pupils who were not found, a full investigation on details, home address, family, home visits, etc. were completed both through children services, housing, education and police via MASH as outlined above.

Other Local Authority Missing Children

In March 2018 there were 67 children residing in

Islington who were Looked After Children by another borough. Their 'home' borough remains responsible for their well-being and care planning. However, as the borough in which the children are placed, Islington can challenge the home authority if there are concerns about the children's safety. The LA carries out quarterly checks with home authorities to check that children remain in the borough.

Return Home Interviews (RHI's)

In the previous annual report, this area was judged to require improvement, but despite efforts progress remained slow.

Over the last year, a total of 259 RHI's were offered to Islington children that went missing from home or from care, with 52% of Children Looked offered an RHI and 48% of children missing from home offered and RHI.

The table below outlines the data in relation to the number of RHI's completed and the recorded reason for those not completed. The data shows

that 23% of RHI requests were completed over the year. This is a relatively low number, and the reasons for this are outlined in the table below. 35% of all RHI's were not possible to complete, as the child was still missing, therefore these have been excluded from the final data which can be seen in the column on the far right of the table.

RHI Status	N	%	%
Completed	129	15%	23%
Attempted - Child Re-refused	117	14%	21%
Attempted - Parent(s) Refused	13	2%	2%
Not Possible - Unable to make contact	42	5%	8%
Not Possible - Other	115	13%	21%
Not Required - Authorised Absence	15	2%	3%
Not Yet Completed	122	14%	22%
Total (Excluding Still Missing Code)	553	65%	100%
RHI Not Possible - Child is Missing	303	35%	-
Grand Total	856	100%	-

Table 1 Return to Home Interviews

The % of RHI's offered within 72 hrs is 35%. Although this number is low, a performance indicator introduced in October 2017 to measure the offer of a RHI within 3 working days from the referral date has shown a 97% success rate for the last quarter, and demonstrates that most RHI's are offered within 3 working days.

Child Sexual Exploitation

The number of contacts Children Services Contact Team (CSCT) received in regards to CSE has increased year on year between 2011-2015. The number of contacts in 2017/2018 have increased from 98, in 2016/2017, to 115, as outlined in the table below. This increase in referrals was during the first half of the year, April 2017 – September 2017. There was a reduction in referrals from October 2017 – March 2018. Discussions were had at the MASE around possible reasons for the changes in numbers of referrals and concluded that it is difficult to identify a specific reason for this, or a pattern in referrals each month. The partnership reported that the training and intervention to professionals across the partnership has led to professionals feeling more confident in their ability to identify indicators of CSE, provide appropriate early intervention and support, and in referring to CSCT.

In 2017/2018 62 children were assessed as at risk of CSE. Over the year the CSE risk has been monitored and regularly reviewed, meaning we are able to see:

- For 1 child the CSE risk level has increased
- 31 children were newly identified as at risk of CSE over the year
- For 37 children, interventions and safeguarding measures supported the reduction of
- and/or removal of CSE risk.

Contacts to CSCT	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Child on Child Sexually Harmful Behaviour	4	10	11	16	23	13	4	34	3	10	8	7	143
Total per quarter	25			52			41			25			143

Table 2 Sexually Harmful Behaviour

Although the majority of children who have been identified as at risk of CSE over the year 2017/2018 were female (57 children) there has been a slight increase in the number of males (5 children) identified.

In regards to the age of children assessed as at risk of CSE, the two most common ages are 17 and 14 years of age, a pattern which can be seen throughout the year.

Criminal intervention

In terms of CSE crimes and interventions between 01/04/17 - 31/03/18 Police data shows the following:

- **35** confirmed Child Sexual Exploitation Offences on Islington Borough. This is a decrease of 2 reported cases of CSE in comparison to the previous reporting year.
- 21 victims were flagged as having some form of positive intervention in comparison to 19 the previous year. In Islington, this means that an individual has actively engaged with some form of diversionary activity or support mechanism. The aim for the forthcoming year is to see this figure increase and to work with partners to achieve this.
- 16 suspects have had some form of disruption administered, in addition to the above.

This includes any order (e.g. Abduction Notice Order) or warning letter served on the suspect, or where the suspect has been arrested, cautioned or charged with an offence as a consequence of a sexual exploitation investigation.

Throughout the year the most prominent type of CSE has been peer on peer abuse. There continues to be a high level of CSE cases relating to the use of social media to record and share images and videos of young people performing sexual acts. It appears the majority of these images and videos are recorded by the young person's peer group. The Exploitation and Missing team has continued to deliver targeted sessions to year 9 pupils regarding the risks of online exploitation as well as providing intervention plans for social workers, early help services and schools.

Harmful Sexual Behaviour

The data in relation to the number of contacts CSCT received over the past year in regards to HSB, shows that the number of referrals fluctuates month to month and it is not possible to identify a specific pattern.

There is potential for HSB to be under-reported, one reason being that the work-flow and procedures in place for HSB are not as imbedded across the partnership as they are for CSE. 7

Harmful Sexual Behaviour Strategy meetings

overlap in different forms of exploitation.

Contacts to CSCT	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Tot
Gangs or serious youth violence	0	0	13	18	8	6	6	10	6	5	4	10	86
Total per quarter	13			32			22			19			86

Figure 6 CSC contacts – gangs and serious youth violence

Contacts to CSCT	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Tot
Child Sexual Exploitation	4	27	10	12	9	23	4	8	7	3	4	4	115
Total per quarter	41			44			19			11			115

Figure 7 CSC contacts – CSE – child sexual abuse

were chaired independently of the Social Work Team.

- The outcome of 2 was to hold a review strategy meeting
- The outcome of 1 was to undertake a S47 investigation
- The outcome of 4 was NFA or hold a professionals/diversion meeting

Over the last year, 9 practitioners within S&FS have completed the AIM2 training, which has enabled the service to skill up the work force in terms of assessing HSB and in providing targeted intervention to children and young people identified as at risk of displaying HSB.

County Lines

Referrals received in relation to County Lines would likely be coded as CSE, gangs and SYV or missing by CSCT, as there is no specific code on the recording system for County Lines. It is therefore not possible to identify how many referrals were received this year specifically in relation to County Lines. This further highlights the link and

In the last year, we have seen an increase in young people linked to running county lines. A total of 7 young people were identified as at risk of criminal exploitation due to County Lines and a referral to the National Referral Mechanism (NRM) was completed for each of these young people:

- 3 female aged between 15-16 years old
- 4 males aged between 16-17 years old

Serious Youth Violence

There has been an increase in the number of contacts to the CSCT over the past year, in relation to gangs and SYV related safeguarding concerns. The S&FS and partners agree that this is likely due to the increase in training and awareness raising, promoting better identification, along with an overall rise in gang related criminal activity.

Over the year 2017/2018, a total of 106 children have been assessed by S&FS as at risk of gangs/SYV. On 1st April 2018, there 54 children considered at risk of and/or involved in gangs

and SYV.

- 41 children assessed by S&FS as at risk of gangs/SYV
- 13 children identified by Police as a gang nominal

Out of these 54 children, the more were male (46), than female (8) and the majority of children identified as at risk of gangs/SYV are between the ages of 15 and 17 years old.

QUALITY ASSURANCE SUB-GROUP

Attendance at the sub-group is good, and commitment is strong and is chaired by the Head of Safeguarding and Quality Assurance in the Local Authority.

Performance data – Core Business Report

The sub-group scrutinises the performance report prior to it being presented to The Board. The members assist in the analysis that gets written into an accompanying commentary report for each Board. During the year the ISCB requested that the data should include other areas that would assist The Board to have a better understanding of children's safeguarding and therefore the report was changed to include more data. Repetitive data was removed.

Learning from the multi and single agency audits.

Repeat Referrals — in previous reports the QA noted a steady increase in re-referral rates (2014/2015: 12.4%; 2015/2016: 17%; 2016/2017: 23%). (See p. 36) Those increases were above increases seen in statistical neighbours. There was an intensive audit within the Children in Need Service of 58 cases. Themes that were identified from the audit included: subsequent domestic violence incidents, concerns

regarding gangs and adolescence and, in some instances, premature closure of the original referral. The national average for repeat referrals was noted to be 22%. The re-referral rate has significantly dropped in this reporting year to ≈16.5% which we attribute to renewed efforts around domestic abuse and violence as well as bespoke services around vulnerable adolescents.

Timeliness of allocation of a social worker following a contact — a local School-Ofsted inspection identified a case in the CIN service where there was a delay in responding to a contact from the relevant school. An in-depth investigation followed to understand if there were systemic delays within the CIN Service in allocating cases for assessment. The table below summarises the findings.

Percentage of cases that were allocated to a social worker within:				
1 day	2 days	3 days	4 days	5 days
18%	11%	28%	11%	7%

Figure 8 Social Worker allocation for CIN

This equates to 75% of cases being allocated to a worker with 5 days. The LA made several recommendations, including ongoing weekly quality assurance of allocation timeliness which resulted in all cases now being allocated within 2 days; where they are not, good reasons exist and are recorded by a manager.

Children on Child Protection plans for over 15 months — this audit highlighted the number of children subject to plans for more than 15 months. The audit wanted to understand the reasons why they were on a plan for longer than usual as well as the quality assurance mechanism that were in place to monitor these chil-

dren. The audit showed that delays related to unavoidable court decisions that could not be avoided. A multi-agency scrutiny panel for children subject to plans for over 18 months was explored but not considered necessary because the delays were not related to practice concerns.

Children Looked After under S20 of the Children Act 1989 — the numbers of children accommodated under section 20 is influenced by the number of older children coming into care and by the numbers of Unaccompanied Asylum Seeking Children. The Local Authority is committed to initiating care proceedings in respect of older children where there are safeguarding concerns and Parental Responsibility is needed to safeguard the young person and make decisions on their behalf and in their best interests. The sub-group was assured that robust systems are in place to ensure permanency for all of our looked after children, including those who are looked after under S20. The sub-group was also assured the S20 arrangements are used judiciously and that care orders are sought when required.

Missing and Return Home Interviews (RHIs)

— an overview of missing data and analysis was provided and consideration given to how children were responded to after returning from being missing from their foster- or parental home. (The Missing and CSE Subgroup of the ISCB provides scrutiny and oversight of operational practice as well as strategic focus for Missing children.

The last 50 instances of previously missing children's files were reviewed which showed that most children who were not having RHIs were keeping in touch with their social worker / lead professional and had been seen by them (or another independent person) on their return from being missing. The QA sub group noted further

work needed to be undertaken to improve both the timeliness and the take-up of the RHI-offer but was satisfied that the Missing and CSE sub group had a grip on this.

Overview of core groups and plans — the 20 most recent core group meetings, involving 20 families, were selected for analysis. The audit looked at the quality of the CP plans, including whether plans were SMART, child-focused, simple and easy for families to work with. Overwhelmingly, 18 of the 20 cases looked at were judged to have *good* or *very good* CP plans. No plans were judged *inadequate* but two plans were judged to *require improvement*.

Timeliness in response to children in need of support or protection — contacts regarding children are received through a single referral mechanism: the *Children's Services Contact Team* that screens all contacts and makes decisions regarding the most appropriate next step following referral, e.g. a referral to Social Care, a referral to Early Help Targeted services, onward referral / sign-posting to other agencies or no further action.

It was demonstrated that when CSCT were contacted about a child, decisions were made swiftly about what service, if any, best met their needs. Where more information was required for decision-making, the *Information and Advice stage* was wisely and decisions were made in a timely manner (no more than 5 days for most cases).

SIF inspection case file audit — documented the learning from 20 cases audited during the Ofsted safeguarding inspection carried out in May 2017 and showed that since the last children social care inspection, CSC made significant changes to the way they work with children and families. The report highlighted the extraordinary

work social workers do in helping Islington's most vulnerable children and young. Even in highly complex cases risks were reduced and family functioning improved. The Ofsted Inspection supported the findings in this audit.

Child Protection Medicals— this report shows there has been a 15% increase in children seen for CP medicals from 2013 to 2016, particularly in urgent cases (n=11). The main increase was seen among physically abused children. The Named Doctor found good quality medicals being completed by suitably qualified paediatricians and used a comparator year (2013) to benchmark quantity and quality.

Whole Social work team audit — an audit was undertaken with 1 Child in Need Social Work team in response to a query about thresholds and the number of referrals. More than 80% of cases were reviewed and 90% were deemed safe and remedial action was taken where there were concerns.

Parental contribution to CLA reviews — this review was undertaken because data showed a dip in Independent Reviewing Officers contacting birth parents to attend Children Looked After reviews, or to seek their view where they do not attend. Investigations showed that in all 47 audited cases there was evidence of recording in the case file of how the parents were involved in the CLA review. There was therefore not a dip in parental but a change in the method of evidence collection.

Practice Week Overview Report — in September 2017, the Safeguarding and Family Support service held their second practice week (where all the Senior Managers in the service, the DCS and the ISCB Board Manager spent the week in a team in practice). Overall 149 activities took

place which included case audits undertaken alongside practitioners, observations of practice, homes visits, supervisions, meetings and feedback from children and families. The conclusions noted that Senior Managers by the end of the week felt more confident about the work on the frontline and understood better what interventions were taking place, what the strengths were and what areas could be improved.

There was a noticeable, positive, difference in the CIN service from this practice week compared to the previous one regarding the practice model implementation. Agency staff were noticeably practicing in a different way. The quality of reflection and thinking undertaken by most staff was observed far more than the child's case file evidenced. Most workers knew their children and were passionate about the work they were doing.

Supervision was, however, not always recorded reflectively and a higher percentage of staff than last time reported that supervision wasn't in line with the required frequency and providing reflection and direction. Auditing alongside social workers worked well as it was found to be much more productive in terms of both for the auditor understanding the practice and intervention and also for the practitioner's learning.

The QA sub group members thought *practice week* was an excellent quality assuring mechanism and other agencies agreed to consider how they would do this within their own service.

Whittington Health Quality Assurance of Safeguarding Supervision — this report detailed the outcome of 20 records of safeguarding case-holders. All supervisions were within timeframe however it would benefit from a more reflective discussion. The social work template for providing reflective supervision in line with the

Motivational Practice Model was shared by Social Care.

Access to Care and Resources Panel Summary report — the summary report was an audit conducted of children who became Looked After between December 2016 – April 2017. The audit was requested (by Financial Sustainability Group) to assist understanding of whether children who became looked after had improved outcomes and whether it was the best use of money to protect vulnerable children. Decisions to Look After a child were made at the Access to Care and Resources Panel.

With a change in population, older children are becoming looked after, e.g. 11 of the children were 17 years old. Most children who come into care stayed in care for the period covered by the audit or for the duration of their childhood (90%).

85% of LAC children were assessed as being safe or having the risk of harm to them reduced. Generally, children who become Looked After settle in their placement (not necessarily the first one), have improved school attendance (some dramatically) and better emotional health.

Overall, care (even for older children) improved children's outcomes.

Disabled children subject to Child Protection Procedures — the audit tried to establish why there were fewer disabled children on Child Protection Plans in the specialist Disabled Children's Team (DCT) compared to numbers in Child in Need teams. The sub group heard that the number of disabled children in DCT on a plan is above the nationally average (especially when looked after children were removed from the cohort under review).

Delayed Initial Child Protection Conference (ICPC) — looking at data in the ISCB's core data report suggested that Islington's compliance with the statutory 15-day timescale looked poor. An audit was therefore conducted on all cases where the Initial Child Protection Conference (ICPC) was not held within the statutory timescale (15 working days after the Strategy Discussion/Meeting). In the three-month period 1st August 2017 to 31st October 2017, a total of 23 ICPCs did not take place within timescale. Within the same period, 17 conferences were held within timescale, meaning that the majority (57.5%) of ICPCs were held out of timescale.

The audit found that although there was a large number of cases in which the ICPC was held out of timescale, in all but one case, this did not result in children being placed at increased risk of harm. In the one case, the practice was addressed through a Safeguarding Alert being raised by the Child Protection Chair, after which the Team Manager took appropriate action to safeguard the child. There was no single reason which stood out as contributing to the delays. The most common reason (Summer school holidays) only affected six of the 23 cases. It is noted that the reason for the delay was not always clearly recorded on the child's file and this should be improved.

Annual Reports from partner agencies.

The sub-group scrutinises Annual Safeguarding Reports of Agencies:

Child Protection Annual Report — the report was an overview of the work undertaken by the Child Protection Conferencing service in the year 2016/2017.

It was the first annual report for this service and as such there was no historical data to use a

benchmark. The QA sub group agreed it should be repeated yearly.

Child protection conferences account for the majority of the work provided by the Child Protection Service in S&QA.

- 446 child protection conferences were chaired by Child Protection Coordinators during the reporting period (April 2016 - March 2017).
- 100% of review conferences were held within statutory timescales.
- Only 5% of plans exceeded 2 years and most of these children were also subject to legal proceedings.
- Parental participation is absolutely key to influencing change for children. In the majority of conferences, a family member is present. Conferences do not go ahead if parent is not engaged.

The Strengthening Families model (last reviewed November 2014) reported positive feedback from partner agencies and from parents. The model has since been developed further by including an additional section on child's wishes and feelings, which has now changed again to reflect the child's lived experiences.

Complaints 2016-2017: 5 parents complained about the decision to make child protection plans for their children at a Child Protection Conference. These were all resolved at stage one of the complaints process by the Service Manager or Head of Service with no change made in terms of conference decision.

Repeat child protection plans for 31 children from 24 sibling groups in the year 2016/17. This accounts for 12% of all child protection plans made in this period which is Islington's target.

This is a 22% reduction from the previous year.

Complex cases. Child Protection Coordinators also chair complex strategy meetings on request from Team Managers if they feel the level of complexity requires this. These include strategy meetings concerning:

- Multiple perpetrators
- Multiple children
- Female Genital Mutilation
- Honour Based Violence
- Children at risk of radicalisation.

35 complex strategy meetings were chaired by Child Protection Coordinators during the period 2016-2017.

Consultations. Child Protection Coordinators provide a consultation service to social workers and their managers across the Safeguarding and Family Support service, and 379 consultations were provided.

Family Group Conferencing Annual Report —

The FGC model is an efficient way of identifying alternative carers within the wider family but it also remains a method of offering families the opportunity to make a plan of support for parents to continue to care for their children. Even when the best option for children is to remain in care, FGCs are a good way of involving the family in ensuring that the children maintain relationships with their family where appropriate and safe to do so.

NHS England/London Region Annual Safeguarding Review 2016/2017— the sub group noted the report but did not feel it was useful as it was London-wide and it was hard to draw the learning for Islington from the report. A representative from NHS England was asked to come

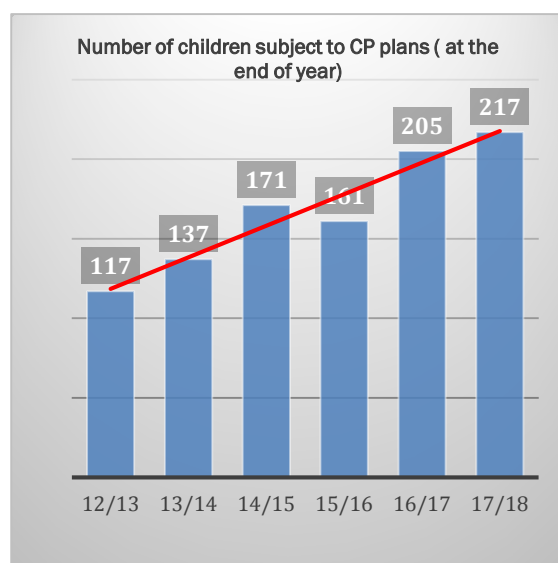
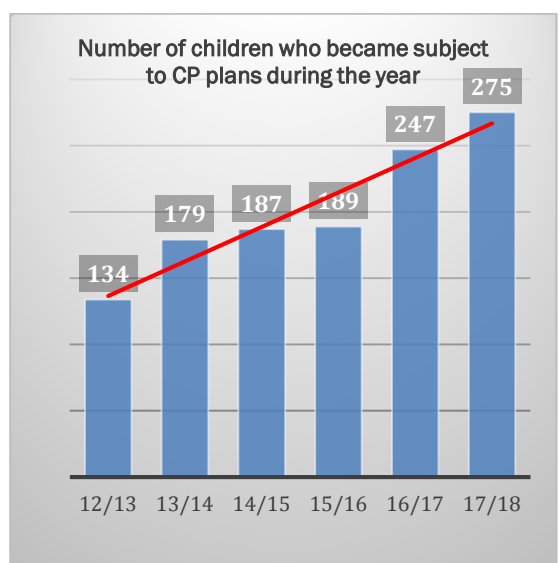
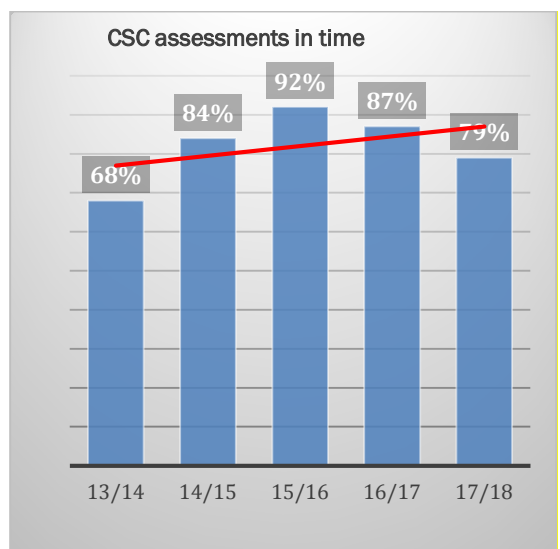
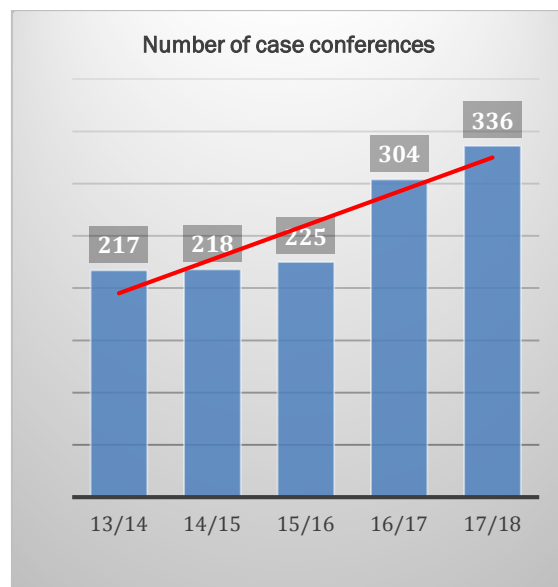
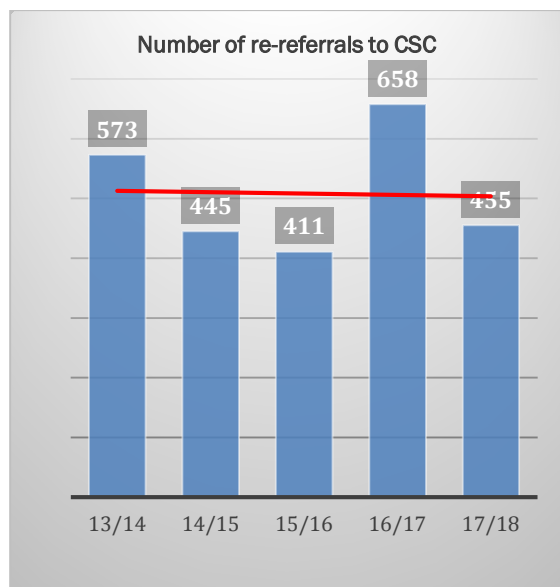
to present the report but declined.

Annual report of the Anti-Bullying and Domestic Violence prevention worker — this report detailed the huge amount of work delivered to schools over the last year, including pupil lessons, staff training and parent workshops. Bullying is a key safeguarding issue. Work is also done supporting the Islington's VAWG strategy via the VAWG action plan to ensure a joined-up approach inclusive of the needs of children and young people. The sub-group challenged the lack of uptake by some schools and ask that this was highlighted at the Education Sub-Group.

Whittington Health Annual Report —the report had followed a template used by Moorfields Eye Hospital which was commended for its comprehensiveness the previous year at QA sub group. The report incorporated collaborative working of 5 boroughs and there was a good pulling together of strategies and a string of VAWG networks. The report detailed that:

- There is a monthly risk register and themes that are reviewed.
- Data breaches are addressed locally.
- There is a chaperone policy in partnership with adults
- Supervision targets have been met
- Staffing has been a challenge. The DV lead was lost in 2016 and was not replaced.
- There was an issue with safeguarding training compliance with junior doctors.

Serious incidents were discussed and it was agreed that it would be useful for the *Serious Case Review subgroup* to have a summary report of Serious Incidents that could then be considered for learning and in turn to be used for the ISCB annual report.



TRAINING AND WORKFORCE DEVELOPMENT SUB-GROUP

The ISCB sub-group is chaired by the Named Nurse for Safeguarding in Whittington NHS and attended by a wide variety of agencies, including representatives from the private and voluntary sector.

The ISCB has commissioned a comprehensive training offer in line with its training strategy, *Competence Still Matters* and the *ISCB Business Plan*.

ISCB Training Offer

The core training offer to multi-agency staff included:

- Child Sexual Exploitation (all groups)
- Designated Safeguarding Lead - Role and Responsibilities (group 5)
- Female Genital Mutilation
- Safeguarding and Child Protection Refresher/Update (Groups 2-5)
- Safeguarding and Information Sharing Foundation (Group 2)
- Serious Case Review Briefing (All Groups)
- Working Together to Safeguard Children Induction (Group 1, voluntary sector)
- Working Together: from referral to child protection conference - Part One (Group 1)
- Working Together: core group to child protection planning - Part Two

Key Training data

This year, the ISCB offered in excess of 1260 training places. The most popular courses were: *Safeguarding Training for Designated Safeguarding Professionals*, *Safeguarding Foundation* and *Safeguarding Refresher* Courses.

As in previous years, Education establishments are prone to send staff directly to *Designated Safeguarding Lead* training whilst neglecting the foundation courses. The ISCB has requested changes to the *training portal* that will make it easier to see which attendees have not yet done the prerequisite courses before attending speciality courses.

Non-attendance

The training portal provides managers with oversight of staff attendance and this feature will be better promoted in future months. Non-attendance remains an issues especially from the private and voluntary sector, child minders and private nurseries.

Training audience

There is an excellent variety of staff from all sectors (see table) attending ISCB training, representing more than 290 individual settings. Attendance from schools (notably Primary Schools), early years, children's centres, child minders and the local authority is good.

The Board trained 60 more professionals than last year and 20% of those places were filled by GPs whose attendance increased by 65%.

Training attendance by sector (n)	
Academy - Primary	3
Academy - Secondary	13
Adventure Playground	11
Alternative Provision	6
Chaperone Service	15
Charity	116
Childcare on Domestic Premises	1
Childminder	15
Children's Centre	71
Children's home / residential set	16
College Nursery	14
Community Centre	4

Company	8
Criminal Justice	1
Free School	11
GP Practice	30
Independent (PVI)	10
Independent School	42
Justice - Criminal	11
Local Authority	271
NHS Trust	43
Other	3
Out of School Club	27
Post-16 Learning	1
Primary School	134
Private (PVI)	94
PRU	9
Secondary School	40
SEN School	18
Social Enterprise	2
Supplementary school	13
Tertiary education	10
Voluntary (PVI)	89
Voluntary Children's Centre	42
Voluntary Sector	48
Youth Service	17
Grand Total	1259

Quality Assurance and impact

ISCB training is very well regarded by attendees and 97.3% reported that the course met their training needs very well. 98.4% thought ISCB courses fulfilled their published objectives. Nearly all (99.2%) participants stated that ISCB courses enhanced their learning and knowledge about safeguarding children and associated procedures. Only 9% of participants claimed that they would not do anything differently as a result of attending the course and in all instances those participants explained that they are very experienced in the field and attended only to refresh their knowledge. 99.2% of attendees will recommend ISCB course to their colleagues.

2018/19 Training priorities

The Training and Professional Development sub

group will focus on the following work streams in 2018:

1. Support and train the partnership so that they are able to recognise the impact of early childhood trauma and domestic abuse as important predisposing factors that may contribute to adolescent vulnerability. Training and Professional sub group partners and ISCB to commission training in early childhood trauma and domestic abuse using a model of Trauma Informed Practice(TIPs)
2. Support and train the partnership so that they are sufficiently skilled to work effectively with boys and young men. ISCB Training sub-group to develop / commission training for staff.
3. Work force to be skilled in early identification and response to harmful sexual behaviour. ISCB Training sub group to support specific scenarios for use in all single agency level 2 training.
4. Inclusion of quarterly training data in the ISCB core-business report

CASE REVIEW SUB-GROUP

In May the Board agreed that a Serious Case Review should be carried out in relation to an Islington child, K. This review concluded in December but there continues to be an ongoing review, in relation to a connected person (Adult Safeguarding Board).

The ISCB sub-group is overseeing the action plan in relation to Child K. In partnership with the education sub-group it will soon publish additional guidance for schools around the transfer or records.

Learning from this review has been taken forward by the training sub-group and is included on

all ISCB courses.

CHILD DEATH OVERVIEW PANEL

The panel is constituted as a subgroup of the Islington Safeguarding Board and it chaired by Jason Strelitz, Assistant Director in Public Health.

The work of the ICDOP is to review all child deaths through a systematic collection of information about the circumstances of the death. In doing this work the aim is to identify if there were any modifiable factors contributing to the death, and to determine if there are any lessons which could be learned to reduce future child deaths and to improve practice and service delivery.

In May 2016 The Wood review of Safeguarding Children made recommendations relating to CDOP and the oversight thereof. There are changes to how CDOPs will function with the planned move of oversight responsibility from the Department for Education to the Department of Health. A consultation is currently underway on the future of CDOPs.

During the year April 2017 to March 2018 there were 13 deaths of children who were residents in Islington. This is a rate of 34 child deaths per 100K in the 0-17-year population, fewer than the 35 deaths per 100K children in England and 45 deaths per 100K children in inner London.

The panel is asked to categorise deaths according to a prescribe list; the largest group was 'perinatal/neonatal event' accounting for 33%; followed by Chromosomal, genetic and congenital anomalies (17%), children with chronic medical condition (13%) and Malignancy (12%).

Learning

The 13 cases from 2017-8 were all from natural causes, and there were few particular lessons for

policy and practice.

One case highlighted the importance of care for families where there are mental health issues during pregnancy, as well as after. A needs assessment on perinatal mental health in Islington is currently being carried out, and this case will help to inform that piece of work



BUDGET AND RESOURCES

Funding of LSCBs continues to be challenging, and collectively the London LSCB chairs are disappointed, as they were last year, that the MPS continues to choose to fund partnership safeguarding in London at a level which is 45% less than all the other large urban Metropolitan Police Forces in England.

Safeguarding is a complicated and demanding partnership arrangement that needs appropriate resourcing if it is to be effective. If the ISCB is to carry out its statutory duties, it needs to be properly supported.

The guidelines which we adhere to (*Working Together to Safeguard Children (2018)*) makes it clear that funding arrangements for Safeguarding should not fall disproportionately and unfairly on one or more partner to the benefit of others.

In London this burden continues to fall unfairly on Local Authorities. MOPAC have been approached to provide reasonable and proportionate levels of funding to the Local Safeguarding Boards. As yet we have not seen an increase in funding.

The Safeguarding structures in London are due to change next year. When they do, there will still be a need to resource whatever arrangements are put in place. The police are a key partner in the future arrangements for safeguarding and we ask that the MPS and The Mayor's Office for Policing and Crime to consider how these arrangements will be funded locally.

INCOME	2016/17	2017/18
Agency contributions		
London Borough of Islington	£132,200.00	£132,200.00
DSG Grant	£50,000.00	£50,000.00
Islington CCG	£10,000.00	£10,000.00
NHS England (London)	£0.00	£0.00
Camden & Islington NHS Trust	£7,500.00	£7,500.00
Whittington NHS Trust	£15,000.00	£15,000.00
Moorfields NHS Trust	£7,500.00	£7,500.00
National Probation Trust	£1,500.00	£1,500.00
Community Rehabilitation Company	£1,000.00	£1,000.00
MPS (MOPAC)	£5,000.00	£5,000.00
Cafcass	£550.00	£550.00
Fire Brigade	£550.00	£550.00
Subtotal	£230,800.00	£230,800.00
Other income		
None	£0.00	£0.00
Subtotal	£0.00	£0.00
Total income	£230,800.00	£230,800.00
EXPENDITURE		
Staff		

Salaries, 2.5 staff	£134,663.90	109,856.00
Chair	£23,316.88	27,073.00
Agency (training)	£0.00	£0.00
Sessional worker	£5,000.00	11,012.16
SaferLondon Post		£9,800.00
Subtotal	£162,980.78	£157,741.16
Board training		
Facilities & refreshments	£2,262.50	£4,810.00
ISCB Conference	£2,500.00	£0.00
Trainers	£2,000.00	£0.0
Subtotal	£6,762.50	£4,810.00
Other expenses		
SCRs	£12,000.00	12,245.70
Training portal license	£12,000.00	£0.00
Legal costs	£1,500.00	£0.00
Board activities	£2,000.00	£2194.50
Stationery + phones	£880.76	£47.75
Printing	£1500.00	£1,149.00
Travel	£203.00	£133.50
Subtotal	£30,083.76	£15,770.45
Total expenditure	£199,927.04	£178,321.61

Income	£230,800.00	£230,800.00
Expenses	£199,927.04	£178,321.61
Balance	£30872.96	£52,478.39



CONCLUSIONS AND KEY MESSAGES

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 Islington are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene quickly 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.

Key Messages for all partner agencies and strategic partners.

Partner agencies and strategic partners should:

- Support and champion staff to share and record information at the earliest opportunity, and proactively challenge decisions that fail to adequately address the needs of children and young people and their parents or carers.
- Make sure that help for parents and children is provided early in life and as soon as problems emerge so that children get the right help, at the right time.
- Ensure that the priority given to child sexual exploitation by the Safeguarding Board is reflected in organisational plans, and that partners play their part in the work of The Board's sub-groups.
- Ensure that work continues to address domestic abuse and that the evaluation of the local approach recognises the needs and risks to children and young people.
- Ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- Ensure that substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' substance misuse and the high number of children and young people at risk of significant harm.
- Focus on young people who may be at risk and vulnerable as a result of disabilities, caring responsibilities, radicalisation and female genital mutilation.
- Make sure that young people going into Adult Services for the first time get the help they need and that there is clarity about the different processes and timescales involved.
- Ensure that agencies commissioning and delivering services to adults with mental health issues need to ensure mechanisms are in place for the monitoring and reporting of their performance in respect of safeguarding children and young people.
- Ensure that performance information is developed, collected and monitored and that this is provided with a narrative that helps everyone understand how effective safeguarding services are.

Key Messages for Politicians, Chief Executives, Directors

Politicians, Chief executives and Directors should:

- Ensure their agency is contributing to the work of the Safeguarding Children Board and that it is given a high priority that is evident in the allocation of time and resources.
- Ensure that the protection of children and young people is consistently considered in developing and implementing key plans and strategies.
- Ensure the workforce is aware of their individual safeguarding responsibilities and that they can access LSCB safeguarding training and learning events as well as appropriate agency safeguarding learning.
- Ask how the voice of children and young people is shaping services and what evidence they have in relation to the impact it is having.
- Ensure the agency is meeting its duties under Sections 10 and 11 of the Children Act 2004 and that these duties are clearly understood and evaluated.
- Keep the Safeguarding Children Board informed of any organisational restructures so that partners can understand the impacts on their capacity to safeguard children and young people in Islington.
- Ask questions about ethnicity, disability,

gender to ensure strategic planning and that commissioning arrangements are sensitive to these issues.

Key Messages for the children and adult's workforce

Everyone who works with children, in a paid or voluntary capacity, should:

- Use safeguarding courses and learning events to keep themselves up to date with lessons learnt from research and serious case reviews to improve their practice.
- Should familiarise themselves with the role of the ISCB and *London's Child Protection Procedures*.
- Should subscribe to the Islington Safeguarding Board website and visit it regularly to keep up to date at www.islingtonscb.org.uk
- Ensure that they are familiar with and routinely refer to The Board's Threshold document and assessment procedures so that the right help and support is provided and that children and young people are kept safe.
- Should be clear about who their representative is on the Islington Safeguarding Children Board and use them to make sure the voices of children and young people and front-line practitioners are heard at The Board.



APPENDICES

APPENDIX 1 – ISCB ATTENDANCE

ISCB MAIN BOARD ATTENDANCE LIST 17.18

Name	Title	Agency	May-17	Jul-17	Sep-17	Nov-17	Jan-18	Mar-18
Adams, Ross	Programme Manager	Chance UK	P	A	P	A	P	A
Arthey, Lisa	Director Youth and Community Services	Islington Council	P	A	P	P	P	D
Balsamo, Stella	Named Nurse	Whittington Health	P	P	P	P	P	P
Beecher, Ruth	Head of Service, Early Help for Families	Islington Council	D	A	D	D	P	A
Cartlidge, Peter	Assistant Director	Cam & IsI NHS Mental Health Trust & Social	P	P	P	P	P	A
Caluori, Joe	Lead Member for Children	Islington Council	P	P	P	P	P	P
Caton, Alan	ISCB Chair	ISCB	P	P	P	P	P	P
Culbert, Finola	Director Safeguarding and Family Support	Islington Council	P	P	P	P	P	A
Davis, Phillippa	Head of Nursing and Patient Experience	Whittington Health	D	D	D	D	D	D
Eden, Laura	Service Manager Safeguarding Quality	Quality and Safeguarding	P	P	P	P	P	P
Fisher, Steve	North London LIT	UK Border Agency	I	I	I	I	I	I
Fleming, Treena	Detective Superintendent	Police	P	A	P	D	D	P
Gilby, Maria	ISCB Coordinator	Islington Safeguarding Children Board	P	P	P	P	P	P
Harris, Katarina	Designated Paediatrician	Whittington NHS	V	V	V	V	V	P
Hart, Jan / Stanger, Keith		Islington Council	P	A	A		P	
Holder, Candy	Head of Pupil Services	Islington Council	P	P	P	P	P	P
Humphery, Sarah	GP		P	P	P	P	P	P
Hunt, Kathryn	Interim Head of Camden and Islington	National Probation Service	D	P		P	D	
Johnson, Michelle	Chief Nurse	Whittington Health	V	V	V	V	V	P
Kenway, Penny	Head of Early Years Service	Islington Council	P	A	P	A	D	P
Littleton, Carmel	Director, Children's Services	Islington Council	A	P	P	A	P	P
Lodge, Vanessa - Nicky Brownjohn - Gwen	sd	NHS England	I	I	I	I	I	I
Lockett, Tracy	Director of Nursing	Moorfields Hospital	P	A	P	A	A	P
McDonald, Wynand	ISCB Board Manager	ISCB	P	P	A	P	A	P
Miller, Karen	Head of Safeguarding	Whittington Health	D	D	D	P	D	P
Murphy, Jo	Service Director – Homes and	Housing and Adult Social Services	P	P	D	P	A	P
O'Shea, Barrie	Headteacher	Duncombe Primary School	P	A	P	V	V	V
Oxley, Elaine	Safeguarding Adults Development Manager	Islington Council	A	A	P	P	P	A
Percy, Nicola	Headteacher	New North Academy	V	V	V	P	P	P
Ryan, Mary	Lay Member	Lay Member	P	P	P	P	P	A
Sarsby, Richard	Head of Operations	HMP Pentonville	V	V	V	A	P	A
Seary, Lesley	Chief Executive	Islington Council	I	I	I	I	I	I
Smith, Jean	Voluntary Representative	Palace for All	P	P	P	A	P	P
Southall, Tina	Deputy Headteacher	EGA School	A		A		P	P
Strelitz, Jason	Assistant Director Public Health	London Borough of Islington	A	A	P	D	A	A
Toft, Jacqueline	Service Manager	CAFCASS	A	A		D	A	A
	London Ambulance Service	London Ambulance Service	V	V	V	V	V	V
Watts, Richard	Leader of Council	Islington Council	I	I	I	I	I	I
Wiener, Lorraine	Designated Nurse Child Protection	Islington CCG	P	P	P	P	A	A
Witcomb, Hannah	Lay Member	Lay Member	A	P	P	A	A	A

P = Present

A = Apology

V = Vacant

D = Delegate attended

I = Information only

Red = Did not attend