

# Islington Safeguarding Children Board

## Annual Report 2013–2014

### Executive Summary

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## 1. Introduction

This executive summary presents the key points from Islington Safeguarding Children Board's (ISCB) 2013 - 2014 Annual Report. The full report and plan can be accessed on the ISCB website [www.islingtonscb.org.uk](http://www.islingtonscb.org.uk)

### ISCB's objectives and functions are to:

- Co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- Ensure the effectiveness of what is done by each such person or body for that purpose
- Develop and agree thresholds, policies and procedures
- Communicate and raise awareness of safeguarding and child protection
- Monitor and evaluate the effectiveness of practice to safeguard children
- Contribute to the planning of services and ensure participation by parents and children
- Undertake functions related to child death
- Undertake Serious Case Reviews as necessary

## 2. Effectiveness of safeguarding - Delivery of ISCB priorities 2013/14

There is evidence that outcomes for children are improving in Islington as a result of the work done by the children's partnership and the ISCB.

**The 2013/15 Business Plan identified the following priorities:**

### 2.1 Development of early intervention

- This is a continuing priority from the preceding year and some outcomes have already been reported in the 2012/3 Annual Report.
- The board examined repeat referrals to Children's Social Care and found that 50% of repeat referrals were unavoidable.
- During this year, we have opened 547 Early Help Assessments, a 12% increase over the preceding year.
- LA and partners evaluated the impact of Families First (Early Help services that shows positive impact on the outcomes for Islington' children.
- The CAF has been launched as the local Early Help Assessment alongside the neglect toolkit.
- Under 1 year olds proportionally the largest group in LAC population which is an indication of successful early intervention.

## 2.2 Evaluate the effectiveness of training (continue from 2012/3)

- Lessons from serious case reviews and local learning have been incorporated in the board multi-agency training.
- Post-course evaluations are overwhelmingly positive about the usefulness and quality of ISCB training.
- The board has increased the number of training opportunities for board partners and demand for training places has remained high.
- 1212 training places were offered on 35 courses (47 fulltime training days)
- During this year, the board has begun a training audit which will report in 2014/5. Alongside the training audit the board needs to develop more sophisticated ways to understand and evaluate the impact of training.
- Parents with learning difficulties early intervention.

## 2.3 Parents with learning difficulties and transition to adulthood (joint work with adults)

- Annual multi-agency conference about influence of learning disabilities on parenting capacity.

## 2.4 Domestic violence (core business)

- Implement recommendation from management review to train and use CAADA-RIC assessment of domestic violence
- Islington CCG secured funding for the IRIS project (training and advocacy support for GPs to facilitate early identification, management and referral)
- Level 3 domestic violence training
- Produced Domestic violence posters and cards to raise awareness
- Continuation of the Home Safe: Domestic Violence (DV) Prevention Education Programme for Schools.

## 2.5 Neglect (core business)

- The Neglect toolkit has been launched successfully across the children's partnership and early indications are positive about both its utilisation and usefulness.
- A multi-agency audit of neglect cases graded 70% of cases as good .
- Care proceedings were effectively used where risk was high and changes were not made in a suitable timescale.
- Parental history was consistently considered in relation to parenting capacity and risk assessment.
- Good multi-agency attendance at case conferences.

## 2.6 Child protection

- At a rate of 38/10 000, children who became subject to child protection plan this were considerably lower than statistical neighbours (45.5/10000).
- On the whole, children in Islington do not remain subject to child protection plans for long
- The quality assurance sub-group examined the reasons why children became subject to child protection plans for a second time. Only in one case did they find that a child protection plan may have ended prematurely.
- More father have attended case conference this year, and work continues in this area.

## 3. Progress on other key work

### 3.1 Children looked after (CLA) and care leavers

- Looked after children rate (84 /10000) is higher than statistical neighbours (75/10000) but a review of thresholds have shown that care proceedings were issue appropriately. CLA population have remained stable.
- Very slight increase (3%) of LAC who were placed away from the authority, but reason were well understood and ratified by senior managers.
- 74% of children were looked after as part of a court directed care plan.

### 3.2 Child sexual exploitation (CSE)

- Established a Multi-Agency Sexual Exploitation (MASE) meetings in partnership with the Police and other agencies.
- MASE has begun early work on identification of hot spots.
- Effective awareness raising around child sexual exploitation (Islington second highest in London to report potential exploitation to the police)
- Efforts to link CSE, gang-affiliated families, LAC and missing children have identified additional 28 children who may be vulnerable.

### 3.3 Private fostering

- Work undertaken by a dedicated specialist private fostering social worker.
- Despite new publicity material and consistent awareness raising, private fostering number have decreased this year.
- Collaborative work between the specialist social worker and the schools admission team were highlighted as good examples of practice by policy writers of Department of Education.

### 3.4 Child death overview panel (CDOP)

- The total numbers of deaths was 13, higher than the preceding year but slightly below average of 14 deaths per annum for a 5 year period
- None of the deaths were the subject of a serious case review
- Panel discussed 8 deaths in 2013/4 , in three cases the panel identified modifiable factors including: a change in housing policy, co-sleeping and the importance of safety netting.

### 3.5 Local Authority Designated Officer (LADO)

- The LADO has management and oversight of individual cases where allegations are made against people who work with children.
- In 2011/12, 82 allegations were referred to the LADO, 100 in 2012/13 and 97 in 2013/14
- This maintains the marker increase in referrals that began in 2011/12
- Seventy three percent of referrals related to an allegation in the workplace
- Twenty seven percent of referrals were related to an issue in private life that raised concern as to an individual's future suitability to work with children
- The majority of cases received advice only; in 15 cases the allegations could not be substantiated and in 11 cases there were sufficient evidence to substantiate the concerns.
- The LADO made referrals to the DBS on two occasions.

### 3.6 ISCB annual conference

- The theme of the conference held in June 2013 looked at the influence of parental factors on safeguarding: parental substance abuse, parents with learning disabilities and parental mental health. 150 professionals attended and their feedback was overwhelmingly positive.

## 4. Multi-agency inspections and audits

### 4.1 Training Audit

All board partners were asked to audit how well they met the expectation to train staff in safeguarding and at the appropriate level:

- Improved response compared to the previous year, especially from the voluntary sector.
- Deep Dive audit around domestic abuse training. Unfortunately only 27% of agencies completed that part of the audit.
- Overall compliance with train was good, but in some agencies such as the police and housing compliance was variable.

### 4.2 Winterbourne View Hospital Review

- The board reviewed the requirements arising from the Winterbourne review and identified 7 children that fit the criteria. No concerns were reported.

### 4.3 Involvements of parents and children

- Undertook a survey of parents whose children had been subject to child protection enquiries; those who responded reported positively about their experience and saw the purpose of the intervention.

### 4.4 Audit of cases in the children with disabilities service

- No concerns were noted in a sample of 20 selected cases. Overall quality of work was considered to be equally spread between good or adequate. Recommendations included more synergistic delivery of health plans in parallel with care plans, involving advocates and independent visitors.

### 4.5 Unannounced service review of children in need

- Evidence of good practice was found within Children 'Social Care. The MASH was deemed to be working effectively, without thresholds deemed generous and clear. There was some variability in practice and a requirement to continue the improvement drive of supervision.

### 4.6 Child Sexual Exploitation Children's Services Audit

- Audit undertaken to measure how well Pan London Child Protection Procedures and CSE supplementary procedures were embedded. Audit found that a wide range of agencies could identify a risk of CSE and knew how to make appropriate referrals.

## 5. Child protection data

### Number of children with Child Protection Plans

Month	Number with CPP	Population under 18 years	Number with CPP per 10,000 Islington under 18
Mar-09	138	33,692	49 SN* (41)
Mar-10	132	33,743	53 SN* (33)
Mar-11	112	33,743	52 SN* (33)
Mar-12	141	34,297	46 SN*(41)
Mar-13	117	34,297	34
Mar-14	137	36,700	37

\* Statistical neighbour

### Category of Abuse

Category	Mar-09	Mar-10	Mar-11	Mar-12	Mar-13	Mar-14
Emotional	58	46	43	58	48	62
Neglect	75	79	61	70	60	64
Physical	4	7	4	6	6	10
Sexual	1	0	0	7	3	0
Multiple Categories	1	0	0	0	0	1
<b>Total</b>	<b>138</b>	<b>132</b>	<b>112</b>	<b>141</b>	<b>117</b>	<b>137</b>

## 6. 2013/15 priorities and objectives

- Early intervention and the impact of early help, including families that are hard to engage
- Joint work with adult services focusing on:
  - Parents with learning difficulties
  - Transition to mental health services
- Core business including:
  - Neglect
  - DV

## 7. Conclusion

The ISCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2013). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

Throughout the year the Board has continued to review its structure and governance arrangements, with changes being made to the sub-groups to enhance a wider partnership contribution.

There are robust arrangements in place to evaluate the effectiveness of our local approach to Early Help showing timely responses to child care concerns.

### We have more work to do:

- 1 We need to raise the profile of the LSCB with the wider communities of Islington. Along with our ongoing communications strategy, we will be appointing new lay members.
- 2 We need to facilitate new ways of getting feedback from the public and frontline staff on 'what works' and what could be done better or differently.
- 3 Public services will continue to be operating in an environment of financial constraint, which looks to be even more challenging in future years, as a Board we must continue to ensure the safety of children is not compromised
- 4 Partner agencies need to ensure their in-house safeguarding training arrangements are effective and consistent with the ISCB Training Strategy. In addition the Board needs to develop more sophisticated means to effectively evaluate the impact of training.
- 5 Our response to children affected by neglect, child sexual abuse and child sexual exploitation in terms of identification and interventions needs to be constantly reviewed and improvements made where necessary.

6 Our response to families affected by domestic violence needs to remain a high priority. Islington has the second highest rate of reported domestic violence offences in North London and therefore continues to be of concern for many children and families

7 We need to strengthen our approach to understanding e-safety as the advancements in social media technology have created new negative opportunities for children and young people to harm each other by 'cyber bullying

The Board has done well to monitor and evaluate the effectiveness of safeguarding within Islington with the limited resources that have been made available. This work needs to be kept constantly under review to ensure our monitoring and evaluation functions are properly resourced to be able to help inform the Board of what difference it is making to keep children safe in Islington

Core child protection procedures are well imbedded in Islington, which allow agencies to have a clear reference point to undertake single and multi-agency work. We are confident that these ensure children are best protected from harm and their families offered the right support when they most need it. Our local policies and procedures also enable the right decisions to be made about the safe recruitment, induction and supervision of frontline staff, as well as respond to allegations against staff.

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

## 8. Budget 12/13

### Income

Carry over from previous year	5 453.00	38 370.00
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London Borough of Islington	118 754.00	118 754.00
Islington PCT / CCG	33 456.00	11 500.00
Probation	2 000.00	2 000.00
Other grants, reimb & contributions		28,271.72
Munro grant	31 882.00	
Metropolitan Police	5 000.00	
CAFCASS	1 100.00	
<b>Subtotal</b>	<b>197 645.00</b>	<b>198 895.72</b>

### Expenditure

<b>Staff:</b>		
Salaries, 2.5 staff	122 148.00	147 546.42
Training / conferences	575.00	8.33
Travel	290.00	172.10
Agency		6 241.25
<b>Sub-total</b>	<b>123 013.00</b>	<b>153 968.10</b>
<b>Board courses:</b>		
Hire facilities	2 187.00	1319.75
External trainers / e-learning	900.00	853.00
Refreshments	2 806.00	262.50
Printing (leaflets, newsletter)	4 012.00	5 032.00
<b>Sub-total</b>		
<b>Board Expenses:</b>		
Chair		
SCRs		
Annual conference		
Board development		
<b>Sub-total</b>	<b>24 599</b>	<b>8 469.77</b>
<b>Office expenses:</b>		
Stationary	1 758.00	768.45
<b>Total expenditure</b>	<b>159 275.00</b>	<b>170 673.57</b>
<b>Carry over / shortfall</b>	<b>38 370.00</b>	<b>28 222.15</b>

## 9. List of actions

**Action 1:** Board members to share this report with their own senior management teams / management boards. Individuals named in this paragraph and ISCB board members to consider the findings of this report and inform the Independent Chair of the actions they may consider necessary in response to these findings and actions reported

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

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

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

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

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

**Action 7:** LA to assure the board that they have responded to the national inspection finding that identified that local areas have a poor understanding about the underlying reasons that explain the decline in private fostering numbers. All Board Members to assure the chair that they have robust mechanisms in place for identifying and referring private fostering arrangements to the LA.

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

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

**Action 10:** The Board, through the Quality Assurance subgroup, needs to ensure that statutory assessments are being completed within a timely manner and that SW are using appropriate discretion when extending assessments.

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

**Action 12:** Islington Safeguarding Children Board to undertake more multi-agency audits in the following year. ISCB partners to consider adding additional capacity to undertake quality assurance audits on behalf of the board

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

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

## 10. Glossary of Acronyms

<b>ABE</b>	Achieving Best Evidence
<b>AMASS</b>	Adolescent Multi-Agency Specialist Service
<b>BME</b>	Black and Minority Ethnic
<b>C&amp;IFT</b>	Camden & Islington Foundation Trust
<b>CAF</b>	Common Assessment Framework
<b>CAIC</b>	Child Abuse Investigation Command
<b>CAIT</b>	Child Abuse Investigation Team
<b>CAMHS</b>	Child & Adolescent Mental Health Services
<b>CCG</b>	Clinical Commissioning Group
<b>CFAB</b>	Children and Families across Borders
<b>CiN</b>	Children in Need
<b>CLA</b>	Children Looked After
<b>CMHT</b>	Community Mental Health Team
<b>CP</b>	Child Protection
<b>CPP</b>	Child Protection Plan
<b>CPS</b>	Crown Prosecution Service
<b>CQC</b>	Care Quality Commission
<b>CSC</b>	Children's Social Care
<b>CSCT</b>	Children's Services Contact Team
<b>CSE</b>	Child Sexual Exploitation
<b>CSU</b>	Community Safety Unit
<b>CSV</b>	Community Service Volunteers
<b>DBS</b>	Disclosure and Barring Service
<b>DV</b>	Domestic Violence
<b>ECPB</b>	Executive Corporate Parenting Board
<b>EET</b>	Education, Employment and Training
<b>EIP</b>	Early Intervention and Prevention
<b>ESLOs</b>	E-Safety Safeguarding Lead Officers
<b>FGM</b>	Female Genital Mutilation
<b>FIP</b>	Family Intervention Project
<b>FISS</b>	Family Intervention Specialist Service
<b>FNP</b>	Family Nurse Partnership
<b>FOSS</b>	Family Outreach Support Service

## 10. Glossary of Acronyms continued

<b>HASS</b>	Housing and Adult Social Services
<b>ICDOP</b>	Islington Child Death Overview Panel
<b>ICS</b>	Integrated Children's System
<b>IRO</b>	Independent Reviewing Officer
<b>ISCB</b>	Islington Safeguarding Children Board
<b>IYSS</b>	Integrated Youth Support Services
<b>LADO</b>	Local Authority Designated Officer
<b>LAS</b>	London Ambulance Service
<b>LBI</b>	London Borough of Islington
<b>LGID</b>	Local Government Improvement and Development
<b>LP</b>	Lead professional
<b>LSCB</b>	Local Safeguarding Children Board
<b>MAP</b>	Muti-Agency Plan
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>MI</b>	Motivational Interviewing
<b>MPS</b>	Metropolitan Police Service
<b>NEET</b>	Not in Education, Employment and Training
<b>NFA</b>	No Further Action
<b>Ofsted</b>	Office for Standards in Education, Children's Services and Skills
<b>PCP</b>	Person Centred Planning
<b>PCT</b>	Primary Care Trust
<b>PEP</b>	Parental Employment Partnership
<b>PEPs</b>	Personal Education Plans
<b>PPD</b>	Public Protection Desk
<b>PRU</b>	Pupil Referral Unit
<b>QA</b>	Quality Assurance
<b>R&amp;A</b>	Referral and Advice
<b>SCR</b>	Serious Case Review
<b>SEN</b>	Special Educational Needs
<b>SIP</b>	Safer Islington Partnership
<b>SMART</b>	Specific, Measurable, Achievable; Realistic, Timely
<b>SN</b>	Statistical Neighbour

## 10. Glossary of Acronyms continued

<b>TAF</b>	Team around the Family
<b>TYS</b>	Targeted Youth Services
<b>UKBA</b>	UK Border Agency
<b>VAI</b>	Voluntary Action Islington
<b>YJS</b>	Youth Justice System
<b>YOS</b>	Youth Offending Service
<b>YPDAS</b>	Young People's Drug and Alcohol Service

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