



**Lewisham  
Safeguarding  
Children Board**

**Annual Report 2015/16**

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## A FOREWORD FROM THE INTERIM CHAIR

Sara Williams, Interim LSCB Chair

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Welcome to the annual report of the Lewisham Safeguarding Children Board (LSCB) 2015/16.

The LSCB is a multi-agency partnership that works to safeguard and promote the welfare of the children of the Borough of Lewisham by working with, and scrutinising, the work of those with key responsibilities for keeping children safe. These include staff working in health, children's social care, police, probation and education settings as well as charity and voluntary sector organisations working with children in Lewisham. Our focus is on the safety of the most vulnerable and at risk of harm and ensure that positive outcomes for children remain a priority.

In October 2015 the LSCB was inspected by Ofsted and whilst recognising many strengths across the board, the inspection highlighted a number of areas that required improvement. We recognise that much remains to be done as we meet new challenges in protecting children effectively at a time that budgets of many partner agencies continue to reduce.

We have also been working with our partners in tackling child sexual exploitation and improving our arrangements for meeting our statutory responsibility to monitor any deaths of children in the Borough. We will also be working to strengthen our quality assurance and scrutiny functions.

The Independent Chair, Chris Doorly left the LSCB in spring 2016 and is to be credited for the leadership and direction of the board over the last 12 months.

We will continue to see a lot of changes in Lewisham agencies in the coming year as they continue to respond to changes in organisational structures coupled with reduced budgets. The LSCB will continue to hold them to account through these times to ensure children remain protected.

Despite some challenging times professionals working in the Borough have continued to consistently put children in Lewisham first and I am confident we will see agencies work in ever closer partnership to protect children and to find new and better ways to provide efficient, effective and accessible services.

By working together to safeguard children and engaging our whole community I am confident we can make Lewisham a safer place for children to live and grow up in.

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# CHAPTER 1

## 1.1 Summary of our priorities and achievements for 2015-2016

A summary of our key Priorities for 2015-2016	A summary of our key achievements for 2015-2016
<ul style="list-style-type: none"> <li>To ensure that our multi agency partnership have access to adequate training to equip them with appropriate knowledge and skills to identify the signs of child sexual exploitation and to act appropriately and in accordance with the Pan London CSE Protocol.</li> </ul>	<ul style="list-style-type: none"> <li>The LSCB continued to provide a comprehensive rolling programme of safeguarding to inform practitioners knowledge of the risk factors associated with Child Sexual exploitation at foundation and intermediate level.</li> <li>We also ensured that our multi agency workforce and local communities were able to access information and guidance on responding to CSE through the LSCB website</li> <li>The LSCB supported the multi-agency initiative ‘if you see something say something’ designed to raise awareness of CSE across the community.</li> </ul>
<ul style="list-style-type: none"> <li>To ensure that appropriate policies and procedures were in place to improve identification of FGM risks and support the community appropriately to avoid such abuse from taking place</li> </ul>	<p>During 2015/2016, our key achievements included;</p> <ul style="list-style-type: none"> <li>To mark 6<sup>th</sup> Feb 2016 The International Day of Zero Tolerance, a special FGM training workshop for Lewisham councillors was organised, with 16 councillors in attendance.</li> <li>As part of efforts to highlight International Women’s Day, a FGM Mandatory Duty Conference was held on 10<sup>th</sup> March for safeguarding professionals with over 60 in attendance.</li> <li>FGM training and awareness-raising for social workers, teachers, and other professionals via the LSCB training programme.</li> <li>Community engagement – Challenging taboos about FGM prevention by creating ‘sister circles’ of informal women’s groups, where women of all ages from FGM affected communities meet.</li> <li>Development of a local FGM protocol – in response to the mandatory duty, a multi-disciplinary working group has been set up to produce guidance for professionals on how to tackle FGM, and support affected communities</li> <li>We also ensured that our multi agency workforce were able to access information and guidance on responding to CSE through the LSCB website and newsletters</li> </ul>

<ul style="list-style-type: none"> <li>• To ensure the voice of children and young people influences the work and priorities of the LSCB</li> </ul>	<ul style="list-style-type: none"> <li>• We engaged with groups of children and young in schools to ask them their views about safeguarding priorities for Lewisham.</li> <li>• We raised the profile of the LSCB through competitions ran in schools invited children to design our new logo</li> <li>• A series of consultation events with children and young people were undertaken by the LSCB with a key focus on staying safe.</li> <li>• We consulted young people on the design and content of the new LSCB website</li> <li>• Lewisham has supported young people to be involved in International Voluntary trips giving them to opportunity to work with children and young people less fortunate than themselves.</li> <li>• Children in Care Council members regularly meet with Corporate Parents and discuss issues raised by children in care. They have had discussions about keeping safe online, gangs and general health and wellbeing.</li> <li>• Children in care Council members contributed to Lewisham’s Children and Young People’s Plan 2015–2018.</li> </ul>
<ul style="list-style-type: none"> <li>• Provide secure and consistent support for looked after children</li> </ul>	<ul style="list-style-type: none"> <li>• We monitored arrangements for looked after children through our challenge and scrutiny functions and close working with the Children in Care Council and Corporate Parenting Board</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce the risk of harm to children and young people and ensure they feel safe and are protected from abuse and neglect.</li> </ul>	<ul style="list-style-type: none"> <li>• The LSCB commissioned and quality assured a rolling programme of safeguarding training to professionals throughout the year equipping our multi agency workforce with the skills needed to work with vulnerable children, young people and families to keep them safe from harm.</li> <li>• We ensured that local safeguarding policies and procedures were relevant, current and accessible to professionals.</li> <li>• We ensured that lessons learned from serious case reviews are shared with the multi-agency work force and lead to improvements in practice</li> <li>• We have continued to strengthen our approach to scrutiny and audit through our quality assurance activity</li> <li>• We have raised awareness of key safeguarding issues throughout our website and newsletters.</li> </ul>

## 1.2 Strategic Priorities for 2016 – 2018

These priorities have been developed through consultation with partners and stakeholders, and our local children and young people. The Business Plan describes our priorities over the next two years and will be subject to regular review to ensure it remains relevant to the needs of our community.

There are five key priorities and these will all be underpinned by a focus on embedding learning and improvement and developing our understanding of the child's journey through services in Lewisham. These are as follows:

- Improving the effectiveness of agencies and the community in identifying and addressing neglect.
- Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.
- Raising the profile of safeguarding across the Borough, amongst practitioners, stakeholders and the community with a particular focus on the most vulnerable or at risk.
- Ensuring that the voices of children and young people influence learning, best practice and the work of the LSCB.
- Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation.

## 1.3 Ofsted Inspection of Services 2015

The inspection identified that children's services in Lewisham require improvement to be good. While standards for children looked after have been maintained and those for care leavers have improved, those for children in need of early help and protection had deteriorated. Although some early help services resulted in positive outcomes for children, it was considered that services needed to improve their overall coordination.

The Local Safeguarding Children Board was judged as requiring improvement in order to be judged as being good. The need for an Early Help focus was identified as well as the aligned need for an up-to-date threshold document. The need for a clearly identified governance role for the board's child sexual exploitation (CSE) sub-group was also seen a need requiring a focussed multi-agency response.

Performance reporting was identified as a particular area for development. Corrective measures had been put in place to address this deficit but greater accuracy of reporting was identified as needed to strengthen multi-agency practice which was reviewed and identified within this inspection.

### 1.3 The Borough of Lewisham

Lewisham has a population of some 297,000 (the 13th largest in London and the 5th largest in Inner London). The population of the borough has increased by some 16,000 since the 2011 Census and over the next 20 years is forecast to be amongst the fastest growing in London. Population growth in Lewisham is driven primarily by the birth rate (rather than in-migration) there some 5,000 live births each year.

In terms of population profile, children and young people aged 0-19 comprise 73,700 (some 25 per cent) of the borough's overall population. By contrast, those aged 65 and over, make up some 10 per cent of the population.



The ethnic profile of the borough reveals that 54 per cent are White and 46 per cent are of Black & Minority Ethnic (BME) heritage. Within the BME population, Black African's are the fastest growing ethnic group representing some 25 per cent of the BME population. By contrast Lewisham's schools population is 76 per cent BME.

There are some 116,000 households in the borough. Of these, some 11.5 per cent are lone parent households with dependent children. This is up on the 10.5 per cent of lone parent households with dependent children reported at the time of the 2001 Census. Over the past 15 years there has been a significant change in household tenure across the borough, with the percentage of residents living in the private rented sector increasing from some 14 per cent in 2001 to 25 per cent in 2011.

Average life expectancy for males in Lewisham is 78.7 years (significantly worse than the England average) and 83 years for females (not significantly worse than the England average). Smoking, cardiovascular disease and cancer are the biggest causes of death in the borough. As it relates to children's health, obesity (year 6) and under-18 conceptions are the two areas where outcomes for Lewisham are significantly worse than the England average. Across the borough some, 14.5 per cent of residents describe themselves as living with a long term illness (a proxy for disability) and just under 10% describe themselves as carers (providing one or more hours of unpaid care per week).

About 69 per cent of Lewisham's overall population is of working age (16-64). Overall, Lewisham's unemployment rate is 6.4 per cent; this is above the London average of 6.1 per cent as well as the Great Britain average of 5.2 per cent. Median income in Lewisham is £30,500 this is below the London average. Some three in ten of the borough's 73,000 children live in poverty.

In the index of Multiple Deprivation, Lewisham ranks as the 48<sup>th</sup> most deprived of all 326 local authorities, placing it in the 20% most deprived areas in England. Pockets of deprivation are spread throughout the borough, but the areas of the highest deprivation are found in Evelyn, Lewisham Central, Rushey Green, Whitefoot and Bellingham wards.

Lewisham has the highest proportion of children and young people (29.6%) in economic deprivation in England (*Indices of Multiple Deprivation 2015*)

## 1.4 Vulnerable Groups

Children can become vulnerable and subsequently be at increased risk of harm for a variety of reasons. National serious case reviews demonstrate that children living in households where there is domestic abuse, substance misuse or their parents are mentally ill are known to be at a greater risk.

We also understand the long-term damaging effects of neglectful parenting on children, and recognise that neglect and poverty are significant risk factors for children in the Lewisham area.

We recognise that children who go missing from school or missing from home are also placed in greater danger of harm. Despite this it is not always possible to know the complete picture of the children whose safety is at risk because some abuse or neglect may be masked. To counter this partners in the LSCB have identified some groups of children that are understood to be at particular risk. This helps ensure that their needs are understood and that they form part of our local picture.

This annual report details our understanding of the categories of children and young people identified as being vulnerable and in need of protection.

# CHAPTER 2

## 2.1 About the LSCB

The statutory objections and functions of the LSCB is set out in section 14 of the Children Act 2004, which are:

- (a) To coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area, and
- (b) To ensure the effectiveness of what is done by each such person or body for those purposes

The Board is made up of senior representatives from all the main agencies and organisations in Lewisham with responsibility for safeguarding and promoting the welfare of children and young people. The LSCB fulfils its statutory role in coordinating local work by:

- Developing robust policies & procedures
- Participating in the planning and commissioning of services for children in Lewisham
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done

We ensure the effectiveness of local work by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency case reviews, audits and deep-dives and sharing learning opportunities
- Collecting and analysing information about child deaths
- Publishing an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Lewisham.

## 2.2 LSCB Membership

### Main Board

This is made up of representatives of the member's agencies. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency, and make sure that their agency abides by the policies, procedures and recommendations of the LSCB.

### Executive Board

The Executive Committee manages the business and operations of the LSCB, ensuring there are clear governance arrangements in place and drives forward the strategic priorities as outlined in the Business Plan.

### Task groups

Membership of the task groups are made up of staff from bodies or agencies represented at the LSCB, who are co-opted to ensure each group has the relevant expertise and knowledge to deliver the LSCB Business Plan. Membership of the task groups can include Board Members.

The LSCB task groups are as follow:

- Monitoring, Evaluation and Service Improvement (MESI)
- Policies, Procedures and Training (PPT)
- Missing, Exploitation and Trafficking (MET)
- Communications and Publications (C&P)
- Serious Case Review Sub Committee



## 2.3 Key LSCB Roles

### Independent Chair

The LSCB has an Independent Chair who is subject to an annual appraisal to ensure the role is undertaken competently and that the post holder retains the confidence of the LSCB members. The Chief Executive of Lewisham Borough Council and Executive Director for CYP appoints the Chair and managerial support is provided by the Director of Children's Services.

### Lewisham Borough Council

Whilst the Chair and the Board itself is independent, Lewisham Council is responsible for establishing and maintaining the Safeguarding Children Board (LSCB) on behalf of all agencies.

The Executive Director of Children Services and the Director of Children's Social Care are required to sit on the Main Board of the LSCB as this is a pivotal role in the provision of children's social care within the local authority.

### Leader of the Lewisham Borough Council

The ultimate responsibility for the effectiveness of the LSCB rests with the Leader of the Council.

### Lead Member for Children's Services

The role of Lead member holds responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Member contributes to the LSCB as a participating observer and is not part of the decision-making process.

### Partner Agencies

All partner agencies in Lewisham are committed to ensuring the effective operation of the LSCB. This is supported by the LSCB Constitution which sets out the governance and accountability arrangements.

### Designated Professionals

Health commissioners should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the LSCB. There are Designated Doctors and Nurse Role's in post for Lewisham who play an active role in the LSCB and its Sub Committees.

### Lay Members

Lewisham LSCB has two local residents acting as Lay Members who support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the LSCB's work in the community. Both Lay Members play an active role in the work of the LSCB and its sub committees.

## The Children and Young Persons Strategic Partnership

Lewisham Children and Young Peoples Strategic Partnership (CYPSP) is made up of representatives from agencies across Lewisham committed to working together to improve all outcomes for children. Governance is delivered through a Board structure with formal responsibility for strategic planning, commissioning services, and promoting effective integrated working. The CYPSP is responsible for producing a plan which outlines how improvements in service delivery and design will be made.

The LSCB reports quarterly to this body and also has a role in holding them to account to ensure they commission the services that are needed based on the agreed safeguarding priorities.

## Health and Wellbeing Board

This Board brings together leaders from the Council, NHS and partner agencies to develop a shared understanding of local needs, priorities and service developments.

The LSCB reports annually to the Health and Well-being Board and will hold it to account to ensure that it tackles the key safeguarding issues for children in Lewisham.

## Joint Protocols

Lewisham LSCB, CYPSP and Health and Well-being Board have established a joint protocol outlining working arrangements between the three Boards.

## Financial arrangements

Board partners continue to contribute to the LSCB budget in addition to providing a variety of resources in kind. Contributions from partners for 2015-16 were £181,050

Organisation	Percentage	LSCB contribution
Lewisham CCG	26%	45,110
LBL Children's & Young People's service	48%	83,280
*CAFCASS	not applicable	550
*London Probation	not applicable	2,000
*Metropolitan Police Service	not applicable	5,000
Lewisham & Greenwich Healthcare Trust	13%	22,555
South London and Maudsley	13%	22,555
<b>Totals (£s)</b>		181,050

The salaries of the LSCB business unit, which include the Independent Chair, Business Manager, Development Officer and Administrator are paid for from the LSCB annual budget.

Serious Case Review costs are covered on a case-by-case basis by the agencies directly involved with the review. The LSCB budget does not hold a contingency fund for Serious Case Reviews.

The amount of £10 000 was allocated towards a LSCB multi-agency training programme for 2015-16.

# CHAPTER 3

## 3.1 Child Sexual Exploitation, Missing, and Trafficked Children

Throughout the year the work of the LSCB CSE Sub Group identified a number of young people at risk of sexual exploitation. It was identified that some agencies required additional support in recognising the risk factors and seeking appropriate support to safeguard these children. During the year work was undertaken to raise awareness of CSE through working with Head teachers, School Leaders and Designated Safeguarded Leads in Education. This work has been effective in increasing the shared awareness of the risk factors, in particular the relationship between poor attendance or children going missing for part of the school day and the risk of CSE. This led to an improvement in the monitoring and tracking and identifying young people at risk and ensuring that they are signposted or referred to the relevant services for support.

Work also commenced in early 2016 to develop a joint list/matrix which is a combination of vulnerable children identified as being at risk of exploitation and abuse. We are working to include any young people flagged as displaying early signs of being at risk of exploitation, criminality or displaying harmful sexual behaviour. Analysis is then able to promote a larger risk and vulnerability model based on current data.

The Council and LSCB have supported a police initiative 'Operation Make Safe' with a theme "if you see something say something" designed to raise awareness about CSE in local businesses and licensed premises and to support them to spot the warning signs and take appropriate action.

Operational (weekly), Tactical (monthly) and Strategic (quarterly) Missing, Exploited and Trafficked (MET) meetings are held and these include all significant agencies, such as Police, Children's Social Care, Health, Education, Youth MARAC, Trilogy and other Practitioners who work directly with these young people. The names of young people are put forward by any of the attendees, other agencies or professionals who and in this instance have a MET concern about a child/young person. These case are discussed and a lead person is identified and a clear plan of action devised that includes timescales and safety planning.

The weekly MET meetings comprise of representatives from the above agencies and is delivered through practitioners devising, on a case by case basis a clear safety plan which is implemented and reviewed.

The Monthly MET meetings comprise of Managers from the above agencies who discuss themes and trends and joint action to address these.

The quarterly MET meetings comprise of Senior Managers from the above agencies and the LSCB and this strategic group looks at the alignment of strategic planning and resourcing against themes identified within the monthly meetings.

### 3.2 Missing Children and Young people

Children’s Social Care employs a Missing Child Liaison Officer (MCLO) who works jointly with the police to monitor and track the welfare of all children missing from home and to conduct return interviews. The MCLO works closely with the specialist Child Sexual Exploitation Social Worker and the MET to ensure that there is a joined up approach to working with this vulnerable group of young people.

In the 2015/16 performance year there were 1336 missing reports for young people aged 17 or under. There were a further 537 reported as absconders giving a total of 1873 Merlin reports. Of those young people that were reported as missing 40 were deemed High Risk. 1296 were assessed as Medium risk. From the total number of missing persons 268 went missing more than once, 71 were reported as missing more than 5 times and 22 missing more than 10 times.

### 3.3 Private Fostering

A privately fostered child is defined as ‘a child who is under the age of 16 (18 if disabled) and who is cared for, and provided with accommodation, by someone other than:

- the parent a person who is not the parent but who has parental responsibility, or
- A close relative defined in this context as a brother, sister, aunt, uncle, grandparent or step-parent.

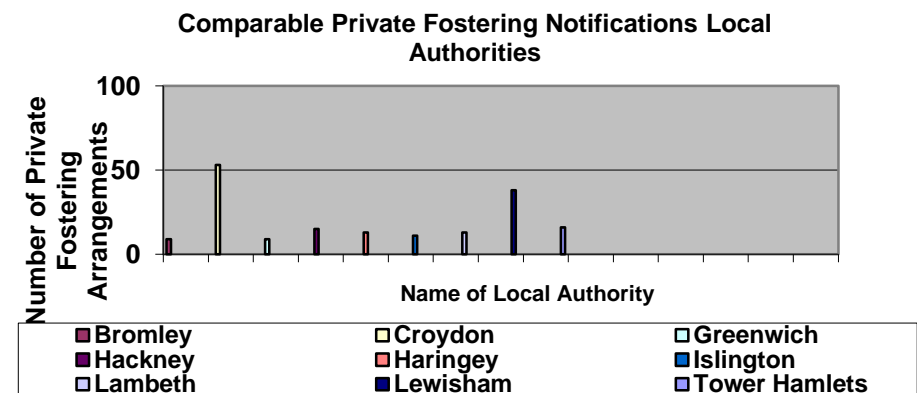
A child who is looked after in their own home by an adult is not considered to be privately fostered. Children who are privately fostered are amongst the most vulnerable and the Local Authority must be notified of these arrangements.

In 2015/16 we had 52 children who we classified and worked with as Privately Fostered Children. As of the 31<sup>st</sup> March 2016, there were 22 Privately Fostered Children.

It is a statutory requirement to visit privately fostered children every six weeks for the first twelve months . This means that every child has to be seen at least 9 times with an interval of no more than 6 weeks between visits. If one of these visits takes place outside of the six weeks period the local authority is deemed to have failed in its duty to comply with statutory visiting requirements. It is not possible to satisfy this requirement in all cases because we have a large number of privately fostered young people who study in the UK and return to their family who live abroad during the holiday period.

73% of private fostered children in the above cohort were visited at intervals of no longer than 6 weeks . This is above the national average.

According to DfE statistical release on private fostering 2015, Lewisham has the 2nd largest number of private fostering arrangements in London, with only Croydon having a higher number.



### 3.4 Children who offend or are at risk of offending

Lewisham Youth Offending Service has five Key Performance Indicators:

1. To reduce the number of first time entrants to the Youth Justice System
2. To reduce the rate of proven reoffending
3. To reduce the use of custody (remand and sentenced)
4. To increase participation in education, training and employment
5. To increase the number of young people living in suitable accommodation

*Lewisham has achieved an improvement across several performance indicators.*

- The number of remand bed nights reduced during 2015/16 to 2010 bed nights from 2861 in the previous year. Young people were supported on bail programmes in the community with varying levels of intensity. Not only has this improved the likely outcomes for those young people but there has also been a budgetary saving which has been reinvested into other areas of the service.
- The number of young people in Education, Training and Employment has increased with 81.3% of young people in suitable ETE at the end of their Order. This is an increase from 75% in the previous year and has been linked to the greater emphasis we have placed on working in schools and colleges, and targeting our NEET population.

- Young people in suitable accommodation has remained relatively stable with 93% of young people in suitable accommodation at the end of their Order across 2014/15 and 2015/16. Of those who were deemed to be in unsuitable accommodation at the end of their Order, the main reason was due to an on-going period of Remand which continued past their custodial sentence.

*Lewisham has a number of areas where performance has declined and these remain a priority focus for the service.*

- While there has been an overall 3.9% reduction in the number of re-offenses by reoffender, in comparison to an increase of 4.5% average across London, the number of young people reoffending still remains too high, with too many new offences being committed by young people. The number of young people reoffending increased by 10.4% to 48.9% with the number of offences increasing by 6%.
- While Lewisham's use of custody has reduced from 40 custodial disposals in 2014/15 to 29 in 2015/16, the rate at which Lewisham young people receive custodial disposals is still very high. Lewisham have the 4<sup>th</sup> highest custodial sentence rate in London.
- The number of First Time Entrants to the Youth Justice Systems has increased by 19.2% while nationally there has continued to be a reduction.

### 3.5 Female Genital Mutilation (FGM)

Female genital mutilation (sometimes referred to as female circumcision or cutting) refers to procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Nationally the estimated prevalence of women affected by FGM was 0.5% of the female population. London has the highest national prevalence of women affected by FGM at an estimated 2.1% of the female population, with Southwark (4.7%) and Brent (3.9%) having the highest prevalence rates of any local authority in the country. The Borough of Lewisham's estimated prevalence of women affected by FGM is 2.5%, which is higher than the national prevalence estimates.

During 2015/2016, our key achievements included;

- To mark 6<sup>th</sup> Feb 2016 The International Day of Zero Tolerance, a special FGM training workshop for Lewisham councillors was organised, with 16 councillors in attendance.
- As part of efforts to highlight International Women's Day, a FGM Mandatory Duty Conference was held on 10<sup>th</sup> March for safeguarding professionals with over 60 in attendance.
- FGM training and awareness-raising for social workers, teachers, and other professionals via the LSCB training programme.
- Community engagement – Challenging taboos about FGM prevention by creating 'sister circles' of informal women's groups, where women of all ages from FGM affected communities meet.
- Development of a local FGM protocol – in response to the mandatory duty, a multi-disciplinary working group has been set up to produce guidance for professionals on how to tackle FGM, and support affected communities.
- Dedicated LSCB Newsletter – Providing a briefing on FGM, signs and symptoms and long term effects, mandatory reporting guidance, Lewisham procedures, plus signposting to resources and training.

### 3.6 Child and Young Person's Mental Health and Wellbeing

Future in Mind transformation investment enabled CAMHS to develop several service areas over 2015-16. A dedicated emergency response team, working closely with Lewisham Hospital, offers timely and effective care pathways to the growing numbers of children and young people who present in crises; additional resource has expanded the Neurodevelopmental Disorders team which has speeded up response times and created a more multi-disciplinary approach; the Paediatric Liaison Team resource has been enhanced to enable more service users experiencing health related emotional difficulties to access timely interventions; and, the establishment of a post for parents experiencing emotional problems is expected to positively impact on their children's mental health across the service.

Links with the LBL Youth Offending Service has enabled the establishment of a team delivering a manualised Functional Family Therapy approach as a specific care pathway for young people on the edge of anti-social behaviour and criminal behaviour

An initiative within the Children Looked After team, in conjunction with the LBL Education Department's Virtual School, has provided a new systemic, outreach service for networks supporting looked after children. Other new developments to widen the support and delivery of services include planned group interventions to support foster carers and increased outreach provision to enhance service user engagement.

Within the challenge of austerity and increasing presentations of complexity and risk Lewisham CAMHS is looking to continuously evaluate its outcomes and processes to learn and develop more efficient and effective services. The aim of the forthcoming year is to work with commissioners to reduce waiting times in the generic service and enhance care pathways and outcomes.



### 3.7 Early Help (including Common Assessment Framework (CAF))

The Ofsted Inspection in October 2015, judged that the early help offer in Lewisham required improvement. Particular areas for development were identified which included the need for a more cohesive and co-ordinated approach, the need for improvements in the quality of assessments and an improved method of tracking and evaluating outcomes for families receiving early help.

The following key work streams have been identified for completion within the next 12 months:

- 1) Completing and Implementing a new Early Help Strategy.
- 2) Re-commissioning the Targeted Family Support Service and the Family Intervention Project.
- 3) Developing a new Early Intervention Service with clear pathways.
- 4) Developing a new single front door into LBL's children's services including the redesign of online and digital solutions to accessing information.
- 5) Working with partners in developing new tools for assessment, plans and reviews.
- 6) Ensuring the multi-agency workforce is equipped with the right skills to undertake high quality work with families that prevents the need for more specialist interventions as appropriate.

Multi-agency collaboration is crucial to achieving positive outcomes for families through the delivery of the right help and support at the right time. The approach and delivery of early help across the partnership is being overseen by a multi-agency Early Help Board to ensure that the strategy is implemented and that outcomes are tracked and delivered.

### 3.8 Multi Agency Safeguarding Hub (MASH)

In December 2012 the Lewisham Safeguarding partnership endorsed the establishment and development of the current MASH. The function of the MASH is to process contacts from partner agencies in relation to child welfare matters and establish through a multi professional information sharing process the level of need in relation to these referrals and the correct pathway for the need to be met. The MASH operates as a multi-agency triaging service and last year processed approximately 22,000 contacts. Some partner agencies are physically co located with Children's Social Care staff in the MASH and others are virtual partners.

The current Lewisham MASH is located and resourced within the Referral and Assessment Service. This is highly unusual as the vast majority of MASH agencies exist as discrete systems, separate from Children's Social Care operational services. A decision was made in mid-2015 that the effectiveness of the MASH should be reviewed and the recent OFSTED inspection reported that the Lewisham MASH needed development.

A MASH review was therefore commissioned in February 2016 and delivered with the following key recommendations:

- A review of the resourcing of both the Children Social Care and partnership elements of the MASH to ensure timely decision making.
- A dramatic overhaul of MASH workflow and IT processes to reduce the significant level of duplication undertaken within the team.
- To improve the engagement of partner agencies both within the MASH and with regard to governance.
- The Introduction of revised governance and a management structure at both strategic and operation levels.

A MASH Governance Structure has now been put in place. A strategic Steering group meets and has agreed a project plan to implement the changes recommended by the MASH review. A MASH partnership operational group has been set up to deliver the MASH Project Plan and the implementation date is November 2016.

Robust decision-making at the “front door” through a multi-agency Triage process within the MASH will ensure that families receive the right help, from the right service at the right time, that professionals receive a swift response to their requests and children’s social care are able to focus their energy and resources on their work with families at the acute level of need.

The revised MASH will also ensure that thresholds for Children’s Social Care are based on rational and consistent criteria which is understood by the partnership and that cases will be processed in a timely and efficient way with a partnership perspective embedded. It will also allow a greater targeting of those children who require a specialist service from the Referral and Assessment service which will in turn improve the throughput of cases through the whole system.

The Early Help strategy which targets services for those children who without such services would be at risk of significant harm is dependent on identifying this cohort of children through consistent and agreed criteria. This can only be delivered through the implementation of the revised MASH. Currently there is a great deal of misplaced activity within the partnership and Children’s Social Care in relation to the assessment and meeting of children’s needs which is wasteful of resources and offers a compromised service to children and families.

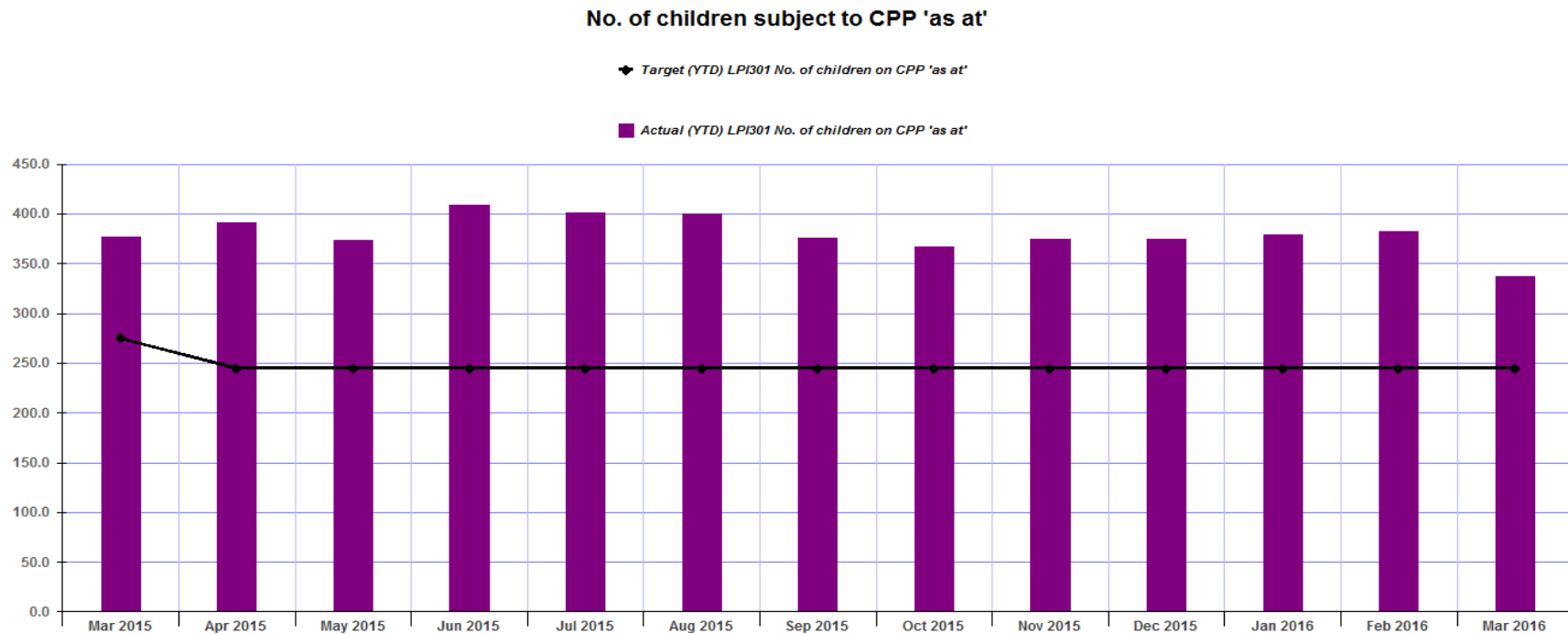
### 3.9 Children in Need

As at 31<sup>st</sup> March 2016, there were 1539 CIN cases held within the London Borough of Lewisham. Child in need work is an area of development in Lewisham and we are working to ensure clear arrangements and guidance is in place to support children in need by implementing revised arrangements for service provision and updating the associated performance framework.

### 3.10 Children Subject to Child Protection Planning

There has been a marked increase in the number of children subject to a child protection plan over the last 5 years. From 2011 to 2015, the numbers of children subject to a child protection plan has increased by 55%. This trend has increased pressure on Children Social Care (CSC) and the wider partnership with agencies providing intensive services and co-ordination to vulnerable children, although numbers subject to a plan as at 31 March 2016 had decreased from 377 (end of March 2015) to 337 (40 children).

**Number of children subject to CPP at 31 March 2016** • The number subject to CPP at 31 March decreased from 377 in 2015 to 337 in 2016



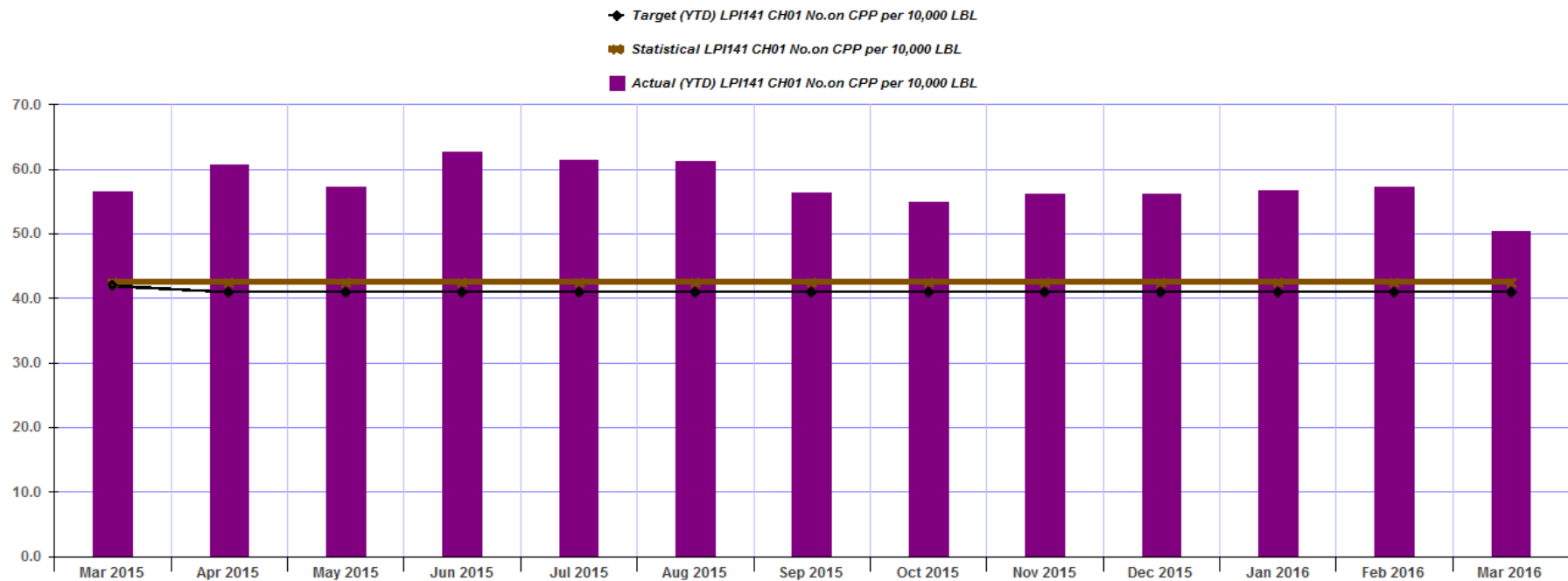
Research by the Association of Directors Children’s Services in 2015 shows that the number of children subject to a Child Protection plan has risen by over 60% nationally. Despite the decrease in numbers of children in Lewisham subject to a child protection plan, Lewisham still has more children per 10,000 of the population subject to a child protection plan than its statistical neighbours. The rate of children subject to a child protection plan for Lewisham is 50.4 (source: CiN Census 2016) per 10,000 compared to 42.5 (CiN Census 2015) for our statistical neighbours and 42.9 for the national average.

Number of children subject to CPP at 31 March per 10,000 under 18

- The number subject to CPP at 31 March per 10,000 decreased from 56.5 in 2015 to 50.4 in 2016
- The number subject to CPP at 31 March 2016 per 10,000, 50.4 remains higher than statistical neighbours average 42.5 (2015) and the national average 42.9 (2015).

*DfE have not yet published Local Authority CiN Census outcome tables for 2016*

### CH 01 Number on CPP per 10,000 LBL under 18

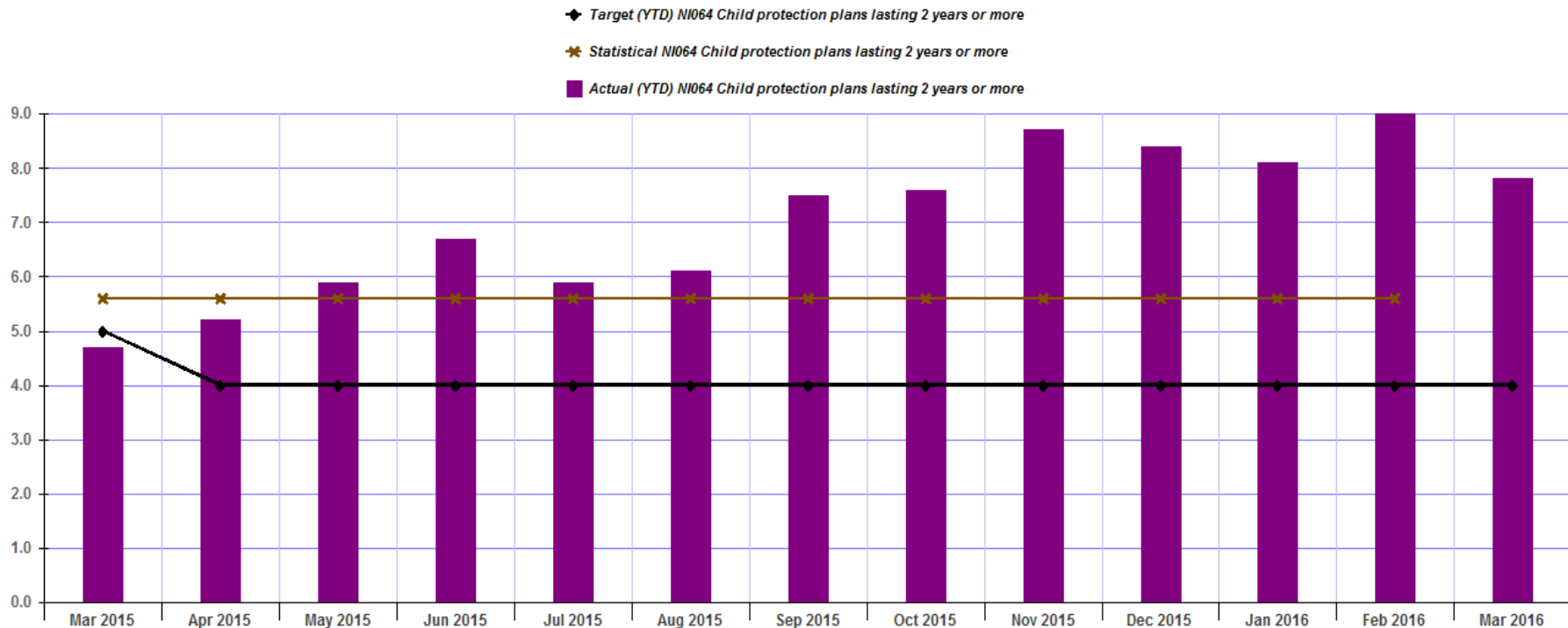


Various causal factors for this have been explored, such as practice decisions made to progress to Initial Child Protection Case Conference when the decision can be made to make a child subject to a plan and 'over cautious' decision making by child protection chairs. Subsequent audit undertaken within the Quality Assurance Service in 2015/16 has demonstrated that decision making is, on the whole, appropriate and children are not being made subject to plans without good reason.

However, the numbers of children subject to a plan can increase if these plans are of significant duration. The Local Authority measures the percentage of children subject to a child protection plan for two years or more. High numbers against this indicator suggests that children may be remaining on a plan without evidence of required change in the family home which would allow the multi-agency conference to end the child protection plan. The percentage of 18

children subject to a child protection plan for 2 years or more in Lewisham was 3.2% as at the end of March 2015 and this rose slightly to 3.9% as at the end of March 2016 compared to the statistical neighbours' average of 1.8% as at the end of March 2015.

### NI 64 Of CPP ceased during year, % of children on CPP 2 years+



Given that, as previously noted, Lewisham has a higher rate of children subject to a child protection plan in the general population and a higher number than statistical neighbours (337 vs SN average of 284), this may be expected. An audit of children's cases showed that there was a degree of evidence present to demonstrate that some plans could have ended earlier, which related to conference decision making; this coincided with the recruitment of new child protection chairs. An additional challenge is to ensure that the plans are sufficiently clear, focused and subsequently followed through to impact on required change.

The Ofsted Improvement Plan 2016 which flows from the inspection findings reported in January 2016, has identified actions to help address this issue and includes a development and training programme for child protection chairs, and social work teams to address consistency in the quality of child protection plans.

It is anticipated that the training will also lead to quicker cessation of plans when the key risks experienced by children in the family home are mitigated. We will also implement a first line manager development programme, to include supervision development, linked to our Teaching partnership with both Greenwich and Southwark Local Authorities as well as Goldsmiths University.

In order to ensure that services for children are progressing sufficiently well to end child protection plans, a manager of the child protection chairs in partnership with the Family Support Service reviews every child on a plan for more than 12 months to monitor the progress made in respect of the multi-agency plan for the child. Recently we have reduced this timescale to those children on a plan for 9 months or more.

This activity is captured in reporting presented to the Senior Management Team in Children's Social Care at the monthly quality assurance meeting. Work on proportionate decision making with new child protection chairs has already started and has resulted in the reduction of this number (of children subject to plans for 2 years or more). This indicator saw a steady decrease from October 2015 through to the end of March 2016.

This is a complex indicator that requires a balance between evidence of sustained progress and change for a child being achieved at home, and the number of children overall subject to the scrutiny of a child protection plan. If child protection planning fails to test sustained change, families may revert to harmful behaviours once the plan has ended.

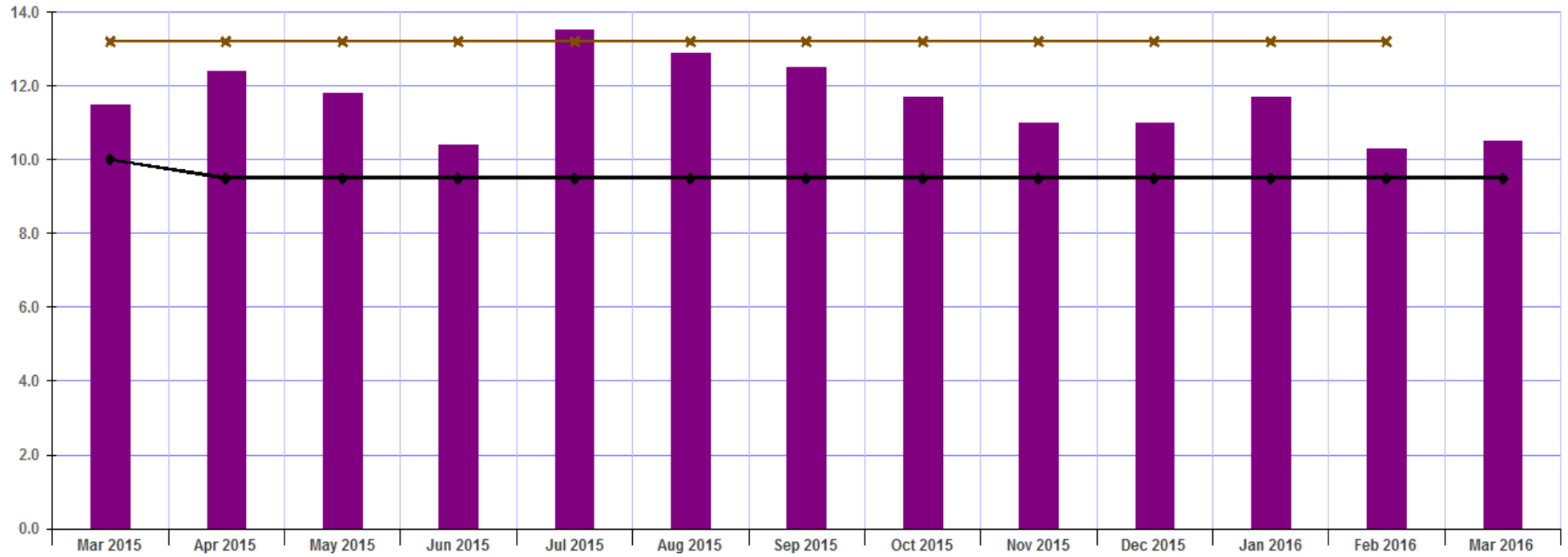
Lewisham is likely to continue to have slightly higher numbers of children subject to a plan for two years or more, as unlike statistical neighbours, the practice in Lewisham has been to track the welfare of children who are the subject of a Supervision Order under a child protection plan. The court grants a Supervision Order at the end of care proceedings if the threshold of harm is proven and where a judge decides that it is in the best interest of the child to remain with his or her parents or a member of their family.

The Local Authority also closely monitors the percentage of children subject to a child protection plan for a second and subsequent time. Lewisham has fewer children who have been made subject to a plan a second or subsequent time compared to statistical neighbours. As at the end of March 2016, 10.5% of children were the subject of second or subsequent episodes of child protection planning compared to 13.2% for our statistical neighbours and 16.6% national average. This is a 1% reduction for Lewisham on the previous year.



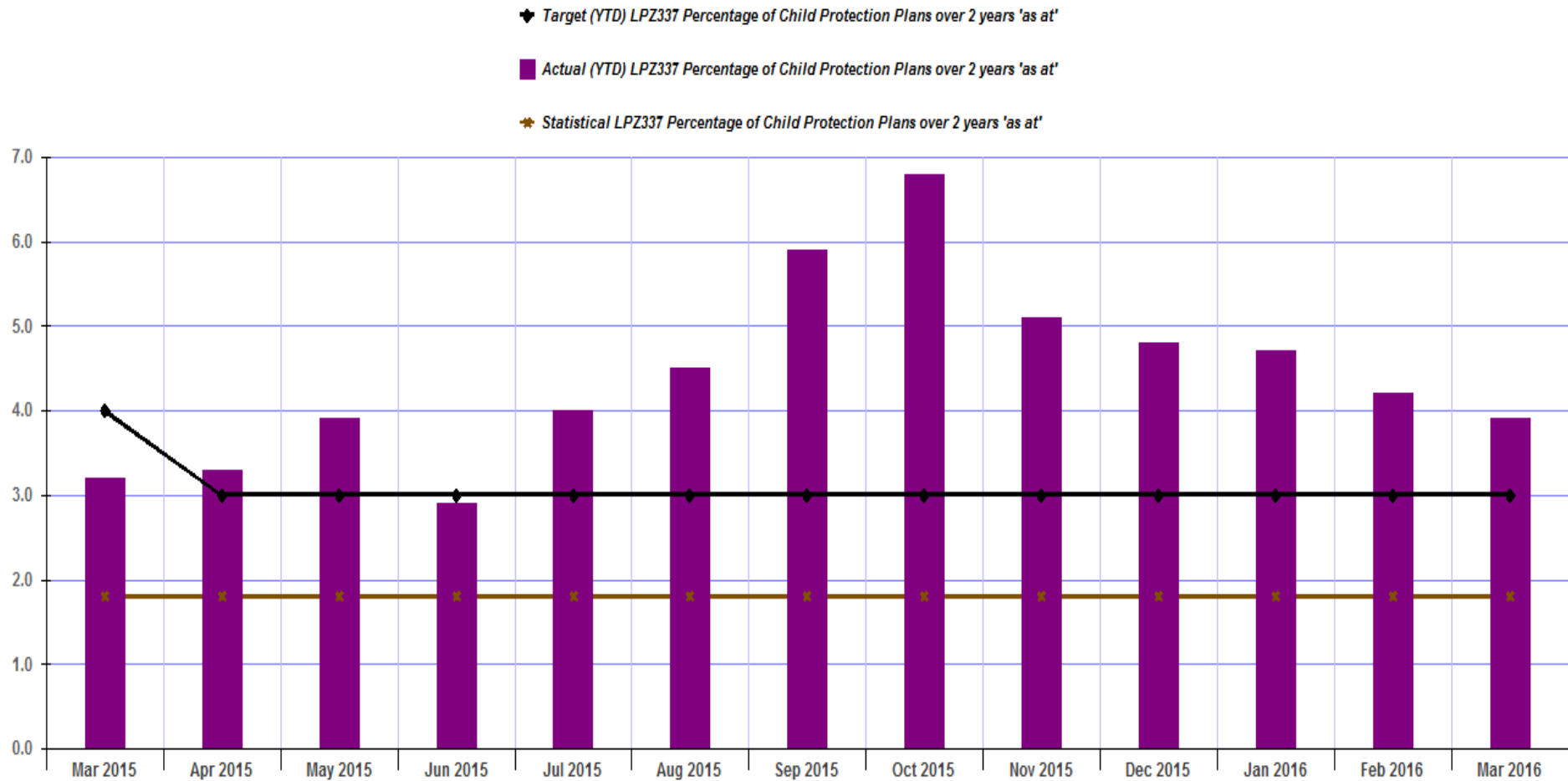
### NI 65 % children subject to CPP for second or subsequent time

- ◆ Target (YTD) NI065 Children becoming the subject of a Child Protection Plan for a second or subsequent time
- ✱ Statistical NI065 Children becoming the subject of a Child Protection Plan for a second or subsequent time
- Actual (YTD) NI065 Children becoming the subject of a Child Protection Plan for a second or subsequent time



% of Child Protection Plans over 2 years 'as at'

## LPZ 337: Percentage of Child Protection Plans over 2 years 'as at'



The categories of children subject to a plan (%) has remained roughly the same over the last 5 years. The category of neglect has always featured as the largest category during this time.

A snap shot taken in December 2015 showed that white British children are consistently over represented in this category (neglect) given that 60% of the 0-19 population and 77% of the school population are of Black and minority ethnicity in Lewisham.

Although the underlying factors impacting on White British families in this cohort need to be further scrutinised, evidence suggests these plans relate to the following areas; substance abuse, parenting/carer neglect, inter-generational neglect and factors arising from learning disabilities.

Most children assessed as being emotionally abused or neglected have been exposed to domestic abuse in the family home. White British children feature disproportionately in this cohort as do children of mixed heritage.

Since September 2015, an Independent Domestic Violence Advocate has been located in the Referral and Assessment Service to offer support and advice and to work directly with families to prevent further occurrences of domestic abuse. Social Workers routinely attend MARAC (Multi-Agency Risk Assessment Conference) to discuss service user needs relating to domestic abuse. The MARAC is a monthly risk management meeting where professionals from share information on a multi-agency basis relating to high risk situations where domestic abuse is a concern in order to develop a multiagency risk management plan.

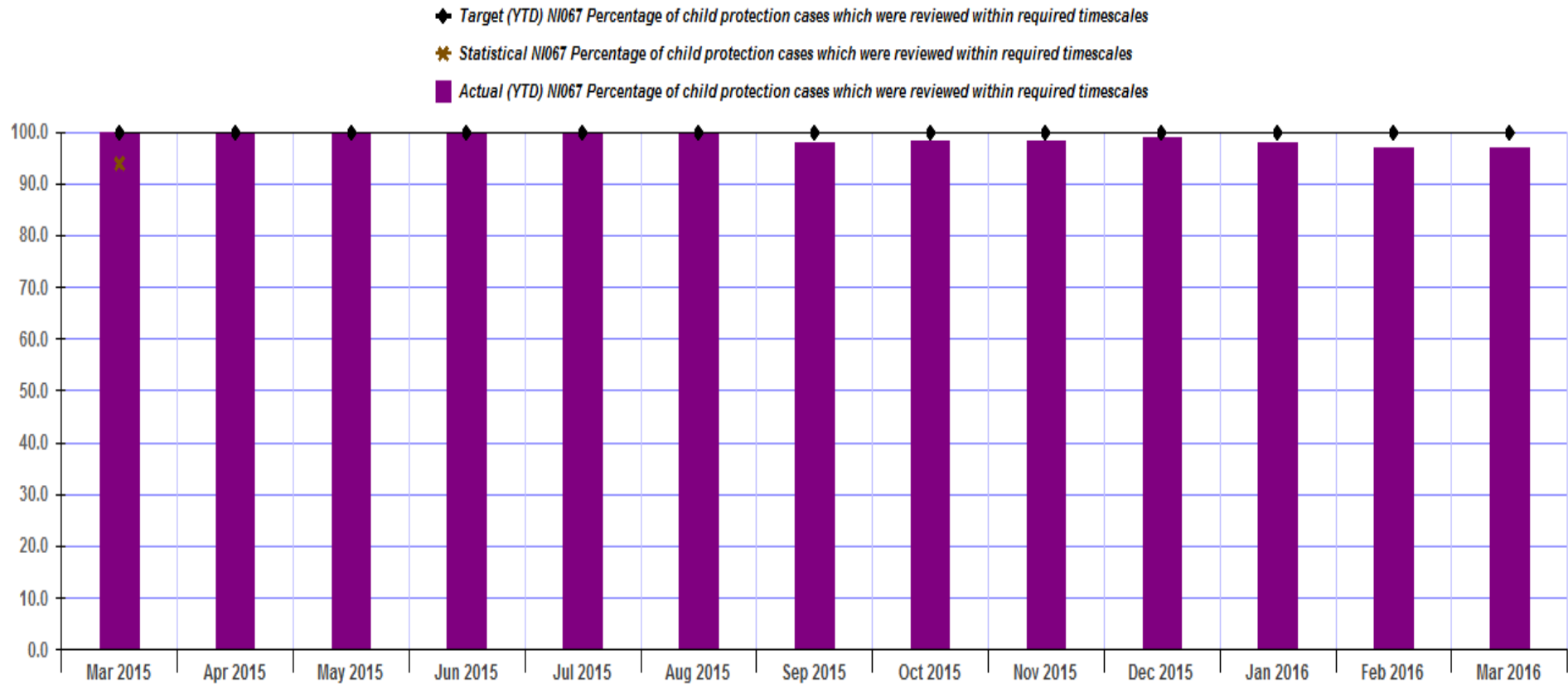
The numbers of children subject to a child protection plan for sexual abuse has ranged from 5% to 7% of all children subject to a plan for the last 5 years. Where sexual abuse is identified, action is taken to remove the perpetrator from the family home and empower the non-abusive parent or carer where possible. There has been a steady rise in the number of children aged 11 to 14 years being subject to a child protection plan. This links to a focus on child sexual exploitation and criminal exploitation in the partnership.

**% of Children subject to CPP at 31 March whose reviews (all) were on time during the year**

- The % whose reviews were on time has decreased from 100 in 2014-15 to 96.9 in 2015-16
- The % whose reviews were on time, 96.9 is higher than statistical neighbours average 93.8 (2015) and the national average 94.0 (2015).

*DfE have not yet published Local Authority CiN Census outcome tables for 2016*

**NI 67 % child protection case reviews on time (PAF C20)**



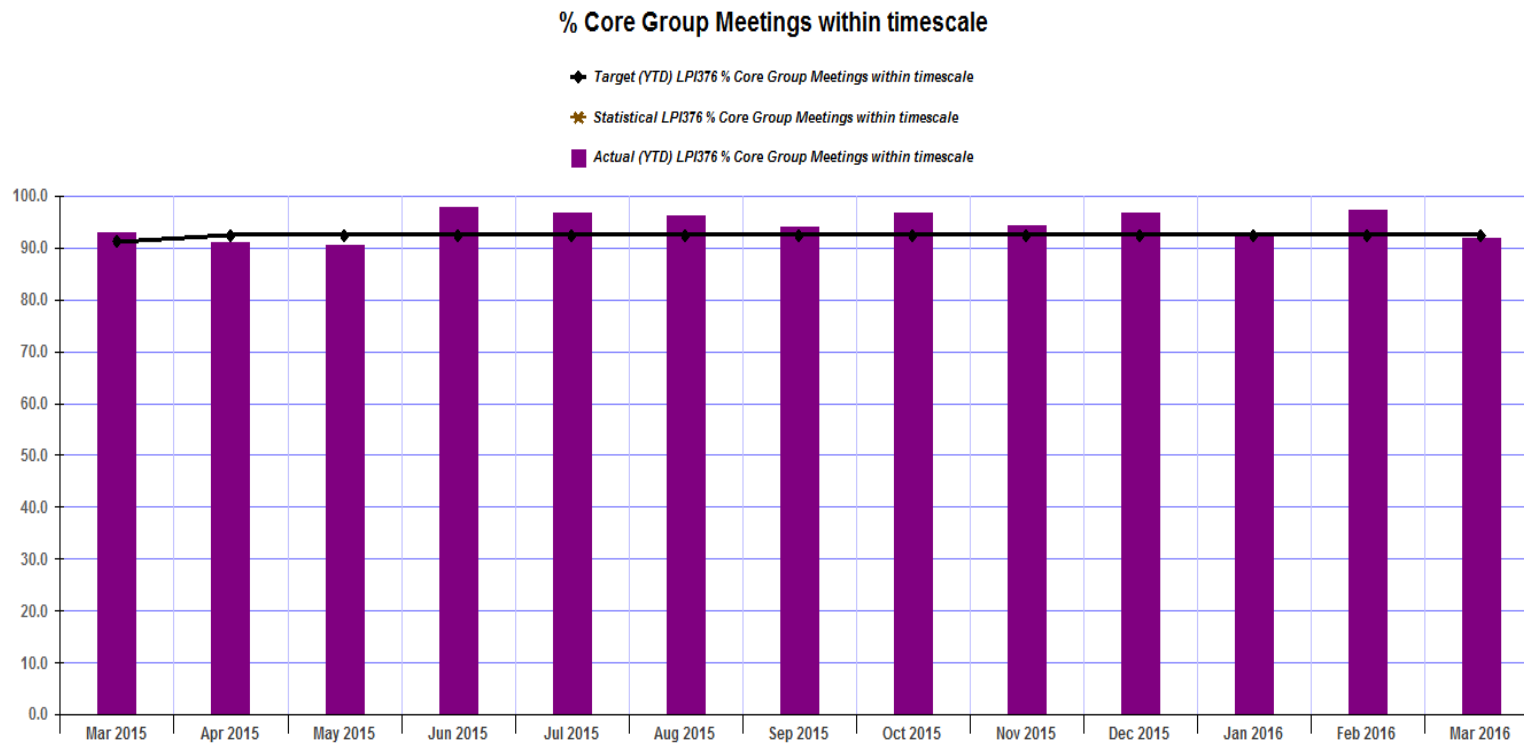
## % of children whose Core Group Meeting was on time (each month)

The Core Group's task through the child protection plan is to reduce the risks, or prevent the occurrence of further significant to the child, and safeguard the child's wellbeing to the point where the child no longer requires a plan of protection. The first meeting takes place within 10 working days of the Conference and six weekly thereafter.

A Child Protection Review Conference is normally convened three months after the initial case conference and then at intervals of not more than six months. The purpose of the Review Conference is to review the safety, health and development of the child in line with the actions set out in the Child Protection Plan, to ensure that the child continues to be adequately safeguarded and to consider whether the Child Protection Plan should continue, change or whether it can be discontinued.

- The % whose Core Group Meeting was on time has decreased from 93.0 in March 2015 to 91.8 in March 2016, although is variable month on month (average for 2015-16 is 94.5)

*Benchmark data for this local measure is not available*



### 3.11 Children Looked After

The majority of children in care are looked after because they have been neglected and/or physically, sexually or emotionally harmed by their parents; or are unaccompanied asylum seeking children. Children in Care can be living with foster carers (sometimes the foster carers are friends or relatives of the child), at home with parents under the supervision of Children's Social Care, in residential care or in other settings such as secure units, schools or hospitals. 53% of the cohort are male whilst 47% are female. In terms of age 51 children are aged 0-4, 113 aged 5-11 and 301 aged 12-17 (figures march 2016).

Within the categories young people aged 16/17 are over represented. Of those that enter care at these age, the reasons relate in the main, to remands via the criminal justice route, unaccompanied asylum seekers and family breakdown leading to homelessness.

Lewisham has a rate of 69.3 children in care per 10,000 of the population compared to the average national rate of 66.8 per 10,000, based on last year's figures (14/15) this puts us slightly higher than our statistical neighbour group. The national benchmarking data for 15/16 has not yet been published.

At the end of March 2016 we had 465 children in care compared with 486 in March 31<sup>st</sup> 2015.

Children in Care often have poorer outcomes than the non-looked after children. A high proportion, (67%) have special educational needs (SEN) and they are over-represented in the prison population and as adults in mental health institutions. These challenges make it all the more important that all partners across the partnership work together to help looked after children succeed and fulfil their ambitions.

### 3.12 Placement Stability

Placement stability is a key indicator and there is a co-dependency between placement stability, school attendance and positive progress and attainment for Children in Care. At the end of March 2016, 71% of our Children in Care children who had been looked after for two and a half years had been in the same placement for over two years.

17.9 % of our Children in Care are placed more than 20 miles away from Lewisham Borough.

Children looked after have independent reviews to ensure their care plan meets their needs and is progressed to ensure they achieve positive outcomes At March 2016 98.2% of these reviews had been undertaken on time.

11.5 % of Children In Care aged 10-17 who have been looked after for more than 12 months had a conviction, final warning or committed an offence in the previous 12 months.

We never place children in care settings or schools, which are not graded as 'Good' or 'outstanding' by Ofsted. Should a children's home or school receive a lower judgement once a child is in place/attending, we look at the individual child's care plan to form a view about a move and if agreed, in what timescale.



### **3.13 Service Improvements for Children in Care**

In the autumn 2015 Ofsted Inspection services for children were judged as being good overall.

Service restructuring in 2015 means Looked After Children and Care Leavers are now managed within the same team. A key driver for this change was to reduce the number of changes in social worker our young people experience. It also means the same manager has a longer term view of the care plan and is responsible for all the siblings within a family group. In the previous structure they could be spread across three teams. The Children in Care Council have confirmed that they welcome the changes, particularly the fact that they are no longer required to have a change of SW at sixteen.

### **3.14 Court Proceedings**

The South London Care Proceedings Project is a joint initiative between the London Boroughs of Lewisham, Southwark, Greenwich and Lambeth. The objective of this project is to appropriately complete care proceedings within 26 weeks in line with Government targets. Lewisham has a higher rate of issuing care proceedings than our statistical neighbours and rates relating to this have remained consistent since 2011. The project has enabled Lewisham to reduce the average length of time that cases are in court, from 56 weeks in 2011 to 33 weeks by 2015. This has enabled the achievement of permanency for children in a shorter time frame, whilst reducing legal fees at the same time.

### **3.15 Safeguarding Children in specific circumstances.**

Lewisham is a specified authority for Prevent work by central government to address radicalisation that affect children and young people.

The Prevent Lead has established an action plan in conjunction with the Lewisham Safeguarding Children Board and is in the process of rolling out specialist training called 'WRAP' to all Schools and Children's Social Care to help protect children from radicalisation. Where radicalisation is of concern, liaison will be undertaken with the Prevent team regarding the need for child protection procedures within agreed pathways to protect these children.

### 3.16 Voice of the Child

Young people have valuable ideas which can greatly help Lewisham. Young people are concerned about their future and it is important for them to be involved and have their voices heard. Lewisham encourages young people to participate and engage in the services on offer to them. There are three participation groups. These are Junior Children in Care Council, CiCC, Senior Children in Care and Care Leavers Forum who are encouraged to have a say in the services on offer to children in care. Our facilitation of the participation groups and involvement with them will allow young people to develop a sense of belonging and encourage them to take responsibility for themselves which is a key part to them becoming responsible adults.

Young people in the Children in Care Council (CiCC) have been involved in the interviewing of senior staff within the council and they feel that they have been listened to in terms of the hiring of senior members of staff. Their involvement in this process has allowed them to develop transferable life skills which in some way will increase their employability.

Lewisham has supported young people to be involved in International Voluntary trips. This has benefited the young people involved. These opportunities have helped young people develop a greater sense of pride and participation. It has broken down barriers and preconceptions, and has increased their knowledge, skills and confidence in working with children and young people who are less fortunate than themselves.

CiCC regularly meet with Corporate Parents and discuss issues raised by children in care. They have had discussions about keeping safe online, gangs and general health and wellbeing.

CiCC contributed to Lewisham's Children and Young People's Plan 2015–2018. The plan is about how our partner agencies work together to improve outcomes and life chances of our children and young people.

CiCC want children and young people to:

- Be involved in designing services of the future.
- Contribute to and benefit from involvement in their local communities.
- Feel that they are being heard and valued.
- Be able to make a difference.

#### **Benefits of participation**

Opportunities for children and young people

- Personal development.
- Self confidence.
- Influence decisions which affect their lives.
- Feel valued and empowered.
- Involvement in commissioning services and recruiting staff.

Opportunities for organisations

- Services that are responsive to children and young people's needs and concerns.
- Services and policies designed for actual rather than presumed needs.
- Become more accessible to children and young people.
- Provide a more effective service for children and young people.

A series of consultation events with children and young people were undertaken by the LSCB with a key focus on staying safe. The events were very well received by the young people and raised awareness on key safeguarding issues affecting many young people across Lewisham. In addition, the events also provided the Safeguarding Board with an opportunity to gain the views and voices of Lewisham's young people on these key safeguarding issues whilst providing them with signposting information on who they would need to speak to if they had concerns.

# CHAPTER 4

## 4.1 Multi Agency Safeguarding Training

The LSCB commissions, monitors and quality assures the multi-agency safeguarding training for Lewisham.

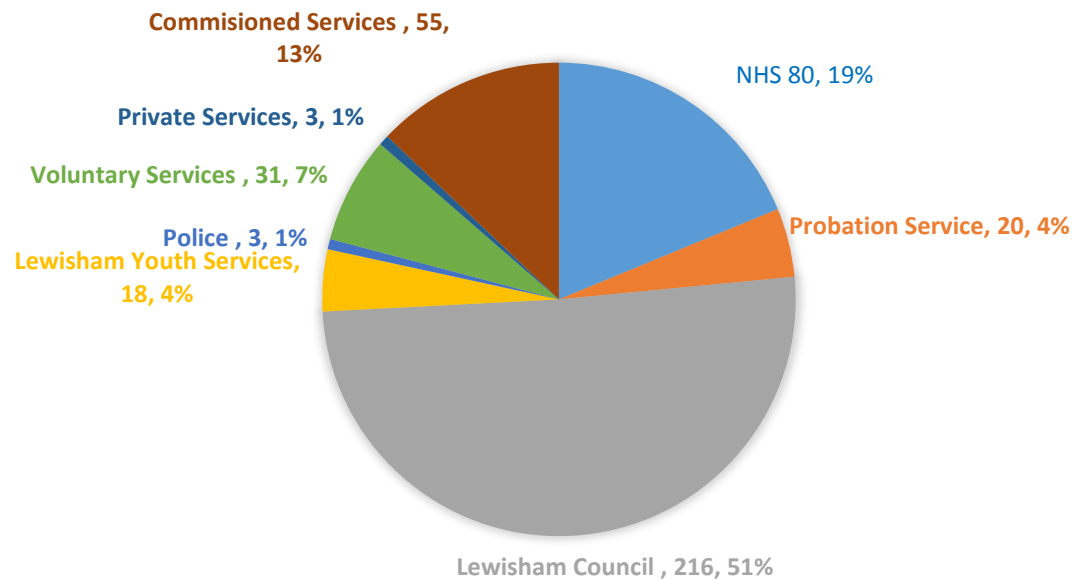
A three point evaluation process monitors the quality and impact of safeguarding training on practice through scaling measurements recorded pre course, course completion and three months after the training is completed. Feedback gathered through evaluation processes indicates that LSCB Training is well received by multi-agency staff. Attendance at courses averaging at around 70%, and agencies are proportionately represented overall. Over 400 professionals across the partnership attended multi-agency training. Quotes from participants included the following:

*“This training has broadened my knowledge and I feel much more confident about my safeguarding practice”*

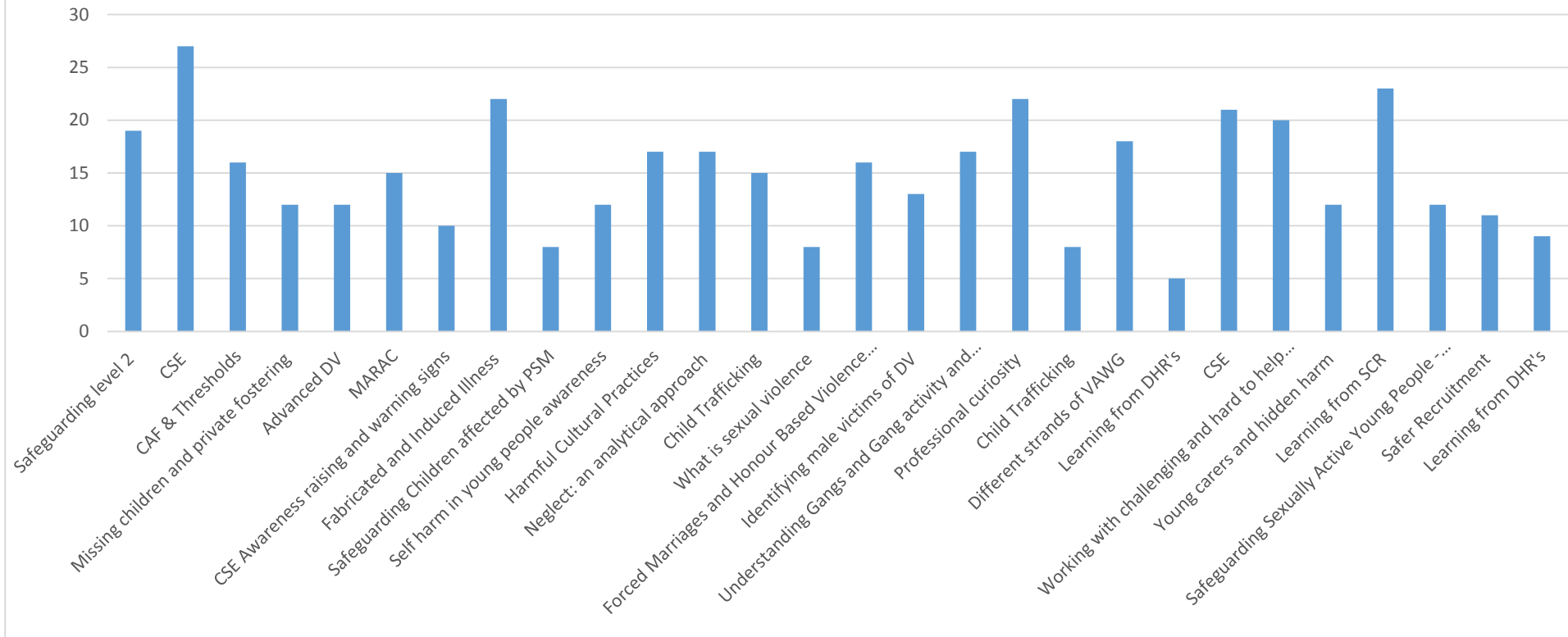
*“This training was a perfect balance of valuable information and gave some interesting case examples that brought the training to life”*

An evaluation of single agency safeguarding training provision was introduced and partner agencies were asked to present the outcomes of the evaluation of their in-house safeguarding children courses. In addition the LSCB received assurance on the effectiveness of the single agency training provided by individual partner agencies.

### LSCB TRAINING ATTENDANCE FOR 2015 - 2016 BY AGENCY



### Number of Applicants that attended the LSCB Training for 2015 -2016



## **Voluntary Action Lewisham Safeguarding training and support to faith groups – 2015-16**

The LSCB funded Voluntary Action Lewisham (VAL) to coordinate and deliver a one year safeguarding training and support programme to faith groups in Lewisham. The agreed target was to reach 100 people from faith groups. In the end 156 people participated which is around 50% more than the original target.

### **Results**

All 156 trainees were asked to give immediate feedback and 10% were followed up 3 - 6 months later to find out the longer term impact:

- 70% said feel more confident/clearer about CAF and how to use it.
- 70% said they confident to make a referral to CSC if they needed to.
- 80% had updated, written, or produced a safeguarding policy.
- 100% said the training and support had helped them improve their practice, e.g. they better listen better to CYP. Two courses with the deepest impact on learners was faith based abuse and safer recruitment.

*'Raised awareness as a leader, what I should be looking for... if an incidence was to occur I would know what to do'*

*'When children go the toilet... not just any 'uncle or auntie' takes the child to the toilet... we're not taking things for granted'*

### **Recommended next steps**

25% requested safeguarding training as a future focus, so talks with the Adult Safeguarding Board are taking place. VAL would also like the LSCB to continue to support VAL to:

- reach 'hidden congregations' not formally part of an overseeing faith body in Lewisham and deliver safeguarding support and training to these groups, there are around 300 congregations in Lewisham so more work to do.
- deliver more safeguarding training to West African faith groups and their network of churches especially as a high percentage of cases referred to the MASH relate to children from West African backgrounds.

# Safeguarding children for faith groups in Lewisham 2015-16

## Impact report



156 people participated in the programme



1125 people reached\*

88%

\*estimate based on cascading per trainee



7%



3%



3%

### Attendance by course

- 11 Designated person
- 13 Consultation
- 13 Essentials
- 13 Essentials in-house
- 18 Harmful cultural practices
- 18 Safer recruitment
- 19 Essentials in-house
- 37 Launch
- 37 Essentials in-house

### Referrals



- 70% understand and know how to use the CAF
- 70% understand and know how to make a referral

### Good practice



- 100% improved their practise
- 80% reviewed or produced a safeguarding policy



25% requested training on adult safeguarding

**VAL** Voluntary Action Lewisham  
Supporting local charities ■ Creating stronger communities

# Take-up of public v in-house training

54% participated in public training

46% participated in in-house training

## Our largest participating faith organisation



One of the largest West African churches in Lewisham

## Overall satisfaction



- 99% rated their courses excellent or very good
- 100% would recommend their courses

## Our approach



## Quotes

'Following the training I called a few pastors together... to discuss... we are trying to put something in place. If I didn't come for that course this wouldn't have happened!'



'...we came back [from the training], checked our policies, ensure updated and in line. E.g. FGM had to be incorporated into our policy after it was mentioned ...in the training'



'Volunteers are sometimes not as open because [in our setting] abuse are taboo subjects...[people] want to bury selves [in sand] and think abuse doesn't happen, so difficult to get message across [to my volunteers]'



## Quotes

'Raised awareness as a leader, what I should be looking for... if an incidence was to occur I would know what to do'

'I feel more confident...[and] know what to do if the need arises'

'When children go the toilet... not just any 'uncle or auntie' takes the child to the toilet... we're not taking things for granted'

## Funded by

Lewisham Safeguarding Children Board

# CHAPTER 5

## Allegations against adults working with children and the Local Authority Designated Officer (LADO)

It is a requirement of the Local Authority to appoint an officer(s) to manage child protection allegations of those within the Children's workforce.

- 5.1 **In quarter 1 (Q1), 2015/16** there were a total of 36 referrals, 28 (78%) of which were unsubstantiated, with 8 (22%) being substantiated. At this period, the greatest proportion of referrals came from primary schools (30%) with 16% coming from secondary schools. This is comparable to the number of referrals received from primary schools in 2014/15 (n=43). The second largest proportion of referrals came from the 'other' category (voluntary and community organisations, NHS and private providers) , with 6 referrals in this quarter (16%). Five (14%) came from early years' settings, namely a combination of childminders and nurseries. (See Tables 1 through to 4 below).
- 5.2 In the first quarter, there were 3 substantiated allegations in Primary Schools with one in a Secondary Schools, two in Early Years' settings and 2 in 'other' agency setting, **a total of 8 substantiated in Q1.**
- 5.3 **In quarter 2 (Q2), 2015/16** referrals increased slightly from the previous quarter to a total of n=38. There was a decrease in the number of referrals from schools, with 7 (18%) referrals from primary and none from secondary schools. This may have been a result of this period incorporating the one and half month school holiday.
- 5.3 The highest number of referrals was from Early Years' settings with an increase of 29% in this quarter period. There were 3 allegations made against London Borough of Lewisham foster carers (7.8%) all of which were found to be unsubstantiated. Whenever an allegation is made against a Lewisham Foster Carer, the matter is taken to Lewisham Fostering Panel, the urgency of which is dependent upon the nature of the allegation (for example, if there is a criminal investigation running parallel to any LADO processes).
- 5.4 There were 5 allegations made against agency foster carers living in the borough, one of which was substantiated. Action was subsequently taken to ensure that the agency dealt with this allegation appropriately and all interested parties alerted to the outcome. Such small numbers in one area risks breaching the confidentiality of the individual should further details of the case be disclosed. However, it is necessary to assure the LSCB that LADO processes are concluded appropriately to safeguard children.
- 5.5 There were 12 allegations against professionals in other organisations. Seven of these allegations were substantiated, which was 53% of the total number of allegations made in this category. Again, appropriate action is taken when concluding the LADO processes. As with all other quarters, the greatest proportion of allegations were concluded to be unsubstantiated (n=27, 71%) for this quarter, with 11 of the total (29%) substantiated.
- 5.6 Of the 11 substantiated, 2 were in Primary Schools, none were in a Secondary, 3 in Early Years settings, 1 in Fostering LBL and 5 in 'other'.



5.7 Referrals rose significantly in Q3 & 4, 2015/16 to a total n=46 in this quarter, an increase of 7% of the total referrals received in the year. The majority of referrals came from Early Years settings, with a combination of nurseries and childminders, n=12 (26% of total referrals received). Three of the Early Years referrals were found to be substantiated with n=9 unsubstantiated. Ten referrals came from primary schools (22%) with the majority (60%) being unsubstantiated or unfounded.

5.8 There was an increase in referrals from secondary schools, where there were none in the previous quarter, to n=6 (13%) in Q3 with one allegation being substantiated. There were 4 allegations against Lewisham foster carers with 1 being substantiated. Again, with appropriate action being taken to follow through on the nature of the allegation. The total amount of substantiated or founded allegations was 15 (32%) out of 46 of this quarter.

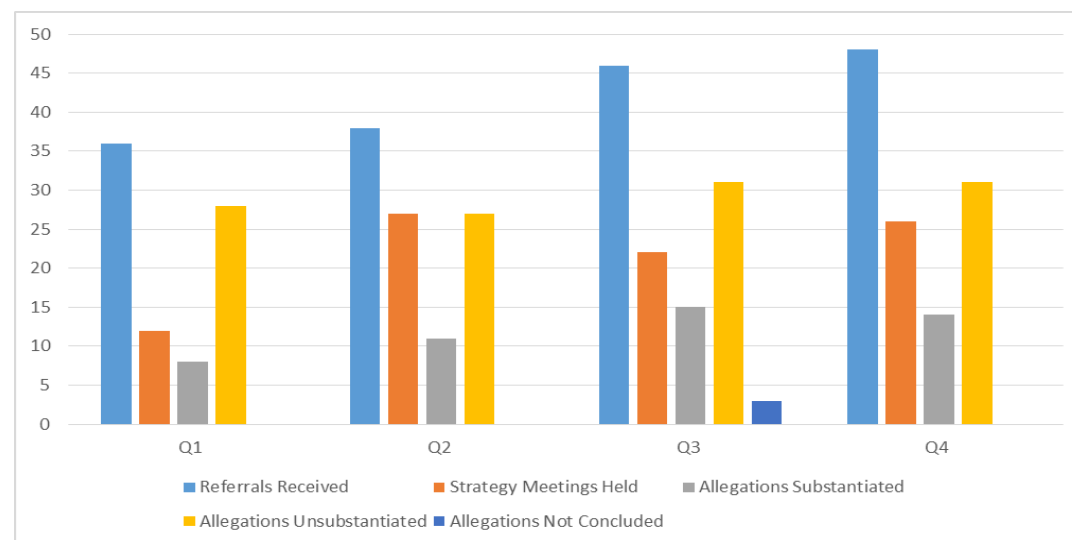
5.9 In Q4 there was a slight increase in allegations from 46 to 48 this quarter (4%). In this quarter, there was also an increase of referrals from primary schools to 16 (33%) and an increase to 7 referrals (14%) from secondary schools. A continued increase in referrals from early years services continued from 12 in the last quarter to 17 (35%) of this quarter's referrals. 4 out of 17(23.5%) of the allegations were substantiated in these settings. One of the primary school referrals was a private /independent school provision. There were 5 substantiated allegations in primary schools in the authority that came from voluntary aided or Lewisham primary schools and 2 substantiated allegations in secondary schools. In this quarter, there were no allegations against Lewisham foster carers or agency foster carers living in Lewisham.

2015/16 n	Referrals Received <sup>1</sup>	Strategy Meeting s <sup>2</sup>	Allegations Substantiated	Allegations Unsubstantiated/ Not progressing to Strategy Meetings	Allegations Not Concluded
<b>Q1</b>	36	12	8	28	0
<b>Q2</b>	38	27	11		0
<b>Q3</b>	46	22	15	31	3
<b>Q4</b>	48	26	14	31	0
<b>TOTALS</b>	<b>168</b>	<b>87</b>	<b>48</b>	<b>117</b>	<b>3</b>

<sup>1</sup> Not all referrals move to strategy meetings. Some referrals end with advice given by the LADO to the referring agency.

<sup>2</sup> Cases requiring strategy meetings and not the total number of meetings held per case.

Table 1: LADO Work 2015/16





LADO Data by Agency from 1 <sup>st</sup> April 2015 to 31 March 2016 Substantiated Allegations							
2015/16 n	Primary Schools	Secondary Schools	Early Years	Foster Carers LBL	Foster Carers (Agency)	Other	TOTALS
Q1	3	1	2	0	0	2	8
Q2	2	0	3	0	1	5	11
Q3	4	1	3	1	0	6	15
Q4	6	2	4	0	0	2	14
<b>TOTALS</b>	<b>15</b>	<b>4</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>15</b>	<b>48</b>

LADO Data by Agency from 1 <sup>st</sup> April 2015 to 31 March 2016 Unsubstantiated Allegations							
2015/16 n	Primary Schools	Secondary Schools	Early Years	Foster Carers LBL	Foster Carers (Agency)	Other	TOTALS
Q1	8	5	3	2	4	6	28
Q2	5	0	8	3	4	7	27
Q3	6	5	9	3	3	5	31
Q4	10	5	13	0	0	3	31
<b>TOTALS</b>	<b>29</b>	<b>15</b>	<b>33</b>	<b>8</b>	<b>11</b>	<b>21</b>	<b>117</b>

Referral by Agency	2015/16	2014/15
	n	n
Primary School	44	43
Substantiated	15	
Unsubstantiated	29	
Secondary School	19	10
Substantiated	4	
Unsubstantiated	15	
Foster Carer, Non-LBL	12	24
Substantiated	1	
Unsubstantiated	11	
Foster Carer, LBL	9	14
Substantiated	1	
Unsubstantiated	8	
Early Years	45	30
Substantiated	12	
Unsubstantiated	33	
Any Other	36	21
Substantiated	15	
Unsubstantiated	21	
Not concluded	3	
<b>Grand Total</b>	<b>168</b>	<b>142</b>

# CHAPTER 6

## What happens when a child dies or is seriously harmed in Lewisham?

### 6.1 Serious Case Reviews

Local Safeguarding Children Boards are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death or when a child has been seriously harmed and there are concerns about how professionals may have worked together.

The purpose of a SCR is to establish whether there are lessons to be learnt from the case about the way in which local services work together to safeguard children. Within the last calendar year the LSCB has commissioned one Serious Case Review in relation to a tragic incident when a young person committed suicide.

Lewisham is also providing information to a serious case review commissioned by Croydon. These reviews are both currently in progress and an informed decision will be made regarding publication of these cases in light of the possible risks of the child(ren) / family being identified.

### 6.2 Child Death Overview Panel

Working Together to Safeguard Children 2015 places duties on Local Safeguarding Children Boards (LSCBs) to review deaths of all children who normally reside in the area. This has been a statutory duty since April 2008. Child Death Overview Panels (CDOPs) are the means by which local LSCBs discharge this responsibility. Babies who are stillborn and planned terminations carried out within the law are excluded from the review.

LSCB must collect and analyse information about each death with a view to identify:

- Any case giving rise to the need for a Serious Case Review (SCR).
- Any matters of concern affecting the safety and welfare of children in the area of the authority.
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- Put in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Notifications to Lewisham CDOP are received from a number of sources including A&E departments, police, hospice and paediatricians. Information is collected and collated on each child prior to the child death review where panel members will discuss whether the death was preventable, that is, whether there were modifiable factors that may have contributed to the death. Panel members decide what, if any, actions could be taken to prevent such future deaths and make recommendations to the LSCB or other relevant bodies so that action can be taken. CDOP referred two deaths to the SCR panel during 2015-16 and they will be subject to a review.

Lewisham CDOP received 23 child death notifications from 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 of which 9 were unexpected deaths. This was the lowest annual number since reviews began in 2008. However a higher number (7) of the deaths occurred in the age group 13-17 years than in any previous year. Sadly two young people committed suicide and this prompted a wider piece of work with CDOP Chairs and Designated Doctors from South East London boroughs to establish whether there is a cluster and to discuss sector-wide actions and local good practice.

A total of 30 deaths were reviewed by Lewisham CDOP over the course of 2015/16. Half of these deaths were related to perinatal/neonatal events, extreme prematurity being the leading cause of Death in Lewisham and nationally. In line with one of the main purposes of CDOP, i.e. to learn from the tragic deaths of children in order to prevent future deaths, Lewisham CDOP has initiated a number of work programmes to ensure learning is disseminated among partner agencies. These include:

- Implementation of a Safer Sleep/Prevention of SIDS campaign.
- Prevention of Prematurity research programme at LGT supported by academic partners, commencing 1<sup>st</sup> August 2016.
- CDOP Newsletter sent out quarterly to Lewisham and Greenwich Hospital (LGT) staff, GPs and other partners to share learning from our reviews.
- Water Safety on Holiday – Prevention of Drowning campaign.
- Development of a Bereavement Care Pathway for families and staff.

The chart below sets out the cause of death for the cases reviewed during 2015-16:

