

# Lewisham Safeguarding Children Board



**Annual Report 2016-2017** 

# A foreword from the Independent Chair, Nicky Pace

As the Independent Chair of the Lewisham Safeguarding Children Board (LSCB) I am pleased to present the Annual Report for the period April 2016 to March 2017. Local Safeguarding Children Boards were established with the purpose of ensuring that agencies keep local children and young people safe and that where they have intervened they have made a positive difference in children's lives. The LSCB has a really important role in coordinating and ensuring the effectiveness of what is done by each and every person involved in protecting children and it carries statutory responsibilities for safeguarding children in Lewisham. It is made up of senior managers within organisations in Lewisham who hold responsibility for safeguarding children in their agencies, such as children's social care, police, health, schools and other services including voluntary bodies. The LSCB monitors how they all work together to provide services for children and ensure children are protected.

The national review into LSCBs has also been published this year, the recommendations of which were accepted in full by Government. The changes to safeguarding boards and the functions they carry out will form part of the Children and Social Work Bill progressing through parliament. This will make significant changes to the organisation of the safeguarding partnerships and a number of functions that the Board currently fulfils. Our challenge over the next year will be to ensure that replacing LSCBs with something better will need to be done carefully and building on what we know works well. There will be key principles we must still adhere to when deciding the structure and form of local arrangements and agreement on the core functions of multi-agency partnership. The next year will also see significant changes in the delivery models within police and health which need to be carefully monitored to ensure the focus and delivery of services to vulnerable children, young people and families is not adversely affected.

Lastly, I would like to thank all the Board staff, for their continued support in the smooth functioning and promotion of the LSCB. I would also like to thank members of the Board, from across the partnership of our voluntary, community and statutory services and all the frontline practitioners and managers for their commitment, hard work and effort in keeping children and young people safer in Lewisham.

Nicky Pace

LSCB Independent Chair

10. S. Race

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## Chapter 1 Effectiveness of the Board

The Board is required to report on progress against the priorities set for the previous year, look forward and plan any changes to the safeguarding priorities for the local area for the next year. We also take into account national priorities and local needs, and any issues arising from SCRs and multi-agency audits. When deciding our priorities, we acknowledge that our core business of safeguarding children is on-going, including identifying, assessing and providing services and help to those children who need protection. In deciding the Board's improvement priorities, we consider how well we have delivered our priorities from the previous year and if further work is needed.

During 2016-17, the LSCB's comprehensive business plan and key priorities accelerated a range of improvements to both the safety and welfare of children and young people in Lewisham.

#### 1.1 Summary of our priorities and achievements for 2016-2017

| A summary of our key A summary of our key achievements for 2016-2017  |  |  |  |
|---|--|--|--|
| Priorities for 2016-2017  |  |  |  |
| Priority 1: Neglect Improve the effectiveness of agencies and the community in identifying and addressing neglect.  | <ul> <li>The LSCB continued to provide a comprehensive rolling programme of safeguarding training to inform practitioners knowledge and skills in order to appropriately identify and address matters of neglect.</li> <li>A Neglect Task Group has been put in place, tasked with the development of a multi-agency Neglect strategy and audit tool.</li> <li>Consultation process has been completed with partner agencies regarding the draft Neglect Strategy and Audit Tool.</li> <li>Development and implementation of the Continuum of Need document to support professionals with ensuring the child / family is receiving the right support according to the level of need identified.</li> <li>LSCB Escalation Policy has been revised to ensure staff escalate matters appropriately where children and young people</li> </ul> |  |  |
|   | are not being protected.   |  |  |
| Priority 2: Governance and Performance Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.  Priority 3: Communication | <ul> <li>Revised LSCB Performance Framework to ensure key indicators from across the partnership are captured and considered by the Board.</li> <li>Revised audit schedule to ensure it includes single and multiagency audits.</li> <li>Revised governance structure and reporting framework, including terms of reference for LSCB, Executive Board and all task groups.</li> <li>Partnership protocol revised. Chairs of all partnership boards now meet on a regular basis.</li> <li>New Section 11 audit proposal accepted by the LSCB, to be implemented during 2017-18.</li> <li>Escalation Policy now in place; Process for resolving professional differences.</li> <li>Ensuring a comprehensive programme of safeguarding training for all professionals working with children and young people in Lewisham.</li> </ul>          |  |  |
| The LSCB raises the profile of safeguarding across the Borough, amongst   | <ul> <li>New LSCB website commissioned to improve communication<br/>with professionals, parents and carers, schools and the<br/>community and to ensure it raises the profile of safeguarding<br/>matters and the work of the LSCB.</li> </ul>   |  |  |

practitioners, stakeholders and the community with a particular focus on the most vulnerable or at risk.  Quarterly newsletters to ensure key safeguarding messages reaches professionals across the partnership.

#### A summary of our key achievements for 2016-2017 A summary of our key Priorities for 2016-2017 Consultation Priority 4: Children and young people were actively involved in the and Engagement development with the new LSCB branding. The logo was Ensuring that the voices of Lewisham Safeguarding children and young people designed by a young person. Children Board influence learning, best Development of the LSCB website to use as an interactive tool practice and the work of the with children and young people. LSCB. **Priority 5: Child Sexual** 2 weeks of activity to raise awareness of sexual exploitation **Exploitation** coinciding with national CSE awareness day, 18 March 2017. Increasing the effectiveness Establishment of the strategic LSCB MET sub group - Missing, agencies and Exploitation, Trafficking. community in identifying and Weekly MET operational meetings to discuss individual cases, addressing Child Sexual monthly MET tactical meetings to look at trends / hotspots etc. **Exploitation** Establishment of the MET list. Commissioning of St Christopher's to conduct return home interviews with children and young people after a missing episode.

This Annual report highlights progress and improvements across the partnership over the past year and evidences both effective joint working and single agency focus on safeguarding and promoting the welfare of our children and young people in Lewisham. This Annual report covers the work of all the subgroups of the Board and the activity over the last year and evidences the concerted and proactive actions taken to address areas identified in audits or data where practice may not be effective. The report comments on the key areas of statutory responsibility of the Board: the work of the CDOP (Child Death Overview Panel), multiagency training and the impact on front line staff's practice, Private Fostering and allegations against professionals.

Development of a comprehensive MET dashboard.

The Board regularly reviews the performance of professionals working with children through its programme of multi- agency audits and by examining the results of single agency audit work. This year the Board has examined progress and understanding of Domestic Violence and Abuse and Child Sexual Exploitation (CSE). More details of this work can be found in the main body of the report. The Board has reviewed and revised its processes for undertaking section 11 audits in the last year and a new process will be rolled out in the autumn.

The Board has completed three Serious Case reviews in the last year only one of which has been published on the LSCB website. Learning from these cases has resulted in actions being undertaken prior to publication of the report and have helped shape the Boards priorities for this year.

Much is being done to keep children and younger people safer in Lewisham. There is a strong focus on improving practice to reduce risk and secure better outcomes for children. Agencies are not complacent and recognise where there is a need to improve systems and processes to ensure more consistent and effective practice.

The full report gives a detailed picture of how all partner agencies have worked together to keep children and young people safer. The report is structured as follows:

 Task group reports provide more detail on how the LSCB Task Groups delivered against the agreed Business Plan for 2016-2017.

- Reports on the statutory functions of the LSCB including private fostering, allegations against professionals, Looked after children and Early help /MASH.
- Individual statutory and voluntary agency reports describe how they contributed to safeguarding children in the borough successes, challenges and plans.

#### **LSCB Performance Data**

Total number of children living in Lewisham

71 414

Number of children subject to a Child Protection Plan

306

Number of missing children (episodes)

**152** 

Number of Looked After Children at 31 March 2017

459

Number of children receiving a service from Children's Social Care during 2016-17

2714

Looked After Children participation in reviews

97.2%

Percentage of care leavers in Employment, Education or Training

31%

Number of professionals attending multiagency training during 2016-17

713

Number of Serious
Case Reviews
Published by
Lewisham LSCB
during 2016-17

1

Total number of referrals received by Children's Social Care

2768

Number of single assessments completed by Children's Social Care

2649

Number of children adopted during 2016-17

16

Total number of children seen by CAMHS

2854

Total number of appointments offered by CAMHS

14 161

# Chapter 2 LSCB Key Priorities for 2017-2019

The LSCB has set 5 key priorities for 2017-19. These priorities were informed by:

- Feedback received from LSCB members during a development session in February 2017.
- LSCB quality assurance activity and analysis of performance data.
- Learning from Serious Case Reviews, both local and national.
- The local needs identified in the Joint Strategic Needs Assessment (JSNA).

| 1. | Neglect  | Improve the effectiveness of agencies and the community in identifying and addressing neglect.   |
|----|--|--|
| 2. | Governance, Performance, Analysis and outcomes | Increasing the effectiveness of the LSCB as a truly effective agent in securing positive outcomes for children, in protecting them from abuse and exploitation.  |
| 3. | Self-harm and suicide                          | To ensure that parents and professionals are aware of the risks associated with self-harm behaviour and suicide ideation so children and young people can be better supported from harming themselves. |
| 4. | Voice of the Child and Community               | Ensuring that the voices of children and young people, as well as the Lewisham community, influence learning, best practice and the work of the LSCB.  |
| 5. | Missing, Exploitation and Trafficking          | Increasing the effectiveness of agencies and the community in identifying and addressing Child Sexual Exploitation, children going missing and being trafficked.                                       |

### Chapter 3 LSCB Task Groups

# 3.1 Monitoring, Evaluation and Service Improvement Task Group (MESI) Chaired by Karen Neil, Interim Service Manager for Quality Assurance, Children's Social Care. Lewisham Council

The purpose of the MESI Task Group is to monitor and evaluate the effectiveness of what is being done by the LSCB partners individually and collectively to safeguard and promote the welfare of children and share lessons from individual agency audits, multi-agency audits and performance data. The MESI task group is responsible for providing the LSCB with assurance of sustained improvement in practice and better outcomes for children. The MESI group also determines an annual Audit Programme which also contributes to the assurance that services are working in accordance with statutory and good practice guidelines.

#### 3.1.1 Multi-agency audit on domestic violence and abuse

Tackling domestic violence remains a concern across the Lewisham Partnership. We know that the volume of domestic violence and abuse (DVA) incidents and crimes detected by the police is increasing in Lewisham, and across London. The MESI task group of the LSCB conducted a multiagency audit on the subject of DVA as part of their annual audit programme.

The audit involved a range of services across the partnership such as, schools, Lewisham and Greenwich NHS Trust, General Practitioners, CAMHS, Police, Youth Offending Service and Children's Social Care.

There was positive cooperation from partners in participating in this audit. The audit showed that there was clear consistency with partners, in the supervision of domestic violence and abuse cases. Staff felt confident in discussing cases with their managers, and seeking advice on putting plans in place to manage risk. The audit also identified areas for improvement, specifically, consistent use of the risk assessment toolkit, and working more with specialist agencies who support victims of domestic violence and abuse. This will be a priority for the Board next year.

The audit identified three key messages/themes across partner agencies. They are as follows:

- The importance of DVA concerns being logged / recorded on case files / systems.
- Promotion of the RIC Assessment Toolkit and for this to be consistently used by partners.
- Promotion of DVA support services and referral routes.

A number of recommendations were made based on the outcome of the audit, which has been transferred into a SMART action plan for tracking. There are recommendations for every agency, however, some of the partnership recommendations include;

- Services need to ensure that information regarding potential violent adults are shared with colleagues across the partnership.
- All services to ensure that staff are aware of the Risk Identification Checklist and how to use this to assess the risks of domestic violence.
- Services to review the impact of DVA training offer to staff.

The MESI Group continues to monitor progress of all the recommendations from the audit. It is important to note that tackling domestic violence and abuse continues to be a priority for the partnership, and progressing the recommendations from this audit will be a major focus for the Board.

#### 3.1.2 Multi-Agency Audit on Child Sexual Exploitation (CSE)

A multi-agency audit on CSE commenced in 2016/2017 to test the quality of planning and intervention in cases of CSE. An audit template was created and distributed with auditors' prompts and criteria to consider. All cases selected were young women aged between 15 and 17 at the point of audit, two were of Black-Caribbean heritage, one of Black-African/White-British background with the remaining young woman being of a White-British background, totalling four young people, selected at random.

#### **Themes**

- Impact of being "in care" and how this may alter the perception of risk and the processes that should be followed.
- Importance of good information sharing to identify and understand risk.
- Impact of older siblings' life events and how this can feed into assessment and intervention work.
- How to improve engagement at an earlier stage, especially with sexual health services
- The awareness and use of CSE Screening Tools
- Importance attached to early identification & early signifiers-missing episodes, nonengagement, challenging behaviours in home and school settings.
- How focussed assessments are within Children's Social Care on the particular issues and vulnerabilities associated with missing episodes and the increased possibility of CSE and other related issues become a feature.

The audit has now been completed, with planning for the learning themes currently in progress. An audit has also been completed as part of a London Wide Department of Health funded programme of CSE on effective recovery interventions and our aim will be to marry the outcomes for Lewisham with our multi-agency programme.

#### 3.1.3 New Section 11 Process

The independent chair of the Lewisham LSCB proposed a new Section 11 process to be introduced as this has been tried and tested in other boards and appears to give a much more accurate and meaningful account of safeguarding arrangements across the partner agencies, focusing on evidence from frontline staff and less on self-assessment.

The process consists of an online survey for all staff who work with children and young people across all agencies. The activity needs to provide both qualitative and quantitative information thus enabling a full and rounded analysis of compliance with section 11 responsibilities across a wide and diverse range of agencies and it is suggested including schools (fulfilling their s175 responsibilities), GPs and faith groups / churches within the process.

After completion of the survey / questionnaire by as many members of staff as possible, each agency would carry out a self-assessment of the results. Leading on from this, each agency who, as a result of the self-assessment, had identified areas for learning and improvement, would be asked to complete an action plan and return it with their audit analysis form to the LSCB. The final part of the process involves the LSCB interviewing a sample of agencies to identify gaps, strengths and weaknesses in safeguarding practice across agencies as well as identifying areas for improvement through learning and development. The agencies action plans would be scrutinised and monitored 6 months into the year with requests for updates. The Board will produce an overarching report following analysis of the results including an action plan for learning from the audit process. This will form a baseline and template to measure agencies progress.

This process will give a targeted approach to addressing key safeguarding themes coming out of the audit thus improving the safety and wellbeing of all children and young people in the Borough.

#### 3.2 Missing, Exploited and Trafficked Task Group (MET)

Co-Chaired by Stephen Kitchman, Director of Children's Social Care, and Geeta Subramaniam-Mooney, Head of Crime Reduction & Supporting People, Lewisham Council

Lewisham's vision is to safeguard children and young people from harm as a result of going missing, child sexual exploitation, trafficking or exploitation arising as a consequence of being the victim of trafficking including County Line drug dealing. A multi-agency focus on risk, harm and vulnerability is crucial. To achieve this, 4 key areas for activity have been identified:

- Understanding and Identification.
- Prevention.
- Intervention and Support.
- Disruption and Justice.

Understanding the areas of Missing, Exploitation and Trafficking together, are one of the LSCB's key priorities and the activities are monitored through a working action plan and scrutinised on a regular basis to determine progress.

#### 3.2.1 Sub-Group Activity in 2016/2017

#### Peer-on-Peer Abuse

In April 2016, the Safer Lewisham Partnership prioritised peer-on-peer abuse of under 25 year olds based on its annual strategic needs assessment and emerging trends. The Partnership recognised the separate focus on areas such as Serious Youth Violence, Child Sexual Exploitation, Domestic Abuse and Harmful Sexual Behaviour but was keen to understand if there were any cross overs, similar risk indicators and crucially any learning to be shared in considering young people as complex adolescents and not labelled, often negatively.

Coupled with the LSCB priority of CSE, this led to our engagement with a thematic audit conducted by Dr Carlene Firmin in 2016, the below gives a broad picture of the issues:-

- Between 01/08/2014 31/07/2015 there were 466 reported incidents of sexual activity with a child (aged 17 and under) which either occurred in Lewisham or whose victims resided in Lewisham.
- 122 of these were recorded as Non-Crime Child Sexual Exploitation (CSE).
- 17% of total reports of CSE and sexually related reports were raised externally.
- The CSE profile in Lewisham is predominantly peer-on-peer.
- 82% of victims are female. The peak age of victims is 14 15 years. 42% of victims were Black and 41% were White.
- 96% of suspects were either male or unknown. The peak age of suspects is 18 19 years.
   Where ethnicity was known 52% of suspects were Black and 37% were White.
- There were no geographical hotspots identified.

The audit of our CSE approach was undertaken by the University of Bedfordshire. The following areas were highlighted:

The MET process and Serious Youth Violence Prevention Panel was seen as a strength. There was recognition that the peer-on-peer abuse and its different forms and different responses were clear and had the link up for adolescent risk.

There was comment about the language used by practitioners with positive reflection. The chairing of meetings was recognised as strong, balancing sympathetic approaches to professional approaches. It was noted that professionals really care about the young people and really know the cases. There was drive and commitment in senior management and clear agreement to ensure the contextual engagement agenda was developed going forward.

#### MET (Missing, Exploited, Trafficked Strategy)

A comprehensive MET strategy has been developed, and was signed off by the LSCB in September 2016. This incorporated the Lewisham response with a multi-agency strategic framework of operational weekly meetings, monthly tactical meetings and bi-monthly strategic meetings in place, feeding into the wider LSCB Board. The strategic meeting received reports from the tactical group and oversees the action plan arising from the strategy. The strategy group is assisted by a multi-agency data set relating to this area.

| Ref | Indicator  | Service /<br>Agency          | Time frame           | Data / Number  | Analysis of information / data : outcome of cases  |
|-----|--|------------------------------|----------------------|--|--|
| 1.  | Number of cases referred to Children's Social Care where child sexual exploitation is a presenting need (victims and perpetrators disaggregated) | Children's<br>Social<br>Care | April<br>May<br>June | 4<br>10<br>20  | Presenting needs are recorded at the point of contact (not referral). The figures shown are the number of contacts where CSE was stated as a risk factor.                  |
| 2.  | Number of cases assessed by Children's Social Care where child sexual exploitation is a presenting need (victims and perpetrators disaggregated) | Children's<br>Social<br>Care | April<br>May<br>June | 7<br>9<br>11   | We are only able to report the number of assessments completed each month where CSE has been identified as a risk factor.  |
| 3.  | Number of children and young people going missing or absent from home / care and education (breakdown by month).                                 | Children's<br>Social<br>Care | April<br>May<br>June | Care Missing 5 Home Missing 19 Care Absent 36 Home Absent 7 Care Missing 4 Home Missing 13 Care Absent 46 Home Absent 17 Care Missing 5 Home Missing 8 Care Absent 42 Home Absent 17 | Number of episodes missing or absent from care or home each month.  NB children in care can have multiple short periods of unauthorised absence reported in any one month. |

#### 3.3 Policies Procedures & Training Task Group (PPT)

Chaired by Maureen Gabriel, Designated Nurse for Safeguarding and Looked After Children, Lewisham Clinical Commissioning Group

The PPT aim is to develop, review and evaluate the Board's Safeguarding Training Programme as well as developing and shaping key policies and procedures of the Safeguarding Board and across the wider partnership, and to assure the LSCB that statutory agencies have appropriate safeguarding policies and procedures in place. The LSCB has adopted and uses the Pan London Child Protection Procedures but local policies have been developed to address local issues.

#### 3.3.1 Policies & Procedures

The PPT Task Group reviewed and endorsed the following multi-agency policies, procedures, protocols and guidance, all of which are available to view on the LSCB website www.safeguardinglewisham.org.uk

#### New policies:

- LSCB Neglect Guidance and Strategy.
- Lewisham Child Death Overview Procedure.
- Early Help Strategy and Continuum of Need document with associated forms.
- Missing, Exploited, and Trafficked Strategy.
- Resolving Professional Differences Protocol.
- Female Genital Mutilation Protocol.

#### Reviewed policies:

Information Sharing Protocol for MARAC Partners.

#### 3.3.2 Single Agency Training

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.

#### 3.3.3 LSCB Training Programme

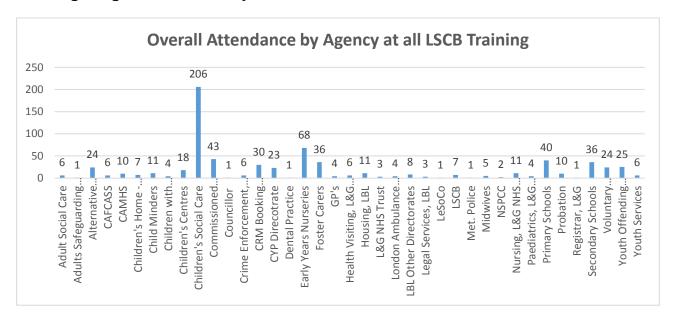
The LSCB commissions, monitors and quality assures the multi-agency safeguarding training for Lewisham. A three point evaluation process monitors the quality and impact of safeguarding training on practice though scaling measurements recorded pre course, course completion and three months after the training is completed. Feedback gathered through evaluation processes indicates that LSCB Training is well received by multi-agency staff.

Quotes from participants included the following:

"Very thought provoking and stimulating. The facilitator was fantastic"

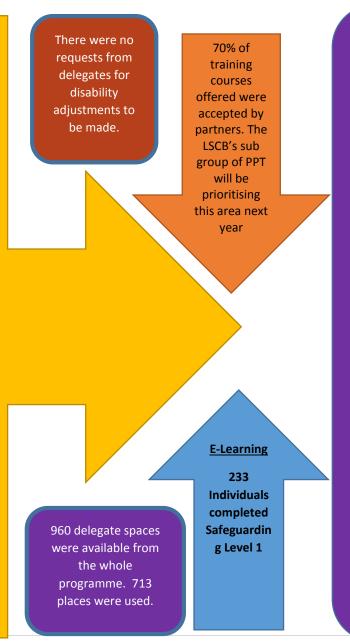
"Encouraged critical thinking, but also helpful insights from the trainer's experience"

#### **Training Programme Summary**



#### **Training Delivered**

- Advanced Domestic Violence (x1 date = 13 delegates)
- Children and Substance Misuse (x1 date = 9 delegates)
- Children Missing from Education (x2 dates = 28 delegates)
- Child Sexual Exploitation 1 hour Briefing (x1 = 20 delegates)
- Child Trafficking (x1 date = 8 delegates)
- Counter Trafficking, Modern Slavery & Prostitution (x2 dates = 25 delegates)
- Female Genital Mutilation (x4 dates = 46 delegates)
- Forced Marriages and Honour Based Violence (x1 = 12 delegates)
- Harmful Cultural Practice (x1 date = 31 delegates)
- Introduction to Child Sexual Exploitation (x1 date = 16 delegates
- Learning from Domestic Homicide Reviews (x1 date = 18 delegates)
- Lewisham MARAC Briefing (x2 dates = 24 delegates)
- Neglect An Analytical Approach (x4 dates = 66 delegates)
- Professional Curiosity Learning from SCR's (x1 = 12 delegates)
- Safeguarding & Gangs (x2 dates = 28 delegates)
- Safeguarding Level 2 (x4 dates = 60 delegates)
- Safeguarding Level 3 (x2 dates = 33 delegates)
- Safeguarding Sexually Active Young People (x2 dates = 25 delegates)
- Safer Recruitment (x1 date = 15 delegates)
- Self-Harm in Young People Awareness (x1 date = 18 delegates)
- Sexually Harmful Behaviour Supporting Women affected by CSE (xx3 dates = 37 delegates)
- Supporting Young People Affected by CSE (x1 date = 21 delegates)
- Understanding Gangs & Gang Activity (x2 dates = 34 delegates)
- Understanding the Different Strands of VAWG (x2 date = 25 delegates)
- Working with Challenging & Hard to Help Families (x1 date = 19 delegates)
- Workshop to Raise Awareness of Prevent (Lunchtime briefing x1 = 21 delegates; Greater Depth Half Day x1 = 20 delegates)
- Young Carers & Hidden Harm (x2 dates = 20 delegates)



# Evaluation of Training Process 2016-2017

Stage 1 was taken on the day before the course started. Stage 2 was taken immediately after the course. Stage 3 was requested 3 months following the training with certificates being withheld until a response had been received. The Evaluation Process for 2017-2018 has been improved by Stage 1 being taken at the point of application so the trainer has an understanding of the delegates level of need. Stage 2 is taken immediately after the course in exchange for a certificate. Stage 3 will be taken at the 3 month stage by a telephone survey for training on Domestic Violence, Neglect, Safeguarding Children Affected by Parental Substance Misuse, Safeguarding Levels 2 & 3, Self-Harm in Young People Awareness. Sexual Violence and Young People Awareness, Supporting Young People Affected by CSE, and Working with Challenging & Hard to Help Families.

#### 3.4 Communications & Publications Task Group (C&P)

Chaired by Nikki Thorpe, LSCB Development Officer

The C&P task group's aim is to increase understanding and awareness of issues relating to safeguarding and promoting the welfare of children amongst practitioners, stakeholders, the community and children and young people in the Borough. This includes promoting the work of the LSCB and ensuring people know what to do when they are concerned about a child's safety or welfare and focus on the most vulnerable and at risk. This was achieved by the design, creation and establishment of an LSCB website www.safeguardinglewisham.org.uk ensuring:-

- All agencies have a common understanding and definition of safeguarding with clear high quality safeguarding briefings, and flyers/leaflets in line with key messages identified through the work of the LSCB.
- Children, young people, the community, practitioners, and stakeholders have access to high quality current safeguarding advice and guidance.

#### New Branding of the LSCB

The LSCB offered a competition with a £50 WHSmith Voucher as a prize, to all Lewisham school children to design a logo that reflects the work of the LSCB. The winner was an 11 year old student. Our new branding was launched in the summer of 2016.



#### 3.5 Case Review Panel (CRP)

Chaired by Nicky Pace, Independent Chair of the LSCB

The Case Review Panel is a multi-agency group of the LSCB tasked with considering cases which might meet the threshold for a serious case review (SCR). The LSCB will conduct a SCR when a child is seriously harmed or dies as a result of abuse or neglect, following the criteria set out in *Working Together to Safeguard Children 2015*. The purpose of the review is to identify how professionals and organisations can improve the way they work together to protect children.

The CRP of the LSCB put in place a protocol and referral pathway to support professionals with the decision and process for referring a case to the CRP for consideration of a serious case review. Particular focus was ensuring that when a child death was reported that the Rapid Response meeting considered whether the case needed to be referred for a SCR.

When the criteria for a serious case review is not met but there are possible learning / key issues arising from the case, the Panel might recommend a multi-agency case review to ensure actions are taken and lessons are learnt from the case to ensure children are safeguarded.

#### 3.5.1 Published Serious Case Reviews in Lewisham, 2016-2017

During this period, the LSCB published one SCR. This is a case involving three children R, S and W (known as Case RSW) and was a joint review with Croydon Safeguarding Children Board. A summary of the case is below.

- The serious injury to Child W whilst in the care of her mother and her mother's partner.
- The identification and recognition of neglect over the lifetime of very young children.
- The frequency with which the family moved between at least 3 London boroughs.
- Concerns about the long term impact of domestic abuse and mother's mental health problems, largely associated with childhood trauma.
- The challenges faced by young parents (20 and 21 at the time) caring for 3 children who at that time were aged 4 and under.

This very young family of 3 children were living together in Lewisham. In January 2015 police attended an incident however before this concluded the family left Lewisham to take up residence in Croydon, but soon after moving their mother went to stay with a new partner at another address in Croydon taking the 3 children with her.

Lewisham had made all 3 children subject to Child Protection Plans for Neglect. However, in February 2015, the mother and the three children were reported as missing as no one knew of their exact whereabouts. Lewisham and Croydon Children's Social Care were then in communication about the transfer of case responsibility from Lewisham to Croydon.

On 13.04.15 her mother and her mother's new partner presented Child W, aged 6 months, to hospital. She was very poorly having sustained multiple injuries and appeared neglected. Her injuries which were life threatening included 26 bruises on her body. The injuries were so severe they required specialist neurosurgical intervention.

All 3 children were removed into care and care proceedings were commenced. The children's mother and her new partner were arrested on suspicion of GBH to Child W, however, the police investigation concluded with no further action. Child W has since made a full recovery from her injuries.

An action plan was put in place for both Lewisham and Croydon LSCBs and progress is being tracked on a regular basis. All actions for Lewisham services are now almost complete. The key learning has been;

- 1. Improving the assessment of neglect.
- 2. Improving the interface between early help services and statutory intervention.
- 3. Understanding the vulnerability and needs of young parents who are caring for very young children.
- 4. Interpretation of procures.
- 5. Children's lived experience (voice of the child).

The full report can be accessed on the LSCB website <a href="www.safeguardinglewisham.org.uk">www.safeguardinglewisham.org.uk</a>.

#### 3.5.2 Unpublished Serious Case Reviews (SCR) in Lewisham, 2016-2017

We have completed 3 SCRs during this period, however, at the time of this report the details for two of the three cases are not ready for publication. The recommendations and actions arising have been worked on by all agencies during this time to ensure we have learned lessons and improved practice as a result.

#### 3.6 Child Death Overview Panel

Chaired by Pauline Cross, Consultant Midwife in Public Health/Public Health Strategist

The principles that underpin the Child Death Review functions are clearly set out in:

- Working Together to Safeguard Children 2015
- London Child Protection Procedures, 5<sup>th</sup> Edition, November 2015
- London Child Death Overview Panel Procedures, 2009
- London Rapid Response Procedure, 2009

Chapter 5 of Working Together to Safeguard Children places duties on Local Safeguarding Children Boards to review deaths of all children who normally reside in the area. This has been a statutory duty since April 2008.

#### Activity in 2016/2017

There were 28 deaths reviewed by the Lewisham Child Death Overview Panel in 2016/2017. From 1st April 2008 to 31st March 2017 a total of 266 deaths of children under the age of 18 years have been notified to Lewisham. Of those deaths, a total of 253 had been reviewed by Lewisham Child Death Overview Panel by 31st March 2017.

#### Type of Death

18 of the 28 (64%) deaths reviewed by the panel in 2016/17 were expected and 10 (36%) were unexpected.

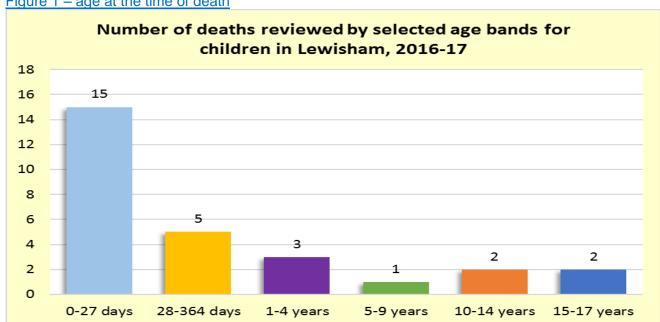


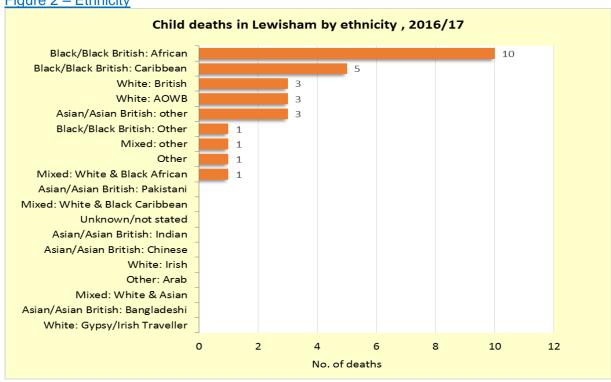
Figure 1 – age at the time of death

A total of 20 (71%) of the deaths reviewed in 2016/2017 occurred in the first year of life; 15 of these were in children who died when they were aged less than one month old.

#### <u>Sex</u>

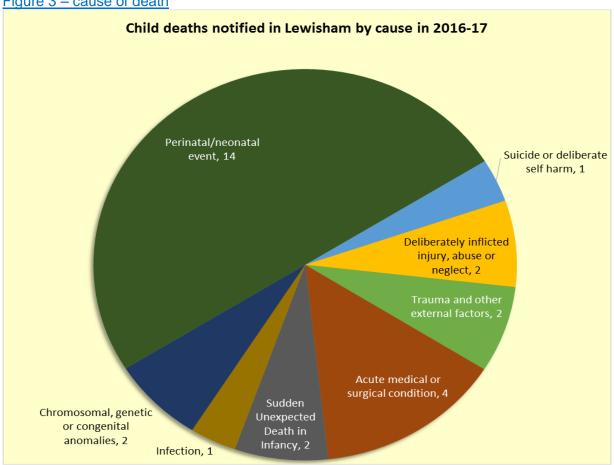
17 of the deaths were boys, while 11 were girls.





Of the 28 deaths reviewed in 2016/2017, 25 (89%) were in children from a black and minority ethnic background. Yet again, a disproportionate number of deaths occurred in this group.





As in previous years, the most common cause of death was extreme prematurity.

Learning and actions from the deaths of children: Programmes of work initiated by Lewisham CDOP in 2016/17

- CDOP quarterly newsletter
- Prevention of Prematurity
- Prevention of youth violence
- Safer Sleep Campaign 2016/2017
- Water Safety on Holiday 2016/2017
- Suicide Prevention in Children
- An overarching bereavement pathway

Our CDOP never lose sight of the fact that the death of a child is an absolute tragedy and has a lasting impact on the family and those involved with the child.

To access the full CDOP annual report, please click here.

# Chapter 4 Lewisham Early Help & Multi-Agency Safeguarding Hub (MASH)

#### 4.1 Early Help

A lot of work was undertaken during 2016-17 in regards to developing the Lewisham Early Help Strategy and new MASH process. The vision for early help in Lewisham is to:

Provide children, young people and families with the right help, at the right time, in the right place.

An Early Help programme was set up to review and refine the way that Early Help was delivered in Lewisham. It addressed the 3 Ofsted recommendations from the Inspection report published in 2016 that related to the way Early Help was delivered in the Borough at the time, as well as setting out how Early Help will be delivered across the partnership in a period of increased need and reduced resources. A coherent and effective approach to delivering help and support to families in need has been developed through the Early Help Strategy. In Lewisham we define Early Help as:

'Those children and young people at risk of harm (but who have not yet reached the 'significant harm' threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities and partners.'

The Early Help Strategy sets out the strategic approach to Early Help in Lewisham. This includes how our Early Help approach aligns with our aims an priorities set out in the Children and Young People Plan 2015-18, a summary of need, the way that professionals will work to deliver Early Help, an overview of the current service offer, as well as the practical steps that will be taken to translate the vision into practice. A copy of the <u>Early Help Strategy</u> is available via the LSCB website.

A new Lewisham Early Intervention / Help Team structure has been developed and put in place. This now includes a function that tracks the progress of families at agreed intervals where either a referral has not been accepted by Children's Social Care but targeted intervention is required or a family has been identified as a 'troubled family'. This is to ensure that agreed actions have taken place and that outcomes have been recorded and evidenced effectively.

The Previous Targeted Family Support Service and Family Intervention Project were recommissioned into one integrated Family Support Service which became operational in October 2016.

The previous LSCB Threshold document has been replaced with the <u>Continuum of Need (CON)</u>. This document aims at ensuring there is a common understanding by all professionals working with children and families in Lewisham about how children's needs are understood and best met. It provides a framework which enables professionals to assess and review any concerns that they have about a child and helps to determine which services and what sort of professional activity should be employed to reduce these concerns, always with the aim of reducing both unmet need and the potential for future harm. The model deals with all levels of need up to and including specialist services provided by Children's Social Care and helps to establish therefore the thresholds for statutory social work intervention.

The CON document is the product of a very high level of partnership collaboration. It will need to be used as an intuitive working document for all professionals to consult and work to and as such has been designed to be practicable, easy to understand and interpret.

To assist professionals in identifying and responding to need a new Early help Assessment tool has been developed that can be used with families to identify need and form a plan for a multi-agency Team Around the Family (TAF) support network as appropriate. Practitioners within the new Early help Team have started to be engaged in rolling this out across the partnership and supporting other professionals with delivery of these revised tools as needed. Please refer to the LSCB website for the Early Help Strategy & Forms.

#### 4.2 MASH

The revised Lewisham MASH model was developed during 2016-17, which now contains a greater number of partner agencies with clear processes and information sharing protocols in place for sharing family intelligence where required. There are clear service standards in place for the timeliness of information being provided. This approach ensures that robust, well informed decisions can be made on families that are directed to the MASH in a timely way.

A 'single front door' approach has been implemented as part of the development of the MASH. This is for all contacts and requests for support where there are concerns about children and young people (specialist level and Early Help). It contains a triage function that plays a key role in ensuring that requests for support reaching the MASH are appropriate and that all requests received are directed quickly to the appropriate place.

### Chapter 5 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:

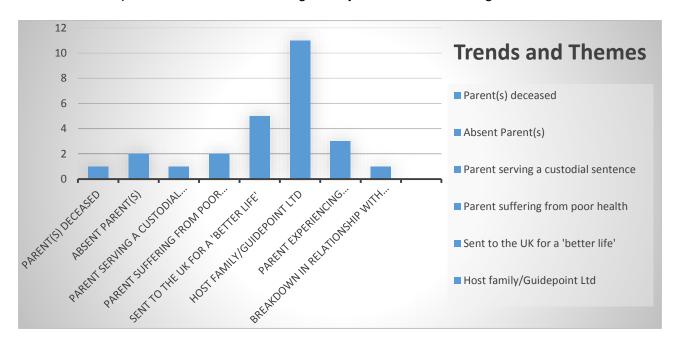
- the parent a person who is not the parent but who has parental responsibility, or
- A close relative defined in this context as a brother, sister, aunt, uncle, grandparent or stepparent.

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 the period 2016/17 a total of 48 private fostering arrangements were in place. As of the 31<sup>st</sup> March 2017, there were 23 Privately Fostered Children.

From the period 01/04/2016 to 31/03/2017 Children's Social Care received 37 notifications of possible new private fostering arrangements in Lewisham.

From 2016 the DFE no longer publish statistics on notifications of private Fostering arrangements and they have closed the private fostering data collection for local authorities. This means that we are unable to report on the Private Fostering activity of our statistical neighbors.



As detailed above within Lewisham we have a significant number of Chinese students staying with Host families whilst studying, this totalled 40.7%.

We also have a large number of children who have been sent to the UK to stay with distant family members for a 'better life'.

A continuing trend for Lewisham private fostering are children whose parent(s) are suffering from physical/mental health difficulties which made them unable to care for their children.

### Chapter 6 Local Authority Designated Officer (LADO)

Working Together to Safeguard Children March 2015 (HM Government) sets out arrangements for sharing information about allegations of abuse made against staff or volunteers working with or in contact with children. The guidance is clear that allegations against people who work with children are not dealt with in isolation and that the needs of children are appropriately considered by staff in children's social care.

Allegations made against adults working with children and reported to the Local Authority Designated Officer

Table 1 CONTACTS 2016 – 2017

| 2016/2017   | CONTACTS RECEIVED |
|-------------|-------------------|
| Q1          | 23                |
| Q2          | 53                |
| Q3          | 46                |
| Q4          | 93                |
| GRAND TOTAL | 215               |

In 2016-2017 we developed a contact spreadsheet which reflects the amount of contacts from agencies to LADO. This table demonstrates the level of contacts made to LADO which did not always reach threshold for LADO referral, which largely consisted of calls to LADO for advice and consultation. There was a total of 215 contacts of which, 130 **(60.4%)** met threshold for LADO referral in the year.

#### **REFERRALS SUBSTANTIATED 2016 - 2017**

Table 2

| 2016/2017   | REFERRALS<br>RECEIVED | STRATEGY MEETINGS (out of the referrals received the number that went on to have strategy meetings) | ALLEGATIONS<br>SUBSTANTIATED |
|-------------|-----------------------|---|------------------------------|
| Q1          | 23                    | 22  | 11                           |
| Q2          | 32                    | 18  | 5                            |
| Q3          | 28                    | 16  | 8                            |
| Q4          | 47                    | 31  | 3                            |
| GRAND TOTAL | 130                   | 87  | 27                           |

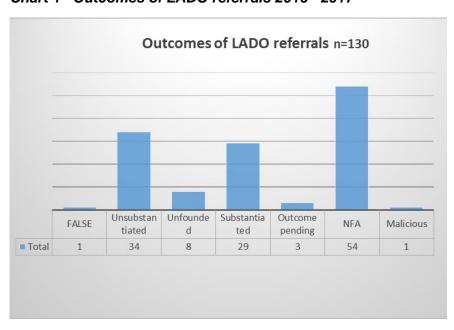
- In quarter 1(Q1 2016/17 there were a total of 23 referrals, 11 (48%) of which were substantiated, with 12 (52%) being unsubstantiated. The number of allegations that were substantiated fell to 5 (15.6%) in quarter 2 despite an increase in referrals.
- The figure for substantiated allegations remained was 28.5% in quarter 3 and there was a dramatic fall to 3 (6.38%) in quarter 4. A high number of referrals resulted in LADO strategy meetings at 87 (66.9%) out of a total of 130 referrals, suggesting that there was sufficient concern within the situation referred to warrant further exploration but that at conclusion only 27 (20.7%) reached a "substantiated" outcome.

Table 3 – Outcomes of LADO referrals 2016 – 2017

|                 | Outcomes of LADO referrals |
|-----------------|----------------------------|
| FALSE           | 1                          |
| Unsubstantiated | 34                         |
| Unfounded       | 8                          |
| Substantiated   | 29                         |
| Outcome         |                            |
| pending         | 3                          |
| NFA             | 54                         |
| Malicious       | 1                          |
| Grand Total     | 130                        |

These outcomes reflect all the possible outcomes outlined in statutory guidelines. The majority of most referrals resulted in No Further Action by LADO at 54 (41.5%). The destination for these cases was internal investigations by the agency concerned. Outcomes were clear-cut with most endina remaining referrals in either Unsubstantiated (26.1%)Substantiated or (22.3%).

Chart 1 – Outcomes of LADO referrals 2016 - 2017



| Outcome<br>FALSE<br>Unsubstantiated | Total |
|-------------------------------------|-------|
| Unsubstantiated                     | •     |
| 011001100101111101100               | _     |
|                                     | 3     |
| Unfounded                           | 1     |
| Substantiated                       | 7     |
| NFA                                 | 14    |
| Grand Total                         | 26    |

There was a decrease in referrals from Primary Schools from a total of 44 referrals in 2015 /2016 to 26 in total for 2016 to 2017. This is almost half of last year's figure. Last year 20 out of 44 were unsubstantiated **(45.5%)** while this year shows a figure of 7 **(26.9%)** being substantiated with 4 being unsubstantiated and unfounded.

The figure of 14 cases ending in no further action reflects the number of referrals to LADO which ended in an internal investigation process by the schools, following consultation and strategy planning with LADO.

#### Tables to show Outcomes of Referrals by Agency type 2016-2017

| Agency:            |       |
|--------------------|-------|
| Secondary School   |       |
| Outcome            | Total |
| Unsubstantiated    | 5     |
| Unfounded          | 3     |
| Substantiated      | 9     |
| NFA                | 8     |
| <b>Grand Total</b> | 25    |

There was a slight increase in referrals from Secondary Schools from a total of 19 in 2015/2016 to 25 in total for 2016 to 2017. Last year 15 out of 19 were unsubstantiated (78.9%), with 21.1% substantiated while this year shows that 9 (36%) were substantiated.

This year's data also reflects the cases which were referred to LADO but returned to the school for internal investigation at (32%)

| Agency: Foster     |       |
|--------------------|-------|
| Carers -non LBL    |       |
| Outcome            | Total |
| Unsubstantiated    | 2     |
| Substantiated      | 1     |
| NFA                | 3     |
| <b>Grand Total</b> | 6     |

There was a decrease in allegations against private and voluntary foster carers living in Lewisham, from 12 in 2015/16 to 6 in 2016-17 (50%). Only 1 referral in 6 was substantiated (16.6%)

| Agency: Foster carers - LBL |       |
|-----------------------------|-------|
| Outcome                     | Total |
| Unsubstantiated             | 2     |
| Substantiated               | 4     |
| Outcome pending             | 1     |
| NFA                         | 3     |
| <b>Grand Total</b>          | 10    |

There was minimal increase in allegations against Lewisham foster carers from 9 in 2015/16 to 10 in 2016/17. One allegation is still pending while 3 allegations had no further action by LADO but passed to the fostering team for internal management and support. 4 allegations were substantiated (40%)

| Agency:<br>Childminders/nurseries |       |
|-----------------------------------|-------|
| Outcome                           | Total |
| Unsubstantiated                   | 10    |
| Unfounded                         | 2     |
| Substantiated                     | 3     |
| NFA                               | 13    |
| Grand Total                       | 28    |

There remains a high level of early years allegations in nursery and child -minding settings although they have decreased from 45 (26.7%) in 2015/16 to 28 (21.5%) in 2016/17. The outcomes also reflect no further action by LADO (46.4%) either to internal investigation and or referral to Ofsted for ongoing monitoring.

| Agency: Any Other |       |
|-------------------|-------|
| Outcome           | Total |
| Unsubstantiated   | 12    |
| Unfounded         | 2     |
| Substantiated     | 5     |
| Outcome pending   | 2     |
| NFA               | 13    |
| Malicious         | 1     |
| Grand Total       | 35    |

The figure for all other settings remains consistent with last year, being 36 referrals in 2015/16 to 35 this year. Most were unsubstantiated (34.2%) or ended in no further action by LADO (37%).

All contacts with the LADO are carefully assessed and information gathered to determine whether a LADO process is needed. LADOs across London have reported an increase in contacts, likely to be related to highly publicised cases of historical abuse and the highlighting of current safeguards to prevent such situations re-occurring. Locally, the increase in contacts is also attributable to a greater understanding of the LADO role following signposting and networking activity. There is also a much more comprehensive system of recording that enables cases to be clearly highlighted. The role is now a standalone post within Children's Social Care as part of the Council's investment in key safeguarding and Quality Assurance functions. This also will enable greater development of the role, particularly in relation to key areas of vulnerability in schools and looked after environments and help forge a distinct identity for the role.

The work with schools continues in order to understand and address the issues behind the decreased referral rate. There has been a reduction in referral, particularly at primary stage and awareness raising events will continue to be held with Headteachers and Designated Leads to examine the causes of allegations and how these are responded to. Discussion groups would be particularly helpful in looking at the individual and collective experience of schools in dealing with allegations against staff and responding appropriately so that both staff and pupils are dealt with sensitively. Awareness around the threshold for LADO referral is something that will continue to be flagged particularly given the high level of contact with LADO for advice and consultation, particularly from education partners.

LADO will address the breakdown in the "Any Other" category in order to consider in more detail an increase in referrals from health, residential homes and voluntary organisations such as Scouts.

### Chapter 7

## Performance of the Disclosure and Baring System (DBS) for Screening Staff across Lewisham Council

#### 7.1 Changes in legislation to DBS requirements for School Governors

The LSCB has requested an annual report to provide assurance that the Council has systems in place for processing and maintaining DBS clearances for its employees.

The school governance (Constitution and Federations) (England) (Amendment) Regulations 2016 came into force on 18<sup>th</sup> March 2016. Governors appointed before 1<sup>st</sup> April 2016 are required to have an enhanced DBS check by 1<sup>st</sup> September 2016. Governors appointed after 1<sup>st</sup> April 2016 are required to have an enhanced DBS check by 21 days after their appointment.

The legislation has been introduced to improve the regulatory framework for maintained school governance and to provide reassurance to the governing body that an individual is not disqualified from holding office as a governor due to criminal convictions. It also brings maintained schools in line with single academy trusts and directors/trustees of multi academy trusts.

#### 7.2 Current process in Lewisham

The HR Division process DBS clearances for all new staff joining Lewisham Council for posts requiring DBS clearance and DBS renewals for all existing staff who have had initial clearances which are due for renewal three years after the initial clearance.

80% of the checks processed are for schools staff and the HR Division works closely with the Schools' HR team who liaise directly with all the schools. DBS checks are also undertaken for other organisations and Council services such as Fostering and Adoption.

Generally, no member of staff in a post requiring a DBS can commence unsupervised work with children or adults requiring care without a DBS clearance. However, a business case may be submitted and a risk assessment made to start staff ahead of the check.

In schools it is common practice, in line with DfE guidance, to start members of staff pending a DBS clearance. Where a positive disclosure is returned this is investigated by the Schools' HR team in liaison with the relevant Head Teacher. The Head Teacher is required to ensure that the member of staff does not have unsupervised access to children. If there is any concern, the Head Teacher is strongly advised by HR to suspend a member of staff pending investigation and clearance.

As there are risks associated with this practice, this process was further strengthened in June 2013 following recommendations from the LSCB. School based staff/volunteers do not start until they have a disclosure application registered with the DBS or they are able to produce an in date disclosure from their previous employer. The latter does not mean that a new Lewisham disclosure is not sought at the earliest opportunity.

# 7.3 Current issues with the Metropolitan Police impacting on the DBS process

Approximately 76,000 disclosure applications are held up in a backlog at the Metropolitan Police. It is estimated that these outstanding applications go back to October/November 2015. The Metropolitan Police have put in additional resources to address this backlog.

The Council carries out approximately 4,000 checks each year. This is a combination of new starters and 3 year rechecks across the Corporate Council and Schools. To minimise the risk of having outstanding DBS results, managers and Head Teachers are now being asked to submit recheck applications 6 months before the current disclosure expires instead of 3 months before which was the previous agreement.

Historic evidence indicates that cases where staff commit a criminal offence after they are employed are rare. The few cases that can be recalled have been declared to the manager/head teacher or nominated officer at the time the offence was committed.

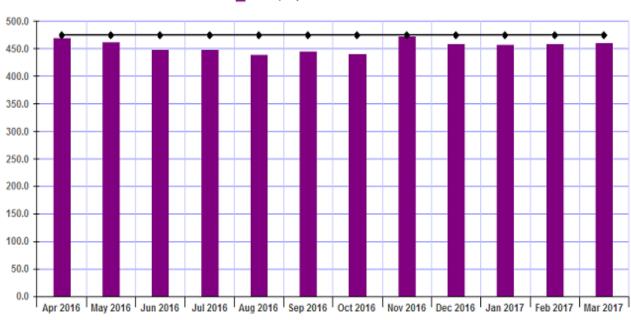
The introduction of a self-declaration form is currently being considered corporately, which will be completed by new starters and recheck staff whilst the disclosure result is outstanding. This process has already been introduced in schools.

## Chapter 8 Looked After Children

#### 8.1 Number of Looked After Children



- Target (YTD) LPI302 No. of LAC 'as at'
- Actual (YTD) LPI302 No. of LAC 'as at'

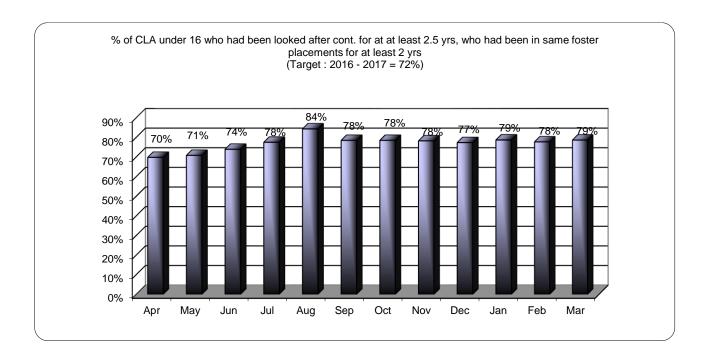


| Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 463    | 468    | 461    | 448    | 448    | 438    | 444    | 440    | 472    | 458    | 457    | 458    | 459    |

The number of Looked After Children remained stable throughout 2016-17, at a figure of 460, which brings Lewisham closer in line to its statistical neighbours. At March 2017 Lewisham had 67.9 (per 10,000) of the child population who were Looked After Children compared to our statistical neighbours at 65.1; nationally the comparable figure is 60.0 (March 2016).

#### 8.2 Placement Stability

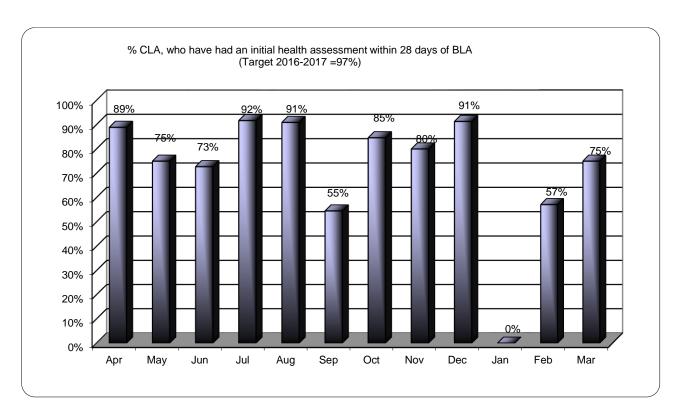
The stability of Looked After Children is a priority for Lewisham Council and continues to be among the highest priorities for the service. Achieving placement stability for children in long-term care is key to improving their outcomes in other areas. Where this can be achieved in foster-care, Lewisham is also encouraging Staying Put arrangements, which allows a more supported transition for Care Leavers whereby young people remain with their foster cares post the age of 18. As at March 2016 we had 35 young people who were in Staying Put arrangements, representing an increase from 26 in the previous year.



#### 8.3 Health Outcomes

The health of Lewisham Looked After Children remains a priority for all professionals involved in their care. A number of our children and young people experienced neglectful parenting prior to becoming looked after. Consequently they may not have accessed appropriate primary health care including services such as immunisations and dental care.

In order to mitigate these difficulties all looked after children should receive an initial health assessment within 28 working days of becoming looked after. Depending on their age, these are followed up at 6 and 12 month intervals. We are striving to ensure we meet our target of 97% timeliness, it is important to note that due to small numbers of entrants to the care system one young person can have a dramatic effect on monthly percentages for timeliness.



The emotional well-being of Looked After Children is a key component of their Care Plan. In order to measure this, one of the tools used by Lewisham is a Strengths and Difficulties Questionnaire (SDQ). This is a standardised test based on key areas of behaviour and development in age related bands. These are completed by carers on an ongoing basis and used as part of the care planning for children. In March 2017, the average SDQ score for Lewisham LAC was 13.7%. This is in line with statistical neighbours and the England average.

Lewisham currently has a team, known as Symbol within our Child and Adolescent mental Health Service CAMHS, which is dedicated to supporting looked after children and promoting placement stability. Additionally, there is a family therapist and clinical psychologist based within our Virtual School, whose focus is to promote education achievement. They \work with the professional network around the child rather than directly with the child or young person in a clinic-based setting. This has worked well for some young people and it is positive to be able to offer a range of interventions to meet some of the challenges and complexities these young people face.

#### 8.4 Safeguarding Looked After Children

Children who go missing and the possible link to CSE are a key concern for the Adoption, Looked After and Leaving Care service. Unfortunately, for a number of this cohort, going missing has been an established pattern of behaviour prior to them coming into care. All of the young people have individual plans to manage this risk but for some it can be a difficult pattern to break particularly during the early stages of their care history.

For some young people missing activity is linked to gang affiliation and offending, including county lines, which is the practice of young people from urban areas working with established drug dealers to transport drugs to more rural and coastal areas. In December 2016, Lewisham commissioned a new independent service, the St Christopher's Runaways project, to provide independent return interviews to young people who go missing.

In March 2017, 17% of Lewisham LAC were placed in residential provision. Of those placed, a further 17% live more than 20 miles from Lewisham, this is below statistical neighbours at 19% but above the England average of 14%. This in part reflects the lack of specialist provision in the Greater London area.

In relation to Offending, 11% of the LAC population have been convicted or are the subject of a youth caution. The Looked After service is working closely with the Youth Offending Service.

### Chapter 9 Partnership Activity to Safeguard Children

#### 9.1 Safer Lewisham Partnership

The Safer Lewisham Partnership set the following 4 priorities in March 2016:

- Peer on peer abuse under 25 year olds in relation to serious youth and group violence with particular focus on knife enabled crime, child sexual exploitation and domestic abuse.
- All strands of violence against women and girls with particular focus on Domestic abuse, sexual abuse, and FGM. This includes male victims within the defined strands of human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage, 'honour'-based violence and female genital mutilation (FGM).
- Focus on work in relation to identified geographical hotspots, premises and people of interest and using regulatory and enforcement provisions across the partnership and community as appropriate. This includes business crime and community safety related issues that impact on local residents. This links with work under the strands of Organised Crime including drugs as a driver for violence, firearms, human trafficking, Child Sexual Exploitation, Economic crime and cybercrime.
- Better understand, respond, monitor and reach out to specified groups in relation to a multiagency approach to hate crime

#### Priority 1 - Peer on peer abuse

We said we would take the following action:

- All agencies taking a proactive approach to identifying those at risk of and those involved in peer on peer abuse. This includes a targeted approach to provide help if they want it, or enforcement if they do not take the help.
- All partners working collectively to look at environmental and geographical risks and take action to reduce these.
- Campaign and related work to ensure all Lewisham residents are aware of the issues, the risk indicators and what to do to for support and help. Developing a single message and a joint Adult Community Response.

Serious youth violence has Youth Violence, a wider group Knife Crime with injury (u25), increased slightly (2.7%)of violent offences against has decreased against the young people has declined. though at a lesser rate than for general trend. (1%, 81-72 the capital. (251-258 offences) (1.2%, 731 - 722 offences)offences)

**Partnership enforcement and environmental operation:** a proactive partnership approach to tackling an increase in street robberies in a geographical location which contributed towards approximately 60% of the net increase in robbery as a whole.

A local partnership approach was applied to the problem and involved mapping key neighbourhood vulnerabilities including the presence of large numbers of vulnerable adults who were providing a market for dealers. Competition between local youths was partially attributable to competition over sales and the Local Authority implemented a focused deterrence approach targeting trap houses where drugs were being manufactured after the cuckooing of local addicts. Solving such a complex problem involved a delicate interplay of safeguarding and enforcement functions.

Overall possession orders were served on properties and a list of individuals were collated for Criminal Behaviour Orders, applications prohibiting entry to the area and attaching non-association requirements for key individuals.

A mapping of physical estate vulnerabilities was also undertaken and access points were blocked off, as well as SNT patrols increased in the area. The Serious youth Violence team also worked with the RSLs in the area in a comprehensive knife sweep.

In December the robbery volume declined by over 90%

**Community Trauma Work:** Work is being developed between statutory partner agencies and community groups to consider a community led approach to tackling serious youth violence. This has included piloting a Parent led support group for parents in the north of the Borough. This work will start to tackle the issues of community trauma, lack of trust in organisations and build a 'trusted adult' model within the community. In addition, the use of restorative justice approaches within the community and within key schools in the location will embed a culture of support and community healing.

A communities of Practice approach has been adopted to enable members of the Community with professionals in the area to understand the issues collectively, work together to implement actions and to support each other in moving forward. This work will continue, embedding this ethos and community led model in the geographical area.

#### Priority 2 - Violence against women and girls

We said we would take the following action:

- Work closely with enforcement agencies in aligning a greater victim support ethos at all processes through the Criminal Justice system
- Campaign and related work to ensure all Lewisham residents are aware of the issues, the risk indicators and what to do to for support and help
- Support and develop the Child House Model in relation to improving services, support and a single investigative approach for young victims of sexual violence.

| There has been a significant     | Domestic Abuse Violence With | All domestic abuse has seen a |
|----------------------------------|------------------------------|-------------------------------|
| rise in rates of sexual violence | Injury offences have risen   | slight reduction of 1.8%      |
| (11.9%) and rape (20.8%),        | (9.9%)                       |                               |
| (rates of underreporting are as  |                              |                               |
| high as 90% on some              |                              |                               |
| estimates)                       |                              |                               |

Positive Women's Conference: Women from the Muslim community wanted to raise awareness of domestic violence and provide information on how women specifically can stay safe and receive help and support if they are suffering from such abuse. These Muslim women wanted a conference which provided information on access to vital statutory and community services. It was ensured that all meetings prior to the conference were confidential and the women's cultural needs were understood. It was important to acknowledge the sensitive nature of the conference and maintain partnership working to help create community cohesion and address domestic violence within Lewisham.

The conference explored what services were available to women seeking support with domestic abuse and or sexual violence and how to access these safely – those services represented included the NHS, Police, Community support services, Immigration and Sexual Health. Over 60 women attended.

# Priority 3 - Identified geographical hotspots, premises and people of interest - Organised Crime

We said we would take the following action:

- Multi agency Partnership activity to reduce crime and fear of crime in identified areas
- Developing a business crime partnership approach to areas of greatest victimisation.
- Developing the work and understanding of risk and vulnerability linked to County lines and drug dealing to prevent further young people being recruited to this organised crime. This work will seek to reduce overall violence linked to drugs in Lewisham and linked to Lewisham individuals.
- Multi agency partnership activity specifically targeting known premises of concern i.e. Brothels, licensed premises, rogue landlords, using an approach which supports the victims involved.
- Developing a pan London approach to a local approach to tackling organised and serious crime

| Robbery Total has reduced      | Robbery Business has risen by    | 93% of people said that they felt |
|--------------------------------|----------------------------------|-----------------------------------|
| from 769 in Jan 2016 to 760 in | 1 incident in this time, from 77 | Very or Fairly safe during the    |
| January 2017                   | to 78                            | day                               |
|                                |                                  | 57% of people said they felt      |
|                                |                                  | Very or Fairly safe at night      |
|                                |                                  | (residents survey Feb 2017)       |

**Banking Protocol:** The Lewisham Crime, Enforcement & Regulation Service have been heavily involved with the MPS Falcon and Sterling Teams from SC&O7 and London Trading Standards in preparing a more holistic response to organised rogue traders and other scammers and fraudsters by local police and local authority law enforcers. Lewisham CERS have joined a pilot whereby when police receive a 999 or 101 call to a suspected fraud in action, participating local authorities will provide a rapid response as this is an area where enforcement legislation often overlaps between police and council enforcement.

The Banking Protocol is a national initiative between the banking/financial industry and law enforcement. In London the MPS Falcon prevention team have developed a corporate immediate response protocol for Borough Operation Command (BOCU) Response Officers. In Lewisham the initiative includes a local authority rapid response.

The initiative also enhances the response by banks, building societies and other financial service providers, to suspicious activity, encouraging the rapid call to police (and local authority where such protocols exist), the securing of evidence such as CCTV, physical evidence e.g. documents with potential forensic opportunities, vehicle registration marks and description. Also to raise staff's awareness of what may be suspicious activity such as unusual or large amounts being withdrawn, or apparently vulnerable customers being accompanied by 'strangers'.

#### **Priority 4 - Hate crime**

We said we would take the following action:

- A detailed assessment of the current understanding of the issue including Community Characteristics, Incidents, Victims, perpetrators, Locations and Times, Current Responses
- Training in our collective response to hate crime.
- Reflecting and reviewing our response to the needs of victims of hate crime.
- Increasing our support and enforcement based on people and places of note identified via our local assessment.

- Increase public awareness of hate crimes and educate groups about strategies to reduce their vulnerability to hate crimes.
- Review, develop and publicise specific initiatives that have been undertaken to encourage and/or improve the reporting of hate-crime victimisations including on-line apps, and third party reporting sites
- Collaborate with educational institutions work with students, staff, and the public about hate crimes and hate groups' recruitment tactics and emphasise community cohesion, integration and tolerance.

| Racist and religious hate crime increased by 11.6% (454 – 514 crimes) | Homophobic crime reduced by 9.1% (87-79 crimes) | Anti semitic increased by 83% (1-6 crimes).        |
|---|---|--|
|   |   | Islamophobic crime reduced by 30.5% (36-25 crimes) |

Lewisham's **Hate Crime Third Party Reporting Sites** network has been revisited, re-established and the reporting sites are currently being retrained to receive and deal with reports from the community

Lewisham's Third Party Reporting scheme aims to deliver a coordinated response to hate crime by bringing together key agencies to work in partnership to ensure victims and witnesses have access to support and protection, and offenders are brought to justice which will help create a safer and more cohesive community.

The aims of third party reporting of hate crime are:

- To support and encourage increased reporting of hate crime and hate incidents to establish
  a better understanding of the needs of different communities and target resources effectively.
- To enable victims and witnesses of hate crime incidents to make reports at independent community locations, where they feel safe and comfortable.
- To improve information sharing between partner agencies and promote joint working to increase community safety.
- To send a clear message across all communities that hate crime is unacceptable, that victims will be supported and protected and perpetrators will be held to account.

**Launch of Hate crime App:** Safer Lewisham Partners are working to use new and innovative initiatives to enable victims to report hate crime. In 2016 Lewisham championed the MOPAC-supported hate crime reporting smart phone application '**Self Evident**', promoting it at Lewisham People's Day, through the Safer Neighbourhood Board, the Safer Lewisham Business Forum and a range of youth, vulnerable adult, housing and faith for a across the borough.

Lewisham is hoping to increase the public use of this, both as a method of reporting a crime and as a tool to gather evidence.

This reporting avenue is also being promoted to and through Lewisham Council staff, the Lewisham Council website and to partners across a range of services.

https://www.witnessconfident.org/self-evident-app

### **Current profile:**

Over the last twelve months the borough's performance has largely mirrored trends which have been occurring nationwide, the most notable of which is a general stabilisation or marginal reduction of acquisitive crime, coupled with a sustained increase in violent and sexual offences. Burglary, already at a historic low in the borough has continued to decrease, as has Motor Vehicle crime. Similarly theft offences have decreased by an incremental margin. Whilst much national attention has focused on a spike in hate crime, racially and religiously aggravated hate crime declined significantly by 9% with no major community tensions recorded by police.

|                                     | 12 months to Ja | nuary 17 (year) | 12 months to January 16 (year) |           |  |
|-------------------------------------|-----------------|-----------------|--------------------------------|-----------|--|
| Number of Offences                  | Lewisham        | Met Total       | Lewisham                       | Met Total |  |
| Total Crimes                        | 24,635          | 763,410         | 24,556                         | 737,948   |  |
| Homicide                            | 6               | 104             | 4                              | 116       |  |
| Violence Against the Person (Total) | 8,849           | 234,930         | 8,590                          | 223,172   |  |
| Rape                                | 273             | 6,314           | 226                            | 5,466     |  |
| Other Sexual                        | 418             | 11,181          | 391                            | 10,480    |  |
| Robbery (Total)                     | 838             | 23,062          | 846                            | 21,731    |  |
| Robbery (Person)                    | 760             | 21,416          | 769                            | 20,004    |  |
| Robbery (Business)                  | 78              | 1,646           | 77                             | 1,727     |  |
| Burglary (Total)                    | 2,065           | 68,737          | 2,151                          | 70,373    |  |
| Burglary Residential                | 1,413           | 43,036          | 1,453                          | 44,421    |  |
| Burglary Non-Residential            | 652             | 25,701          | 698                            | 25,952    |  |
| Gun Crime                           | 87              | 2,385           | 87                             | 1,851     |  |
| Motor Vehicle Crime                 | 2,295           | 79,164          | 2,425                          | 71,979    |  |
| Domestic Crime                      | 3,115           | 74,389          | 3,171                          | 73,101    |  |
| Racist & Religious Hate Crime       | 514             | 16,836          | 454                            | 14,255    |  |
| Homophobic Crime                    | 79              | 2,034           | 87                             | 1,825     |  |
| Anti-Semitic Crime                  | 6               | 514             | 1                              | 462       |  |
| Islamophobic Crime                  | 25              | 1,204           | 36                             | 1,070     |  |

When considering trends the following crime types impact significantly on the Boroughs total notifiable offences –

**Non Domestic Violence With Injury offences** have been increasing on the borough since April 2016, and in five of the last seven months volumes have been higher than the 3 year average. This equates to 7.6% of Total Notifiable Offences.

**Common Assault** offences have shown a significant upward trend on the borough, following a trend of steady increases since November 2013. The borough has recorded offence volume higher than the 3 year average in six of the last seven months. This equates to 9.8% of Total Notifiable Offences. Lewisham is currently in the top 4 London boroughs for Domestic Abuse and equates to 12.6% of Total Notifiable Offences. The borough is also in the top 10 for Total Sexual Offences and Knife Crime. All of the rankings for these high harm crimes have remained consistent.

There were a total of 1,718 **CSE** enquiries recorded on the MPS crime system in 2016 (up from 1,675 at the end of FY 2015/16). Eight in ten enquiries are deemed to be within the lowest risk category.

Lewisham accounted for 44 enquiries, or 3% of the total (ranking the borough 19<sup>th</sup> out of 32 for volume). 25% of these cases were categorised as medium or high risk.

### Residents' voice

Through a borough wide survey undertaken 201 people responded. The following areas were identified:

Burglary 29.5% Knife Crime 27.5% Robbery 6.5% Drug or Alcohol Related 7.5% When asked the specific question of if they were a young person or the parent/carer of a young person, what concerns them most today, the responses highlighted

Street Robbery 24% Street violence 16% Cyber Bullying 15% Through a Public Attitude Survey conducted in relation to the Police, Lewisham is currently recording 79% victim satisfaction (ranked 13<sup>th</sup> in London) and 68% 'good job' confidence levels for residents of the borough (21<sup>st</sup> of the 32 London boroughs).

| PAS Question   | Overall Result % | London Ranking |
|--|------------------|----------------|
| Do you know how to contact your local policing team?                       | 37.8             | 17             |
| Local information provison   | 43.4             | 16             |
| Police are dealing with the things that matter to people in this community | 77.9             | 12             |
| Police can be relied on to be there when you need them                     | 77.1             | 22             |
| The police in this area treat everyone fairly regardless of who they are   | 72.6             | 27             |
| The police in this area listen to the concerns of local people             | 76.9             | 18             |

The borough is currently performing well in terms of dealing with the things that matter to the local community.

A focus on the inequalities observed towards victim satisfaction and public perception, for Lewisham, there is a strong White / BAME gap around perceptions towards the police (i.e., there is more than an 7.1% difference in terms of whether the police treat everyone fairly— White 75.4%, BAME 68.3%) will require focus.

# 9.2 Children and Adolescent Mental Health Service (CAMHS)

Lewisham CAMHS is Tier 3 Service offering therapeutic interventions to children and young people up to the age of 18 who experience enduring moderate to serious/complex mental health concerns that impact on daily living.

### Services are located across three sites within Lewisham Borough:

- Kaleidoscope: CAMHS Generic Team (Horizons), Neuro-Developmental Team (NDT),
   CAMHS Pediatric Liaison Service Team (PLS) and Crisis Team
- Lewisham Park: Lewisham Young People's Service (LYPS), Symbol (Looked After Children)
- Holbeach: Adolescent Resource Team forensic (ARTS)

There have been some recent changes in Lewisham CAMHS service; the two generic teams covering east and west of the borough have merged into one team called Horizons team.

The combined team is embarking on a service transformation initiative called Choice And Partnership Approach (CAPA). Other teams will be mainstreamed into CAPA subsequently. As part of this transformation resources have been secured to tackle an unstainable high waiting list. CAPA will streamline resources to offer a more collaborative, timely, effective and efficient service to children, young people and families. Through these change which embed standardization and scrutiny, safeguarding processes will be enhanced.

A new, specific team, the Crisis Team was set up in May 2016. The Crisis team assess young people with serious and enduring mental health problem presenting at Lewisham Hospital A&E. Previously, this work was carried out across the service by clinicians on a rota basis. Now with a dedicated team, a more coherent and continuous service can be offered, professional relationships developed and practices and protocols established, which enhance safeguarding processes through experienced clinicians and collaborative working.

### **Lewisham CAMHS Activity:**

Number of referrals received: 1,627
 Number of referrals accepted: 1,162

Appointments offered: Patients seen: 2,854

Appointments offered: 14,161

Follow up appointments attended: 9,860

### **Outcome measures:**

Outcomes in terms of mental health for children are monitored Trust wide via CGAS (Children's Global Assessment Scale) and Strengths and Difficulties Questionnaire, both of which are CAMHS key performance indicators.

Number of patients eligible for paired CGAS, % recorded and showing improvement:

|           | 2016  |       |       |     |     |     |     |     |     | 2017 |     |     |
|-----------|-------|-------|-------|-----|-----|-----|-----|-----|-----|------|-----|-----|
|           | APR   | MAY   | JUN   | JUL | AUG | SEP | OCT | NOV | DEC | JAN  | FEB | MAR |
| Eligible  | 503   | 471   | 442   | 483 | 459 | 422 | 445 | 433 | 423 | 426  | 410 | 396 |
| Recorded% | 98.4% | 97.7% | 97.7% | 99% | 98% | 98% | 97% | 96% | 96% | 97%  | 97% | 97% |
| Target%   | 95%   | 95.0% | 95.0% | 95% | 95% | 95% | 95% | 95% | 95% | 95%  | 95% | 95% |

| Variance% | 3.4%  | 2.7%  | 2.7%  | 4%  | 3%  | 3%  | 2%  | 1.% | 1%  | 2%  | 2%  | 2%  |
|-----------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Improved% | 72.5% | 71.7% | 70.8% | 71% | 71% | 71% | 71% | 71% | 70% | 69% | 70% | 70% |

Lewisham CAMHS routinely use routine outcome measures. CAMHS are monitored on the use of routine outcome measures as part of their CYPIAPT membership.

### **Safeguarding Children Supervision arrangements:**

CAMHS staff have regular clinical and management supervision, which includes discussions of safeguarding children. CAPA clinical discussions groups include safeguarding issues which are recorded onto Trust Electronic Clinical Records (ePJS).

Safeguarding Children advice is also given by Safeguarding Children Leads and duty seniors.

### Identified areas of concern / challenges and priorities for the coming year:

### Identified Concern: Lewisham CAMHS Waiting List

The total number of referrals waiting to be seen for an assessment has continued to increase during the period of 2016-2017. In particular the generic service waiting times are high due to staffing and complexity of cases.

Action: Lewisham CAMHS is currently undergoing transformation to address waiting times and throughput.

### Identified a weakness in data collection around safeguarding children referral's made to MASH

SLaM staff have been using a new function, Safeguarding Children template, on the Electronic Patient Records System (epjs) to record all safeguarding children activity. The trust are currently in the process of compiling this data. Prior to this all clinical staff recorded safeguarding activity data onto a team Safeguarding Spreadsheet for monitoring and data collection; we are currently still asking staff to record on these spreadsheets until the data from the Safeguarding template can be compiled.

Action: CAMHS Safeguarding Children Lead and team managers to remind staff to complete the Safeguarding Children template to record all safeguarding activity to enable a robust monitoring of Children Protection Referrals/attendance at Child Protection Conferences and also provide safeguarding assurances. We have also requested that each CAMHS team continue to record any safeguarding children activity onto their team spreadsheets.

# 9.3 Lewisham and Greenwich NHS Trust (LGT)

Lewisham and Greenwich NHS Trust (LGT) provide a range of acute health care services at Queen Elizabeth Hospital (QEH) in Woolwich in the Royal Borough of Greenwich and the University Hospital Lewisham (UHL) and community health services in the London Borough of Lewisham. LGT also delivers the Family Nurse Partnership Programme within both boroughs.

### How have we made a difference for children?

Learning from Care Quality Commission (CQC), Children Looked After and Safeguarding Inspection (CLAS) in November 2016 and Serious Case Reviews (SCRs) has resulted in a review of the Maternity Safeguarding Pathway (MSP). This will ensure that unborn babies, children and their families who could benefit from early support are identified as soon as possible. All woman booking for antenatal care are routinely asked about Female Genital Mutilation (FGM), Domestic Abuse (DA), mental health support and who will be involved in the new baby's life. The Trust is part of the early adopter FGH Risk Indicator System (RIS) to ensure an electronic flag is automatically generated for children living in homes where FGM is a factor.

The Safeguarding Team contribute to Lewisham's Multi-Agency Safeguarding Hub (MASH) through information sharing to support multi-agency risk assessment and decision making to safeguard children.

LGT is part of the LSCB's Missing, Exploitation and Trafficking (MET) structure. This strengthens the LGT contribution to the identification of young people at risk of Child Sexual Exploitation, peer-on-peer abuse, harmful sexualised behaviour. The Lewisham LSCB MET strategy and CSE assessment toolkit has been disseminated across the LGT workforce and incorporated into training. Help to support children and their families to be aware of possible CSE warning signs was achieved through the Spotting the Signs of CSE guidance and the NSPCC PANTS campaign.

The Safeguarding Children Policy is being reviewed to reflect updated guidance on Modern Slavery, Radicalisation and the Mental Capacity Act.

The Trust's Managing Allegations against those who work with children, Domestic Abuse Policy and Therapeutic Holding Policy have been reviewed and updated.

Weekly safeguarding training is offered to help staff know what to do if they are worried about a child. Training is updated annually and has focused on CSE, Gang involvement, self-harm, neglect and learning from SCRs.

The Trust Intranet site was reconfigured in December 2016 with a specific Safeguarding Children page. This page also give links to the LSCB website, national and local guidance such as FGM, DA and CSE. The Safeguarding Team produce a quarterly newsletter on current topics. The electronic record keeping system continues to be rolled out across the Trust as part of the Information Technology Strategy. This will provide better evidence of the child's journey through LGT services. The Safeguarding Team became part of agile working, through the use of the community mobility strategy in 2017. This has enabled improved 'live time' information sharing within the multi-disciplinary forums.

All children subject to a Child Protection Plan are flagged on the system and routine notifications of attendance is shared with allocated social workers. Referrals to Children's Social Care are now sent via secure email which has resulted in more timely information sharing. Outcomes of referrals are routinely monitored in the weekly safeguarding meetings.

The Safeguarding Team reviews Emergency Department attendances using a Red, Amber, Green (RAG) system. This supports timely information sharing with partner agencies.

Safeguarding supervision is available via reflective learning forums held quarterly.

An Independent Domestic Abuse Advocate (IDVA) and Learning Disabilities nurse are on site to help with domestic abuse and learning disability support.

### Evidence for and evaluation of effectiveness

The number of early help assessments and referrals made to and accepted by Children's Social Care has increased, highlighting that staff are identifying children and young people who could benefit from early help or who are at risk of significant harm.

The Trust revised its governance structure in 2016 to have a Safeguarding Assurance Group and Safeguarding Committee which is chaired by a Non-Executive to provide objectivity and rigour. The meetings monitor, review and escalate the Safeguarding Risk Register, Strategic and Operational action plans and annual audit programme.

There is good trust representation at LSCB meetings and task groups and contribution to the quality assurance framework. Training continues to reinforce and raise awareness of current safeguarding issues.

# 9.4 London Ambulance Service (LAS)

### **Safeguarding Risks**

The LAS safeguarding risks are reviewed by the Safeguarding Committee. The risks for 2016-17 are detailed below:

- There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably MARAC requests for information.
- There is a risk that due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified, which will impact on patient care.
- There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.
- There is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision, by trained professionals. This will result in an impact on staff performance and welfare and the Trust will not be compliant with the Children Act and Care Act pertaining to safeguarding.
- Safeguarding referrals will suffer. They will be delayed, miss-referred etc. Also information governance will be impacted. The risk impact those patients and others who are the subject of referrals and to whom we owe statutory duties of care.
- There is a risk that the Trust is unable to provide assurance that it is compliant with safeguarding training requirements for clinical and non-clinical staff.
- Children involved in youth violence may suffer greater harm as a result of a safeguarding referral not being made and appropriate help and support may not be provided by the local authority or other agencies as a result.

### **Work Plan**

The implementation of the work plan is monitored by the Trust's Safeguarding Committee. The work plan contains the actions that are required to ensure the Trust is compliant with legislation, national documents / recommendations and learning from incidents. Good progress has been made with the actions identified for completion during 2016-17.

## **Education and Training**

Safeguarding training is critical to protecting children, young people and adults at risk of harm. Front-line staff must have the competencies and support to recognise signs of maltreatment and to take appropriate action. All staff employed or contracted by the Trust have a duty to safeguard and promote the welfare of children, young people and adults and should know what to do if they have any concerns. The Trust Quality Improvement Programme (QIP) is in the process of developing a system that will capture all statutory and mandatory training across the Trust, and safeguarding will use this system from April 2017.

All clinical staff including those in the Emergency Operations Centre (EOC) receive level 2 safeguarding on their initial induction course and refresher training on the Core Skills Refresher (CSR) course annually.

### Views of parents / carers / children / young people

Friends and Family test has been introduced across all of the CYP areas and feedback is monitored and shared with staff.

Safeguarding and parents notice boards are within key clinical areas. All areas have posters advising children and young people they can be seen alone if they wish to speak with a member of staff.

A leaflet explaining child protection processes has been developed. A Children's Complaint Leaflet is available across sites.

Multi language posters on DA have been developed by maternity services.

The use of interpreting services via telephone or face to face is available.

### What have we learned?

- All emergency department's attendances are reviewed by the safeguarding team to support early identification of need.
- Reviewing and strengthening of information sharing pathways continues to keep children in mind.

### What do we need to do better?

- Improve children's engagement and feedback.
- Support staff with Early Help identification.
- Extend safeguarding supervision availability.

### **Examples of effective practice**

Safeguarding Team has embraced agile working to share timely, 'live' information to support risk assessment and action planning.

Discharge documentation for GPs now contains specific safeguarding concerns questions to support information sharing.

# Appendix A Overview of the Lewisham Safeguarding Children Board

The LSCB is a statutory body and was established in 2006 in accordance with the statutory duties set out in the 'Children Act 2004'. The activities undertaken by the LSCB reflect the requirements of the Act, and are based upon the objectives set out in Chapter 3 of 'Working Together to Safeguard Children 2015:

- (a) To coordinate 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, and
- (b) To ensure the effectiveness of what is done by each such person or body for those purposes.

The LSCB brings together all the main organisations which work with children and families in Lewisham, with the aim of ensuring that they work together effectively to keep children safe. The LSCB stands alongside Lewisham's Children and Young People Strategic Partnership Board and other partnership forums (please see structure chart below). The LSCB holds responsibility for identifying the safeguarding aspects of all of the Every Child matters five outcomes, and has a key role in overseeing the 'Staying Safe' outcome as identified within the Lewisham Children and Young People's Plan 2015-18 (CYPP). The LSCB has a responsibility to ensure that organisations are fully meeting their safeguarding obligations effectively, and can hold them to account if they are not.

The LSCB endeavour to ensure that children and young people are:

- safe from abuse, maltreatment, neglect, violence and sexual exploitation,
- secure, stable and cared for; and helps to reduce the likelihood of them suffering from:
  - o accidental death and injury
  - bullying, exploitation and discrimination
  - o crime and anti-social behaviour

### The LSCB works to achieve this by:

- · Leading collaboration across all agencies in the community
- Developing and setting policies and procedures
- Monitoring and auditing the implementation of these policies and procedures
- Conducting audits to ensure the effectiveness of what is done by agencies individually and collectively to safeguard and promote the welfare of children
- Ensuring appropriate multi-agency training is available and effective
- Promoting awareness and action in the wider community
- Conducting Serious Case Reviews when a child dies or is seriously harmed and abuse or neglect is suspected to improve practice across agencies
- Conducting Child Death Reviews to better understand how and why children in the locality die and use these findings to take action to prevent other deaths

### The LSCB 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.

### The 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.

### **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.

### **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 Chief Executive of the Council. Regular meetings take place throughout the year between the LSCB Independent Chair, the Executive Director for Children and Young People and the Chief Executive to ensure appropriate communication regarding decision making processes and escalation of matters where needed.

### **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 governance document and partnership protocol, 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 task groups.

### **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 task groups.

# **LSCB Financial arrangements for 2016-17**

### Income:

| 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            |
| Total:                                  |                | 181,050           |

### Expenses:

The salaries of all LSCB staff are paid from the LSCB budget. An amount of £10k has been allocated to deliver the annual LSCB training programme. However, it is recommended to increase this amount to £15 000 from 2017/18 to ensure the deliverance of 'good' multi-agency safeguarding training across the partnership. Training will therefore remain free of charge for all professionals in Lewisham who works with children and young people.

Other expenses include matters such as the maintenance of the LSCB website, stationery, room bookings and refreshments, IT equipment, agency cover, external contractors, staff training, leaflets, campaigns etc.

# **CYP Strategic Partnership Structure**

**Children & Young People's** Safer Lewisham **Partnership Strategic Young Mayor and Advisors Health and Wellbeing Board Children & Young People VCS Partnership Board** Forum **Children in Care Council** Children & **Corporate Parenting Board Executive Board Schools Forum Young People's Joint Commissioning Group** Lewisham Lewisham **Safeguarding Adults Safeguarding Children Board** Board **Multi-agency Partnership Groups:** 0-19 Programme Board Clinical Commissioning Group Early Help Board **LSCB Task Groups:** Healthy Child Programme Board LAC Virtual School Governing Board Case Review Panel (including SCRs) Child Death Review Overview Panel Mental Health and Emotional Wellbeing Board Participation & Engagement Strategy Group Communications and Publicity Promoting Healthy Weight Group Missing, Exploitation and Trafficking Pupil Places Strategic Board Monitoring, Evaluation & Service School Improvement Board Improvement SEND Board Policies, Procedures & Training Sexual Health Commissioning Board Smoke Free Future Group Support to Families Steering Group



# Together Everyone Achieves More for Children









