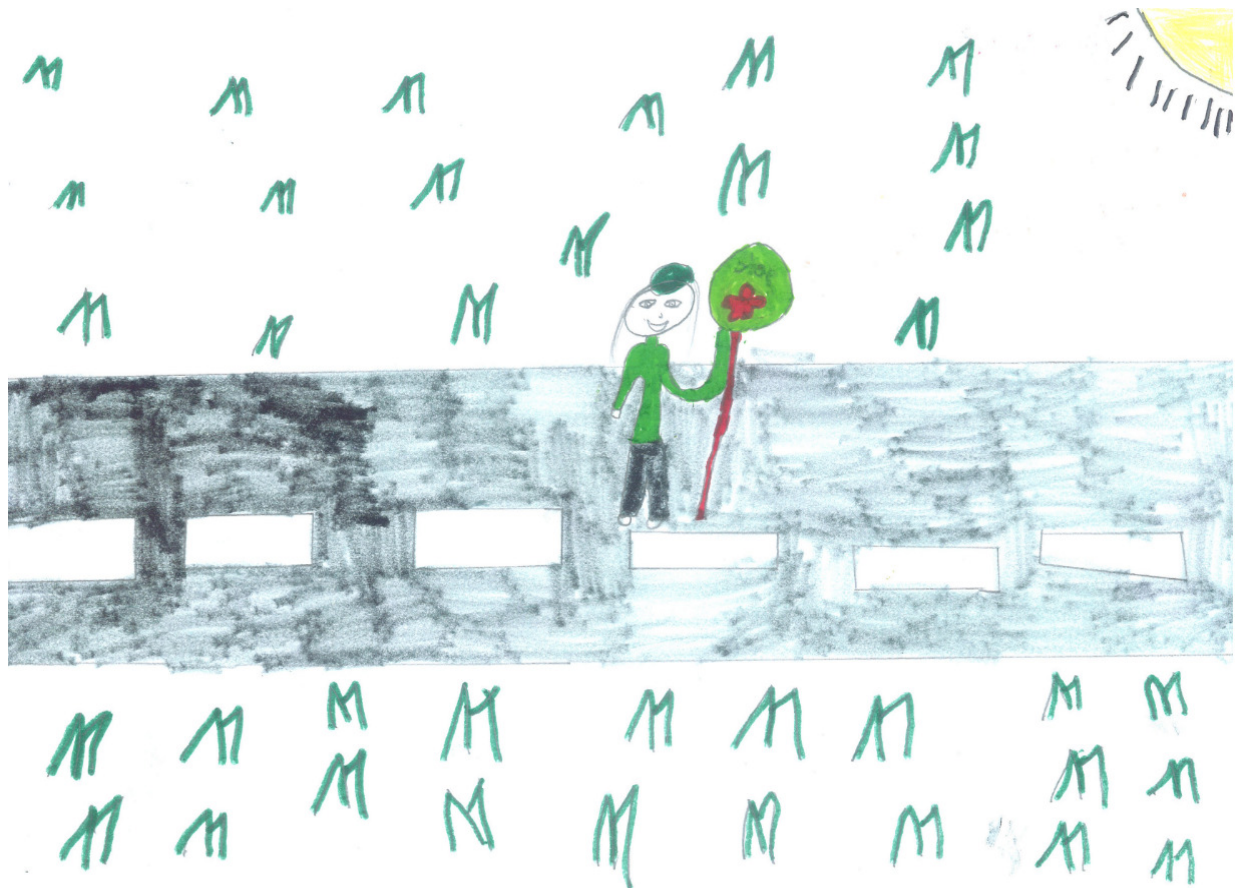




Harrow LSCB Annual Report 2013-14



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CONTENTS

Forward by the LSCB Chair	5
1 Local Safeguarding Assessment and Priorities for 2014-15	7
2 Evidence	13
Local Context, Trends and Data	14
Early Help	21
3 Governance and Accountability	24
Feedback from LSCB subgroups	30
Funding	35
4 Quality and Effectiveness of Arrangements and Practice	38
Learning and Development	58
Workforce	60
Learning and Improvement Framework 2013-14	67
External Scrutiny	69

Essential information

Authorship - this report has been prepared by the Harrow LSCB, Senior Professional Elisabeth Major, with contributions from colleagues as noted. Illustrations are provided by local schools for LSCB “Who keeps you safe in Harrow” Competition January 2013.

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Forward by Deborah Lightfoot, LSCB Chair

Welcome to the LSCB annual report, which sets out the effectiveness of child safeguarding and promoting the welfare of children in Harrow. The purpose of this Annual Report is to summarise our work in 2013/14 and based upon this, to set out a safeguarding assessment of children in Harrow to prioritise our work for the forthcoming year. I should like to give particular thanks to the local school children who have provided the art work reproduced throughout this report based upon an LSCB led project with schools in January 2013 entitled "Who keeps you safe in Harrow".

This is a public report which aims to review the progress made in Harrow against the four priorities set out by the LSCB in the 2013/2014-business plan. These are as follows:

From early help to safeguarding the most vulnerable - practice is multi agency, child focused and effective;

To encourage effective safeguarding communication between strategic groups, the community, children and young people and to and from the LSCB;

The LSCB provides a reliable safeguarding standard in a community of change;

Safeguarding quality assurance is every agency and sectors business".

This report focuses on these priorities and how agencies have worked together as partners on the LSCB to deliver them.

It has been a challenging year for all local agencies and I am pleased that despite this, the LSCB can demonstrate that it has been proactive in driving forward improvements to the safeguarding of children in Harrow. This report identifies where improvements have been made and also where further work is required.

Key achievements that we can evidence have been:

Keeping focused on our priorities which are rooted in our local issues; strengthening of strategic independence and influence; setting standards in safeguarding for the partnership; and developing protocols, policies and procedures; raising the LSCB profile with partner agencies and the local community; development of professional networks and improvements in communication; increased attendance at our provision of high quality training, and beginning to evaluate its impact; improved engagement of our local community and effectiveness of our Lay Members; effective learning and learning and improvement case reviews; and the use of case file audits to improve practice.

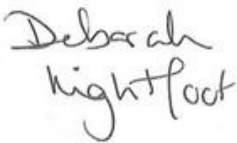
Areas for improvement are:

Encouraging consistent multi agency good practice; strengthening the multi agency dataset; helping local professionals understand diversity implications for children and their families; refining the quality assurance framework; building on our safeguarding links with the

voluntary, community and faith groups in Harrow; and developing systematic participation of children and young people in all we do.

*This is the third annual report that has been prepared during the time that I have been the independent chair of Harrow LSCB and through this report we can show a trend and evidence of improved safeguarding. The LSCB coordinates activities across a wide and diverse range of organisations and demonstrating what difference we make to the lives of children in Harrow across such a complex partnership is difficult. Throughout all our joint activity we should focus on what impact we make on improving the lives of children and young people, this includes from the point that early help is identified as a need for some children, through to the delivery of targeted child protection services. We should ask ourselves the 'So What?' question: **what difference do we make for local children and young people and how can we evidence this?** For this reason, throughout the report, areas of impact based upon evidence are highlighted. I should like to take this opportunity to thank all of the people who work hard to keep children and young people safe in Harrow.*

Deborah Lightfoot

A handwritten signature in black ink that reads "Deborah Lightfoot". The signature is written in a cursive style, with the first name on the top line and the last name on the bottom line.

1. Local safeguarding assessment 2013-14 and priorities for 2014-15

What is the LSCB?

The Local Safeguarding Children Board is an independent statutory body set up in every borough or county in England and Wales to oversee safeguarding and early help provision, to provide learning to professionals and volunteers working with children and their families, to coordinate work to specific children and young people at risk, and to ensure children's voices are heard and acted upon in relation to keeping safe.

- 1.1 This local safeguarding assessment is based upon both quantitative and qualitative evidence for the year 2013/2014. This has included two external inspections – a thematic inspection of early help by Ofsted in January 2014 (as yet unpublished) and an inspection by the CQC (Care Quality Commission) of health services in safeguarding and looked after children in January 2014. The data that informs the assessment is provided regularly to the LSCB and this plus information from the LSCB's learning and improvement framework have provided the evidence for this assessment. We have also used national and local data from our neighbour authorities as a baseline to help us understand how we compare to other LSCB areas. The assessment is provided in summary form below with the evidence set out throughout the rest of this report.
- 1.2 Over the year 2013/2014 the LSCB can evidence that systems and processes are in place that enhance the safety of children in Harrow. We can show that these are making an impact on the ways that agencies work together and that these changes have led to more children being safeguarded. For instance, in January 2013 the LSCB set out clear criteria for taking action and providing help across the continuum of need for all children. This was agreed by all partner agencies in Harrow and led to more children being provided with help and support than was previously the case. Over the year in our LSCB quality assurance work we have seen strong improvements in practice using our quality assurance audits in September 2012 as a baseline, and comparing our audits in September 2013. The case reviews that we have undertaken over the year 2013-2014 have helped to show what is working well and where there are areas for improvement.
- 1.3 There have been improvements tracked that show better multi- agency communication and dialogue, seen most starkly in the improvement of functioning of the Multi Agency Safeguarding Hub (MASH). Safeguarding concerns are today more likely to be dealt with in a multi –agency manner in strategy discussions and to a timely schedule, fitting the child's needs rather than those of the agency. In the effective application of thresholds, we can anticipate risk being more correctly identified. We are approaching the levels of identification of need and response of our statistical neighbours and we need to understand in more depth why some variance in the numbers is occurring.

- 1.4 Partner interventions to safeguard children make a difference to the lives of children as evidenced in lower re-referrals of children for help and support and fewer children being the subject of child protection plans for long periods.
- 1.5 We have been able to make good partnership improvements, developed a strong local culture of learning; we can see improved dialogue. We know there are strong pockets of innovative and exemplary practice. Our section 11 self audit programme continues to develop and is reaching an increasing number of agencies. Of particular note is the safeguarding self evaluation carried out by local GPs and the growing application of the section 11 audit to all partners across the safeguarding community. The strength of the partnership is in direct contrast to the Ofsted inspection of safeguarding in 2012, which identified that partnership was weak within the borough. External scrutiny during 2013/2014 has commented on the strength of our partnerships. This demonstrates that safeguarding children is a priority for partner agencies across the LSCB
- 1.6 The LSCB funded project to develop a greater understanding of safeguarding and the importance of promoting the welfare of children within the voluntary and faith communities has been particularly successful in reaching out to the local Harrow community. This, plus the evidence of the use of a range of communication tools, such as the monthly LSCB newsletter, revised safeguarding guidance for the voluntary sector, the revised guidance for professionals called 'What to do if you are worried that a child is being abused in Harrow' and the improved LSCB website indicate that more members of the local and professional Harrow community are aware of the importance of safeguarding children.
- 1.7 There have been improvements in the overall strategic approach to safeguarding children in Harrow in particular with the Health and Well being Board and the Safer Harrow Partnership. The strong working relationship between the Director of Children's Services, the Head of Paid Services for the Council and the Chair of the LSCB has continued, as has the engagement of the CCG and local politicians in safeguarding children.
- 1.8 The Local Authority Designated Officer (LADO) manages allegations against adults who work with children and this service shows that there has been an increase in the number of referrals to the LADO. This does not necessarily mean that more allegations are being made, it is likely to mean but that agencies are able to understand and recognise what is and is not acceptable behaviour in the workplace.
- 1.9 However there is more to do and room for improvements in key areas. As an LSCB, we know what we don't yet know - and the things that we don't yet do. Whilst our assessment that ongoing improvement is keeping children safer in Harrow, there is no room for complacency and the rest of this assessment sets out these areas.
- 1.10 As a Board we can be pleased that our LSCB quality assurance and case review work identified the same issues as external scrutiny findings in Harrow. This shows that we understand what our safeguarding issues are. This year we have focussed on embedding learning within front line practice. This has been driven by our learning and improvement framework. However, we need to improve in tracking our learning to the frontline to ensure that there has been embedded and timely change. This is important so that we can

consistently evidence in what way interventions by partners make a difference to vulnerable children.

1.11 Case file audits show a mixed picture of improvements, rather than consistently high standards of practice for all children. As well as needing to see high standards of good practice from all partners who deliver services for children, particular areas of need require further improvements for instance in services for children who are neglected.

1.12 The thematic inspection of early help by Ofsted referred to above indicated that we need to build our early help scrutiny, coordination and quality assurance so that these services can be identified as more clearly forming an accessible continuum of help and support for vulnerable children.



1.13 Now that the multi agency threshold is being helpfully used across the Board, we need to equally vigorously embed a well accepted and used early help framework and see its impact in fewer Child Protection referrals, and more preventive activity – which will, of course, have an impact on resources.

1.14 An ongoing weakness identified in the case file audits and learning and improvement activity that we have undertaken during 2013/2014 remains our ability to evidence that partners hold the voices of children and their families and carers central to service delivery. This does not mean that it does not happen, but whilst there are examples of good and effective practice the thread of participation in decision making and clarity about the views of the child and family are not consistently evidenced.

1.15 We need to embed our policies and procedures yet further; we need to provide a standard for practice in diversity, and provide ongoing scrutiny of mental health support for children and young people. We also need to monitor key processes for vulnerable children, such as timely health assessments for looked after children, and understand what the barriers are to making lasting improvements, and how they can be shifted.

1.16 Services for children who may be the subject of child sexual exploitation need to continue to be developed and their effectiveness evidenced. Safeguarding children who are disabled is a further area where we need more scrutiny, challenge and coordination.

1.17 We must be mindful of the background in which we are practising – a growth in local need and population, a climate of still considerable change and challenge for some sectors in recruitment, retention and staffing. This, plus the increase in the number of children who are

safeguarded in Harrow and a greater level of awareness means that some of our main partners such as, health visitors, school nurses, social workers and police are particularly stretched. Extra resources have been dedicated to safeguarding children by the Council and by the Harrow Clinical Commissioning Group (CCG), which is commendable.

- 1.18 The Health and Wellbeing Board (HWBB) has agreed in their protocol to work with the LSCB so that agencies planning reorganisation or major change will need to consider an equality impacts' assessment for the most vulnerable adults and children. This was a recommendation from one of our local learning and improvement case reviews. We have begun to develop far stronger links with the Safer Harrow Partnership with the aim of ensuring that safeguarding children remains at the centre of key strategic partnerships within the borough. Children's wellbeing is a priority for the HWBB and safeguarding is a commissioning priority for the Council and the CCG. These are helpful steps forwards, however our role as an LSCB must be to enable these key strategic bodies to assess and evidence whether they are fulfilling their statutory responsibilities to help, protect and care for children in Harrow.
- 1.19 Whilst information sharing has improved by the development of the MASH, we know that some of our internal information sharing systems require support, such as at Northwick Park Hospital.
- 1.20 Over the course of 2013/2014 we have become more confident as an LSCB in challenging areas of practice which require improvement; however we are less effective at following through the impact of these challenges on practice. This is an area for further development.
- 1.21 Other areas for improvement include the LSCB's ability to coordinate activity across some statutory sectors. In particular, the schools' sector has proved harder in which to gain a strategic overview of safeguarding activity, despite significant efforts. On a school by school basis, the LSCB has effective working relationships; schools are consistently represented on the LSCB and key sub groups, and have led in developing good practice in working with pupils from different faith communities. We have also been particularly pleased by the greater involvement of the independent school sector and school governors, but getting an overview of safeguarding issues and trends across the whole sector has proved difficult, and is an area of ongoing development.
- 1.22 The learning and development framework which sets out training needs across the children's workforce is a further area for improvement. In particular, identifying the impact of single and multi agency training and also encouraging and challenging agencies, who are not sending staff for multi agency training to engage with the LSCB programme.
- 1.23 Looking forward, we expect a rise in local children looked after and growing child protection planning for younger children. We expect with a refreshed Domestic and Sexual Violence strategy, better identification of higher and lower level concerns regarding domestic abuse, FGM, (Female Genital Mutilation) and Honour Based Violence, through better identification and raising awareness. This is already apparent in Police notifications. This will also provide more demand around matters of Child Sexual Exploitation and missing children. Initiatives in safeguarding children who are privately fostered have had some limited success, but more needs to be done.

- 1.24 In March 2013, the national definition of domestic and sexual abuse changed to include victims aged 16 and 17 years. Already, this year there had been a rise in referrals to MARAC. The legislative change and the Harrow Shield intervention around sexual and domestic abuse over the next four years for young people, together with more targeted multi agency work, could well lead to a further rise in preventive, risk and rehabilitative domestic abuse work.
- 1.25 We know we need to carry out more targeted work to understand issues of diversity, respond to it, provide understanding to staff, and work to foster inclusion. This will lead to better targeted early help in the long term.
- 1.26 Attendance at LSCB Board meetings and working groups is generally strong, although it always requires regular review. There is a growing and strengthened partnership presence at Child Protection Conferences, and we can track improvements in this through the system and out into core group meetings.

Priorities 2014-15

- 1.27 So what works in Harrow? As I have outlined above, the consistent encouragement and application of our multi agency priorities have begun to bear some shoots of improvement across the partnership in Harrow, due to the hard work and persistence of all involved. In order to encourage system and culture improvements from local learning, we have found that our common steady focus has worked. Our internal work to identify priorities for improvement has been confirmed by external scrutiny during the year.
- 1.28 For example, the LSCB's **focus** this year, has remained like last year, on the most vulnerable children, and primarily on the safeguarding and child protection system. We have focussed our training on priority need – FGM, child trafficking, learning from our case reviews, for example, and providing a solid basic foundation in our level 1, 2 and 3 courses. We have extended our training to e-learning which has widened our reach to those who are often hard to target, such as pharmacists. LSCB leads have supported training to GPs, Designated Teachers, Police, Dentists, and therapists, for example. We know that multi agency co-location through the development of MASH this year has provided a stronger 'front door' response. We know we need to begin to widen this focus onto early help.
- 1.29 In terms of encouraging **communication** throughout the system to develop trust, collaboration and mature problem solving, the one to ones between the Chair and senior colleagues have borne fruit, as have our important conversations for senior leaders in our Operational Group, and dialogue through increased attendance in training by frontline professionals. This has been aided by our regular newsletters and the improvements we have made to our website, showing increased numbers of hits, including by local members of the public.
- 1.30 Work with the local Harrow voluntary sector funded through the LSCB has led to a much greater engagement of the local community in safeguarding children and has provided an important dialogue about key safeguarding issues. For example, 370 members of voluntary sector, faith and community groups receive our bi-monthly voluntary sector safeguarding children e-newsletter.

1.31 The Board has worked with local professionals to consolidate **standards** in terms of practice, policies and workforce expectations. We know that the steadying of retention for social workers has made a difference; we know from our learning and improvement case reviews that school nursing and health visiting have been locally under-resourced and we have encouraged plans to improve this offer, which will have an effect on both safeguarding and early help. We have developed further policies and procedures and sought to embed these. In our Section 11 and **quality assurance** multi agency case file auditing work we have been able to provide further improvement support in areas of concern, and ensure reliable standards in terms of operational practice, safer recruitment and management of staff.

1.32 So our tested and proven priorities remain for the forthcoming year:

- *From early help to safeguarding the most vulnerable- practice is multi agency, child focused and effective;*
- *Effective safeguarding communication between strategic groups, the community, children and young people and to and from the LSCB;*
- *The LSCB provides a reliable safeguarding standard in a community of change; and*
- *Safeguarding quality assurance is every agency and sector's business.*

2 Evidence

The following section sets out the evidence for the safeguarding assessment, as outlined above.

Context

Harrow is a borough of extremes: there are some areas of deprivation, such as Wealdstone, with 21% of children living in poverty. The percentage of working age males that are claiming Job Seeker's Allowance differs from Wealdstone ward with 5.58 to Pinner South with 1.76%. Life expectancy at birth also differs considerably among the borough's wards, with the largest difference being approximately six years. In Wealdstone the life expectancy is at its lowest of 76.80 years for boys born today in the borough.

- 2.1 Matters of diversity have been very significant for the Board this year, and a feature of our case reviews, scrutiny and quality assurance work. Harrow is the fifth most ethnically diverse borough in England and Wales and the most religiously diverse. 53.4% of the population are from Black Asian Minority Ethnic backgrounds. 222 persons have been declared living as same sex couples and 6% of the population are lesbian, gay and bi-sexual.
- 2.2 As a whole, the population of Harrow was 240,500 in 2011. 45% of the population were born outside the UK, but 67.3% of mothers. 82% of school children were from a black or minority ethnic group, which is among the highest of all authorities and much higher than the average for England. There are pockets of deprivation with a number of neighbourhoods in the most deprived 20% of the population. The level of child poverty is similar to the England average, with 21.2% of children aged under 16 years living in poverty.
- 2.3 In 2011, the population aged 0-19 years in Harrow was 60,500, or 25.2% of total residents, a higher proportion than the mean for London (24.5%) or England (23.9%). This population is expected to grow by 15% to 69,900 by 2020. That rate of growth is double the mean for England as a whole. In general, the health and wellbeing of children is better than the England average. There is, however, a significantly higher proportion of low-birth weight babies, and infant mortality is worse than the England average (6.4. per 1,000 live births compared to 4.4). There are worse levels of obesity for children aged 10-11 years, where 18.7% are classified as obese. Tooth decay is a significant health problem.
- 2.4 For an average over the first three quarters of 2013/14, 85% of children looked after for more than one year were up to date with their health assessments; this figure is lower for children looked after for less than one year. Mortality rates in children under 15 years were higher than other statistical neighbours, as were emergency hospital admissions for asthma. Risky behaviour and admissions for substance misuse were lower than England averages.

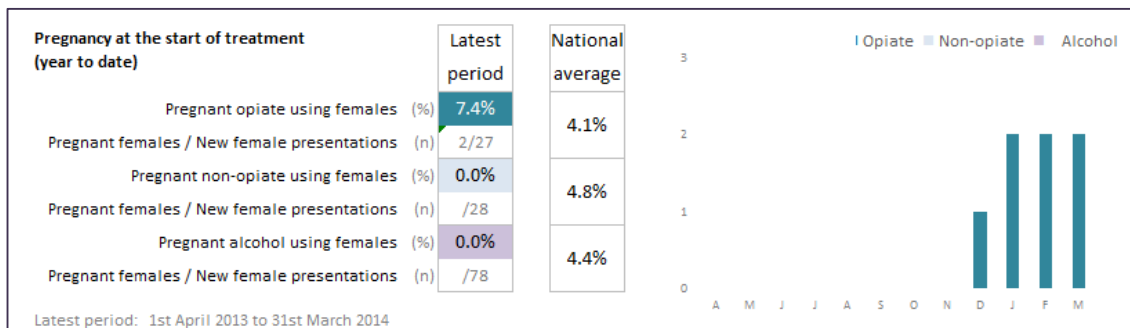
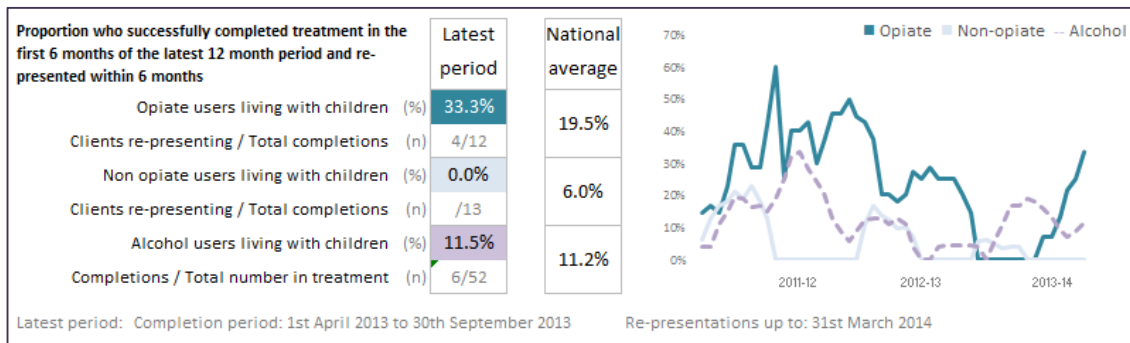
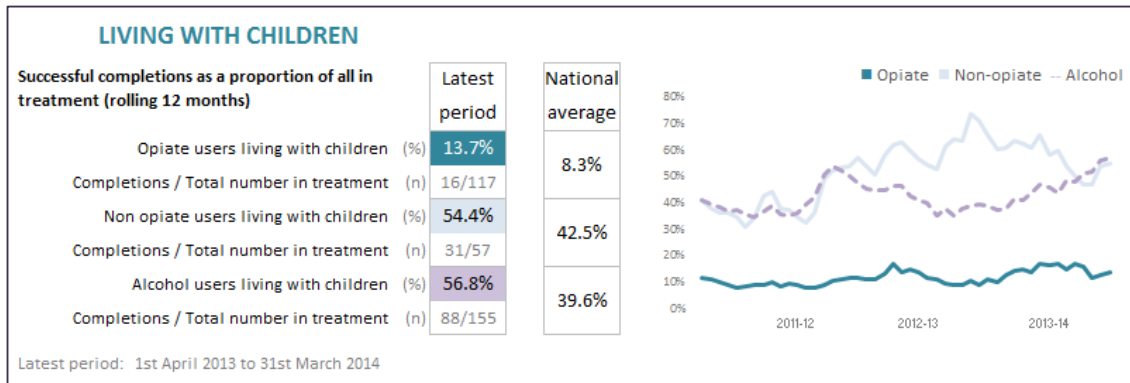
Trends and Data

2.5 In Harrow today we see:

- Falling rates of children's hospital admissions to Northwick Park Hospital as a result of self harm [64 from April 2013-January 2014];
- Falling hospital admissions due to injury, but admissions due to alcohol related conditions are rising;
- Low levels of serious youth incidents with gang related features and a 13.7% reduction in serious youth violence;
- An average number of 93 domestic violence offences per month, with 43.3% of victims and 23.5% of suspects aged between 20-34 years ;
- Falling numbers of Police familial physical child abuse charges, but growing familial sexual abuse offences ;
- From May 2013 to May 2014, Harrow Borough police identified 11 crime child sexual exploitation related crimes; a low comparator figure for London;
- 7 young people in custody in Harrow. Falling numbers of first time entrants to the criminal justice system aged 10-17 years, however a relatively high proportion of young offenders who reoffend;
- Permanent school exclusions increasing, particularly of primary aged children;
- Rising numbers of children educated at home – 73 in March 2014.

2.6 We know that there are higher than average numbers of parents with substance misuse problems living with children, and pregnant women with substance misuse concerns in Harrow, despite a low number of people with substance misuse difficulties. [Domes report].

2.7 These tables below show details of parents living with children who have successfully completed their substance misuse treatment, with substances noted; the proportion who then represented for treatment, suggesting relapse concerns; and finally those women who are pregnant, and have substance misuse concerns.



2.8 There has been an early years' Foundation Stage drop in preparedness for school of 8.7% since 2009 for younger children. Attainment in the Foundation Stage has fallen 6.67%. This is a significant matter as Harrow has an expanding population, and the highest growth in the 2011 census was for 0-4 year olds. There are nearly 4,000 more children, an increase of 33% in ten years. There are low levels of physical activity for children in comparison to the local and national picture.

What does this data tell us about safeguarding from a child's perspective?

2.9 To those who might ask about young people's views about keeping safe, WISH, a local charity, have some answers. There are some significant findings from a recent survey of Harrow young people in 2013:

When asked if having sex with someone when high/drunk and can't give consent is rape, 37% said Yes; 28% said No; and 35% said Not sure.

2.10 This suggests a lack of understanding around the concept of consent, which is a crucial issue in the area of sexual violence and making healthy choices.

- 33 % said it is sometimes ok to meet up with someone they met online;
- 13% said it is OK;
- 29% said they knew someone who had been physically hurt in a relationship;
- 15% were not sure.

2.11 Hence physical abuse in relationships also appears to be an issue and learning to identify indicators of abuse would be beneficial.

- 24% said they would not tell anyone if they were a victim of Sexual Violence;
- 19% were not sure.

2.12 WISH see about 200 young people a year regarding self-harm; 85% are from the BME community, 54% of Asian heritage. With their intervention, within a year 90% of young people stop self-harming.

2.13 WISH has worked hard to reach out to Black British girls who typically do not want to access 1-1 counselling, but will work in groups. In contrast, boys do not like group work and prefer 1-1 support. 90% of referrals to WISH come from Children's Services, Schools and Police.

2.14 In a borough with as diverse a population as Harrow's, we need to:

- **Have an organisational commitment to equalities and diversity;**
- **Know and understand who our communities are;**
- **Communicate and engage with our communities, understand their needs;**
- **Build their needs and requirements into our policies, projects and services.**

2.15 As a Board, we have a requirement to monitor and understand local safeguarding trends. These are summarised as follows as at March 31st 2014 and in our quarterly scorecard to the Executive Board.

2.16 In the past financial year, there have been 1994 referrals to Children's Services. In 2013/14 the re-referral rate was 12% (237) which is very positive, against a target of 15%. Last year the re-referral figure was 14% for Harrow, against statistical neighbours of 18%. The 12% rate illustrates sound assessments and interventions. During the year, Targeted Services developed the single assessment, instead of using an initial assessment and core assessment. There is a new Department for Education (DfE) indicator to track its timeliness within 45 days. In December 2013, 90% of assessments were completed in 45 days. Year to date figures indicate that 79.8% were completed in the timescale (1515 of 1898).

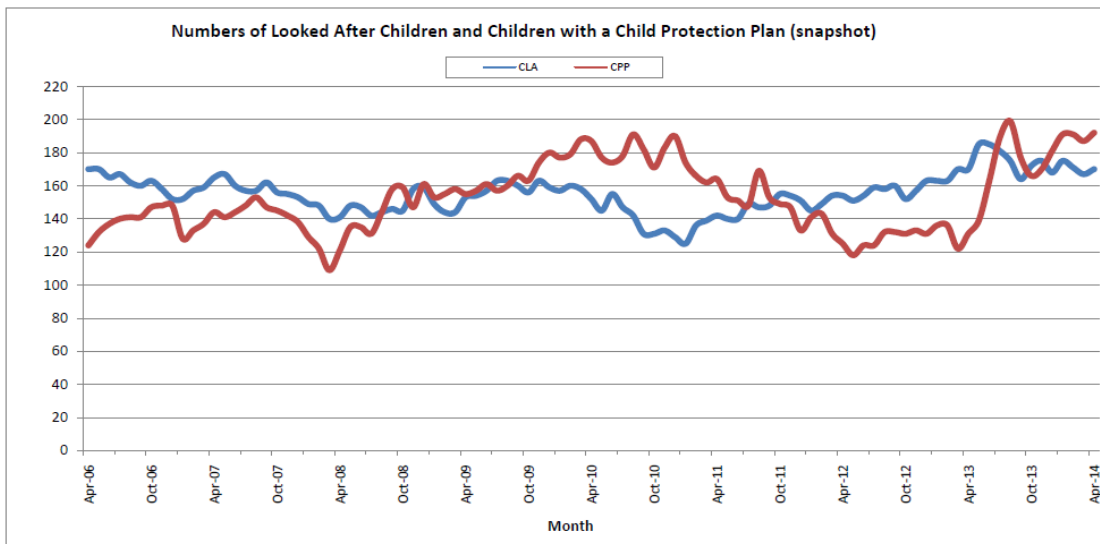
2.17 In January 2013 the LSCB launched the local multi agency threshold document. This has led to significant changes in safeguarding throughout the safeguarding system, which are monitored by our LSCB dataset, as outlined above.

2.18

So what is the impact of threshold change?

	Section 47 investigations (per 10,000)	Children in need (rate per 10,000)	Child Protection Plans (rate per 10,000)	Repeat CP plans	Children Looked After (rate per 10,000)
2010/11	70.70	211.40	28 (snapshot average for year) (31.80)	12	26
2011/12	54.40	207.30	141 (23.60)	20	29
2012/13	91.20	237.10	145 (22.)	17	30
2013-14	126	Waiting for DfE statistics	187 (34.1)	14.25	32 168)

2.19 There has been a steadily rising number of Section 47 child protection investigations this calendar year. This rate will be above comparator boroughs, however may present the change in thresholds working through the system. It could be predicted to steady and be translated through the system, finally to numbers of children looked after, during the coming year. Last year's rates of Section 47 investigations were close to that of statistical neighbours after a drop the previous year in 2011/12.



2.20 This graph shows the rates of looked after children and children subject to child protection planning over a long term 8 year period. We have seen significant changes in the 15 months since the introduction of the LSCB threshold document and impact in terms of children safeguarded, and accommodated into foster care and legal proceedings being undertaken. This has had an impact on our workforce with more demand for safeguarding support in all sectors. This impact is a stark rise seen on the graph above.

2.21 In Harrow, at March 31st 2014, there are 187 children, who are identified as living in conditions of significant harm and who are subject to child protection plans. Numbers of children with child protection plans are above Harrow's long term average and the steep increase there has been from April to August 2013 can partly be seen as a result of the lowering of social care thresholds with the publication of the LSCB multi agency threshold document. This brings Harrow close to its comparator boroughs. In the past year, there has been a lowering of numbers of children with child protection plans lasting longer than two years with provisional figures of 1% - 2 children. There has been a major improvement following a peak of cases (30) in 2011/12 - 9.3%. There are regular multi-agency Child Protection Challenge Panels which scrutinise local planning. There has been improved performance in tracking plans with few lasting for more than two years; in a similar way, numbers of repeat child protection plans are low in Harrow, indicating intervention has been effective – at 3% - 5 out of 202 children over 24 months .

2.22 Harrow has rising figures of children aged under 10 subject to child protection plans but is still not matching the national benchmarking in terms of age distribution. The largest cohort of children subject to plans are those aged 5-9 years old. 75% of children subject to child protection plans are from the BME community groups. Numbers of male and female are roughly equal. During the forthcoming year the Quality Assurance Subgroup will be considered the pre-birth cohort for evidence of impact of the local pre-birth protocols.

2.23 Review child protection conferences are timely, however figures for initial conferences were not, and much as statistical neighbours (76% took place within 15 working days of the strategy meeting).

2.24 Very small numbers of children with disabilities have child protection plans, 2 at present, which is a low figure and suggests the need for further multi agency support in this regard.

2.25 There has been a modest rise in numbers of children looked after, which have not reached levels of statistical neighbours and we could anticipate that this will rise some months after rises in child protection planning.



- 2.26 The partnership has sought this year to work together to address a number of concerns for children looked after. Apprenticeships, including with the Council, have been developed to address the needs of care leavers not in education, employment or training. 33.9% of care leavers are not in education, employment or training. This figure is comparative to last year, and is lower than Harrow's statistical neighbours (40% for 19 year olds).
- 2.27 Coordinating health care for looked after children has remained a local challenge. There has been fall in children with up to date dental checks this year (78.9% from 95% last year), a fall in those with up to date health assessments (81.5% from 92.6%) and, most concerning, initial health assessments completed within 28 days of children becoming looked after has fallen from 25.8% last year to 11.6% - 10 children. Two thirds of the looked after population are aged from 10-17 years. The proportion of those aged 16-17 years, who are looked after, is higher than the national average, as are those aged under 1 (10%) against statistical neighbour averages of 5%. 61% are male, which is a striking comparison to the gender of children subject to child protection plans (para xx above) and a similar percentage are from BME groups.
- 2.28 55.7% of children looked after are placed outside the borough and approximately 19% are placed more than 20 miles outside Harrow. This figure has recently increased, as it now includes children placed in specialist residential schools in 52 week placements. Stability levels for placements have fallen from 71% in 2011/12 to approximately 52.8% for this past year. Of 167 children looked after, no children were in a secure unit at the end of the financial year, 8 were in residential schools, 21 were in semi-independent living, 2 were in prison or a young offenders institute, 63 were cared for by Harrow foster carers and 40 by agency foster carers. In the past year, between 0-1.8% of children has been cared for by their parents. 5.3% of children looked after are in kinship placements with family or friends
- 2.29 Rates of children in need still have not met those of Harrow's statistical neighbours, indicating further work required to embed the early help framework locally. The increase of activity in 2012/13, as predicted has been sustained in 2013/14.

Children in Need per 10,000 (data is not yet prepared for 2013/14)

	2010-11	2011-12	2012-13
Harrow	211	207	237
London	420	362	368
Statistical neighbour	336	312	301
England	346	326	332

2.30 In 2013/14, 1880 cases were closed in Targeted Services.

Children allocated at the end of each quarter 2013/14.

Number of allocations	Q1	Q2	Q3	Q4
Social work teams	1,164	1,418	1,422	1,400
Early Intervention Services	393	635	542	397
Children with Disabilities	103	93	101	121

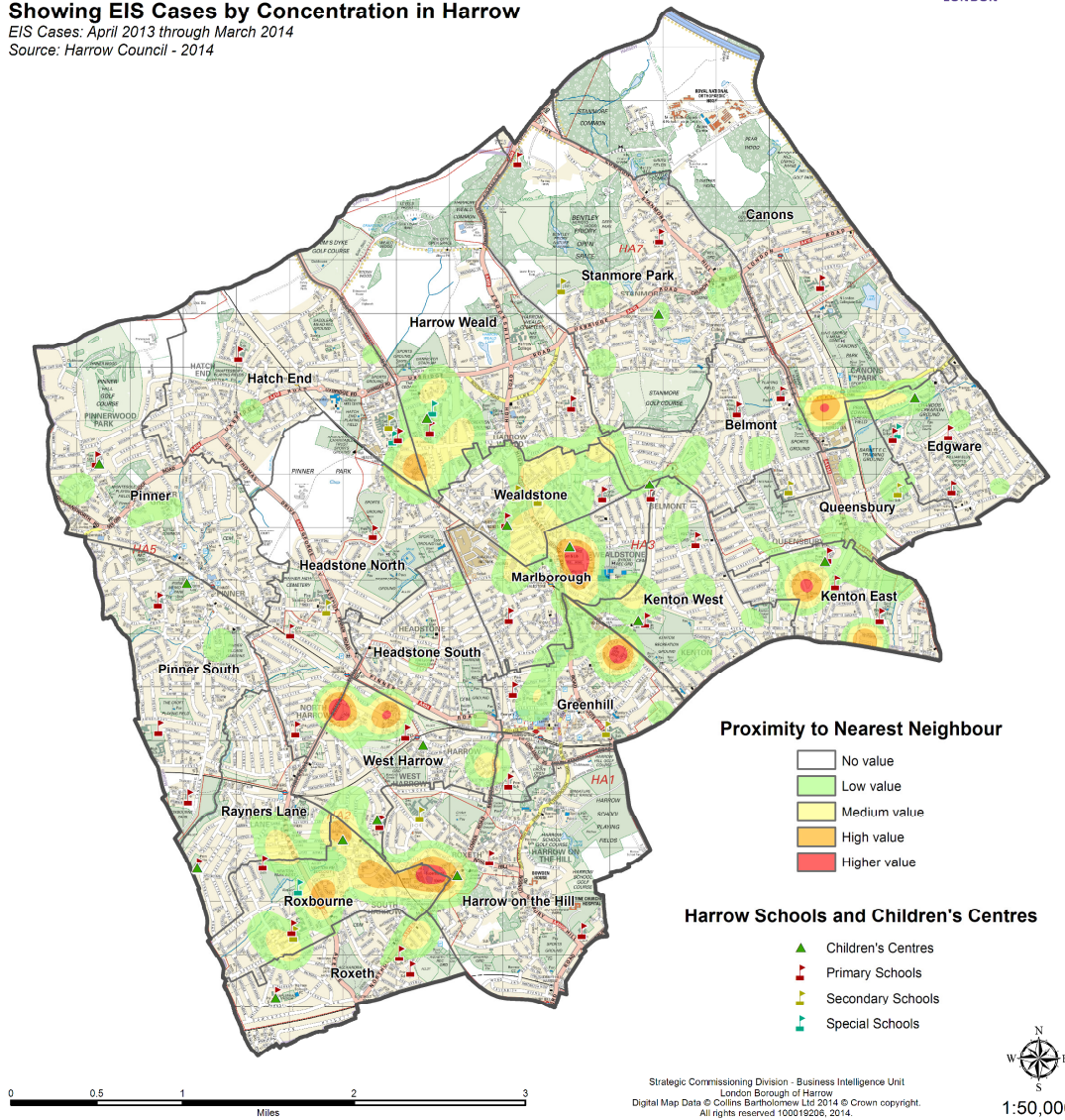
Youth Offending Team (YOT)

2.31 The 2011 HMIP Inspection of YOT Services in Harrow raised concerns as to management oversight, staff learning, the need for good timely assessments, and plans for young people. There has been considerable support, training and oversight provided since this time. We can track this in outcomes for young offenders aged 10-17 years in Harrow. There has been a downward trajectory locally and nationally in terms of first time offenders entering the youth justice system 327 for 2013, compared with comparator average of 382; this is matched with relatively low numbers of custodial sentences 0.59, against the national rate of 0.33 per 100,000, but some rise in re-offending. In Harrow the number of young people from YOT not in education, training or employment has reduced 6% to no more than 20% in this last year.

	First time entrants	Custodial sentences	Re-offending
2010	648.8	0.8	33.20%
	(rate per 100,000)	(rate per 100,000)	
2011	526	0.66	33%
2012	330.4	0.8	33.5%
2013	327	0.59	39.8%

Early Intervention Service Cases

Showing EIS Cases by Concentration in Harrow
 EIS Cases: April 2013 through March 2014
 Source: Harrow Council - 2014



2.32 Levels of deprivation can be described as being in a “T shape” in Harrow and that is where support is targeted through local children’s centres focussing on super output areas; in those areas there are higher levels of Child Protection planning and the demographic is more diverse. For 2013/14, 7645 children aged 0-5 years accessed Children’s Centres at least once, of which 84% of children were living in the most deprived areas in Harrow, a cumulative total reached

over 2 years. At least 75% of these children were from a BME background. 50% of families from deprived areas had sustained engagement with centres (more than 6 times in 2 years.) 330 families accessed SEN services in Children's Centres and 2487 families accessed health visitors and midwives. 61% of children looked after in Harrow aged 0-5 years accessed a Children's Centre in the past year, and 50% of children subject to child protection plans were registered at a Children's Centre.

- 2.33 Early help support to children and young people struggling with school attendance has developed in the last year, with the roll out of the AIM attendance project from EIS to all schools. An average for the year of 70% of pupils [cohort of 21 students] showed an improvement in attendance when comparing 12 weeks before and after referral to the project. There has been one successful prosecution (EPN Education Penalty Notice).
- 2.34 85% of the 395 local families identified for the Families First project have been engaged. This is the title of the Troubled Families initiative in Harrow. EIS (Early Intervention Service) is developing a tool to monitor early help support given to children and young people in Harrow by local agencies. Most referrals for EIS work come from step downs from Targeted Services, schools, and Police.
- 2.35 The Harrow 0-17 Population is 55,400. Between June 2013, when eCAF was launched, and May 2014, 337 eCAFs were completed, giving a rate of 61 per 10,000 population. The EIS will be rolling out the Early Help Framework from autumn 2014 to support practitioners from the multi agency group to develop their CAF (Common Assessment Framework) interventions and these will be logged. The LSCB will work to monitor the effectiveness of this approach in Harrow.

So what is the impact?

Agencies have had greater clarity during 2013 regarding inter-agency thresholds of concern and this has had an impact on referrals and subsequent work. For school age children, there are higher levels of children from a black or dual heritage background subject to child protection plans and fewer from an Asian background, although these numbers have been rising in the last years. This does not yet match the local demographic picture, where the largest ethnic group is Asian.

Harrow has falling numbers of children aged 16-17 year olds looked after, which may point to successful rehabilitation to their families or permanent placements taking place. Numbers of asylum seeking children are steady, averaging at 22. Harrow has comparatively higher numbers of children looked after aged under 4, which may reflect their vulnerability and partners' good identification of risk.

So what does this mean for Harrow?

Children from all other backgrounds than Asian were looked after in numbers larger than their statistical proportions. During the coming year, the Quality Assurance subgroup will consider if this means there is more deprivation and social concern for those ethnic groups, that professionals are poor at detecting risk for Asian children or that more Asian children are cared for in extended families.

What is the impact on the workforce?

2.36 Rising numbers of investigations, safeguarding activity and children becoming looked after has a significant impact on the local workforce in our internal work, and in external scrutiny. It is clear that services are under pressure and some are under-resourced. Some sectors have been able to address this, such as Children's Social Care with an increase of 24 social work posts, and the Public Health consultation in 2013/14 regarding health visiting and school nursing services. See page 60 below for more detail regarding the local workforce.



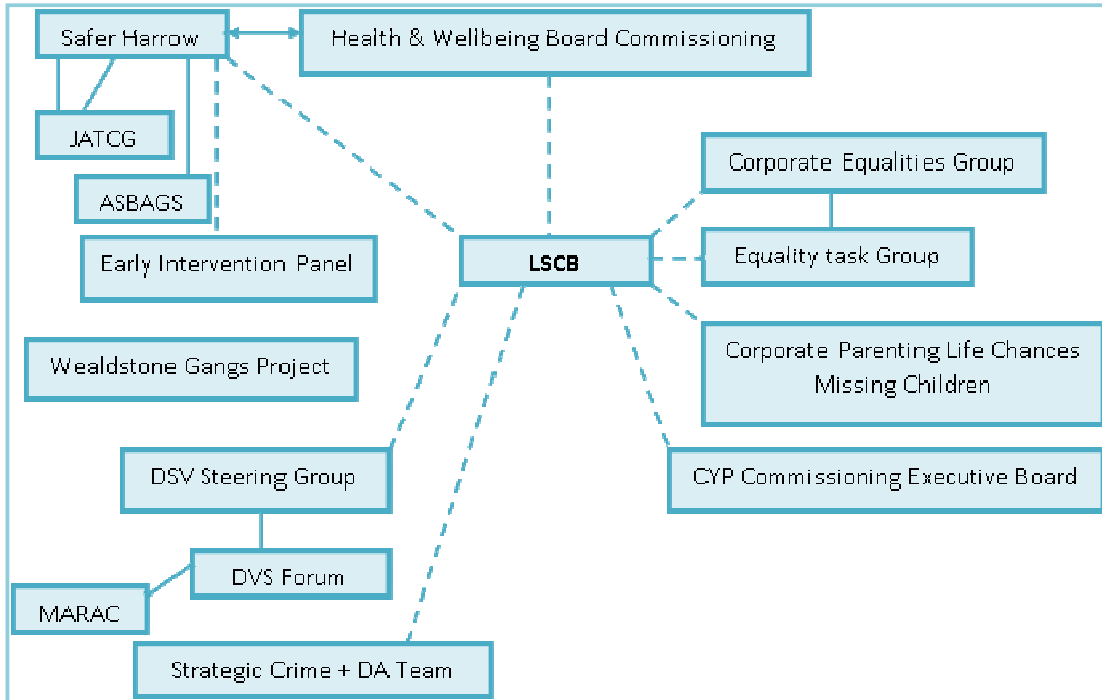
3 Governance and Accountability

Statutory Accountability

- 3.1 This section sets out the governance arrangements for the LSCB and how the 'day to day' work of the Board has been delivered through its subgroups and working groups. This year has seen strengthened accountability relationships and greater independence for the Board.
- 3.2 Changes in statutory guidance and greater clarity about the role of the LSCB has meant an increased membership on the Board, including for example, further political representation to include the Health and Wellbeing Board, representation of NHS England, Cafcass, the inclusion of local early help and a Healthwatch Harrow representative.
- 3.3 The past year has seen significant senior leadership and accountability change in Harrow. *Working Together to Safeguard Children (1st April 2013)* states that the LSCB is the statutory mechanism for agreeing how the relevant organisations in each area work together to promote and safeguard the welfare of children and for ensuring the effectiveness of early help work. *Section 11 of the Children Act 2004* places duties on named agencies to promote and safeguard the welfare of children. The LSCB is now, in each borough, the only statutory board which focuses on safeguarding children.
- 3.4 Working Together 2013 brought about a fundamental change in accountability and independence for the Chair, as it changed the accountability relationship from the Chair and the Director of Children's Services to the Head of Paid Services and the Chair. This has continued the regular meetings between the LSCB Chair and the Head of Paid Service, and the Chair was involved by the Head of Paid Service in the recruitment of the interim Director of Children's Services, on behalf of the partnership in early 2014. Significantly, as well as the Director of Children's Services, both the Leader of the Council and the Head of Paid Service have changed this year in Harrow, together with other political leaders. The well established system of regular briefings by the Chair of the LSCB with key Council officers and politicians has continued and underpinned a consistent and thoughtful approach to safeguarding children locally.
- 3.5 The Chair of the LSCB has met regularly with the Police Borough Commander, the Chief Executive, and Assistant Chief Executive of *Harrow CCG*, *Harrow Council's* Head of Paid Services, the Corporate Director of *Children's Services*, the Council Leader and the portfolio holder for children. Following the Chair bringing concerns of the coordination of domestic and sexual violence responses in Harrow to the Chief Executive, in May 2013, an LSCB facilitated 'field trip' took place for all local Chief Executives to their own main points of access to services for children, focusing on case studies relating to domestic and sexual violence. The Chief Executives formulated an action plan, which is reviewed.
- 3.6 The Chair has met with senior leaders from *Northwick Park Hospital*, London Probation, *CNWL*, the *ICO*, and the Director of *Adults' Services*. The Chair has had regular meetings with designated and named health professionals in the borough. This has led to improved relationships between leaders in health and social care and a sharper focus on children. The Chair attends the school Heads and Directors' forum and presents local and national safeguarding learning each term. The LSCB delivers safeguarding briefings for designated education safeguarding leads each term and this year has highlighted the following issues: for

example, East Sussex serious case review, Child Sexual Exploitation, Private Fostering, the work of MASH, and substance misuse issues. The Chair met independent school leads in September 2013 to highlight learning from serious case reviews involving education, the work of the LADO, and the work of Victim Support.

3.7 Last year our annual report was presented to Harrow CCG, Safer Harrow, Harrow Health and Wellbeing Board, the Head of Paid Service, Harrow Council, the Chief Executive of CNWL, the Borough Commander, the Chief Executive of ICO and NWLH. Our Governance relationships are set out below:



This table shows the local strategic lines of accountability in Harrow. Dotted lines demonstrate reporting accountability to the LSCB. Solid lines indicate strategic relationships.

So what is the impact of our strategic relationships?

- *More agencies understand their role in safeguarding children;*
- *This has led to a scrutiny of Board members' roles and impact in the safeguarding agenda at strategic levels;*
- *Agenda raising of the issues of child sexual exploitation, domestic and sexual violence, and gangs with senior leaders and other strategic boards;*
- *This has led to streamlining of priorities and sharing of agendas between strategic boards, LSCB subgroups and working groups, involving for example the LSAB (Local Safeguarding Adults Board);*
- *Leading to the LSCB having a stronger understanding of safeguarding in Harrow and its leaders knowing gaps to focus upon, as identified in feedback from the Ofsted thematic inspection in January 2014.*

Health and Wellbeing Board

3.8 The LSCB is in a unique position to actively influence other strategic bodies in Harrow to ensure that safeguarding children and promoting their welfare is properly embedded.

3.9 In 2013/2014 the *Health and Wellbeing Board* was chaired by the Leader of the Council. The following LSCB Members are also members of the *Health and Wellbeing Board* - the Named GP, the Director of *Public Health*, the Corporate Director of *Children's Services*, the Chief Operating Officer, *Harrow CCG*, and additionally recruited this year to help support the interests of the health economy, Cllr Simon Williams, who represents the Health and Wellbeing Board on the LSCB Executive Board. The LSCB has presented its annual report and a working protocol to the Board during this year, which has clarified governance arrangements. Our new lay member, Robert Pinkus, represents Healthwatch Harrow, bringing in the community view of health and wellbeing and feedback from those who use local health services.

3.10 With the Health and Wellbeing Board the LSCB has been working with the Public Health Consultation into school nursing and health visiting capacity, has scrutinized the new child obesity strategy, and with the CCG been part of the consultation into the North London Hospital Trust and Ealing ICO merger.

Harrow Clinical Commissioning Group

3.11 *Harrow Clinical Commissioning Group* was chaired by Dr Amol Kelshiker in 2013/2014. The Named GP attends this Group as well as the Chief Operating Officer of the CCG, who are Executive Board members. The Designated health professionals sit within the CCG and feed back the business of the LSCB Board to the CCG safeguarding children meetings. They have an independent oversight of all health services commissioned in Harrow.

Safer Harrow (Crime and Disorder Reduction Partnership)

3.12 In 2013/2014 *Safer Harrow* was chaired by the Leader of the Council. LSCB Members, Andrew Howe, Director of *Public Health* and Melissa Caslake, Director of *Targeted Services* represent the LSCB on this group. The LSCB has undertaken joint discussions with *Safer Harrow* in respect of domestic violence and gang related activity. At the time of writing, the Chair has an invitation schedule to *Safer Harrow* for the forthcoming year. Work this year has also included the analysis and evaluation of Domestic Violence services in Harrow and a challenge to the SHP to provide better coordination of these services. The Head of Paid Service is the lead for London Chief Executives on anti- social behaviour and gangs.

LSCB Executive Board Membership- 2013/2014

3.13 The LSCB Executive Board has seen fewer changes in its membership this year. Attendance at Board and subgroup level is carefully scrutinised and any issues followed up by the Chair and Board Manager. The Board meets quarterly for three hours and is chaired by Deborah Lightfoot.

3.14 Political Representation

Cllr Zarina Khalid was replaced in 2013 by Cllr Janet Mote on the LSCB Executive Board. As noted above, Cllr Simon Williams has also joined to provide a stronger link to the Health and Wellbeing Board. Elisabeth Major meets with both Councillors prior to the Executive Board meeting to prepare.

3.15 Education

Sandie Dinnen of Vice Principal, *Stanmore College*, LSCB Representative for colleges, was replaced by a colleague, *John Keenan*. Janice Howkins, Head of *Bentley Wood*, High School representative was replaced by Geraldine Higgins, *Head of Sacred Heart*.

3.16 Health

Carole Flowers, Director of Nursing at *Northwick Park Hospital* has been represented this year at the LSCB by Bridget Jansen, and Colette Mannion. Paulette Lewis, General Manager, ICO (Ealing, Brent and Harrow Integrated Care Organisation) has been replaced by Carole Wallace.

3.17 Children's Services

Catherine Doran retired as Director of Children's Services in March 2014 and was replaced in the interim by Chris Spencer.

3.18 Lay members

Mahesh Vaid retired in autumn 2013 and Robert Pinkus, representing Healthwatch Harrow, was recruited. Robert chairs the GP surgeries' patient participation group. Robert joins Michelle Weerasekera, School Governor Member, and John Courquin, lay member, another Chair of Governors. Michelle is the vice chair of the Quality Assurance subgroup and has provided the Board with particular support in relation to Section 11 audits for schools and case reviews. John supports the Board in working around issues of participation and in his role chairing the Harrow Stop and Search working group and supporting the local charity Mothers Against Gangs. Elisabeth Major meets regularly with the lay members.

LSCB Executive Board as at 31 March 2014:

DI Liam Adams	<i>Police Child Abuse Investigation Team</i>
Wendy Beeton	<i>Early Intervention Services, Harrow Council</i>
Dan Burke	<i>Ignite Trust</i>
Paul Bushell	<i>London Ambulance Service</i>
Melissa Caslake	<i>Harrow Council, Children's Services</i>
Karen Connell	<i>Harrow Council, Housing Services</i>
John Courquin	<i>Lay Member</i>
Sue Dixon	<i>Harrow CCG</i>
Carole Flowers	<i>NWLH Trust</i>
DCI John Foulkes	<i>CAIT, Metropolitan Police</i>
Geraldine Higgins	<i>Sacred Heart High School</i>
Dr Andrew Howe	<i>Director of Public Health, Harrow Council</i>
Rowena Jaber	<i>The WISH Centre</i>
John Keenan	<i>Stanmore College</i>
Catherine Knights	<i>CNWL Mental Health Foundation Trust</i>
Deborah Lightfoot	<i>Harrow LSCB</i>
Rutinder Mahil-Pooni	<i>Kenmore Park Infant & Nursery School</i>
Elisabeth Major	<i>Harrow LSCB</i>
Andrew McGregor	<i>Harrow School</i>
Cllr Janet Mote	<i>Portfolio Holder - Children, Families & Schools</i>
Alison Murphy	<i>Harrow Council, Children's Services</i>
Helen Ottino	<i>Harrow Council, Legal Services</i>
Debbie Owen	<i>Harrow Council, Children's Services</i>
Shannon Peacock	<i>Compass Drug & Alcohol Service</i>
Visva Sathasivam	<i>Harrow Council, Adults Services</i>
Dr Ruby Schwartz	<i>Harrow CCG</i>
Javina Sehgal	<i>Harrow CCG</i>
Janet Shepherd	<i>NHS England</i>
Dr Genevieve Small	<i>Harrow CCG</i>
Chris Spencer	<i>Harrow Council, Children's Services</i>
DCI Peter Stride	<i>Metropolitan Police BOCU</i>
Cllr Simon Williams	<i>Member of Harrow Health and Wellbeing Board</i>
Carol Wallace	<i>Harrow ICO</i>
Judy Walsh	<i>CAFCASS</i>
Michelle Weerasekera	<i>School Governor</i>
Rebecca Wellburn	<i>Harrow CCG</i>
Marcia Whyte	<i>Probation Service</i>
Paul Williams	<i>Shaftesbury School</i>
Sarah Wilson	<i>Harrow Council, Legal Services</i>

LSCB Executive Board Attendees:	April 2013	July 2013	Oct 2013	Jan 2014	June 2013 Development day re Child Sexual Exploitation
LSCB	Y	Y	Y	Y	Y
LSAB	Y	Y	N	N	Y
Local Authority	Y	Y	Y	Y	Y
Housing				Y	Y
Harrow CCG	Y	Y	Y	Y	N
CNWL	Y	Y	Y	Y	Y
NWLH	Y	N	Y	Y	Y
Ealing Hospitals NHS Trust	Y	N	N	HALF	Y
Compass Drug & Alcohol Services	Y	N	N	Y	Y
Police	Y	Y	Y	Y	Y (CAIT)
Voluntary Sector	Y	Y	Y	Y	Y
Primary School	Y	N	N	Y	Y
Secondary School	Y	N	Y	N	N
Special School	Y	N	N	N	Y
Independent School	n/a	N	Y	N	Y
Colleges	Y	Y	N	Y	Y
Governor	Y	Y	Y	Y	Y
Probation	Y	N	N	N	N

Membership arrangements

3.19 It is important that all members are clear about local priorities, partnership arrangements, as well as areas for improvement. Also, they should be clear about how they represent their sector and provide two way feedback between their agency and the LSCB. The Board Manager has begun inductions with new members, all members have signed contracts, and subgroups have their year reviewed by the Chair. In June 2013, Board Members attended a development day to take part in action learning and emergency planning regarding CSE (Child Sexual Exploitation). The Chair has followed up issues of poor partnership attendance.

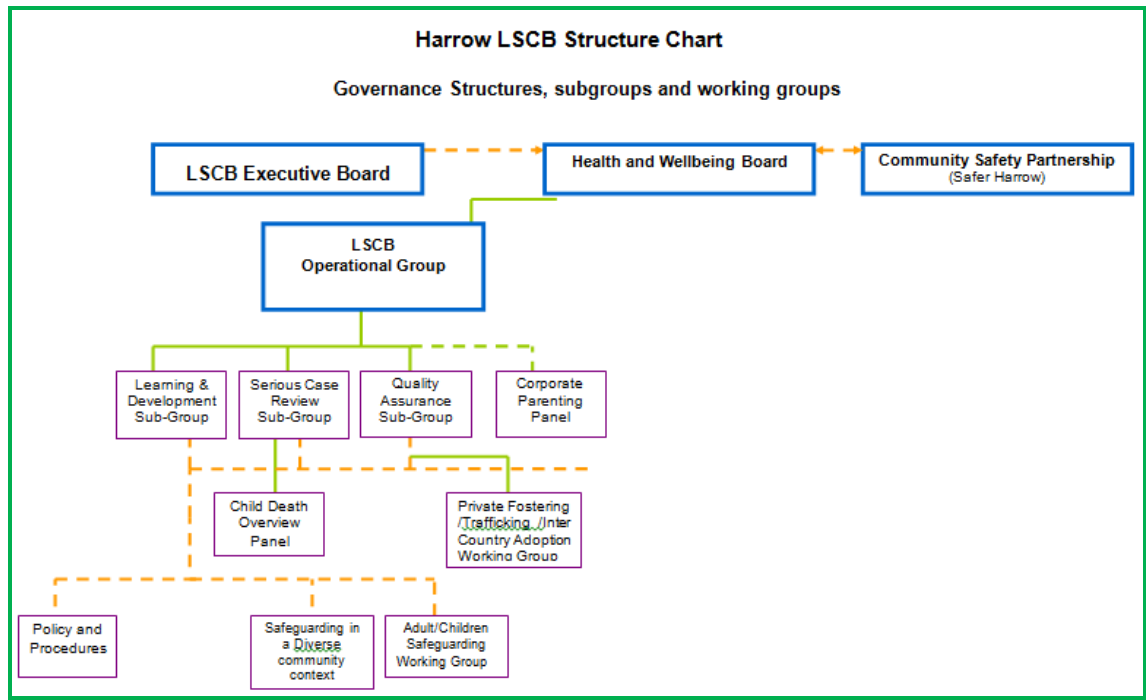
3.20 The Operational Group meets six weekly, chaired by Deborah Lightfoot. This keeps an overview of the work of other subgroups and working groups and scrutinises key local safeguarding issues, emerging learning and priorities, and changes in the partnership. This year the group has considered early help, missing children, safeguarding in local community and faith groups, lay member roles, the implications of Working Together 2013, and the findings of the Winterbourne

Report, safeguarding children in education from sexual harm, chaperones and child employment, child sexual exploitation, participation, YOT and DSV, MASH, and the LSCB's challenge log.

3.21 This group has overviewed the MASH and the VYPP (Vulnerable Young People's Panel), both of which groups are chaired by Service Manager, Nasheen Singh. Nasheen chairs the MASH Operational Group.

The LSCB has strong, regular attendance from the local Children's voluntary sector in particular the WISH Centre and the IGNITE. These members also attend the Voluntary Sector Forum in Harrow and were nominated by the forum to sit on the LSCB. Their input is invaluable particularly helping partners to keep focused on the voice of the child and specific issues, such as mental health and CSE (Child Sexual Exploitation). The voluntary sector member for IGNITE also offers training for the LSCB on safeguarding and gangs.

Feedback from LSCB subgroups



3.22 The **Serious Case Review (SCR) subgroup** meets two-monthly, in 2013/2014 it was chaired by Catherine Knights. Vice Chair, is Sue Dixon. The group has overseen four learning and improvement case reviews this year. Two were completed and are outlined below page 67.

3.23 This year, the SCR subgroup has been considering the needs of children excluded from local schools, and overseeing a task and finish group building health and social care pathways for young people with ASD (Autism Spectrum Disorders) and ADHD (Attention Deficit Hyperactivity

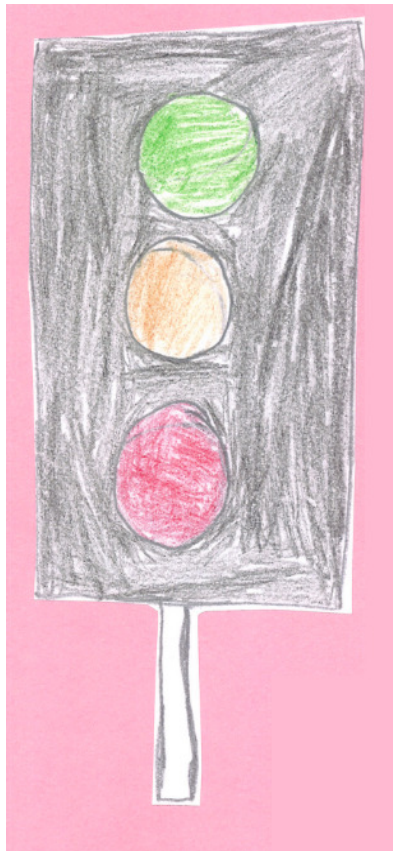
Disorder). Following a local incident involving the suicide of a young person, mental health training has been offered for high schools. YOT serious incidents have been scrutinised.

3.24 The **Child Death Overview Panel (CDOP)** was chaired in 2013/2014 by Andrew Howe, Director of Public Health, and through Ruby Schwartz, Designated Doctor, reports to the SCR subgroup. The LSCB CDOP and Learning Lessons' bi-annual Newsletter is co-edited by Marie Hourihan, CDOP Coordinator and Ijaz Valiji, LSCB Training Administrator. This disseminates information regarding national and local learning following serious incidents.

3.25 CDOP is an inter-agency forum that meets regularly to review the deaths of all children normally resident in Harrow. It acts as a sub-group of the Local Safeguarding Children's Board.

3.26 In 2013, the panel held 4 meetings and reviewed 19 cases which was down from 22 in the previous year. Child death is a very sensitive issue of crucial importance. Our panel is committed to learning from every such incident and where possible, identify preventable factors and to inform action that can be taken to reduce the number of child deaths in the future. In 2013 perinatal or neonatal events, most of which were due to prematurity, accounted for the majority of child deaths reviewed by CDOP.

3.27 The aim of the **Quality Assurance Subgroup** is to monitor and evaluate frontline practice. It



was chaired in 2013/2014 by Debbie Owen, Interim Service Manager, Quality Assurance and Service Improvement Team, Targeted Services. The vice chair is Michelle Weerasekera. It meets six weekly from January 2014. This year the group has considered private fostering, the work of the LADO, YOT improvements, child protection conference attendance, Section 11 audits, home schooling, work with travelling families, learning and improvement review action plans, MAPPA, MARAC, licensing, early intervention services, IRO work, unaccompanied asylum seekers, child-minders, children's centres, trafficking, and early years education. The subgroup has overseen two multi agency audits of twenty children in November 2013 and April 2014. Please see page 61 below for more quality assurance analysis. Over the year the group has focused on engaging with practitioners to be part of the QA process and in that way tries to embed learning and lasting improvements as well as areas of good practice to share across the safeguarding community. The group has worked hard to improve the LSCB dataset. There has been some success but more work is needed to make sure that the data can help the LSCB deliver its statutory functions.

- 3.28 The **Private Fostering, Trafficking and Inter-Country Adoption Working Group**, chaired in 2013/2014 by Peter Tolley, Service Manager, *Targeted Services*, and Named Nurse, NWLH Melanie Zurbrugg. This is a strategic multiagency group to encourage awareness raising of the safeguarding of children involved with private fostering, trafficking and inter-country adoption and to encourage best practice across agencies. This group meets bi-monthly and includes representation from the former UK Border Agency, school admissions services and the local colleges. We have seen increased information queries from the Council's Schools' admissions' team, but as the national picture, there are low levels of reporting.
- 3.29 The **Learning and Development Subgroup** was chaired in 2013/ 2014 by Shirley Dye, Child Protection Coordinator and its Vice Chair is Simon Sackwild, Deputy Headteacher of *Shaftesbury School*. This group oversees the work of Janine Young, Learning and Development Officer. This is a well supported, large, multi agency group which works enthusiastically, involving many partners. Many members deliver LSCB training, as well as training in their own sector or agency. This year, the group has run an advanced the *Train the Trainer* course, involving 14 people, who received free training in exchange for delivering LSCB training at least four times a year. The group oversaw our safeguarding month and annual conference in January focusing on neglect. Please read page 60 below for more information regarding our LSCB learning. Several work streams report to the Learning and Development Subgroup:
- 3.30 **LSAB (Local Safeguarding Adults' Board) and LSCB Working Group** was jointly chaired in 2013/2014 by Catherine Knights, Associate Director of Operations CNWL , Melissa Caslake, Divisional Director Targeted Services, and Visva Sathasivam, Assistant Director of *Adult Services*. This multi-agency group brings together children's and adults' services to work to look at the impact of parental issues on children. The group launched three local joint protocols regarding child safeguarding matters when working with people with disabilities, mental health concerns and substance misuse difficulties, in October 2013, having noticed a gap in policies and procedures during local case review work. The group meets every eight weeks. Its current agenda is considering, for example, the local Prevent strategy, the implications of the new SEN reforms, and joint learning and development opportunities.
- 3.31 **The Policy and Procedures Subgroup** met quarterly to review and develop policies and procedures, and is currently working virtually. This group was chaired in 2013/2014 by Elisabeth Major, Board Manager. The group has developed the following new policies this year: *Child Sexual Exploitation Strategy, Child Protection Process multi agency expectations, missing children guidance, which was then updated in March 2014, private fostering and safeguarding children from abroad guidance, safer recruitment guidance and forced marriage guidance*. The Board highlighted the publication of the inter-collegiate guidance regarding FGM (Female Genital Mutilation) with health partners in November 2013, and regularly briefs education staff on the publication of Serious Case Reviews. We are waiting for the finalization of the London Child Protection procedures and continuum of need, in order to refresh our multi agency threshold document and Green Book of safeguarding policy and procedures for the voluntary, community and faith sectors.
- 3.32 The **Participation Working Group** began in July 2012, and was chaired by Elisabeth Major. This group ceased meeting in autumn 2013, after discussion at the LSCB Executive Board and decisions taken by members of the Operational Group, and instead, Rowena Jaber and John Courquin support the LSCB in identifying participation opportunities. For example, students at Whitmore High designed "safety credit cards" for students at Mencap; members of the youth

development team were supported by the LSCB to present a drama on White Ribbon Day, which is currently being filmed and put together into an education pack by A level students at St Dominic's College; members of Harrow Youth Parliament carried out an LSCB safeguarding questionnaire at Under One Sky in July 2013, asking young people to identify worries - approx. 40 young people aged from 12-17 responded.

- 3.33 The **Safeguarding in a Diverse Community Working Group** was chaired in 2013/2014 by Janice Howkins, Headteacher of *Bentley Wood High School*. This group looks at safeguarding in a culturally diverse community and how to engage with parents and community leaders. The **Corporate Parenting Panel**, has been chaired by Councillor Bednall and provides reports to the LSCB. There are 168 Children Looked After at 31st March 2014.

LSCB representation

- 3.34 The LSCB is represented by Elisabeth Major on the *Harrow Domestic and Sexual Violence Forum, Local Safeguarding Adults Board, CDOP (Child Death Overview Panel), the Children's Centres' Strategic Group*, and by Rowena Jaber and Dan Burke on the *Voluntary Sector Forum*. The LSCB is currently represented by Elisabeth Major on a Brent LSCB learning and improvement case review, and in a European research project into abuse, trafficking and domestic violence through London Metropolitan University.
- 3.35 The LSCB is part of the North West London set of LSCBs and has worked to develop stronger links with Brent, Ealing, Hillingdon and Barnet LSCBs, sharing good practice and training initiatives. The training group has broadened its scope with wider in-house delivery of training using local specialists. The LSCB is represented in the following groups: *LSCB Chairs Group London* and *National Association of Independent LSCB Chairs, London LSCB Board Managers Group* and *LSCB London Training Officers Group*.

Accountability

- 3.36 The LSCB has developed a stronger independent profile, influence in the borough, and character in the last year and the Board's role has developed. The Chair now meets bi-monthly with the Head of Paid Service, Paul Najsarak.
- 3.37 It is the role of the LSCB Chair to raise professional challenge in terms of identifying needed improvements and monitoring effectiveness in safeguarding and early help as required and in the past year, sixteen challenge letters have been sent. The LSCB is not an operational body and the purpose of these challenges is to set out areas where improvements may need to be made. These letters have included matters of licensing, consent for child protection medicals, emotional and mental health support to young people, domestic and sexual violence interventions, and Probation involvement in the LSCB.

So what is the impact?

Safeguarding children challenge reports that set out areas of coordination and any gaps have been sent to the Harrow CCG, Safer Harrow and the Director of Children's Services in respect of Education.

The impact of these challenge letters has been mixed, with impacts mainly on policy and procedures. For instance, the letter to the chair of the Safer Harrow Partnership led to a revised domestic violence strategy, the broadening of priorities to reflect the impact on children of domestic abuse and also a change in the deployment of IDVAs (Independent Domestic Violence Advisers). The letter to the DCS (Director of Children's Services) has led to planned work to revise the format of safeguarding self-evaluations of local schools and regular targeted briefings for LSCB school representatives. Partners have also addressed issues ranging from the wellbeing of young people with ASD in the local A&E, to the commissioning of nursing, health visiting and mental health resources.

LSCB Team

- 3.40 *Deborah Lightfoot* worked 51 days in the financial year 2013-2014. The increase in activity is because Deborah has chaired one local learning and improvement case review during this year.
- 3.41 *Elisabeth Major* works fulltime and delivers on average one LSCB training session a month. She has spent considerable time meeting local agencies, coordinating local learning case reviews and ensuring the function of the LSCB groups.
- 3.42 *Janine Young*, Learning and Development Officer works part-time. Janine delivers and develops training. The LSCB has had full time administrative support this year from *Ruth Curry* and *Ijaz Valiji*, who works part time and administers our learning and development, and independent LSCB website.
- 3.43 In July 2013, the LSCB moved from being hosted within the *Quality Assurance and Service Improvement* team, within *Harrow Council's Quality Assurance, Commissioning and Schools'* Directorate, whose Director was *Leora Cruddas*, to *Targeted Services*, whose Director is *Melissa Caslake*. This has not created any appreciable differences in respect of the LSCB. *Debbie Owen*, Interim Service Manager, *QASI*, directly manages *Elisabeth Major*.



Funding

The LSCB is funded financially and in kind by partner contributions.

Income

Partner Contribution	Income	Notes
Harrow Council	£124,665	Includes administrative support, stationary, IT and office space.
Police	£5,000	
Harrow CCG	£11,000	
NWL Hospitals Trust	£11,000	
CNWL	£11,000	Outstanding
Ealing, Brent & Harrow ICO	£11,000	Outstanding
CAFCASS	£550	
Training Income	£19,295	
Probation	£2,000	
LSCB Savings 2012/13 B/F	£31,400	
Total:	£215,910	

Expenditure

Staffing	Spend to Date
Senior Professional LSCB (1.0 FTE)	£61,758
Learning and Development Officer (0.5 FTE)	£23,206
Business Support Time	£33,851
Learning and Development Administration	£9,879
LSCB Chair	£32,340
Contingency for Learning and Improvement	£22,963
Ealing Community & Voluntary Sector	£15,000
Training	
Total:	£198,997

Figures exclude VAT

Training Budget	Delivery Costs
Learning Lessons	£13,650
Printing	£7,608
LSCB Website	£1,795
Catering	£2,300
Total:	£25,353

Total Income: £215,910
Total Expenditure: £224,350
+ £8,440

3.44 During 2013/2014 the Council have remained the main provider of financial resources for the LSCB. There has been some success in receiving resources in kind from a range of agencies and also generating income from training activities. More work is required to ensure that funding is shared across all partner agencies.

LSCB Effectiveness

3.45 Evaluating the effectiveness of an LSCB is complex, and includes considering the focus of the business plan and priorities and their impact, the consideration of external reviews, Board reviews, and the one to one meetings which take place with Board members and their appraisals.

3.46 Alastair Pettigrew, independent consultant carried out in July 2013 a review of the LSCB against the Ofsted framework of the time. This first appraisal was encouraging, highlighting strong communication across the borough, the Board making improvements to its own functioning, and evidence of impact in strategic groups. There were challenges to improve practice on the frontline to ensure it is sustained and consistent.

3.47 Executive Board Members completed their own LSCB evaluations in October 2013. Members wrote of the improving effectiveness of the Board and it becoming more focussed and a safe environment to challenge and to offer support. People described it as a professional, efficient and committed group. Some felt that the Board was becoming more open and transparent and able to take and react more quickly to direct questions. It felt “tighter and more in control”, and it was “really focussing on outcomes”.

3.48 Time for networking and developing relationships over the past year meant that meetings felt easier with attendees feeling more familiar with one another. Many noted that there were more open and dynamic discussions at meetings with appropriate support and challenge between partners. It was felt that the important conversations in the Operational Group had allowed greater understanding and encouraged joint working.

The Board

“everyone is given an opportunity for their voice to be heard”.

Holding their own sector to account, which as one Member noted, could be, “difficult... I can feel like a lone voice”.

3.49 Subgroups were carrying out more specific projects and the reporting back to the main Board, and this was becoming more effective. It was positive that actions were being chased up.

- 3.50 It was felt that the LSCB was very proactive, delivering multi agency accountability and responsibility for child protection; the LSCB was effective, as it had a greater and wider awareness of issues. Impact was seen in the learning implemented from the learning and improvement reviews, child sexual exploitation pledges, and the improvement in LSCB data collection.
- 3.51 As an LSCB we have identified that it is important for members to fully engage in the work of the LSCB. Personal Member input into the LSCB business varied from two sessions per month, 1-12 hrs per month, one day per week, to most of one Member's working time. Amongst other actions, Members outlined that they had hosted meetings in their sector, undertaken record keeping audits, supervision work and increased awareness of new policies; challenged the attendance model; introduced the schools' safeguarding audit toolkit; shared new thresholds, or given Legal advice to subgroups.
- 3.52 Members commented that they were often held back to an extent in their own LSCB effectiveness due to their work pressures. Members identified a need for the Board to keep the issue of the borough's diverse population to mind, to improve our own effectiveness and our ability to have open conversations. One-to-one meetings with the Chair were valued and there was a comment that the LSCB listened to feedback to change. It was felt that the new lay members were a "great addition".

So what is the impact on Executive Board Members?

As part of our training at all levels of leadership in Harrow, our LSCB Executive Board Member Development Day focussed on Child Sexual Exploitation (CSE) in June 2013, with action learning from a national Serious Case Review involving CSE and many local agencies. This made a significant impression on Board Members as evidenced in their self-evaluation forms.

Child Sexual Exploitation Day

"made me more aware of being vigilant regarding the safeguarding of children and young people".

" a greater awareness of children and young people; with operational work becoming more child focussed, and the child's voice being heard".

4 Quality and Effectiveness of Arrangements and Practice

This self-assessment evidence is set out under the four objectives that the LSCB agreed for its Business Plan in 2013/2014 and includes the provisions of policy, procedures and guidance, which have been introduced to supplement the pan London procedures during the course of the year. Our 2013/14 Business Plan can be found here on our website

http://www.harrowlscb.co.uk/AboutUs/Annual_Report.aspx Learning and development through staff training is also referred to within this section, as well as being covered in the separate section on LSCB training and in a separate Learning and Development Annual Report, which can be found here on our website. http://www.harrowlscb.co.uk/AboutUs/Annual_Report.aspx

Priorities 2013-2014

4.1 Our local safeguarding assessment in 2013 led us to set the following priorities as a Board for the Business Plan for this past year. We have considered each priority and its ensuing actions in turn:

From early help to safeguarding the most vulnerable - practice is multi agency, child focused and effective;

4.2 We have focused in particular on specific groups of vulnerable children, those who experience the impact of parental domestic violence, mental health, and substance misuse. We have also directed our attention to children, who are in danger of child sexual exploitation or who may become engaged in gang related activity, and children who are put at risk through trafficking or private fostering arrangements, or who may go missing from home, care or education.

4.3 We have focused upon children who are considered at risk of significant harm and who enter the child protection process, as these were identified as areas of need in the CQC and Ofsted inspections in 2012 and are identified by our LSCB learning and improvement work [case reviews and quality assurance work] as requiring improved multi agency support.

4.4 As part of our quality assurance work we have also identified other vulnerable young people, in particular young people, who have mental health issues, or who are excluded from school, and require further support to meet their needs.

4.5 Through our audit work, we have seen improvements in multi agency attendance at child protection conferences, but there remain challenges to ensure information sharing and participation in strategy meetings.

4.6 Concerns have remained for the timely completion of health assessments for looked after children. A Section 11 audit tool has been developed for early years' settings and is being piloted. Schools' safeguarding Section 11 audits have been distributed. This is a tool for schools who do not subscribe to the HSIP (Harrow Schools Improvement Partnership) behaviour and safeguarding audits. One or two schools use other methods to evidence their safeguarding

activity, which means that the LSCB role in coordinating the information across the sector is important. To date we have not achieved this overview.

4.7 Part of our function as a Board is to alert the local strategic group to gaps in services and support. Challenges have been sent by the LSCB to Safer Harrow regarding the domestic and sexual violence strategy in Harrow, to the Director of Children's Services regarding safeguarding in local schools, and to health commissioners regarding the consistency of support to children and young people in relation to emotional and mental health concerns.

4.8 The focus on the most vulnerable is a feature of our training, which has been further encouraged by our audit work. Action plans in relation to our local case reviews have also continued this theme.

Preventing risk to young people

4.9 Meetings of partners to map areas of vulnerability took place in February and July 2013. The Board reviewed its Child Sexual Exploitation, (CSE) work in March 2014.

4.10 A multi agency working group, the Vulnerable Young People's Panel (VYPP) has been developed to oversee the support given to vulnerable teenagers – looking at those at risk of CSE, missing children, those facing gang involvement, honour-based violence or self-harm. The Board has sought to coordinate the local response and the LADO, Paulette Lewis, has become the CSE Champion.



4.11 The VYPP began in August 2013, and so far has seen nine referrals; it is overseen by the LSCB Operational Group. This remains a challenge to embed. The ethos of the panel is in line with early help and prevention and the development of a multi-agency plan to reduce risk and share intelligence.

Children at risk of Sexual Exploitation

4.12 The Board published a local CSE (Child Sexual Exploitation) strategy in October 2013, which was accepted by all local agencies. There are plans to work more closely with Brent around the CSE work in the two boroughs. The LSCB updated its Forced Marriage guidance in September 2013.

4.13 The MASE protocol led by the borough police is in place and will be rolled out in 2014/2015. The lead for this during 2013/2014 was DCI Peter Stride.

4.14 Mapping missing children remains a concern to the LSCB and some strategic work was completed in autumn 2013. Work is ongoing between agencies to develop an accurate cohort of missing children at the time of writing.

4.15 The MASH Service Manager has been working with the Police Community Safety Unit to enhance the reporting and management of missing children and young people; there has been better scrutiny of data, which has been overseen by the LSCB Operational Group and the process is being streamlined.

4.16 The LSCB Missing Protocol was completed in Spring 2013 and updated following changes to guidance in Spring 2014.

Domestic Abuse

4.17 Coordination of Domestic Abuse interventions in Harrow remains a challenge and has been a priority for the Board to overview. At the time of writing, Safer Harrow is overseeing the development of a refreshed local DSV (Domestic and Sexual Violence) Strategy and the completion of a Domestic Homicide Review.

4.18 There has been an overall 12.5% decrease in DSV offences over the past five years. For the year 2013, 10% of total crimes in Harrow were domestic crimes. This means there were 27 domestic violence crimes per week. 91% of victims are female, and children were present in 45% of incidents.

4.19 It is estimated that in Harrow in the past year, (Ready Reckoner Tool [Home Office] and the 2011 census):

- 5,617 women and girls aged 16-59 have been a victim of domestic abuse;
- 5,09 women and girls aged 16-59 have been a victim of sexual assault; and
- 9,940 women and girls aged 16-59 have been a victim of stalking.

The economic cost for an area of this size is £22,827, 846 per annum (Home Office Ready Reckoner).

Honour Based Violence

4.20 In line with the national picture it is difficult to gain an accurate picture of the true prevalence of Honour Based Violence and Forced Marriage in Harrow. Local data suggests that over a four year period, January 2010-2014, there were six cases of forced marriage and twenty one cases of honour based violence investigated by Police. It is reasonable to estimate higher rates of prevalence based on the proportion of residents from communities that are affected by these issues. The LSCB strategy has been to raise awareness of the issue both with professionals through learning and development opportunities, as well as other communication tools, such as the regular LSCB newsletter and letters from the LSCB Chair to key agencies. The voluntary sector outreach work is also key in alerting and educating the local community.

FGM

- 4.21 Investigation of FGM (Female Genital Mutilation) has not led to any convictions in Harrow. The census in 2011 identified at least 35% of Harrow's female population originating from communities that are affected by FGM. FGM is usually performed on girls aged under 18 years of age, which constitute approximately 24% of Harrow's population. There is a clinic at Northwick Park Hospital, which provides treatment.
- 4.22 Discussion regarding FGM reporting was a feature of the Section 11 audit for Northwick Park Hospital, completed over some months in June 2013. The LSCB publicised the new health intercollegiate document published in November 2013 to local health partners; FGM is part of our training. The Chair of the SCR Subgroup has met with the safeguarding midwife and lead for FGM at Northwick Park Hospital to discuss referrals. The Hospital's FGM Advisory Board is to meet with both Harrow and Brent's MASH teams to jointly develop a pathway and leaflets, so that they can deliver on the recommendations in the intercollegiate document. In order to produce a new DSV strategy, there have been local focus groups considering safeguarding matters, including FGM, Forced Marriage, Child Sexual Exploitation and Honour Based Violence, in a bid to raise local community and practitioner awareness. North West London Hospital NHS Trust maternity is also one of the pilot sites for the national FGM data collection project initiated by the Department of Health. NWLH is in the process of developing Trust wide FGM data collection electronic system.
- 4.23 All Health Care providers are now required to collect data for a National FGM Prevalence data collection. Essentially this means all health providers will have to routinely screen females of all ages in relation to FGM, regardless of the clinical setting; outpatients, Psychiatry, A&E essentially any service which sees females. As a result, the amount of safeguarding cases potentially will increase as services gain access to children via unconventional routes. NWPH are currently working on an action plan to meet this national reporting agenda. A project lead will need to be appointed to oversee the whole organisation and be responsible for data collection and submission.
- 4.24 FGM is also consistently addressed together with other safeguarding issues set out in this report as part of the work across the local Harrow Community by the LSCB outreach worker (see page 56). Last summer, as every year, the Chair wrote to every school to remind them of the increased risks of FGM for young women and girls during the summer holidays.
- 4.25 The LSCB strategy has been to raise awareness of the issue both with professionals through learning and development opportunities as well as other communication tools such as the regular LSCB newsletter and letters from the LSCB chair to key agencies. The voluntary sector outreach work is also key in alerting and educating the local community.

Trafficking and sexual violence

- 4.26 There were on average 17 reports relating to sexual violence per month in Harrow. 50% of victims were aged 10-24 years and 95% were female. 35% of suspects were aged 15-29 years, and again nearly 95% were male. In the last calendar year, the Police has seen a rise of 1% in sexual offences, dealing with 76 rapes and 138 other sexual offences in 2013.
- 4.27 As with FGM and Forced Marriage, in line with the national picture it is hard to establish a picture of the prevalence of trafficking and sexual exploitation in Harrow, as there are low levels of reporting. For the four years, January 2010-2014 Harrow Police saw four cases of sexual exploitation and four cases of trafficking (for sexual exploitation). In 2013, three of the girls who went missing over 24 hours were known to be at risk of sexual exploitation. Between July 2011 and 2013, five referrals were made to the NRM (National Referral Mechanism) in relation to the trafficking of young people aged under 18 years.
- 4.28 The LSCB strategy has been to raise awareness of the issue both with professionals through learning and development opportunities, as well as other communication tools such as the regular LSCB newsletter and letters from the LSCB chair to key agencies. The voluntary sector outreach work is also key in alerting and educating the local community.
- 4.29 For the LSCB, domestic and sexual violence has had a high profile for several years. The LSCB can show progress in addressing this issue from May 2012, when agencies made pledges to prioritise DSV and following this, there was some evidence of improvement in assessment of risk.
- 4.30 The Ofsted and CQC inspections May and June 2012 highlighted the need for robust child protection conferences, and the need for health providers to be fully engaged with the MARAC process. The actions taken in response to this external scrutiny and the internal pledges were tested for improvements by the LSCB Quality Assurance Subgroup in LSCB multi agency audit work in September 2012. Then it was noted that referrals by health providers in general regarding DSV were not timely to MARAC and Children's Services. The LSCB Chair sent a local letter following this review to all agencies outlining DSV safeguarding children procedures. The audit was repeated in March 2013, where some improvements with health engagement in general were noted.

So what was the impact?

The review noted that recommendations had reached front line practice with risk assessment tools were being used. There was however identified a need for DSV risk assessment reviews by professionals to complement better multi agency working.

- 4.31 In March 2013, CAADA (Co-ordinated Action Against Domestic Abuse) helped MARAC complete a self- assessment. This noted that work was required in relation to identifying appropriate cases, as Harrow had a comparatively low number of local referrals and repeat referrals. Involvement of education and maternity were seen as key; managing uncompleted actions was a challenge, as noted above; and development work was required to highlight risks

to professionals. Performance data was required to measure outcomes. Since this time, as noted above, referrals have risen to MARAC.

4.32 The Section 11 audits of Hestia and Victim Support in June 2013 demonstrated good individual practice in their safeguarding work, although there was a need for them to be more closely linked into the local safeguarding community in Harrow. In a report to Safer Harrow in September 2013, the Chair advised that it would seem that a more coordinated strategic approach could have a strong influence on front line practice.

So what was the impact?

Since then, the DSV strategy has been refreshed by the Council's Violence Against Women and Girls Coordinator through local focus groups, drawing in work around FGM (Female Genital Mutilation), Forced Marriage, Honour Based Violence and Child Sexual Exploitation. Carlene Firmin, University of Bedfordshire, Head of the Ms Understood Partnership, reviewed the work of Brent and Harrow's DSV work in Autumn 2013, and recommended closer working and sharing of priorities.



So what was the impact?

As a result of LSCB scrutiny and audit work, an IDVA (Independent Domestic Violence Advisor) has now joined the MASH and Children's Services, Targeted Service have prepared their own action plan, and Early Intervention Services have recruited domestic abuse workers. In autumn 2013, there was no Domestic Violence Advisor at Harrow Police Station, however this matter has now been rectified. Following audit scrutiny there have been increased referrals to MARAC, including from Northwick Park Hospital. The Council has purchased 12 bodycams for Police to use during investigations. The Domestic and Sexual Violence strategic group of senior leaders has reformed, and local MARAC training has involved 82 participants.

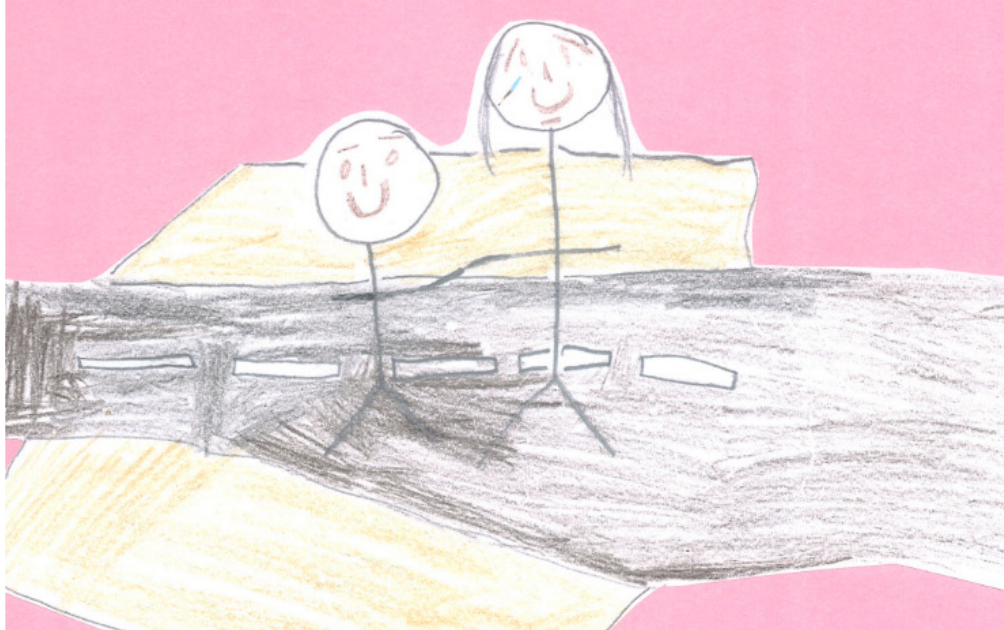
This year we have seen:

- higher numbers of referrals to MARAC [169 for the first 3 quarters of the last year against 211 in total for the previous year];*
- identification of a rising number of repeat MARAC cases;*
- rising numbers of new reports to Police and MARAC involving people from BME (Black, Minority Ethnic) community groups, which means the message is spreading to our population at large [scrutiny of diversity issues has recently become a feature for IDVAs];*
- the IDVA has had more referrals, but lower numbers of clients engaging with the service.*

4.33 Whilst identification of domestic abuse need is improving locally, further coordinated work is required to improve conviction rates. The following table outlines the conviction rates for domestic abuse for Harrow residents. Rates of attrition for London Magistrates Courts and Crown Courts vary, with some improvements falling to a rate of 30-15% in June and July 2013. For most other months the rates of attrition are similar to courts, averaging around 50-65%. In Crown Courts evidence is more likely to not come up to proof or a key witness refuses to give evidence. In Magistrate Courts, it is more likely that the victim refuses to give evidence or fails to attend.

Month	Dec -12	Jan -13	Feb -13	Mar -13	Apr -13	May -13	June -13	Jul -13	Aug -13	Sept -13	Oct -13	Nov -13
Number successful Mag Ct prosecutions Harrow	5	11	14	7	5	12	15	12	8	14	10	5
Number unsuccessful Mag Ct prosecutions Harrow	2	5	10	8	5	5	2	8	8	2	4	2
Number successful Cwn Ct prosecutions Harrow	0	1	0	5	2	3	1	1	3	1	0	0
Number unsuccessful Cwn Ct prosecutions Harrow	1	1	0	0	1	3	0	1	0	1	3	4

4.34 During this year, the voluntary sector group, WISH, supported by the LSCB has received funding from MOPAC (Mayor's Office for Policing and Crime) to develop the Harrow Shield as a four year project. Harrow Shield is a project which will tackle sexual violence by raising awareness amongst teenagers about the issues, provide a confidential support service for young victims of sexual violence, assault, harassment rape and violence, and make all young residents of Harrow aware of their rights, the law and where to go for help in a crisis. There are opportunities for young people to get involved with campaigning, film making, surveying, fundraising, social media and lots of activities. There have been reports back to the LSCB Operational Group and summaries in our monthly newsletters.



Children at risk of serious youth violence and gang related activity

4.35 During the last year Harrow saw 8 incidents of serious youth violence, against a London wide figure of 470.

4.36 Safer Harrow has published a Gangs' strategy in April 2014. This was a gap identified by the LSCB, and DCI Peter Stride on behalf of BOCU has overseen some multi agency meetings. Whilst Harrow does not have a significant gang problem, it has neighbouring boroughs with concerns and multi –agency coordination of early help is a feature of the proposed protocol.

Private Fostering

4.37 At the end of the financial year, four children are receiving support as privately fostered; this represents a drop from the last financial year, which ended with 10 children being identified as privately fostered. During the year, there has been activity around 15 children and 7 new notifications. Together with raising awareness of inter-country adoption and trafficking, the multi agency recognition is a challenge. Private fostering guidance was issued by the LSCB in

September 2013. The working group looking at trafficking, private fostering and inter-country adoption. The group with the LSCB published a Safeguarding Children from Abroad checklist in October 2013. This has led to more information sharing for guidance from the schools' admission team, as there has been considerable movement of 1000 children during the past year between schools.

Missing Children

- 4.38 As some of the most vulnerable young people, missing children has been one of our focuses this year. It has been a challenge to capture data within Children's Services and Police reporting definitions have changed over this year. Considerable work has gone on to gain a picture.
- 4.39 On 07.05.14. Children's Services identified 7 young people who had been missing for over 24 hours; and from 01.04.14. to 07.05.14. 16 different young people had been missing for over 24 hours, some more than once, with there being in total 25 missing incidents over the period. For Quarters 1-3, an average of 20 children were missing under 24 hours from home, 10 were missing for over 24 hours from home; 6 were missing from care and 5 were missing from education.

Trafficking

- 4.40 During the year, the Quality Assurance subgroup carried out a snapshot check of children trafficked in Harrow which identified one young person, who was known to children's services.

Inter-country adoption

- 4.41 The Council has worked with one inter-country adoption during the past financial year.

Safeguarding children online

- 4.42 Online safety has been highlighted in national case reviews and CEOP Ambassadors at several local schools have been aiding other schools. Internet safety has become a feature for some schools' PHSE and special days. An LSCB e-safety protocol for all agencies was launched by the LSCB in April 2013. Following the presentation of the LADO's annual report in October 2013, highlighting some school internet safety concerns, education Board members are working together to consider staff guidance in relation to e-safety. During the year 2013/2014, the LSCB made an unsuccessful bid for extra resources from a local charity to promote e-safety amongst young people in Harrow.

Think Family

- 4.43 Recognising that vulnerable children often live in vulnerable families, has been a feature of several of our case studies and a close working relationship has developed between the LSCB and the LSAB and local agencies working either with adults or children. Adults' Services began Think Family training in September 2013. 60 practitioners from Adults Services attended.
- 4.44 Melissa Caslake, Visva Sathasivam and Catherine Knights jointly chair the LSAB and LSCB working group. A number of joint protocols were launched in October 2013, regarding working with families facing mental health problems, disability or substance misuse. "Think Family" and

partnership with the LSCB became priorities of the LSAB's business plan for the year. There has been evidence of impact in referrals made to MASH by Adult Services, and independent adult services' file auditors have commented on a growing confidence in the work of the safeguarding team in cases where there are children present and reported that all appropriate audited cases were referred to Children's Services. Housing Services has worked with council colleagues on the Families First project (Troubled Families) and complex households projects which have developed multi agency approaches to resolving difficult issues. Adults Services has been invited to join the LSCB Quality Assurance working group. Elisabeth Major regularly attends the LSAB on behalf of the partnership; she has attended their Away Day in 2013 and three Board meetings. The Boards have undertaken joint training to the RSPCA in respect of animal abuse/neglect and the links to abuse or neglect of vulnerable adults or children. This follows learning from a local case review.

- 4.45 In 2013 LSCB launched a course with the LSAB regarding working with parents with complex needs. 50 members of staff attended. The LSAB has recently initiated quarterly meetings between Adults' Services, MASH, the London Ambulance Service and the LSCB to encourage partnership working, and together with the LSAB, the LSCB delivered safeguarding training to local Council managers.

Young people with mental health concerns

- 4.46 Concerns were raised in summer 2012 regarding managing young people with mental health concerns in A&E at Northwick Park Hospital. This has led to a working group overseen by the SCR subgroup considering pathways between the community and hospital.
- 4.47 These concerns, taken with the views of young people in Harrow regarding the need for consistent mental health support in schools, and details of delays for CAMHS to see children led to the Chair writing a letter of concern to providers and commissioners in May 2013. Following this, Children's Services has set up a working group to consider local provision, overseen by Melissa Caslake, and a health pathway working group has been set up by Jackie Shaw, Service Manager CNWL, to provide a way forward.

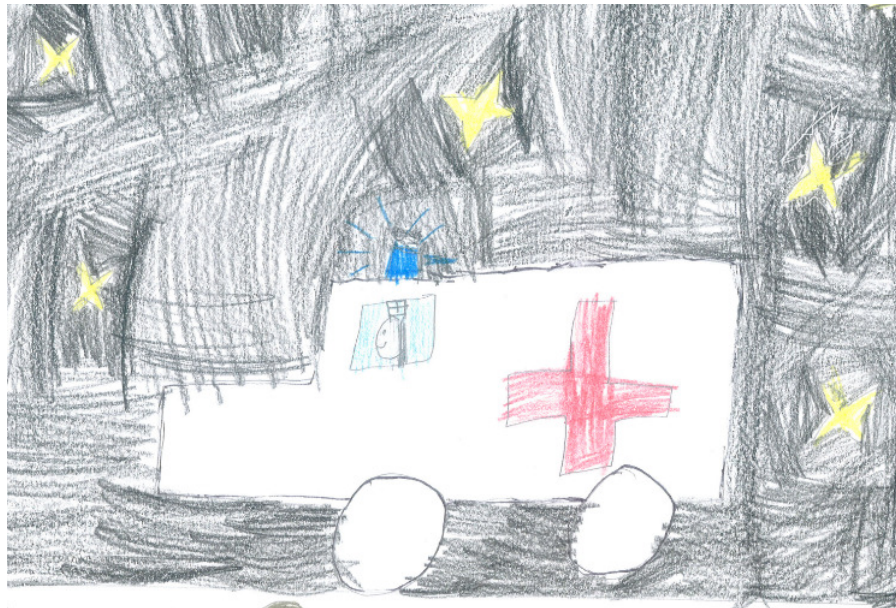
Early Help

- 4.48 Wendy Beeton, Divisional Director Early Intervention Services, has become an LSCB Executive Board Member and the LSCB is assisting in the Early Help Framework (Common Assessment Framework) roll-out. Ofsted visited Harrow for a thematic inspection of early help in January 2014. It found the LSCB's dissemination of local learning noteworthy and noted a strong strategic partnership, which knew the needs of the local area. The review highlighted a need for the LSCB to oversee effective early help, and the use of the CAF, across all sectors and agencies, as this is a significant gap. A particular feature was that some agencies were providing early help as part of their universal services such as schools and health visitors, but they did not identify this as Early Help. This meant that the LSCB could not provide coordination across the whole of the child's journey.

The LSCB encourages effective safeguarding communication between strategic groups, agencies, the community, children and young people, and to and from the LSCB;

4.49 In terms of LSCB communication, our LSCB website hits have increased 35% in the last year, to an average of 16,000 to 17,000 per month in the last months. Our numbers attending training have also increased by 48%, demonstrating improved communication regarding our courses and their relevance. The LSCB can evidence good strategic communication by being invited to be part of the scrutiny of the local JSNA and HWBB strategy, the Gangs strategy and the DSV strategy prepared by Safer Harrow.

4.50 Our LSCB Annual Conference was oversubscribed and we had to turn people away. 180 people attended. This is another encouraging sign of our increased local relevance and that our



communication is reaching frontline practitioners, as they made up the majority of our attendees this year. For next year, we are looking for a larger venue. In their early help thematic inspection, Ofsted thought the theme of neglect as a response to local learning in case reviews, was a flexible way to provide good practice for local agencies and a helpful local response. The afternoon saw a seminar for managers regarding managing neglect and supervising practitioners. The speaker was one of our case review authors, Edi Carmi, who had contributed to our local learning regarding neglect, and is a well-respected national learning and improvement overview writer.

4.51 To continue the work on neglect, our Learning and Development group have been working with local agencies to develop a neglect toolkit and a bullying strategy. Through a local case review, the LSCB had an action to monitor the improvement in access to the Local Authority's Golden Number, which is the number for the "front door". The LSCB Quality Assurance Subgroup has overseen the answering of telephone calls go from less than 50% to 92.2% in March 2014. Calls to the Golden Number are being managed more effectively due to improvements in the telephony systems and there is anecdotal feedback from practitioners that the service is working more smoothly. A challenge instead now seems to be the internal telephony system in the Council, with calls being lost. The challenge that the IT system poses to the delivery of effective services has been raised with the Chief Executive of Harrow Council.

- 4.52 Our LSCB monthly and CDOP bi-annual newsletters continue to go out regularly they are available in electronic form and are also put onto the LSCB web site. Feedback on the content and delivery of the newsletters is actively sought, received and acted upon. For example, local schools have responded to our inclusion of an incident review regarding a young person who was educated locally and have taken up offers from CNWL for training for school staff around mental health disorders.
- 4.53 There is evidence of policies and procedures being used, and many agencies familiar with our threshold document, and are using its language in making referrals. We contributed to a local newspaper article featuring key strategic leads from Children's Services, health, Police and the LSCB Chair for Child Safety Week June 2013, with a stall at Under One Sky, a local community event, at the end of that week. Safeguarding advice for parents was sent to all schools, which some schools advertised on their websites, as well as inviting in a local fire tender. The Borough Commander also blogged about Child Safety Week.
- 4.54 The LSAB newsletter has highlighted links between domestic abuse, child abuse and animal abuse in April 2014. Our outreach worker has developed our communication to local voluntary sector, community and faith groups, and has begun to build further bridges. See page 56.

So what is the impact?

We sent out 200 surveys in early 2014 to a café, children's centre and GP surgery in three different localities. This is the feedback we have had so far: Parents were concerned re safety on the streets and young people using substances in local parks; the need for baby friendly access in public places, including public transport; one parent commented that the Baby Clinic used to be held at her GP's surgery and she was sad they did not any longer. We have passed this feedback on.

LSCB Lay Members

- 4.55 Our Lay Members provide strong links to the local community. Mahesh Vaid retired as lay member in autumn 2013, but was a valuable link to community mental health groups and the Asian community. Robert Pinkus is about to take his place, representing Healthwatch Harrow. Robert chairs the Patient Participation Group in Harrow, and has links to the local Jewish community. John Courquin is the honorary secretary of the voluntary sector group, Mothers Against Gangs and chairs a Police Stop and Search Group. He is the Chair of Governors at Harrow High School.

LSCB Governor Representative

- 4.56 Michelle Weerasekera, our LSCB Governor Member has undertaken a number of Section 11 audits with local schools. Michelle is a local Justice of the Peace and is Chair of Governors at Pinner Wood School.
- 4.57 The LSCB has sought to embed the safeguarding standards highlighted in national guidance and legislation and has begun to prepare good practice guides, such as working in a diverse community working group. Learning to work in a diverse community has been a feature of

learning needs from our local case reviews, and led to a presentation at our conference and LSCB training.

- 4.58 The Board has sought to model senior and frontline professionalism in multi agency relationships. The Chair has continued a number of one to one and small meetings with key strategic leaders. The Board has also sought to model professional escalations, which has been a feature of learning and case reviews.
- 4.59 The Board has begun a pilot clinical supervision project involving designated teachers from three local primary and one secondary school, which arose out of learning of best practice from a Quality Assurance audit work in 2013. This has been supported by our local CAMHS and is hosted by Compass.
- 4.60 We have sought to communicate national learning to all agencies. For example, at regular school heads and directors meetings, we have highlighted case reviews, such as those of Daniel Pelka, Coventry, East Sussex, as well as sending the learning to all schools through ESSO (Education Strategy & School Organisation). The Designated Doctor, Ruby Schwartz has provided training regarding Rapid Response processes to local Police to improve the local working together. This has been very well received.
- 4.61 During the past year, safeguarding e-learning has been developed for levels one and two, by the LSCB and the following new level three courses offered: CSE, Working with Fathers, neglect, sexual abuse.
- 4.62 There has been some engagement with the Council's licensing team, but this has not reached the point anticipated, with an LSCB poster being distributed by licensing to their applicants regarding safeguarding children and the reformation of the multi agency licensing panel, which considers local applications. The Quality Assurance subgroup continues to work for improvement in this area.

Participation and Engagement of Young People

- 4.63 Children's voices were heard at the LSCB 2014 Conference with a short film from Harrow Young Carers about their experience of neglect. Young people designed and performed drama at White Ribbon Day in November 2013 on the theme of violence in relationships, and the LSCB is supporting this being filmed by students at St Dominic's VI Form, to make a teaching pack for local schools. There was an article about this in the local newspaper. Students at Whitmore High made safety credit cards for young people at Mencap, who had expressed a need for support when out independently in the local area.
- 4.64 Harrow Children's Services has used a local provider to support advocacy for children looked after, those who have left care, and those involved with child protection planning, aged between 8 and 25 years. During 2013/14 they have provided advocacy support to 77 children and young people. The majority of children and young people were supported through Child Protection processes (44.1%) and Leaving Care (19.5%). 16.9% were Looked after Children, and 14.3% were going through Child in Need processes. 1 child was recorded as being a child with a disability and 2 children were refugee and asylum seeking children.

- 4.67 Of the 77 children and young people who received advocacy support:
- 19.5% raised concerns and complaints with regard to social care services;
 - At least 10 young people attended their own professional meetings;
 - At least 6 cases involved the advocate highlighting a safeguarding issue.

4.68 The majority of referrals for advocacy support were made by the allocated social worker from Harrow Children’s Services, and by the IROs. Staff in schools have been increasingly helping young people to access advocacy support, as have foster carers, family members, YOT, and a small number of young people self-referred. 15 children and young people were recorded as making a complaint with regard to social care services. The majority of complaints were in relation to young people leaving care, including dissatisfaction with the support of offer and delays in getting their grant.

‘It was hard sometimes for me to understand important issues but my advocate made sure that social services gave me a translator.’

‘I would like to thank you.....for your fantastic help at school. Without your help at school I don’t think that I would be at x school anymore. Thank you.....’

So what was the impact of the advocacy work?

‘We are grateful for the help you gave us. We feel that you were very approachable, supportive and kind. Thank you.’

Young person experienced deterioration in mental health and expressed difficulty coping. Young person ceased to attend school and felt they were being pushed between services. Social worker was reported by young person to have been unable to help initially. Outcome: special educational needs assessment carried out and the social worker apologised for not taking the young persons concerns seriously initially and for the delay in offering support. Relationship with social worker much improved and young person increasing in confidence and engaging better

A child with a disability had been placed in foster care. Outcome: He secured a summer respite placement, and his foster parent was given the disability related equipment he needed. Plans have also been made for him to have an activity holiday in the near future

4.69 Participation of young people and gaining the views of the community are one of our goals. A survey was distributed at Under One Sky, on 30th June 2013, which was completed by 45 young people regarding local safety.

So what was the Under One Sky 2013 Feedback ?

70% of respondents were aged 13-18. Wealdstone was the area of greatest concern for safety. 44% did not feel safe there. 47% did not think anything could be done to change this. 49% felt that change was possible – more policing, less loitering, more youth activities, more CTV, more lighting and zebra crossings, less rubbish, places to close earlier. 29% knew someone who had been involved in a road accident. 29% felt unsafe on the street or on public transport, of those 11% did not feel safe at night and 9% during the day. 43% knew someone who had been a victim of online bullying. 52% did not feel safe online; there were suggestions of how this could be improved: avoid chat rooms, educate about dangers, put restrictions in place, don't talk to strangers online, don't allow comments, don't allow children online, have people who monitor the sites.

16% expressed that they did not feel safe at home. Their responses were as follows in order to feel safer: stay with an adult, close the curtains, more checks from social services, ensure doors are locked, stay inside, more home security, make the area safer, more fire exits, and keep valuables hidden.

Children looked after (CLA) data 1 April 2013 to 31 March 2014

4.70 The IRO (Independent Reviewing Officer) has a statutory role to overview multi agency interventions for children looked after.

Indicator	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of CLA (snapshot)	170	185	185	181	175	164	172	175	168	173	171	167
Number of New CLA (month on month)	9	26	6	12	5	8	17	12	7	11	16	9
Number of Ceased CLA (month on month)	8	11	7	18	7	11	8	11	11	10	19	9
No of CLA reviews held	17	27	14	35	11	24	39	24	24	18	18	14
Timeliness of CLA reviews (%)	-	-	92.2	94.7	99.4	98.1	98.2	88.6	95.8	90.1	86.9	92.5
% of children who participated in their CLA reviews	70.58	96.29	100	100	100.0	100.0	100.0	87.5	91.7	94.4	94.4	100.0
Number of statutory school age CLA (snapshot)	87	101	100	103	99	101	85	88	85	84	84	86
% CLA in adoptive placements (snapshot)	-	-	2.2	2.8	2.8	3.1	5.2	4.0	5.4	4.1	2.3	1.8
Number of CPP who are also CLA (snapshot)	-	-	8	10	4	4	8	6	8	11	10	14

So what has been the impact? - Examples of where intervention of the IRO has made a difference

Stability for young person with complex needs Post 18: Looked After young person with Cerebral Palsy, severe learning disabilities and a visual impairment. He is dependent on his carers for all his needs and only able to communicate by making sounds, crying or laughing. He has lived with the same foster carers since 2003. Adult Transition Team became involved and started to look at future care needs; likely to be moved to residential. IRO, Foster Carers, Social Workers and mother all totally disagreed with plan. Hence IRO attended all meetings and with SW promoted the foster carer's wish to continue to care for this young man for as long as they all could manage; this was also mother's request. Adult Social Worker however didn't feel this could be achieved. However Shared Lives Scheme came on board and agreed to approve the foster carer who is now approved and placement and future care guaranteed as far as possible.

Positive contribution through chairing the Review and ensuring the voice of the child was heard: Social Worker's comments following a Review: 'Just wanted to say that I was so impressed with you at the CLA review. You brought clarity to the meeting in terms of the Local Authority's duty towards the young person. You demonstrated your understanding and application of relevant legislation and legislative guidance and I believe, worked well with me to achieve positive outcomes for the young person. The wishes and feelings of the young person were clearly acknowledged by you through my Social Work report and in communicating with the young person before the review. In addition you were able to build a good rapport with the young person and the foster carer in such a short space of time which enabled a positive and productive review meeting'.

The Quality Assurance Subgroup is working on the LSCB dataset in relation to attendance and reporting at Child Protection Conferences and core groups. The child protection chairs have extended their role by providing consultations at an earlier stage of the child protection process. Now that the Strengthening Families model and Signs of Safety framework is embedded in Harrow this has provided a more interactive conference with participation of parents and professionals which has contributed to more of a focus on analysis and outcome based planning at conference. The child protection chairs have introduced peer and colleague observations at conferences to promote a consistency of chairing and case planning. This will ensure better outcomes for children.

'Thank you for listening to me'

'Thank you for all the help you have given me'

'Thanks for listening to me as I didn't want to see my Dad'

'I feel that my views and worries were taken seriously'

Indicator	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
% of completed S47s with an outcome of Initial CP conference (month on month)	29.8	30.2	47.4	53.2	44.4	35.6	43.9	43.4	50.0	42.3	26.7	32.1
Number of Initial CP Conferences held (month on month)	14	15	23	21	19	4	10	11	11	13	7	6
Number of children subject of Initial CP Conferences (month on month)	25	30	48	49	27	7	15	16	21	25	19	14
% of children conferenced that led to them being subject to CPP (YTD)	84.0	70.9	74.8	77.0	78.2	79.0	79.1	80.2	80.3	81.0	81.9	81.4
% of children conferenced within 15 working days of strategy discussion that initiated S47 (YTD)	65.4	65.4	66.3	73.5	69.3	70.1	76.5	77.8	76.0	75.1	78.0	76.6
Number of Review CP Conferences held - children conferenced (month on month)	20	41	38	49	12	50	54	44	19	25	57	96
Number of children the subject of CPP (snapshot)	131	139	163	189	199	177	166	170	181	191	191	187
Timeliness of CPP reviews (%) (Snapshot date)	98.8	100.0	100.0	98.1	100.0	100.0	100.0	100.0	100.0	97.7	74.8	92.4

So what has been the impact? - Examples of where intervention of Child Protection Chair has made a difference:

Family of 3 children age 8, 5 and 2. Parents having an acrimonious separation with a view to divorce, but neither would leave the family home. The children were affected and caught up in arguments and fights between parents, both emotionally and physically. The Chair asked the social worker to refer the 8 year old to an independent advocate prior to the Initial Child Protection Conference, and to directly gather the views of the 5 year old (below the advocacy service age limit) on a conference feedback form. What the children said was powerful, and there was a clear impact on the parents at conference. After the conference, parents swiftly made a plan proposing separation and brought it to the Core Group.

A mother caring for her 2 year old was separated from her husband and usually caring safely for her child. However, she had a history of recurring erratic behaviour inconsistent with her normal presentation; difficulty regulating her emotions when upset. She had had a mental health assessment with no diagnosis. Prior to the Review Child Protection Conference, she went to father's workplace and allegedly assaulted him and a co-worker. The Chair noted a reference to diabetes in previous documents, and raised the issue at Conference. No Core Group professional was aware that mother was diabetic and was not taking her diabetes medication, as well as having a thyroid problem. The Chair put in the Conference decisions a review of mother's diabetes and thyroid issue, and consideration of the potential effect on regulating her mood, emotions and responses.

4.71 The Board scrutinised multi agency attendance at child protection conferences in July 2013. LSCB Child Protection process expectations were published in October 2013, and there was a detailed analysis of the 21 CP Conferences, which took place in December 2013 by the Quality Assurance Subgroup. For that month, no conferences were inquorate and reporting and attendance were improved from the previous summer. 10 conferences were initials, of which 7 child protection plans were made. There was good multi agency attendance in general.

The Chair and Senior Professional have continued their development work with local agencies meeting the following during this year:

As part of assuring a safeguarding standard in Harrow, as well as online, we republished our Blue Book, "What to do if you are worried about a child in Harrow". We distributed over 4,000 copies to front line practitioners in Harrow, including to every GP, veterinary practice, GP practice manager, foster carer, A&E, Urgent Care Centre, Hospital, every Headteacher and Chair of Governors in independent and maintained schools, every social worker, school nurse and health visitor, London Ambulance Service and Fire Brigade member, environmental health, RSPCA, every councillor, SALT, registrar, admissions, every child-minder, early years setting, every library, Police CAIT Officer, Housing Department, Licensing, Adult workers, CAMHS, mental health services, Probation offender managers, YOT, EIS, Council Sports Development Team, Children's Centres, voluntary sector groups, Exec Board Members, NPH staff, community nurses, leisure centres, Willesden FP Court public law, Hendon FP Court Private proceedings, Harrow Crown Court CPS and court staff.

4.72 Working together communication has been seen to be improved as evidenced in the Adults Services' peer review, which took place in November 2013. The interface between the LSAB and LSCB was seen as good, with joint protocols being produced.

4.73 In relation to Child Sexual Exploitation, we distributed 1,000 NSPCC underwear campaign booklets locally - and advertised their campaign on our website, in schools, children's centres, and at Northwick Park Hospital earlier this year

Outreach to the voluntary sector, faith and community groups

4.74 As a Board we recognise our own relatively limited experience of diversity, and the equality questionnaire we carried out as an Executive in October 2013 highlighted our need to keep diversity matters alive, as we seemed a homogenous group, which is characteristic of many senior management teams. To this end, we have employed an outreach worker who has sought to develop relationships between the LSCB and with local community, voluntary and faith groups.

4.75 The local Hindu community held an event in February 2014 which attracted 450 people to learning about grooming and entrapment; they then provided further training for 150 people regarding Domestic and Sexual Violence in March 2014. We now have an LSCB Volunteer, Dr Nandini Varma, who is the Rotarian Chair in the local area and a member of the South Asian Community. The LSCB was invited to attend Harrow Inter-faith Council in March 2014.

4.76 Children England hosts a website called "Safe Networks", which provides support for the voluntary sector. The LSCB has encouraged local groups to register and 68 local agencies are registered in Harrow. Karolina Kozlowicz LSCB Outreach worker wrote "The Harrow LSCB VCS project has made significant progress in engaging both small and large local VCS groups in best practice in safeguarding children. Safeguarding children activities and training delivered laid solid foundations on which a steadily growing VCS Children, Young People and Families Network/Forum will be established in 2014.

4.77 While challenges in reaching out to and engaging some VCS groups remain, results achieved during the first 15 months of funding are very encouraging. 24 VCS groups engaged with the project via safeguarding events, training and one-to-one support, ranging from Age UK Harrow to Harrow Bengali Association, Victim Support and Harrow Women's Centre, for example.

4.78 Some groups maintain regular contact (e.g. Harrow Central Mosque & Madrassa, Carramea Community Resource Centre, Tamil Community Centre), but for many contact tends to be intermittent or one-off. Continued effort has and should be made to strengthen existing relationships and engagement and to establish new ones.

4.79 Experience teaches us that perseverance and use of innovative and varied means of communication and outreach achieves best results. Word of mouth is also proven to go a long way in facilitating uptake of safeguarding support. With this in mind, we are optimistic that many more groups will engage with the project in 2014/15".

4.80 Elisabeth Major and Karolina also have trained approximately 25 supplementary school staff in Level 1 and 2 safeguarding through the supplementary schools' forum. As the figures show VCS training uptake has increased over the last 12 months. Groups are increasingly getting in touch on their own initiative to discuss in-house training and access to level 3 training via Harrow LSCB.

4.81 The need for dedicated VCS safeguarding training remains high. The majority of participants indicate little or no knowledge of good safeguarding practice and Harrow safeguarding procedures. Discussions during training sessions also indicate limited awareness of best practice standards in this field. Feedback from training tends to be very positive with participants reporting increased knowledge, awareness and understanding of the pertinence of safeguarding to their day-to-day work. Participants also report that they feel more confident in responding to safeguarding concerns.

Use of VCS hubs for training delivery

4.82 Carramea Community Resource Centre hosted three multi-agency training sessions and, as a home to various small CYP groups, the Centre is a key partner in VCS safeguarding support delivery. Most recently, links have been established with Voluntary Action Harrow.

So what is the impact?

From the feedback and the scale of our activity it is reasonable to suggest that we have significantly increased awareness of safeguarding within the local community. This enables key messages around issues such as FGM to be widely disseminated.

From speaking to training participants we know that groups appreciate the flexibility that tailored VCS training offers, as they would find it very difficult to access training on fixed days and times. Groups such as Afghan Association Paiwand, HCM Madrassa and St Alban's Church were only able to arrange in-house training in the evenings or on Saturdays. We were able to accommodate these needs and therefore provide this much needed service.

Feedback includes:

Q: How do you intend to use the skills/knowledge gained to reach positive outcomes for children and young people?

- *I will be prepared and feel I have a good basic knowledge to act.*
- *I will apply them (skills/knowledge) in all future contact with service users when they have children with them (my job is only meeting with adults)*
- *It has increased my awareness – I will be more proactive in identifying and reporting problems.*
- *To make me more aware personally re. what to look for and what to do. Also – help me to stress the importance of safeguarding to volunteers.*
- *By applying them (skills/knowledge) to my current role as an advocate and to also be alert to what (is) going on around me and my friends and family outside of work.*
- *I intend to look at the Green Book, follow the 5 R's and follow up any concerns*
- *Greater awareness of my duties as an employer.*
- *I now feel I now know the correct procedures to start dealing with any child safeguarding issue and confident in knowing the best /correct way to respond effectively.*
- *Good course. Gave me lots to think about.*
- *Karolina (the trainer) was excellent. Training was super. Not too fast and not too slow. Perfect.*
- *I will go away and read up local policies. Thank you – I really enjoyed it and learned a lot.*
- *Effective and interactive trainer, inclusive and culturally sensitive to diversity; At the same time warm, patient and firm and focused on the purpose of the training.*

4.83 Guidance, safeguarding policies and procedures were produced for the voluntary sector, the Green Book, and launched as an e-tool in June 2013. The Launch event was attended by 30 professionals (22 VCS and 8 statutory) Karolina has produced bi-monthly issues of an LSCB e-newsletter, which is circulated to local groups.

You can read a good outcomes case study in our LSCB newsletter for May 2014 on our website here: <http://www.harrowscb.co.uk/PublicationLeaflets/Default.aspx>

Learning and Development

4.84 Janine Young, LSCB Learning and Development Officer writes, “In total the LSCB ran 53 multi agency sessions and 3 Designated teachers mornings with 1074 bookings and 936 people attending our sessions. That is an increase of over 304 people attending our sessions, 48%, on last year. A further 622 learning and development opportunities (e.g. learning from local case reviews, desk based e-learning) were created apart from our training programme. 14 of our

trainers received a day's advanced Train the Trainer training in Spring 2014. Police have struggled to attend our training and the reasons for this needs further exploration.

- 4.85 “We were able to introduce the following new courses, which addressed needs identified in our training needs’ analysis and work of the quality assurance subgroup and our learning and improvement work: Fabricated and Induced Illness; level 3 Refresher; Working with Fathers; MARAC training; Signs of Safety; Child Sexual Exploitation; Witchcraft and Spirit Possession; Neglected Youth; Safeguarding in the Digital Age.
- 4.86 “We have created stand-alone safeguarding packages which some schools have used, and for example one of our trainers, Angie Hicks, Childcare Development Manager, has cascaded out to over 120 child-minders and out of school staff. Cancellations dropped 9% to 87% of all confirmed bookings participating. We have made use of Forum theatre, audio and visual aids, including case studies. We have made courses more dynamic, and prepared cascade sheet for members to cascade to their teams afterwards”. A further initiative to ensure effectiveness has been to introduce a system of measuring the impact that LSCB training has on safeguarding at practitioner level.

So what is the impact?

For example, for our level 3 refresher in safeguarding in 2013, 3 months after the course, 45% of the participants explained that they had a good level of knowledge; over half felt confident in their safeguarding work, and 20% of delegates felt confident and able to offer peer support to colleagues. Participants were asked what difference the course made to their work with children, young people and their families. Delegates emphasised the importance of communication between agencies and the roles of these agencies.

Cascading knowledge is also vital, and participants were asked how training impacted on their colleagues, teams, or service. Responses included:

“Strengthened our practice and affirmed thresholds”

“Ensure that the right decisions will be taken”

“I have been using some information to update our safeguarding policy”

“Extended and re-enforced my knowledge and confidence”

“Share my awareness and knowledge in case reflective discussions”.

Participants gave examples of how the implementation of learning contributed to positive outcomes for children and young people:

“We have been able to signpost families to the Children in Need team instead of Duty and Assessment team via a supportive CAF”

“We have improved our communication and recording systems”

“Greater amount of information available for young people regarding who they can contact for support”.

- 4.87 180 people attended our Annual Conference in January 2014 on the theme of neglect, with an afternoon session on neglect for managers and supervisors. This was part of our LSCB

safeguarding month. The group is working on the development of a neglect toolkit and an anti-bullying policy. Six schools and colleges take part in a school offer for training and development - Harrow College, Woodlands, Shaftesbury School, Kenmore Park Infants, Jubilee Academy, and Roxbourne Primary. Over 250 people have passed levels 1 and 2 desk based learning modules, for example a pharmacy, voluntary and faith groups; one school and some nurseries. In the year to April 2013 there were 508,233 page views and 67,100 visitors to our website. For the past financial year, this has increased to over 1,600,000 page views and 135,000 visits. More than 250 local staff heard messages from our learning and improvement case reviews in autumn 2013, and Ofsted commented that this dissemination to the frontline was “noteworthy”. The Board has developed a guide of child protection process expectations, which is to ensure a reliable safeguarding standard throughout all agencies from referral to review child protection conference, Child Protection Process guidance, published in October 2013.

The LSCB provides a reliable safeguarding standard in a community of change

4.88 This past year has seen continued change across many local agencies at frontline and senior management level, including across political leadership and the Council’s Chief Executive. For example, 2013, saw three Borough Commanders in Harrow; 2012-14 saw five portfolio holders for children, three Divisional Directors for Targeted Services, and three Divisional Directors for Schools and Commissioning . The LSCB Chair has worked to meet with key strategic leaders and there has been an increase in frontline staff accessing our training, thus ensuring a consistent message regarding local safeguarding.

Workforce

4.89 The impact of the multi-agency threshold introduced in January 2013 has been considered by the QA subgroup. It is clear that a lowering of safeguarding thresholds has led to greater pressures of work for many local services. Children’s Services has had extra funding to provide more Social Workers. Public Health recently commissioned a consultation regarding the provision of school nursing and health visiting in the borough, to which the Executive Board contributed. Liam Adams and Debbie Owen have reviewed cases brought to strategy meetings to assure the threshold. The Chair wrote to the MOPAC regarding the impact of Police cuts on local engagement in safeguarding in March 2014.

4.90 Our local data tells us that Police CAIT has 12 members of staff, with no cover for leave, yet a rise of referrals of 8% this year of crime related incidents, which the team holds until the crime is determined; and a 39% increase in offences. Vacancy, turnover and sickness rates in some safeguarding services are high, such as in social work, school nursing and health visiting.

4.91 The Board has considered the safeguarding workforce over the past year, and on the LSCB Chair speaking with the Council Chief Executive, increases took place to the workforce in Children’s Social Care. The LSCB dataset has sought to broaden its understanding of the local workforce. The Children’s Social Care vacancy rate is 18%, Health Visitors - 18% and School

Nurses - 12.6%. Sickness and turnover rates for School Nurses are particularly stark as they are a very small team.

4.92 A total of 92 referrals regarding allegations against adults who work with children were received and managed by the LADO (Local Authority Designated Officer), Paulette Lewis, during the past financial year. 15 allegations were carried over from the previous reporting period. 3 allegations are incomplete, and carried forward to the next period. This compares against 78 allegations for 2012/13.

Categories	No	Referrer	No	Outcome	No
Physical Abuse	39	Schools	28	Substantiated	14
Sexual Abuse	18	Police	6	Unsubstantiated	16
Emotional Abuse	11	Social Care	31	Unfounded	11
Suitability	19	Parent / Child	6	Malicious	1
Neglect	4	Health	0	No Further Action	33
Other	1	Other	21	Other	14
				Incomplete	3

4.93 The increase in the number of referrals received has been mainly in non-school settings, for example transport workers, child-minders and private tutors. The vast majority of allegation cases (63) were completed within one month of receiving the referral. A further 19 cases were completed within 3 months while 7 cases required an extended period of over 3 months to be completed. The allegations were managed within the multi-agency framework, receiving support from the police, Early Years' Service, Children & Families Services, Ofsted and Senior Managers from the various organisations. It is of concern that there have been no allegations referred from health, and this will be a focus for the forthcoming business plan.

Safeguarding quality assurance is every agency and sector's business

4.94 So what is the safeguarding landscape in Harrow? We can understand this from external and internal scrutiny, our quality assurance work and learning and improvement case reviews. It is important to identify what improvements we have made, and I refer briefly to the assessment of safeguarding in Harrow that I presented last year.

4.95 Last year 2012/2013, our assessment highlighted areas of strengths and weakness across the system which could be "called systemic", meaning that concerns were spread throughout the whole safeguarding community in Harrow and were 'system-wide' – this also related to children and young people of all ages. This set the roots of our Business Plan.

4.96 In particular, we highlighted issues of communication, the challenges of addressing issues of neglect, the need to develop a robust and professional expectation for multi agency challenge,

and review of child protection planning and the actions of core groups. Agencies working with adults were to be encouraged to consider the wider needs of children, using the “Think Family”¹ approach. This was particularly important for GP surgeries, A&E and adult service providers. In evaluating areas of improvement, work force issues such as health visitor capacity in Harrow, pre-birth support and communication between agencies, including between health sector agencies were identified as priorities. Multi agency early intervention or early help work was identified then as a clearer focus for the LSCB. Matters of recording, practical communication, such as telephone call handling, internal checks, and single agency auditing were also features we wished to see improve across the partnership.

- 4.97 These issues formed the basis of our LSCB priorities for the year 2013/2014. To approach the improvements ‘system wide’ we have carried out a range of activities at strategic level, for instance, continuing to meet with Chief Executives and local political leaders to underline these system wide concerns. The Chair has had regular meetings with local Chief Executives and senior leaders in many agencies to consider their action plans. At the same time, learning has been disseminated to frontline practitioners to help support them towards improvement, and we have developed a strong system of involving our agency reviewers in disseminating learning back into our local system.
- 4.98 Over the past two years, from case reviews and audit work, the LSCB has built a picture of local health resources and this has been a theme developed with senior health leaders by the LSCB Chair. We have been clear since our learning and improvement review of 2012, that there is a further need for health visitor support for early help, to be able to track mobile families and provide mental health assessments for new mothers [get correct term]. Learning has often pointed out dogged work by professionals, however the system was not always providing the strongest support. This 2012 review also highlighted the need for the Northwick Park Hospital to have its own performance checks and balances to review the quality of its own work. This analysis has been confirmed by the January 2014 CQC inspection of safeguarding in the health sector see page XX below.
- 4.99 Other ways of testing out our improvements identifying areas of strength and areas for improvements have included a robust approach to quality assurance. The year began with the LSCB MASH evaluation in April 2013, a second review, and included retrospective analysis of a sample of 20 cases from February 2012 and February 2013 to consider any improvements. Findings were seen against the background of cultural change in Harrow, considerable changes in the Metropolitan Police CAIT and BOCU, Children’s Services, Health Services, and senior borough safeguarding personnel. During this time, the MASH process itself had changed. Both years evidenced mixed quality of practice with good management support noted but sometimes delays in the process. We could see improvements in management oversight for the cohort of children considered in 2013.
- 4.100 During 2013-14, Targeted Services established a permanent service manager and two team managers for MASH and a re-organised Section 47 service, which had previously seen a high level of staff change. The service has been stabilised at social work level with one vacant social work post for the whole service; the health post has been filled as has an education lead. There has been a build in quality of work, which was evidenced in local CQC and Ofsted inspections in early 2014.

¹ “Think Family” - developing cross-Government guidance and protocols to support and reinforce the local implementation of the ‘Think Family’ approach to delivering services. These call for adult and children’s services to work more closely together and take a whole family approach to secure better outcomes for children from families with complex needs. DCSF 2009;

- 4.101 Areas for attention and improvement has featured work around multi agency understanding and use of basic Child Protection procedures as part of effective working together, improved communication between professionals, leading to the use of escalation and resolution protocols appropriately in last resort. The Board has been able to ensure that the following key areas of vulnerability and risk are being addressed: missing children, child sexual exploitation, gangs, self-harm, and pre-birth practices. During the past year LSCB has encouraged evaluation of interventions provided to teenagers in terms of young people vulnerable to gang involvement, physical and online bullying and exploitation, those likely to go missing, vulnerable to self-harm or other mental health concerns.
- 4.102 With Working Together 2013, multi agency early intervention or early help work becomes a clearer focus for the LSCB, and a multi-agency framework requires development, including early years' education. A pilot Section 11 self-evaluation tool has been developed for the early years private and voluntary sector with ESSO [Education, Strategy and School Organisation, Harrow Council] and four early years settings have proved willing to trial it in the new financial year.
- 4.103 Since the daily screening meetings began in MASH in April 2013, there had been an increase in multi agency presence at strategy meetings, with growing evidence of the child's views and feelings being considered. There is a swifter identification of need. Staff in MASH commented in summer 2013, in our LSCB Quality Assurance subgroup survey, that the application of thresholds was consistent and information was less fragmented. The MASHing of contacts was timely. There was an improvement of multi agency engagement in MASH screening meetings, which was only matched by multi agency engagement in MASH Operational Group meetings which finally took root at the end of this financial year. The LSCB is encouraging the MASH Operational Group to quality assurance its work more fully.
- 4.104 External scrutiny has also confirmed that the Multi Agency Safeguarding Hub is making an impact. The CQC inspection which took place in January 2014 did highlight considerable progress for MASH. The CQC noted the MASH process was working well to ensure early notification of referrals across agencies, information sharing and action.
- 4.105 Our LSCB quality assurance work has highlighted that there remains a lack of feedback to referrers by Children's Services within 24 hours, this was confirmed by the CQC inspection by January 2014. Focusing upon the MASH will remain a priority for the LSCB during 2014/2015.
- 4.106 Learning in a case review in 2013, identified that despite considerable support given to a family of two children, there was a lack of overview to consider the outcomes of the work in a situation of neglect. We found a need to strengthen the interface and information sharing between the local hospital and local community health groups, such as GP and health visitors and improve this conduit both in terms of safeguarding and early help. A strength has been the embedding of Midwives and Health Visitors in local children's centres, however in some GP practices, the move from the surgeries to the children's centres has been reported as a weakness as there has been a loss of information sharing noted by all sides. Currently, some surgeries are using learning to encourage regular meetings for Midwives, GPs and Health Visitors. Again, practices are being encouraged to flag vulnerable patients and consider how their needs may be reviewed. This was positive learning from a case review in 2013, where a large GP surgery was able to share care of a patient between GPs.
- 4.107 We have found intra-service challenges in sharing information within Northwick Park Hospital with several different systems being used to record notes, flagging missing from files and departments working in silos. This was highlighted in relation to SALT / a department in 2013, and they have worked hard to ensure notes are recorded more uniformly and that they are utilising school colleagues to ensure information is shared and evaluated.

- 4.108 In summer 2013, following their scrutiny of the child protection process, the QA subgroup escalated concerns regarding delays to the Child Protection Conference process. Since this time, conference statistics taken in December 2013 show that for those 21 conferences, there was relatively good attendance, no inquorate conferences, reports generally received and apologies when agencies were unable to attend. Work is ongoing to ensure GP contribution and a pilot is being considered to hold Child Protection Conferences in a local GP surgery.
- 4.109 Quality assurance and the role of health providers in taking part in local multi agency audits and learning is now part of the contracts negotiated with Harrow CCG. Dialogue is ongoing at present with the CCG to agree a format for health providers to give feedback on their actions, learning, Section 11 audits and improvement plans and for this to be overseen by the CCG as commissioners, and Brent and Harrow LSCBs, who have providers in common.
- 4.110 For the LSCB this year, audit activity has stayed focused on basic practice in relation to Child Protection - there has been a priority to ensure and assure front door arrangements, including thresholds.
- 4.111 In November 2013 there was an LSCB Quality Assurance subgroup overview of ten random multi-agency child protection, child in need and children looked after cases. The picture was mixed. There was the consistent message to reinforce that the quality of information and the involvement of partners in active safeguarding depended on every practitioner involved. Sectors and agencies within those sectors clearly had different resources with which to prioritise safeguarding, which is seen, for example, between different schools.
- 4.112 The audit highlighted helpful learning regarding communication between agencies, and has produced a guide to effective safeguarding practice in Harrow. When communication is “open and honest”, agencies work together. This work was a helpful reminder to all agencies to be diligent in following up concerns or gaps, including in investigations and meetings. Every agency was responsible to ensure information was shared and professional escalation should be encouraged. As one School noted, “all members of the core group are very good, caring and effective. The group is looking widely at all the needs of all the children in the family when together”.

So what was the impact?

Most agencies have been assessing risk using the standards of the LSCB multi agency threshold guidance published in January 2013. Multi agency meetings, such as core groups, conferences, and CLA reviews were held within timescales. This reflected an improvement in meetings taking place within statutory timescales, including strategy discussions.

- 4.113 Agencies varied in their attention to gaining the child’s views and experiences, and using those in their assessment and intervention.
- 4.114 Across all sectors, there were differences in the quality of recording. Health records were still not clearly identifying risks, actions and outcomes, which is an issue which has been raised during earlier LSCB audits. MARAC flags and notes were not routinely clear on electronic Police files.

So what was the impact?

It was agreed that work on MARAC templates would ensue following this audit.

Communication is key in strategy meetings and child protection, Section 47 child protection investigations and reviews of Police Powers of Protection. In autumn 2013, a lack of multi-agency involvement in these meetings remained similar to the picture last year when child protection multi agency audits were carried out.

The audit group felt that risk needed to be clearly identified for each agency, as only then could outcomes be chosen together, child focussed and monitored. Harrow has a significant number of children with child protection plans, due to concerns of domestic and sexual violence and we found MARAC plans could benefit from bringing this focus.

The response to issues of diversity and ethnicity and their implications for the child and family varied in the work seen. This is one of our Board actions for the forthcoming year as this has been evidenced in our local case reviews this year as well.

So what was the impact?

One school in our QA multi agency audit was found to be unaware of the LSCB multi agency threshold document. Since this audit, they have since taken swift action, sending their designated teacher on local training, appointing another designated teacher and demonstrating a willingness to play their part in the Board. Their recent Ofsted inspection was outstanding in the area of safeguarding.

4.115 As we have outlined above, the Board has sought to bring early help into its ambit as outlined in Working Together 2013. This has been through the involvement of the Divisional Director for EIS (Early Intervention Services) in the Executive Board and Operational Group, a conversation regarding local provision, work on our dataset and the involvement of the LSCB in supporting EIS in planning and setting out the local offer and supporting training. Level two safeguarding training involves a group discussion on preventive and supportive local services with participants offering local knowledge, experience and best practice to build the robustness of the service and maximise the work of those agencies already involved with the child. In light of local learning, maternity has reviewed its pre-birth meetings for vulnerable women and has worked hard to invite more local involved agencies.

4.116 Out of eighteen local schools inspected by Ofsted in the last financial year, six were found to be outstanding, six good, five satisfactory and one required improvement. For this past year, the highest proportion of exclusions continues to come from high schools. Permanent exclusions at

high schools in terms of the school population had continued to decline until this year, where it is now slightly higher than statistical neighbours.

4.117 Permanent exclusions from primary schools have fluctuated and gone up over the last years. These permanent exclusions are primarily from a few primary schools and were related to behavioural issues. ESSO and Educational Psychology have sought to support these schools. These same primary schools also have the highest levels of fixed term exclusions in the borough. One school going from 5 fixed term exclusions in 2011, to 16 in the last year; and another from 11 to 28 in the same period. This is notable in primary school populations. We also note that there were 2 children looked after were permanent exclusions and 11 out of 79 children with at least 1 fixed term exclusion. 13 of those children were classified as persistent absentees (missing more than 15% of available school days).

4.118 Over the last three years, most fixed term exclusions have been for persistently disruptive behaviour and physical assault against adults. It is of note that there was one fixed term exclusion for substance use from one primary school in 2013. This table outlines fixed and permanent exclusions from recent years.

	Fixed term exclusions		Permanent Exclusions	
	Primary Schools	High Schools / Academies	Primary Schools	High Schools / Academies
2008/09	150	1071	2 children	47 children
2009/10	169	808	8 children	34 children
2010/11	110	949	-	21 children
2011/12	108	818	5 children	28 children
2012/13	111	570	10 Children	28 children

4.119 On a comparative level, fixed term and permanent exclusion are highest for those students on school action plus, the reasons for this require further exploration

4.120 The ethnic backgrounds of children excluded from school are significant, which could suggest the need for further inclusion work for some ethnic groups. In general, permanent exclusions' figures have been falling. However, the number of White Traveller fixed term exclusions is the same in 2012/13 as for 2008/09, which constitute 39.2% of the White Traveller population in schools. However, exclusions in the intervening years were low, at around 10 each year. Fixed term exclusions are comparatively high for children from Black Caribbean (8.51%) and Black Other backgrounds (8.21%) compared to Black African backgrounds (4.8%). 2.62% of children from a White British background are likely to be excluded.

4.121 Since the Board highlighted this information to the DCS in March 2014, schools services have outlined plans to work with Children's Services in disseminating learning from national and local serious incidents, consider child protection conference attendance and reporting practices, strengthen the practice of local designated teachers, and undertake further analysis of exclusions. Discussions with the LSCB head teacher representatives and school governors have begun.

Why do we do learning and improvement case reviews?

4.122 The Board has a statutory requirement to look at learning following cases where there have been multi agency weaknesses in responding to children's needs, where children have been injured or die and where there is good practice to learn from.

4.123 A case review was completed in summer 2013 involving two school aged children.

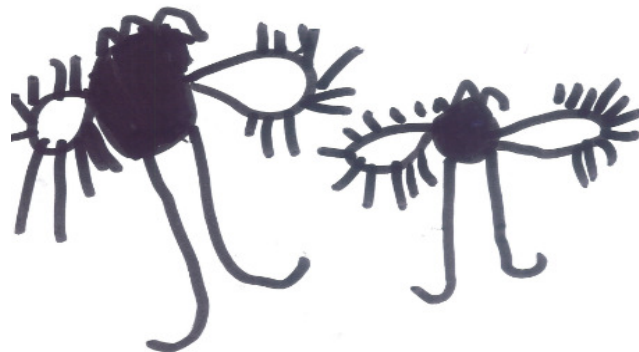
What did we learn?

4.124 Due to their mother's chronic physical and mental health difficulties for a number of years, their wellbeing was neglected, their school attendance was at times very poor and there were delays in response from the many practitioners who were working with the family.

So what was the impact?

This has led to "Think Family" training being highlighted across services working with adults and children. We learnt the need for all professionals to look at their work with families and consider if it is achieving anything in a timeframe appropriate for the child. Health visitors now have a proforma to log male members of the household, to ensure that everyone is included.

A case review was completed in January 2014 involving a young baby. This generated learning in relation to pre-birth assessments and working together between, in particular, the GP, local Maternity team, Adults' and Early Help Services.



So what was the impact?

Now a child protection chair is a lead for pre-birth work in the borough. Multi agency pre-birth planning meetings at the local maternity unit have been strengthened. Independent audit work in Adults' Services has noted a growing confidence for staff to "Think Family" and make appropriate onward referrals.

- 4.125 Concerns were raised by the LSCB in its Section 11 audit work and a case review regarding the recognition of safeguarding concerns in respect of infants in the maternity unit at Northwick Park Hospital. This was shared with the CCG and Brent Children's Services and LSCB. The CCG has a maternity monitoring group and the LSCB Chair led a meeting at Northwick Park Hospital to discuss concerns in December 2013. These concerns were confirmed by the CQC inspection in January 2014.
- 4.126 Concerns have been raised for a second time regarding the understanding of consent for medicals at Northwick Park Hospital. Police CAIT brought concerns to the Hospital's attention in 2013. These later concerns follow a local case review. A letter was sent to the Medical Director in March 2014 and the Designated Doctor is working on a protocol for child protection medicals at the Hospital.
- 4.127 A case review was begun in early 2014 regarding the neglect of a large family of seven children aged under ten. This review is being completed, but highlights learning about sharing risk information between professionals, noting risk to animals and looking out for risks to children and vulnerable adults at the same time.

So what was the impact?

A learning event took place in March 2014 with RSPCA Officers involving the LSCB, LSAB and Named Nurse at Northwick Park Hospital. Safeguarding children information was subsequently sent out to all 16 vet practices in Harrow.

- 4.128 A case review also began in February 2014 regarding a young person, where there were concerns for substance misuse and going missing from residential placements. We are learning already about multi agency communication and planning, as young people move around the country to live when they are looked after.

So what was the impact?

In spring 2013, we identified in our quality assurance work, one school which as good practice offered clinical supervision to its safeguarding designated teacher. The LSCB wishes to promote this and so for January-July 2014 it has sponsored four local safeguarding teachers to undertake regular clinical supervision with CAMHS.

4.129 One Headteacher writes, "I'm really pleased that supervision got off the ground this year and I know that our Deputy Head and Designated Officer have valued attending this. One of the benefits she describes is the information sharing which has enhanced our practice, and signposted advice and support, which some of our families can benefit from".

External scrutiny

4.130 In January 2014, Ofsted carried out a thematic review of twelve cases in Harrow to inform its evaluation of early help in England.

4.131 There was evidence of improved outcomes in the majority of early help work. There was a strong flexibility to respond to changing needs, and noted strategically in the tracking of the local population and plans to redraft the LSCB multi agency threshold document in light of local learning and quality assurance work. Ofsted noted that the LSCB Conference being about neglect was timely, in response to local learning and improvement work. There was good strategic understanding of the needs of the population, and the strengths and weaknesses of early help. The partnership was very active and there was evidence of improvements to practice. It was too early to judge the Vulnerable Young People's Panel (VYPP) but it was very positive, and could enhance work with teenagers.

4.132 There was a sense that schools could refer earlier and were holding on for the Children's Services' threshold to be reached. There was access to a wide range of support and advice and practitioners valued and appreciated this. There was a variable response to referrals

4.133 The inspection was extremely helpful in confirming the LSCB assessment of Early Help which had been based upon our learning and improvement work. For instance in terms of embedding partnership working in early help, there was further to go, together with ensuring a consistent standard of work.

So what? - Ofsted noted the following good practice examples:

Mother's Against Gangs; the triage between YOT (Youth Offending Team), EIS and Police; SALT (Speech and Language Therapy) working in local Children's Centres and the targeting of 2 year olds in Children's Centres to help support improved outcomes.

CQC January 2014

4.134 The CQC (Care Quality Commission) reviewed health services in safeguarding and looked after children in early January 2014. This again presented a mixed picture, of hard working professionals, but sometimes an under developed system of safeguarding and quality assurance of that safeguarding and early help practice. Communication was sometimes not sufficiently robust between different parts of the health system.

- 4.135 As the LSCB had highlighted, there were reported gaps for young people with ASD and ADHD service provision. CAMHS staff were identifying young people's needs for early help and making appropriate, timely referrals, applying the DNA (Non-Attendance) policy, and had good awareness of safeguarding protocols.
- 4.136 Join up from health back to the community was noted by the CQC, and, like our recommendations for the Hospital to develop MARAC links, the CQC recommended stronger links from health to other wider safeguarding forums, such as MARAC and around CSE.
- 4.137 Early Help was not yet embedded in the health economy, partly due to practice issues but also related to capacity. MASH was noted to be working well to ensure dialogue and information sharing and providing a good early help platform, although information following referrals was sometimes missing.
- 4.138 It was felt that partner agencies demonstrated their commitment and a growing capacity to learn from external service scrutiny and learning and improvement case reviews. "Partnership working has improved significantly over the past 18 months". There was appropriate and active health membership in the LSCB, appropriate frameworks were in place and the Board was well engaged in strengthening its approach to holding providers to account. The CQC found that it was clear that from the joint children's services' inspection in 2012 by Ofsted and the CQC, the recommendations have been taken on board and have provided a foundation for developments since then. The findings had been heard, action taken by health and social care and progress was clear. Parties were committed to working together and had established a mutually respectful foundation with shared values and goals. "Partner agencies were able to engage in a mature dialogue to resolve strategic and operational challenges within a difficult financial climate". And indeed the LSCB Chair has provided some considerable support in securing mature relationships at a senior strategic level.
- 4.139 There were noted challenges in the looked after children's health services, however there was a concerted joint effort to address problems, and performance had improved in this service, although progress was "disappointingly slow". The CQC noted the strengthening of the Rapid Response, CDOP (Child Death Overview Panel) process, which was reviewed by the LSCB as a result of the previous inspection.
- 4.140 The CQC saw that the adult mental health service acted proactively and carried out thorough pre-birth risk assessments through joint work. This demonstrates progress from LSCB case reviews in 2012 and 2013. However the adult substance misuse service was not yet able to assure the CQC of a robust "Think Family" approach.

Section 11 Safeguarding evaluations

- 4.141 A range of organisations and individuals have a duty placed upon them by Section 11 of the Children Act 2004 to ensure that their functions and any services that they contract out to others pay regards to the need to safeguard and promote the welfare of children. In order to assist agencies in understanding how well they do this, a common approach across all LSCBs is to ask agencies to undertake a 'Section 11 audit'.

4.142 In Harrow these Section 11 audits are identified as part of our learning and improvement framework- we have developed the methodology over the past two years and continue to improve our approach. When we started in 2012/2013 agencies were asked to evaluate themselves against set criteria. This provides a helpful snapshot but in line with our duty to scrutinise safeguarding children activities this year 2013/2014 we have added different ways to make the evaluation and extended significantly the number of agencies who have undertaken this evaluative work.

Agency	Auditors	
Harrow Libraries (Commissioned by Harrow Council)	Self-evaluation (review of earlier audit)	
Leisure Centres (Commissioned by Harrow Council)	Self-evaluation	
Adults Services	Designated Doctor	Probation
Northwick Park Hospital (Maternity, GUM, Paediatric A&E, Paediatric Ward)	Designated Nurse	LSCB
Compass (D&A provision)	Quality Assurance & Service Improvement, Children's Services	CNWL
Ignite	Targeted Services	ICO
Police BOCU	Targeted Services	CNWL
Police CAIT	Early Intervention Services	
Westminster Drugs Project	Self-evaluation	
Blenheim Drugs Project	Self-evaluation	
Victim Support	LSCB	
Hestia	LSCB	

4.143 This year, the QA sub group agreed that agencies would be offered independent auditors from other agencies, so for instance Adult Services was audited by the Senior Probation Officer and the Designated Doctor for Safeguarding Children. The aim is to develop both partnership working and raise awareness of each others' contributions to safeguarding children across

sectors. The agency staff undertaking the review have begun to be more involved in the process. Also we have used the Section 11 approach to undertake audits of smaller sections of large agencies.

- 4.144 Schools - an LSCB audit tool for school governors, head teachers and staff was developed with the school governor representative on the LSCB. The tool, which includes detailed guidance about the evidence required to complete the audit, focusses on the most vulnerable by asking schools to state how many children are subject CP plans or have been excluded.
- 4.145 Eight local schools have chosen to complete the LSCB audit others, and one school has presented evidence to the Board. HSIP (Harrow School Improvement Partnership) also has an external audit of behaviour and safety. We are pleased that this year Section 11 audits have begun to be completed by independent schools within Harrow. The LSCB has been well supported by the local colleges and this year an additional college undertook a Section 11 audit.
- 4.146 The LSCB also received Section 11 audits from the Police child abuse investigation team, sports and leisure, including the library service, services supporting victims of domestic violence and from drug and alcohol services. In February 2014, the Named GP produced a Section 11 report in respect of GP practices in Harrow.

So what was the impact?

To date 33 of the 35 Harrow GP practices have completed the NSPCC /RCGP audit. In general the self-declaration was appropriate. One practice provided an inadequate response. Where deficiencies in process or protocol were identified with the remaining practices there was a plan in each practice to address them. Common issues raised: the requirements concerning CRB/DBS checks on long standing members of staff; Domestic Violence – several practices required policies and risk assessment tools at the time of audit. MARAC procedures have subsequently been circulated.

This Section 11 audit work fits well with the CQC inspection of six GP practices in Harrow this year; in one practice the CQC raised issues of safer recruitment; other than that, no safeguarding issues were highlighted.

So what was the impact of Section 11 audit work – summary

The audits during this year have shown improvements in understanding, and organisational frameworks to safeguard children across a much wider section of the safeguarding community in Harrow. The work has enabled the LSCB to build on enhancing the understanding of safeguarding children in agencies which focus primarily on services for adults, or who provide services for adults and for children.

- 4.147 Impact can be seen for example, in the fact that every local library and leisure centre has a safeguarding children lead, who has had appropriate training and libraries were considering their internet safety this year.
- 4.148 Areas of improvements in safeguarding processes identified, including need to update /refresh training in key areas, such as safeguarding children online, and enhance safeguarding training for some key safeguarding leads; improving areas of policy, procedures and evidence that service users' views are more fully considered.
- 4.149 The impact of the Section 11 work this year has been a greater understanding by agencies undertaking the audits and by partner agencies of their duties under the Section 11 to safeguard children. We have had particular support from the substance misuse commissioning team in Public Health, who meet regularly with local providers and encouraged them to complete their self-evaluations and support each other to address any actions.
- 4.150 The Section 11 audit of Adult Services suggested some actions to enhance joint work between Children's Services and Adults' Services, for example the launch of joint online procedures.

Escalations

- 4.151 Escalations [raising issues of concern, disagreement or practice between professionals] are a usual and essential part of professional interface and can be an indication of good communication and reliable working relationships. Agencies seem to have developed faith that escalations are reliable ways to secure safer outcomes for children, as case reviews in Harrow have highlighted that in past years that a range of agencies were not escalating concerns amongst themselves and / or to the LSCB. In the past year, the Chair has not had to step in to resolve an escalation. One child protection conference has been reviewed by an independent panel in April 2014 overseen by the Chair after a complaint regarding a child protection plan was made by a parent. The complaints were mainly not upheld in relation to sexism and racism; however one was upheld, regarding the quality of the minutes provided. There has been a small increase in escalations compared to the last financial year.
- 4.152 There has been one escalation between a college and Housing in relation to homeless young people. There have been three escalations between CAMHS and Targeted Services. There has been one escalation between Targeted Services and a school. There have been 5 escalations between schools and Targeted Services, three escalations from substance misuse agencies and CS, one escalation between Environmental Health and Targeted Services. One escalation from Northwick Park Hospital to Targeted Services. One escalation from Police CAIT to Northwick Park Hospital. Two escalations by the Child Protection Chairing team to Targeted Services and Police CAIT. For the Independent Reviewing Officers, (IROS), the main theme of the escalations have been regarding timeliness, communication and delays in responding to risk.
- 4.153 All these escalations have been resolved. Some agencies wish to escalate via the LSCB; other escalations have not come to the Board's attention. For the forthcoming year, it would be hoped to encourage agencies to escalate directly and then revert back to the Board, if matters are not resolved.

