



**HARROW SAFEGUARDING CHILDREN BOARD
ANNUAL REPORT 2017 - 2018**

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Foreword by the Independent Chair

The Harrow Children's Safeguarding Board (HSCB) is an alliance of all those public service agencies and some third sector bodies in Harrow, whose staff come into contact with children. Our role as a board is to ensure that we coordinate the delivery of our services to protect children from harm and promote their welfare. We have a two-year business plan and this report explains what progress we have made in the past year to achieve our plan and what we have learnt on the way.

The role of the HSCB is to ensure that its members cooperate in their efforts to protect children from harm and promote their welfare and to offer each other appropriate challenge and scrutiny. As chair, I work closely with HSCB partners as they carry out their responsibilities. I have included a section in this report which describes my overall assessment of the HSCB. I find it to be a successful, cooperative Board whose activities have helped keep Harrow's children safe and well.

What I do find whenever I meet the staff and their managers who are involved in front line services is enthusiasm, dedication and determination to do the best for children. In 2019, the way in which the partners to the HSCB organise themselves is going to change following a change in the law that governs our partnership processes. Whatever the new formal arrangement for the HSCB, safeguarding and promoting the welfare of children will still need committed workers, who are well led and operating to a set of planned and thought out priorities. The picture in Harrow shows that its children's workforce is high quality and is up to this challenge.



Chris Miller

Chris Miller - HSCB Independent Chair

Independent Chair's Evaluation of the Board's effectiveness

Enquiry and Challenge

This is a strength of the HSCB. An audit group drawn from a number of agencies have reviewed some of the processes of the Multi Agency Safeguarding Hub (MASH) and the Multi Agency Sexual Exploitation Panel (MASE). The group identified some ways in which improvement was needed. In each case colleagues provided a good response to the challenge.

Understanding of the impact of practice

The HSCB has enquired into how

- information is shared in a domestic abuse context
- the risk in child sexual exploitation cases is managed
- decisions are made in relation to placing children on Child Protection Plans

The professional response has varied appropriately according to the issues discovered.

Understanding performance information

We continue to make progress in this area. The restructure of the Metropolitan Police has made analysis of their data difficult. However, we have a comprehensive performance data set, an active performance analysis group and a partnership that responds well to queries and challenges raised by this group and the wider HSCB.



Understanding early help and child protection thresholds

This service has been restructured in the past two years. Our data on children who are in need, on child protection plans and who are looked after give us information on trend and need. These data are subject to insight and analysis along with children centre registration and attendance data. Through this we have a picture of which children are accessing early help services and how they progress thereafter.

Learning from reviews and incidents

We have not published a serious case review (SCR) in the past twelve months but we have sought to learn from reviews in other local authority areas as well from our own local learned lessons reviews. We have a standing SCR sub group which has recently contributed to an SCR commissioned in another area and as result of that, some early lessons have been learned and practice improvement identified.

Our robust audit regime regularly brings to light partnership challenges. The HSCB has been good at responding to these challenges and improving practice.



Working strategically with other partnership boards

We have improved our links with the Harrow Safeguarding Adults Board in the past year and we work with Safer Harrow on shared issues like knife crime. The HSCB chair is a member of the Health and Wellbeing Board. There is still more we can do in this area and as a set of new freedoms emerges following the enactment of the Children and Social Work Act we will explore better join up internally in Harrow and with neighbouring partnership groups.

General Commitment of Partners

The HSCB is well attended and the sub groups receive regular support from colleagues across a wide range of agencies. Health, Police and Education Colleagues have assumed chairing responsibility for a number of areas of multi-agency work and have taken on responsibility for the multi-agency partnership. Together with the Local Authority the Partnership in Harrow is a cooperative and effective one. The HSCB also benefits from a strong input from independent lay members.

Resourcing Commitment of Partners

Safeguarding is a complex business and an LSCB requires resources to function. Harrow's LSCB is funded below the London average. The regulations that established LSCBs invites partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another.



The funding for the Harrow LSCB however falls disproportionately on Harrow Council and the approach of some of the partners is not fair to Harrow Council and needs resolving by those with seniority to do so. The Metropolitan Police funds the HSCB at levels well below other urban metropolitan forces and together the health commissioners and providers in Harrow fund the HSCB well below the London average provided by their "Health peers" in other Authority Areas.

Next year we move to a new Safeguarding Partnership Arrangement. This will provide an opportunity for contributions of partners to be aligned proportionately with their responsibilities.

Conclusion

The HSCB has many areas of strength. It needs its partners to contribute resources equitably and it still needs to get maximum benefit from its data (particularly police data) by improving some of its analysis and commentary. However, it is an effective board which offers constructive and insightful challenge and as a result helps make things better for children in Harrow.



Harrow's Population

The population of London Borough of Harrow is 249,000¹ with 58,000 children under 18². The population which has grown by over 12% in ten years is diverse with 70% saying they belong to a minority ethnic group; 37% being of South Asian heritage. The borough is also religiously one of the most diverse in England and Wales.

In relation to deprivation Harrow is ranked 213th out of 326 Districts³ in England where first is the most deprived. Most deprivation is in the centre of the borough, with pockets of deprivation in the south and east.

Most children in Harrow flourish in their family environment and they also attain good results in Harrow's excellent schools⁴ where at Key Stage 2 they perform better than the national average despite high numbers having English as a second language.⁵

¹ ONS Mid-Year projection 2017

² Ditto

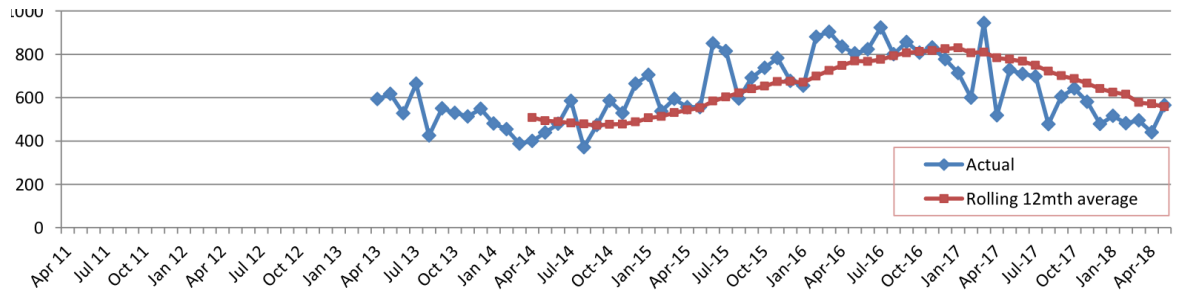
³ Based on the Indices of Multiple Deprivation (2015) published by Communities and Local Government.

⁴ Out of 77 Harrow schools the 57 that have a current grading recorded on the Ofsted website every school is graded good or outstanding.

⁵ 66% of primary and 60% of secondary pupils have English as an additional language compared with respective national averages of 20% and 16%

Early Help

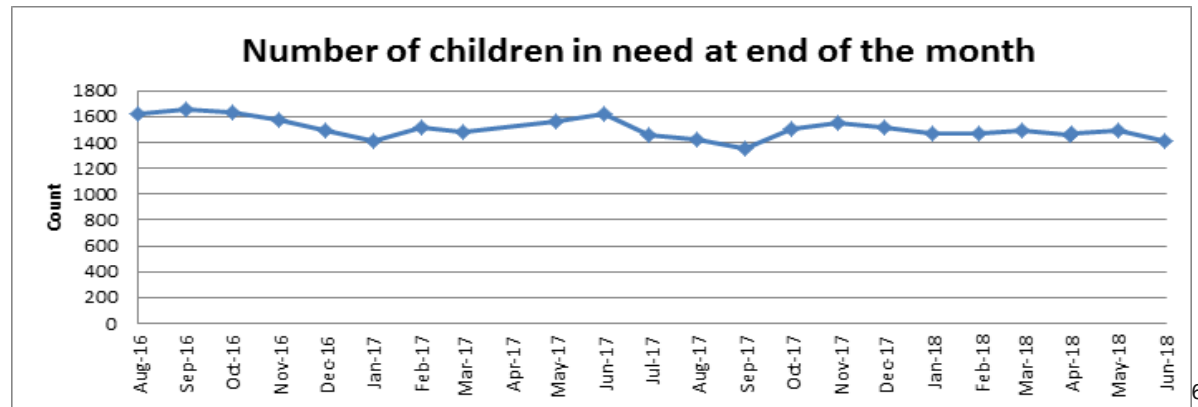
New Contacts



Where families struggle to provide fully for their children’s needs we are keen to offer early help to prevent a difficult situation getting worse. When we receive a new contact about a child where there are welfare concerns we aim to ensure that our response is both timely and proportionate to the need assessment. The chart (left) shows that since October 2016 the number of new contacts has been declining.

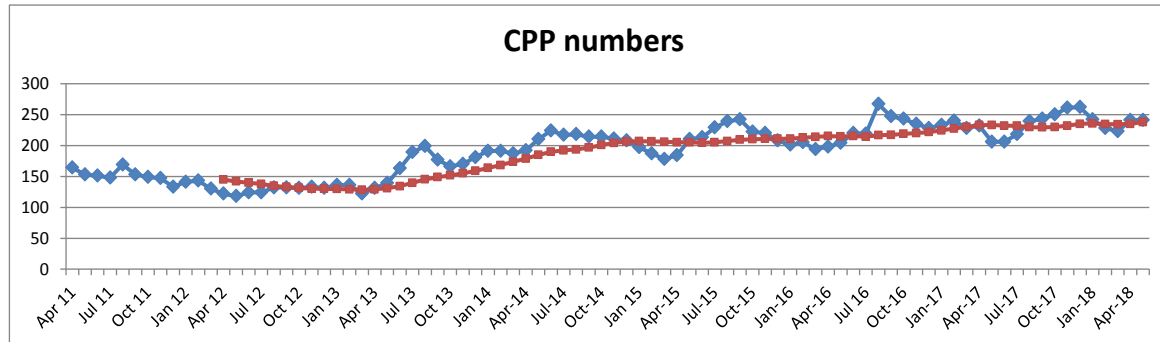
Children in Need

Usually most of these contacts can be resolved by directing families to the help they need from what is generally available in the community. In some circumstance, more is required to help children thrive or to keep them safe. In 30% of cases (right) Harrow council conducts an assessment. Sometimes this results in the child being designated as a child in need (CIN)⁶. In Harrow we have about 1,500 CIN. The trend in this has been slightly down over the past two years.



⁶ Under section 17 Children Act a child in need is a child who requires local authority services to achieve or maintain or prevent a deterioration from a reasonable standard of health or development, or is disabled.

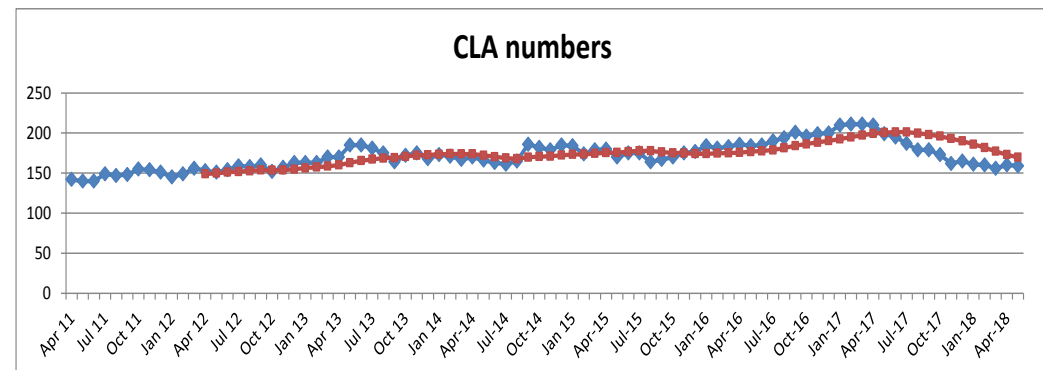
Child Protection Plans



Being a child in need brings additional help and support for the child and the families who care for them. However sometimes the judgement of the professionals supporting a family is that the child is not just in need but is at risk of suffering harm. In those circumstances the family are required to comply with a protection plan for a limited period of time which is designed to keep safe any children to whom it applies. This is called a Child Protection Plan (CPP). The figure (left) shows a steady increase in the numbers of Harrow children placed on such plans over the past five years.

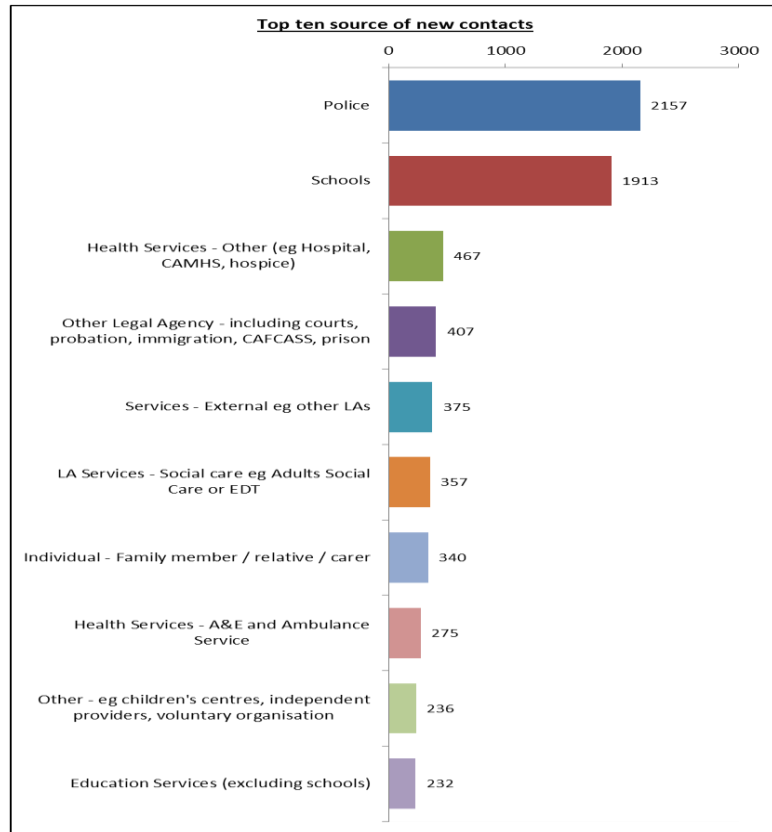
Children Looked After

When a plan does not work in its function of keeping children safe then the Local Authority and its partners have to step in and take those children into their care. These are called Children Looked After (CLA). Following a five-year period where these numbers had been noticeably rising that rise has been halted and now for two years it has been falling. Set against a rising child population and an increase in the numbers of children on CPP that represents good news. It suggests that the Harrow partnership's CPP efforts to keep children safe in their homes is having an effect; keeping children safely in their homes is clearly a sought for outcome.



Key presenting issues and who raises them

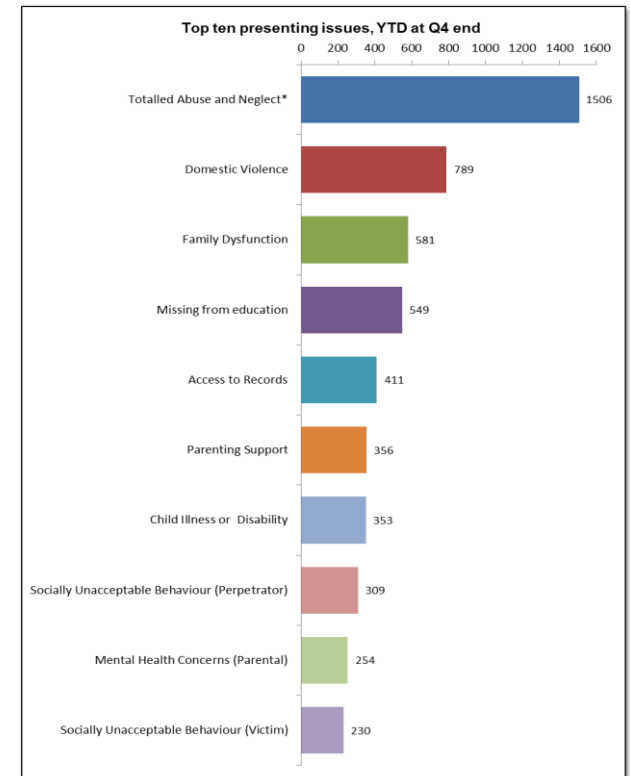
The Harrow Multi-agency Safeguarding Hub (MASH) receives referrals and requests for consultation from a wide range of agencies, voluntary organisations and the public when concerned about a child's safety or welfare; emphasising that this is everyone's responsibility. The top ten sources of new contacts are shown (left).



Police and schools remain the largest referrers.

The top ten reasons for these contacts being made are shown (right).

These are the presenting reasons only and in many cases there will be other issues for families, which may include more significant ones once their circumstances have been assessed.



Important Issues

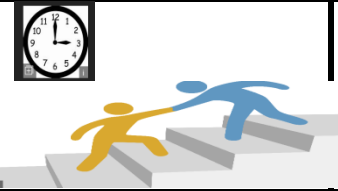
The HSCB's role in being presented with the data is to ensure that HSCB partners are coordinating their efforts as well as they can to protect children and promote their welfare. In addition to remaining vigilant about the overall numbers of children in these various categories the HSCB has taken a particular interest in the following more detailed issues;

- The number of CLA who get caught up in the criminal justice system
- The number of children leaving care who go on to be not in employment, education or training
- The number of CLA who go missing from their home placements or from education
- The number of children living on a CPP for long periods or who having been discharged from such a plan (because they were deemed to safe from harm) then return to such a plan.

Of course, in many such cases professionals are doing a good job in managing what are often difficult sets of issues. But the extra vigilance and oversight played by the HSCB ensures that important questions are asked and that the services that are here to protect children and promote their welfare are open to constructive challenge and scrutiny.



HSCB Priorities 2017-19



Priority 1: Early Support:
 To ensure a clear understanding of what help is available across the partnership, where it is delivered and how to access it.

- *Developing and implementing a communication strategy to promote a clear understanding of the referral process and the range of services available*
- *Monitoring and evaluating front-line practice in relation to the identification, referral and impact of early support – Drawing upon regular single and multi-agency data analysis and auditing*

What was achieved?

- The HSCB's Thresholds Document was regularly reviewed in the light of learning from reviews and disseminated across the partnership through the HSCB's training programme and communications activities;
- The referral process in to MASH for Early Support was strengthened with a new referral form – the development of which was informed by extensive multi-agency and voluntary sector consultation;
- All HSCB audits and relevant individual agency reports submitted for scrutiny by the HSCB include Early Support performance information, with specific focus on the quality of new arrangements for the delivery of health visitor and school nursing, mental health provision for young people via Harrow New Horizons and the impact of Early Support on addressing domestic abuse.



Priority 2: Understanding Risk:

To achieve a reliable understanding of the risks faced by children and young people in Harrow, so that preventative and responsive actions are informed by up to date and relevant information.

- *Reviewing the focus and breadth of the HSCB's data set and identifying priority areas for further scrutiny*
- *Compiling problem profiles and ensuring they are continually fed by data and intelligence from the whole partnership*
- *Identifying best practice in preventing and addressing risk; drawing upon local learning from reviews and audits - and evidenced based practice (local and national)*

What was achieved?

- The HSCB conducted a review of its existing dataset. We conducted a gap analysis against new areas of priority. As a result we introduced new data and intelligence about knife crime and youth violence for HSCB analysis and scrutiny. Now we also scrutinise the effectiveness of a couples' perpetrator programme for domestic abuse and the application of the revised Neglect Toolkit.
- HSCB undertook an audit of the Multi-agency Sexual Exploitation (MASE) process to see whether the findings of previous audits had been enacted with regard to compliance with the London CSE Protocol: undertaking risk assessments and identifying themes and patterns to inform strategic planning (See section Violence, Vulnerability and Exploitation). We also audited the application of child protection categories to see whether and if so why Harrow was different to other similar local authorities in the way it identified risk factors for children on Child Protection Plans.
- The HSCB's Review Sub-committee drew learning from other LSCBs' Serious Case Reviews into youth violence and knife crime - to apply to new local initiatives to address this growing area of concern for Harrow and its neighbouring authorities.

We want to hear from YOU.

Priority 3: Engagement:

To ensure that the work of the Board is regularly informed by children, young people and their families – and to harness new support from the wide range of communities in Harrow

- *Broadening the methods of communication with children, young people and families – and furthering their involvement in service development and evaluation*
- *Seizing opportunities to involve local communities in safeguarding and promoting the welfare of children*

What was achieved?

- We now ensure that all safeguarding reports from agencies submitted to the HSCB's Quality Assurance scrutiny process include evidence of how the views of service users have been obtained. We want to know their views on the quality of services they receive to help identify good practice and areas for development. To achieve this we use questionnaires and on-line surveys. The Quality Assurance process also seeks evidence of how each agency has reacted to the views of their service users.
- Agency reports provide findings from workforce surveys covering a range of feedback e.g. relating to training, supervision, confidence in management. The HSCB obtains direct feedback from delegates attending all learning events such as training, lunchtime forums and conference. The Quality Assurance process and strategic Quarterly Safeguarding Meetings scrutinise all relevant feedback and triangulate this with management reports on workforce recruitment, retention and sickness rates.
- The HSCB draws upon feedback from consultations with young people, community groups via its voluntary sector commissioned arm: **Voluntary Action Harrow**, and from its regular **Designated Safeguarding Leads Forum** for schools, to gain their experience and perspectives on relevant and emerging themes for Harrow – in particular, exploitation and violence.



Working Together

Priority 4: Effective collaboration:

To ensure that the priorities of the HSCB are supported by other strategic partnerships within Harrow and that relevant collaborative work takes place with other LSCBs

- *Building on existing collaboration with other strategic partnerships and identifying new external alliances to strengthen practice and achieve efficiencies*
- *Ensuring that the HSCB promotes robust scrutiny, transparency and accountability in all of its monitoring activity*
- *Developing 'in-house' auditing and reviewing skills to ensure efficient allocation of HSCB's financial resources*

What was achieved?

- The strategic partnerships, HSCB, Harrow Safeguarding Adults Board (HSAB) and the Safer Harrow Partnership ensure a cross-over of representation and the sharing of strategic plans and priorities. This has helped to build on existing collaboration and avoid unnecessary duplication, especially in relation to data and intelligence on Violence, Vulnerability and Exploitation, Domestic Abuse, FGM, Forced Marriage, Trafficking and Modern Day Slavery and radicalization.
- Continuing with the HSCB's focus on 'Think Whole Family', many training courses, learning events and conferences are delivered jointly with the HSAB, so that both the children and adult's workforces can learn together and build stronger working relationships (see section on Learning and Development).
- Collaboration with other LSCBs: Brent and Harrow LSCB's continue to explore shared learning opportunities; the HSCB invited Enfield LSCB to present learning from a number of their serious case reviews into youth violence; and has initiated a joint review with Lewisham into the serious injury of a young child (see section on Reviews); and the HSCB has been active in setting up collaborative arrangements with all north-west London boroughs to review child deaths (see section on Child Death Overview Panel).

The HSCB evaluates the effectiveness of local partners in safeguarding and promoting the welfare of children and young people in Harrow through the work of our Quality Assurance Sub-committee. This is a well-represented multi agency group and in the past year it has instigated a number of multi-agency audits; focusing on our priorities. The group meets frequently to scrutinise individual agency data and their internal safeguarding activity reports:

Ensuring that all partners participate in providing safeguarding reports for external scrutiny

We have significantly improved the participation of our partner agencies over the past year. We now have a full and comprehensive reporting calendar (see Appendix 1). So, all services for children and young people, whether provided directly by Harrow partners or commissioned from other organisations are scrutinised both for safeguarding quality and for inter-agency cooperation.

Domestic Abuse

We have focused heavily on understanding the impact that domestic abuse has on children. Our audit of our work in this area has improved multi-agency understanding of the need to consider the needs and risks for the whole family. There has been progress since the previous year's annual conference on 'Domestic Abuse – A journey through life' which promoted our **Think whole Family** approach. We found improvements in risk assessments, the quality of supervision, engaging both parents and instigating early intervention and capturing the voice of the child (see **Domestic Abuse Information page for more detail**).



MONITORING AND EVALUATION



Multi-Agency Sexual Exploitation (MASE) Audit

The HSCB undertook a follow up audit of the MASE Panel to see whether our findings from a previous independent audit had led to improvements in compliance with the London Protocol on risk assessment. The London Protocol as well as standardising the way that risk to children is calculated is also intended to enable the MASE Panel to identify local patterns and themes to inform strategic and operational planning.

The follow up audit identified that further progress was required, and so a repeat audit was set for Spring 2018.



Child Protection Categories Audit



Annual analysis of the HSCB's dataset revealed that the ratio of child protection categories in Harrow remained significantly different to both national and statistical comparators. Harrow has a much lower proportion of children on child protection plans for physical and sexual abuse compared to the proportions for emotional and neglect. We wanted to understand the reason for this and undertook an audit to explore from a multi-agency perspective whether practitioners agreed with the category applied in each case and whether any dissent was effectively noted and taken into account.

60 practitioners who attended recent conferences were surveyed and they confirmed their agreement with the categorisation in each case. The HSCB remains curious and is seeking other lines of enquiry to help us understand why Harrow seems to be different from other apparently similar areas.

The HSCB's Monitoring and Evaluation Activity (continued):

Allegations against Staff and Volunteers in the Children's Workforce

The Designated Officers annual report found that the HSCB's Allegations Management Procedures were better understood by local partners than had been the case in previous years.

- Thresholds for consulting the Designated Officer are appropriate and suggest no under reporting. The quality of training has supported this.
- Timescales for completing enquiries and investigations are very good and therefore help to reduce the stress to everyone affected.



MONITORING AND EVALUATION



Disability Service Audit Actions

The 0 to 25 Years Disability Service reported on actions taken in response to the findings HSCB's Independent Audit:

- New training from the specialist organisation Triangle had been organised for local staff.
- Following consultation with Kingsley High School, new toolkits have been purchased to assist staff in gaining the views and feelings of children with more limited communication abilities.
- Random sampling of cases confirms impressive and creative use of new tools.

Monitoring of Health visiting new contractual arrangements

Baseline data was reported prior to the new commissioning arrangements for the health visiting service. 99% of new birth visits were being held within 14 days. Harrow has one of the highest breastfeeding rates in the country.

Children Looked After (CLA) Health Report

There has been a steady increase in Children Looked After over the past 3 years with an associated increase in initial and review assessments. The JSNA data says that the number of CLA have gone down in the past year.

Successful partnership working resulted in 100% of initial assessments being completed within the required 20 working days and 93% meeting targets for review assessments.

Early Support Service

The effectiveness of the re-designed Early Support Service offer is kept under scrutiny by the Quality Assurance Sub-committee to ensure early identification of issues and preventative work.

Developments include:

- Clinics held within primary and secondary schools.
- A bespoke programme for parents regarding the harm of physical chastisement – adapted for different communities from the Working with Families Model.
- New Performance data systems support the collation of information relating to outcomes and impact measures – including feedback from young people and families.

The HSCB's Monitoring and Evaluation Activity (continued):

Virtual School

Children Looked After by the Local Authority receive support for their education via the Virtual School Service.

- Where placement changes are necessary, new methods of teaching have been introduced to ensure continuity of education.
- Asylum seeker children are provided with proficiency assessments to assist them and their school/college with strategies developed for their unique needs.



HMIC Inspection of Safeguarding arrangements in the Metropolitan Police

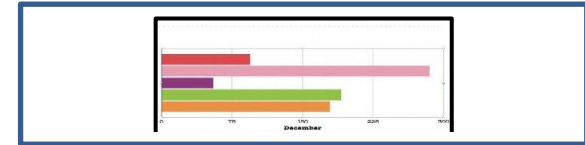
The HSCB sought regular updates on the action plan which followed the HMIC's comprehensive inspection in 2016. This resulted in 71 actions.

By November 2017, 50% of the actions had been completed and a further 33% were on track to meet the timeline set.

A new set of data was agreed by the Metropolitan Police (MPS Dashboard) to support internal and external scrutiny of safeguarding activity. Next steps involve ensuring local analysis of this data takes place for Harrow.

The number of victims aged under 18 is lower in Harrow than the London average. Around 20% of all crime reports in the borough have a Domestic Abuse element.

MONITORING AND EVALUATION



Substance Misuse

Compass (children's service) and **Westminster Drugs Project** (adult's services) are commissioned by Public Health to work with those affected by substance misuse – a key area of concern when safeguarding children both within the family and with regard to exploitation relating to criminality, including 'County Lines' activity.

Their engagement has ensured that treatment interventions are regularly and robustly evaluated, with a clear focus on identifying risks and needs of affected children, including interventions for early help. Both services are actively involved in multi-agency operational groups (MARAC, MASE, Child Protection Conference, Core Groups, and Risk Meetings) and provide regular training to other services to raise awareness of identification and referral processes.

Success rates in relation to interventions with parents with alcohol and non-opiate related misuse are higher than the national average (**50%** compared with **39%** respectively).

School Exclusions

Harrow has a low number of exclusions compared to national and statistical neighbours. The number of Children Looked After being excluded is also relatively low.

The number of children with special needs being excluded is falling.

The additional risks of exploitation and youth violence for excluded children are recognised. Harrow schools are inclusive and operate a good pastoral process; working hard to keep pupils engaged.

The HSCB's Monitoring and Evaluation Activity (continued):

Children in need of Protection

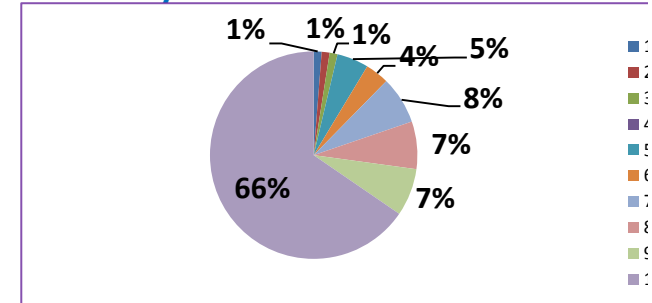
There were **995** Child Protection conferences in Harrow in 2017-18. These are multi-agency meetings that decide whether a child needs a protection plan or when a child has one whether s/he needs to remain with an existing one.

During the year there was only one child that required a plan for two years or more. This indicates that most child protection plans had been successful in improving outcomes for children within the family or that necessary alternative care arrangements took place to prevent them experiencing prolonged significant harm.

Performance: the majority of Case Conferences are held within required timescales; any practice issues are escalated via the Chairs' monitoring form which require confirmation of resolution within five days.

Child Protection Conferences – What families say:

Did the social worker help you to understand why people are concerned about your child?



A large majority responded positively (above score of 8)

HSCB Child Protection Practice Panel:

– Preventing drift for every child

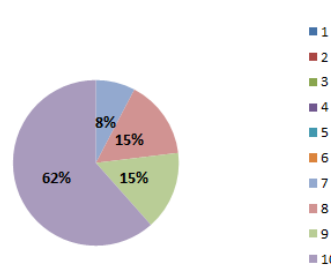
This is a bi-monthly meeting of multi-agency professionals who meet to analyse cases involving protection plans that reach 15 months or cases where the child becomes subject to a protection plan for a second or subsequent time. **These circumstances affected 56 children during 2017-18.**

The panel acts to challenge any unnecessary drift for each child and to draw out key learning points that will assist practitioners in other similar cases.

MONITORING AND EVALUATION

What families say:

Are you clear about what needs to change or happen for the conference to be able to end the Child Protection Plan?



A very large majority of 92% felt the plan was clear about what needed to change.

(worried about me because) “my parents having a fight”

“No, I don’t think I need a social worker...I am fine... things are improving at home”

“Teachers are worried if I miss school...mum hurt me with the slipper”

What Families say:

Has the Child Protection Plan helped your family achieve positive changes?

83% responded positively.

The HSCB's Monitoring and Evaluation Activity (continued):

Children Looked After

The annual report for the overview of Children Looked After covers the preceding year (2016 to 2017) showing a slight increase from **184** to **211** children.

The largest group of children and young people who started to be Looked After during this year were in the **10 to 15** age bracket (**35%**).

13.7% were under 1 year old; **7.1%** were aged **1 to 4** ; **19.6%** were aged **5 to 9**; and **24.6%** were aged **16**.

40 Reviews for Children Looked After involved children and young people with a disability - amounting to **6.5%** of the total.

Permanency Outcomes:

The majority of children and young people looked after returned home to live with parents or another person with parental responsibility (**37.4%**). A smaller number were adopted (**3.7%**). Those moving into independent living amounted to **9.2%**.

Performance of Independent Reviewing Officers (IROs)

A total of **605** Reviews were Chaired by IROs during the year.

IRO caseloads sit within national recommendations, allowing balanced workloads which take into account the complexity and the geographical distance of each placement.

98% of Reviews took place within statutory timescales.

MONITORING AND EVALUATION

Feedback from children and young people:

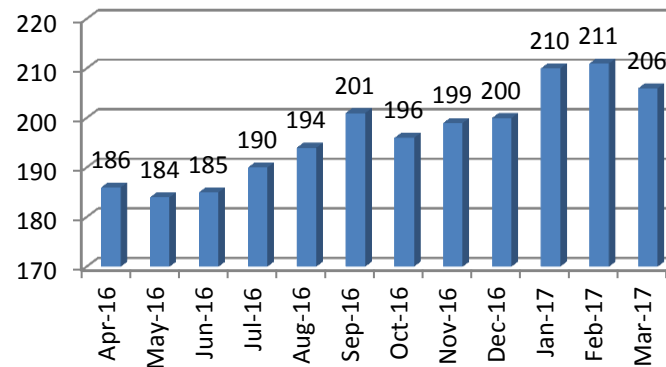
"I said in the Review I want to go home but I'm still here"

"My IRO listened to me and then we talked about my worries in the meeting"

"I was being bullied at school and we talked about this in my meeting which helped"

"The Review meeting helped me understand what will happen when I move in to independent living"

Snapshot Looked After Population



Participation in Reviews:

96.5% of children and young people aged over 4 years participated in their own Review (attending or sharing their wishes and feelings through other means e.g. Young Person's Consultation Form).

LEARNING FROM REVIEWS

Local Serious Case Reviews

No new Serious Case Reviews (SCRs) were initiated by the HSCB during this financial year. However, the HSCB continued to embed the learning from and receive feedback on a number of previously completed SCRs. Key learning points were incorporated into a number of HSCB's training programme, its Thresholds Document and into revisions for relevant policies and procedures. We have

- expanded the indicators for neglect and physical abuse to include feeding methods;
- raised awareness of additional vulnerabilities for mobile families;
- worked more creatively to engage fathers in assessments and planning;
- developed a new HSCB training course on engaging fathers

Learning from deaths or other serious incidents

The HSCB's Review Sub-committee receives notifications of serious incidents involving children and young people within the borough. Where these do not meet the criteria for an SCR the committee will consider by what other means we can extract learning to strengthen local practice. Individual agency management enquiries were undertaken relating to:

- an inappropriate placement of a young person with mental health needs on an adult ward –leading to procedural changes for the hospital concerned
- the death of a young person due to epilepsy - leading to new guidance for schools and a challenge to an external hospital
- the death of a young child with asthma who died unexpectedly at school – leading to the circulation of guidance to all schools
- non-compliance with procedural requirements (for Rapid Response – the immediate multi-agency response to an unexpected death) – leading to revised agreements with the London Ambulance Service and Metropolitan Police.



Learning from National Research

The Review Panel analysed the findings of the **NSPCC's** report on SCRs relating to **Deaf and Disabled children (2017)** – ensuring that the barriers to identification and disclosure of abuse are included in the HSCB's learning programme.



Learning from External Reviews

The HSCB's Reviews Committee received a number of notifications of knife crime and youth violence, sometimes involving our neighbouring authorities. The Committee invited Enfield LSCB to come and present the findings of three of their SCRs which related to knife crime. In all cases, the importance of identifying and responding to the vulnerabilities for each young person at an earlier stage was emphasised. This message has reinforced the Early Support response in Harrow and informed the HSCB's new priorities for 2018-19.

New model for Local Learning Reviews

The HSCB participated in the London Safeguarding Board's Development Day looking at how the future Safeguarding Partnerships can introduce a new model for carrying out local learning reviews. Opportunities for collaborating with other London Safeguarding Partnerships are encouraged by the HSCB, both in terms of carrying out reviews into shared themes and in relation to London-wide learning events based on the findings of each review.

HSCB'S MULTI-AGENCY DOMESTIC ABUSE AUDIT

The HSCB's audit spanned both children and adult services and focussed on cases with domestic abuse as a key factor.

Strengths found in local practice:

- Effective supervision in place for all agencies/services.
- Strengthened recording practices since a previous audit.
- Evidenced learning from previous SCRs regarding pre-birth assessments.
- Better evidence of engaging both parents in assessment and planning.
- Good examples of inter-agency challenge found.
- A good range of examples of how the voice of children were captured.
- Good flow of information from children to adults services during transitional period for young people.

What we need to promote further:

- All agencies need to ensure that their chronologies are kept up to date and include all key events.
- Risk to children should not be 'downgraded' purely because the perpetrator is female.
- The history of older siblings, including those who have become adults or have moved away from the family household, should be taken into account in risk assessments for young siblings.
- Those working in child focussed services should be familiar with the existence and purpose of the Adult Risk Panel, so that the impact of action taken to safeguard a child can be carefully managed for the parent too e.g. child's removal from a parent who is a vulnerable adult.

789 Referrals were made to Harrow MASH with Domestic Abuse being the presenting factor 2017-18

DOMESTIC ABUSE

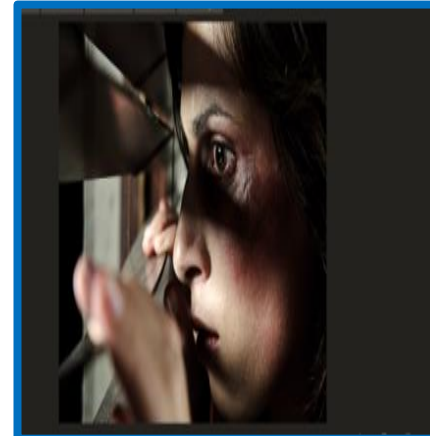
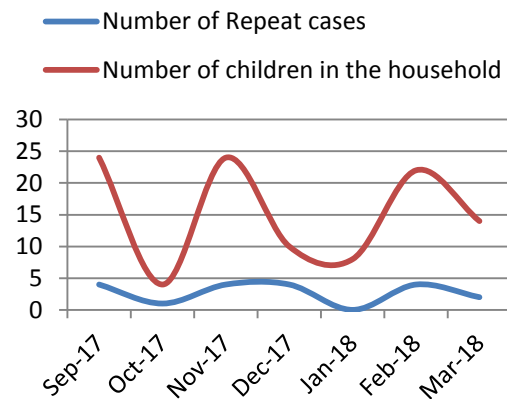
The number of children in the households considered by MARAC rose to 44 at the end of March 2018.

Multi-Agency Risk Assessment Conference (MARAC)

MARAC is a multi-agency victim-focussed meeting which shares information on the **highest risk** cases of domestic abuse. The HSCB's particular focus is on those households which include children, especially where there are repeat referrals.

One third of all referrals to MARAC come from the police.

MARAC cases by month



PERPETRATOR PROGRAMMES

HSCB'S THEMED DISCUSSIONS ON DOMESTIC ABUSE

The HSCB held two board level discussions on the range and quality of local services available to support victims and their families. Information was received from the Domestic Violence and Strategy Group and a range of services including Hestia, IDVAs, Housing, Compass, Young Persons Advocacy, Harrow Shield, WISH, Health and Social Care.

Key areas for further development were identified as:

- To explore the effectiveness of perpetrator programmes and in particular receive progress reports on Harrow Couples Domestic Violence Programme (a collaboration between Tavistock Relationships and Children's Social Care).
- To explore the need for adopting a new process for alerting schools about their pupils following a police call to domestic abuse incidents in their home.



DOMESTIC ABUSE



PROGRESS ON HARROW COUPLES DOMESTIC VIOLENCE PROGRAMME (TAVISTOCK PROJECT)

This project was set up as a collaboration between Tavistock Relationships and Harrow Children's Social Care to work with parents whose domestic abuse was occasional.

The programme is designed to help couples understand what triggers abuse and help them to develop techniques to avoid or better respond to those situations. The programme assists them in understanding the full impact of exposure to domestic abuse on their children.

For the couples who took part during the feasibility study; No further police notifications were received and no further reporting of violence by others.

- Relationship improvements (measured by clinical tools).
- Some children were removed from child protection plans and their outcomes improved (measured through Strengths and Difficulties Questionnaires).
- Parents reported improved relationships with their children.

"We are shouting less and talking more... normally he would storm off & we were quite mean to one another, but now we sit in silence for a while & we kind of break the ice because of what we've worked on in the sessions one of us breaks the ice quite easily"

VIOLENCE, VULNERABILITY AND EXPLOITATION

Trafficking and Modern Day Slavery

In line with national developments, Harrow's approach to trafficking and modern day slavery ensures that where people get involved with crime but are also identified as victims of trafficking, they are not simply treated as criminals.

The HSCB and HSAB (Harrow Safeguarding Adults Board) provide shared training for the children's and adult's workforces in recognition of the mutual and overlapping risk.

IMPACT: The National Referral Mechanism (NRM) is the UK wide process for identifying and supporting trafficking and slavery victims. We made **8 NRM referrals** in the year 2017/18 for potential child trafficking. This was a significant increase on previous years.

Six of these were made in relation to concerns of child criminal exploitation (i.e. **County Lines drug trafficking**), suggesting an increase in child criminal exploitation in Harrow.

Building capacity: To improve our local response to trafficking and slavery, Harrow Council has instigated a pilot partnership with **ECPAT** (Every Child Protected Against Trafficking) to raise awareness and improve practice, ensuring a better understanding of the links with other risks such as Child Sexual Exploitation and County Lines.



UNSEEN

Harrow figures 2017 to 2018: Three referrals for concerns of trafficking.

Female Genital Mutilation (FGM)

and other forms of gender based violence

Harrow figures 2017 to 2018: 8 referrals regarding concerns of a child thought to be risk of FGM

**Female Genital Mutilation
Breast Flattening
Child Abuse Linked to Faith or Belief**

Had a **referral** come in about any of the above?

Want **advice** or **guidance** around the above?

Want to arrange a **joint visit**?

The National FGM Centre are working in Harrow and should be **alerted to any cases** where the above has been raised as a concern regardless of the outcome.

Please contact
Stephanie Mintern
07857-699-883

Important steps in the prevention of FGM and protection of girls and women at risk

Harrow saw a rise in referrals immediately following the introduction of new duties placed on specified professionals to report FGM introduced by the **Serious Crime Act 2015**. Its introduction was supported by a programme of FGM briefings across Harrow – reaching health professionals, teachers and social workers. Given the diverse nature of Harrow's population, we recognise the need to remain vigilant in identifying girls at risk so that preventative action, including education for the family, can take place.

IMPACT: The statistics over the last year showed a fall in referrals from across the partnership, so the HSCB set up a Task and Finish Group to examine the quality of training provided across key agencies and to identify further action to raise awareness both for practitioners and for the wider community. In addition, the Local Authority commissioned an FGM Advisor from Barnardo's to help boost local awareness.

The HSCB plans an FGM audit in 2018 to measure the impact of local initiatives led by health, education, police and the local authority.

VIOLENCE, VULNERABILITY AND EXPLOITATION

Child Sexual Exploitation (CSE)

We have improved our ability to develop problem profiles. We also use real time information to help us improve the identification of **'hot spots'** for CSE. As a result we can target our response better. The cooperation of a number of Licensing Bodies (e.g. taxis and alcohol) now help the police to pursue perpetrators of CSE.

All HSCB member agencies have one or more trained CSE Champion who disseminates training and provides updates on developments in CSE within their organisations.

As part of the **CSE national Awareness Day:**

- HSCB organised special briefings for schools and foster carers, focussing on on-line exploitation.
- The WISH Centre ran a social media campaign to raise awareness and signpost young people to available help.
- Police undertook unannounced spot checks on hot spot areas and on known offenders.

CSE resources were re-circulated to key partners



Referrals to Harrow **MASE** Panel 2017 to 2018: **21 (20 female & 1 male)**

Youth Violence & Knife Crime

Knife crime is lower in Harrow than most London boroughs but there has been a noticeable increase over the past year. So we have taken action locally to help prevent its escalation and related anti-social behaviour.



Violence, Vulnerability and Exploitation (VVE) Team

This team was set up in 2016 to strengthen **intelligence sharing** and the **coordination of our response** to a range of vulnerabilities. It includes lead officers for **CSE, Missing Children** and **Gangs/Youth Violence**. They work closely through **daily VVE meetings** with key partners including the police, community Safety, Youth Offending, and a Channel Panel representative (prevention of radicalisation). These meetings enable agencies to respond more swiftly and collectively to emerging issues for young people in Harrow.

- We have improved collaboration with the business community to help identify and deter perpetrators.
- We have enhanced CCTV coverage while limiting free Wi-Fi in identified establishments (hot spots) to discourage anti-social behaviour and drug related crime.

'County Lines'

"County Lines", is the term now used where organised drug-selling gangs who are based in urban areas use vulnerable young people to traffic drugs to smaller towns and rural areas.

Harrow remains proactive in combatting this activity. Its local multi-agency operational groups work in collaboration with neighbouring authorities and beyond to help identify young people at risk and to pursue perpetrators.

8 referrals made by Harrow to the National Referral Mechanism (NRM), **6** were in relation to child criminal exploitation (i.e. county lines drug trafficking).

HSCB POLICY, PROCEDURE AND GUIDANCE

Developing and Revising Guidance



The HSCB's Policy and Procedures Sub-Committee leads on the development and revision of local guidance, where required, in addition to the Pan-London Procedures. This work is normally identified through local audits and reviews that identify a particular need or emphasis for Harrow – or to reflect a unique service provided.

This has been a very active year where most of the existing procedures and guidance tools have been reviewed and where necessary, updated to include new research or arrangements.

The Committee has also been involved in supporting the development of a **new referral form** for the Multi-Agency Safeguarding Hub, ensuring engagement of all partners in the consultation process. Plans to review its effectiveness take place in the new financial year. It has also been actively overseeing the introduction of the national **Child Protection Information System (CP-IS)** in Harrow. This will provide health professionals with the ability to check whether children (including unborn children) have child protection plans or are Looked After by any area across England.

The Committee has also scrutinised and endorsed a range of safeguarding policies for local organisations, contributed to local and national consultations on new guidance e.g. Licensing/Gambling Protocol; Working Together; Keeping Children Safe in Education; NHS England Joint Protocol for Children's Social Care and Substance Misuse – as well as initiating awareness briefings to promote new guidance.



HSCB WEBSITE

The Policy and Procedures Sub-Committee oversees the maintenance and development of the HSCB's website. This provides up to date guidance for all practitioners and links to the Pan London Safeguarding Procedures.

In addition, the website provides guidance and assistance for children, young people and their families on a range of topics – and signposts them to services and additional guidance, both local and national.

The website links to the HSCB's training programme and its NEWS page promotes upcoming events and new developments.

The Committee scrutinises 'traffic reports' which show how often the website is accessed and which pages attract most interest. This helps to inform the HSCB about the impact of learning events and where practitioners and the public might seek more assistance e.g. CSE, the availability of training and pathways to referral 'The Golden Number'.

LEARNING AND DEVELOPMENT ACTIVITY

HSCB LEARNING EVENTS AND TRAINING PROGRAMME

The HSCB ran another year's programme of core safeguarding courses for introductory and advanced levels. In addition, a range of specialist courses were provided to strengthen knowledge in key areas of existing concern or for emerging themes, both local and national e.g. domestic violence, child sexual exploitation, youth violence, and substance misuse.

Lunchtime forums operate to give briefing sessions that are more accessible to those with more flexibility at that time of day e.g. to help embed learning from reviews and to provide 'tasters' for other learning events.

The HSCB also runs a termly safeguarding forum for Designated Safeguarding Leads in schools and colleges. Attendance is good and continues to grow, showing a strong commitment from our local schools and colleges to fulfilling their safeguarding responsibilities. The HSCB is grateful to **John Lyons' School** for supporting these events in providing the much needed venue and for their hospitality.

IMPACT

All courses run by the HSCB and the annual conference require delegates and their managers to report back on how they have embedded the learning from the event they attended.

Responses have shown that key messages have been absorbed and applied to practice. Feedback also shows that delegates have been proactive in sharing their new knowledge further at team meetings and through supervision.

Challenges: There has been a decline in attendance on some of the specialist courses and the HSCB has seen a reduction in the number of trainers available from across the partnership. This is largely due to resourcing and capacity pressures for each agency and has led to a re-design of how learning events will be provided in 2018 to 2019. The new learning event programme will be evaluated for the Safeguarding Partnership at the end of this period.

ANNUAL CONFERENCE

Sexual Abuse within the Family

'Still a hidden agenda'

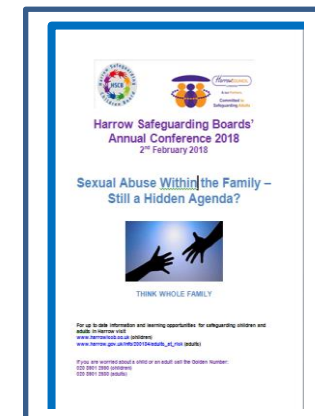


Harrow Arts Centre – venue for HSCB Annual Conference 2018

Following the success of its previous year's joint conference with Harrow Safeguarding Adults Board, the HSCB repeated this collaboration with another significant and shared topic: 'Sexual Abuse within the Family'. Key topics spanned the whole spectrum of this type of abuse impacting on young children through to vulnerable to vulnerable elderly victims. The focus of the day also drew out additional vulnerabilities for those of all ages with disabilities.

This important topic attracted a high number and wide range of practitioners across both the adults and children's workforce, including our partners in the voluntary sector. This mix of delegates enriched the day by encouraging shared perspectives and supporting our '**Think Whole Family**' agenda.

Key note speakers included:
Dr Hannah Bows, Senior Lecturer in Criminology at Teesdie University focussed on sexual crimes against older woman and how policy and conceptual barriers work against recognition of this abuse.
 Clinical Psychologist **Ely Hanson** gave a useful overview of the disclosure process obstacles faced by victims of all ages.
 Psychotherapist **Mark Linington** spoke about the impact of this area of work on practitioners and the importance of identifying and accepting effective lines of support.



CHILD DEATH OVERVIEW

The Child Death Overview Panel (CDOP) is an inter-agency forum that meets regularly to review the deaths of all children normally resident in Harrow. 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. The Panel held 3 meetings during 2017 to 2018 in which **20** cases were discussed (compared with 26 in 2016).

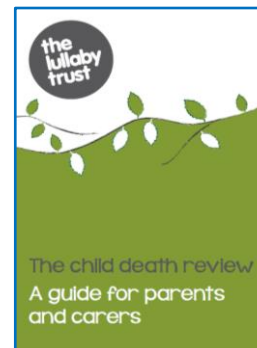
Gender: Between 2011 and 2017 more deaths were of males than females. in accord with this trend in 2017 **55%** were male.



Unexpected Deaths: Over the past 7 years, **20%** of child deaths were classified as unexpected. In the past two years this proportion is higher as many of the neonatal deaths were previously classified as expected.

Almost all of the unexpected deaths had a Rapid Response meeting (the process by which a multi-agency team explore the cause of death and offer support to the family).

Ethnicity: The number of child deaths annually in Harrow is small. Therefore the pattern of deaths varies by ethnic group from year to year. On average over the past 11 years, the number of deaths of black and minority ethnic children is slightly higher than might be expected given the demographics of Harrow.



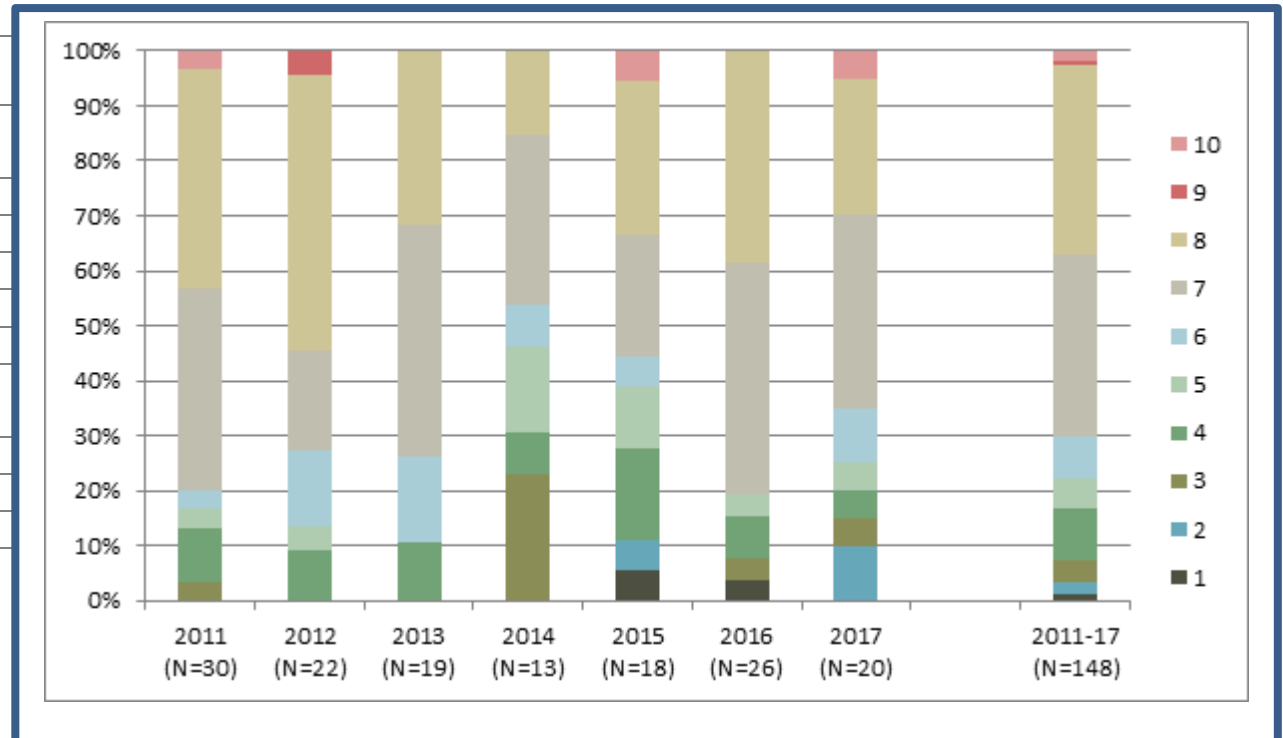
Modifiable Factors:

The role of the Child Death Overview Panel is to determine which category each case falls into and to determine if there were any modifiable risk factors. These are factors which may have contributed to the death of a child and which through local or national interventions could be modified to reduce the risk of future child deaths.

The panel considered that there were four deaths with modifiable risk factors in the cases examined in 2017.

Category	Name & description of category
1	Deliberately inflicted injury, abuse or neglect.
2	Suicide or deliberate self-inflicted harm
3	Trauma and other external factors
4	Malignancy
5	Acute medical or surgical condition
6	Chronic medical condition
7	Chromosomal, genetic and congenital anomalies
8	Perinatal/neonatal event
9	Infection
10	Sudden unexpected, unexplained death

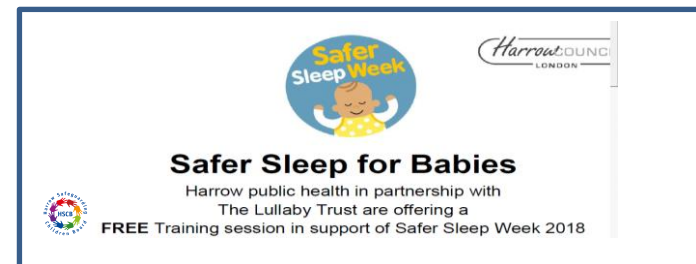
Due to the small number of deaths in Harrow further Information related to individual cases cannot be made available.



Lessons Learned:

Asthma continues to be an area of concern. Training took place in 2016 as a result of lessons learned on a death from asthma and this work will continue in order to embed good practice.

CDOP has continued to have a good relationship with The Lullaby Trust and training on safe sleeping and reducing the risk of SUDI/cot deaths has been undertaken within the past year.



Appendix 1

**MONITORING AND EVALUATION Multi-agency Reporting Calendar –
Including Key Developments within agencies**

What was identified – agency or issue?	What was achieved?
Analysis of FGM data identified low consultation and referral rate across Harrow given demographics	HSCB set up an FGM Task and Finish Group with local FGM Lead Officers and School to promote greater awareness Local Authority commissioned an FGM specialist from Barnardo's to provide training and advice to practitioners – with FGM audit planned for 2018 to measure impact.
Royal National Orthopaedic Hospital presented a comprehensive and robust annual safeguarding report for scrutiny	Significant evidence provided of strengthened safeguarding arrangements, including new policies and robust training programme
LNUHT safeguarding report presented for scrutiny	Confirmation and evidence of good supervision and practice. Robust action plans have been put in place to bring safeguarding training up to targets and good progress is being made towards this.
Alignment of HSCB Dataset with new priorities	In addition to routine referral and activity reporting, the dataset has been expanded to provide information on key areas of focus for early support, domestic abuse, violence – vulnerability and exploitation, health visiting service and mental health provision for young people.
Reports from WDP indicated need for further training on CSE and Domestic Abuse	WDP have built in new targets for future reporting.
The lengthy restructuring of the Metropolitan Police Service (MPS) contributed to a lack of analysis accompanying their data reports. This became a priority in the light of the findings of the HMIC Inspection Report on MPS Safeguarding arrangements	The HSCB maintained a challenge to the MPS locally and via the London Safeguarding Board. A new MPS Dashboard is now available (providing a wide range of data relating to

	safeguarding activity). Analysis of local data is being pursued.
Children Looked After Health Report presented for scrutiny	Good range of performance confirmed and contributions to the Multi Agency Sexual Exploitation Panel (MASE) and Children At Risk Meetings was seen as a particular strength.
COMPASS performance and practice report presented for scrutiny	Comprehensive reporting covering internal performance and strong multi-agency engagement – including robust response to areas for development e.g. collaboration with local A&E services.
Adults Social Care – reporting on action plan since section 11 Audit following merger with Children with Disabilities Team	Along with the HSCB's independent audit of the new 0-25 Disability Service, the internal section 11 audit showed good progress on all actions and confirmed Adult's Social Care's commitment to the shared 'Think Whole Family' Approach. Cases auditing confirmed appropriate referrals to MASH
Virtual Schools – Annual Report presented to QA sub-committee to monitor continuity of care and education plans, especially for children placed out of Harrow.	Annual Report confirms improvements to service following learning from serious case review and evidence of higher educational attainment for certain Key Stages.
School Exclusions – data was scrutinised for any correlation with violence, vulnerability and exploitation	Data improvements included a breakdown of behaviours e.g. exclusions for carrying a weapon.

Appendix 2

HSCB Budget Summary 2017-18

INCOME		EXPENDITURE	
Harrow Council (inc Business Support)	125,681	LSCB Chair	25,865
HEALTH SECTORS (combined *)	33,000	Professional Support (BM & L&D co-ordinator)	95,449
Metropolitan Police Service	5,000	Training Admin (.5 FTE)	11,799
CAFCASS	550	SCRs and Independent Auditing	325
Probation / CRC	1,000	Voluntary Outreach work	3,100
Training Income	16,690	Staffing & consultancy expenditure Total: 146,538	
Sale of USBs	190	Council charges	20,514
External Consultancy	5,400	Annual Conference	5,940
		Training Providers	4,635
		Venue Hire	1,222
		LSCB Website & 3 year Chronolator™ Licence	1,520
		Publications, Printing, USB Production	584
		Catering & Misc	5,705
Total Income	187,511	Delivery Costs Total:	40,120
		Total Expenditure:	186,658
*see page 8			

Appendix 3 HSCB Board Membership and Attendance* - April 2017 to March 2018

Representing Organisation	Title	Attended total of
HSCB	Independent Chair	4/4
Lay Member	Deputy Chair	4/4
Political Accountability	Lead Member Children & Young People	3/4
Director of Children's Services	Corporate Director, People Services	1/3
Harrow Council, People Services	Divisional Director, Children & Young People Services	4/4
Harrow Council, Public Health	Director of Public Health	4/4
Harrow Council, Education	Professional Lead	3/4
Harrow Council, Children with Disabilities	Service Manager, 0-25 Disabilities Service	3/4
Harrow Council, Housing & Resident Services	Senior Professional	3/4
Metropolitan Police	Harrow Superintendent or representative	4/4
Metropolitan Police CAIT	Detective Chief Inspector or representative	3/4
HSCB Chair, Quality Assurance Sub Committee	Service Manager, Quality Assurance (LA)	2/4
HSCB Chair, Case Review Sub Committee	Associate Director, Safeguarding & Safety, CNWL	3/4
HSCB Chair, Learning & Development Sub Committee	Lead for Special Needs – Shaftesbury School	4/4
HSCB Chair, VVE Sub Committee	Head of Service, Children's Access Team	3/4
HSCB Chair, Policy & Procedure Sub Committee	Quality Assurance Officer	1/4
Harrow CCG	Chief / Assistant Operating Officer	1/4
Designated Nurse	Designated Nurse	3/4
Named GP	Named GP	3/4
Central North West London Healthcare Foundation Trust	Associate Director, Safeguarding & Safety	3/4
North West London Healthcare Trust, Acute Services	Director of Nursing or representative	4/4
North West London Healthcare Trust, Community	Service Manager, Children's Services	1/4

Services		
Royal National Orthopaedic Hospital	Deputy Director of Nursing or representative	3/4
Compass Drug & Alcohol Services	Service Manager	1/2
Sexual Health Services	Consultant Doctor	2/4
NHS England	NW London Area	0/4
Voluntary Sector	Director, The WISH Centre	2/4
High Schools	Headteacher, Kingsley High School	4/4
Infant & Nursery Schools	Headteacher, Kenmore Park Infant & Nursery School	3/4
Independent Schools	Safeguarding Leads, Harrow School and John Lyon School	3/4
Sixth Form Colleges	Safeguarding Lead, Stanmore Sixth Form College	1/2
National Probation Trust	Assistant Chief Officer	2/4
London Community Rehabilitation Company	Head of Stakeholders & Partnerships	0/4
Lay Member	Healthwatch	1/3
Cafcass	Head of Service	1/4
London Ambulance NHS Trust	Deputy Station Officer	0/4
Adviser to the Board	Senior Solicitor, Harrow Legal Services	4/4
Adviser to the Board	HSCB Business Manager	4/4
Adviser to the Board	HSCB Learning & Development Officer	4/4

* The Board met on 22nd May; 2nd October; 11th December and 6th March.

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